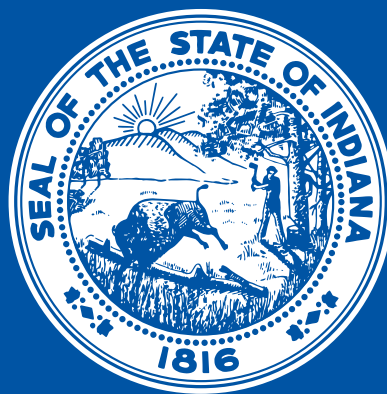


Indiana Child Welfare Policy Manual

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Indiana Department
of Child Services

DCS Mission, Vision, Values, and Principles

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

Mission

The Indiana DCS leads the state's response to allegations of child abuse and neglect and facilitates child support payments. We consider the needs and values of all we serve in our efforts to protect children while keeping families together whenever possible.

Vision

Children will live in safe, healthy, and supportive families and communities.

Values

We at the Indiana Department of Child Services empowers our team, in collaboration with state and local partners, to make decisions in the best interest of every child in our care by embracing:

- Respect for all
- Racial justice
- Diversity and inclusion
- A culture of safety
- A commitment to continuous improvement

RESPECT FOR ALL – We recognize every person has inherent value and deserves to be treated with kindness and compassion.

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

RACIAL JUSTICE – We advance racial equity by reducing racial disparities in Indiana’s child welfare and child support systems and dismantling the systemic racism upon which child welfare systems were built.

- DCS acknowledges disparities in path to permanency for families and children of color and accepts responsibilities for turning the tide.
- Every person should be treated equitably, which is defined as fair and impartial.
- Every person should recognize and acknowledge inequities and attempt to change the culture.
- DCS will be deliberately conscious of the racial injustices that exist in child welfare and in the workplace and proactively break down barriers that stall or stop any progression toward an equitable environment.
- DCS will create and maintain equal access and opportunities for families and staff members.
- DCS will make no assumption based on race regarding the veracity of an allegation of abuse or neglect.
- DCS will continue to study data related to racial disparities in child welfare and support systems to ensure leadership is aware of progress being made.

DIVERSITY AND INCLUSION – We create and sustain a culture that is welcoming to everyone and values the inherently unique viewpoints and contributions of individuals from differing backgrounds.

- DCS will become a more diverse and inclusive environment.
- DCS will value and respect the life experiences and histories of staff, families and children.
- DCS staff, families and children will be free from judgment and open to honest and respectful dialogue.
- DCS staff, providers and foster families will participate in diversity and inclusion training.

A CULTURE OF SAFETY – We nurture an environment in which all employees, partners and stakeholders know they are included, are safe to learn and contribute and are safe to challenge the status quo – without fear of being embarrassed, targeted or marginalized.

- We establish and support a workplace culture that is free from discrimination.
- DCS creates and maintains a conducive learning environment that promotes respect and acceptance.
- DCS promotes open communication that is free of judgement and is based in empathy and understanding.

A COMMITMENT TO CONTINUOUS IMPROVEMENT – We identify areas of improvement that will contribute to a more efficient and inequitable child welfare system. We embrace continuous improvement to evaluate opportunities for growth and to improve outcomes for the families and children we serve.

- Continuous improvement efforts will involve improvement teams at local, regional and statewide levels, and the voices of both internal and external partners will be included in improvement opportunities.

- DCS will work to identify problem statements by using data and feedback from a variety of constituents.
- All employees will be supported in the training and use of various improvement principles so that all employees feel empowered to suggest improvements to practice and policy in an effort to continually improve outcomes for children and families.
- DCS will use the Child and Family Services Plan (CFSP) to set goals and track accomplishments and improvements over time by continually tracking and adjusting in order to measure and support sustainable change.

DCS Practice Model

Skills

Teaming, Engaging, Assessing,
Planning, Intervening (TEAPI)

Values Based on Practice Principles

- Respect for all
- Racial justice
- Diversity & inclusion
- A culture of safety
- A commitment to continuous improvement

Trust-Based Relationships

Genuineness,
Empathy, Respect,
Professionalism



Mission and Vision

Mission: The Indiana Department of Child Services leads the state's response to allegations of child abuse and neglect and facilitates child support payments. We consider the needs and values of all we serve in our efforts to protect children while keeping families together whenever possible.

Vision: Children will live in safe, healthy and supportive families and communities.



The DCS Practice Model includes principles and skills to effectively implement the agency's mission, vision and values.

Mission

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Vision

Children will live in safe, healthy and supportive families and communities.

Values

We at the Indiana Department of Child Services empower our team, in collaboration with state and local partners, to make decisions in the best interest of every child in our care by embracing:

- Respect for all
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- Diversity and inclusion
- A culture of safety
- Continuous improvement

Skills: TEAPI

TEAMING: To assemble or coordinate a group of individuals with the intent to bring ideas and/or solutions to achieve a common goal.

ENGAGING: To effectively establish a relationship with essential individuals in a meaningful way for the purpose of sustaining work that is to be accomplished together.

ASSESSING: To evaluate a series of events or a situation and determine the ability, willingness and availability of resources for achieving an agreed upon goal for the agency.

PLANNING: To prepare an implementation process that will put in place team-driven decisions that support the agency's mission. The plan will include an evaluation tool for effectiveness, a determined celebration for successes and flexibility for potential setbacks.

INTERVENING: To intercede with the intent of altering a course of events that would be viewed as a risk to the agency's mission.

Trust-Based Relationships

Genuineness, Empathy, Respect, Professionalism

LEGAL BASE

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

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

Per Indiana Code [31-10-2-2](#), “for purposes of [IC 31-33](#); [IC 31-34](#); and [IC 31-35](#); all decisions made by (DCS) or the court shall be made in consideration of the best interests of the child or children concerned.”

The federal Social Security Act, Title IV, Part B, Subpart 2, Section 430 (42 USC 629) offers these objectives:

- (1) To prevent child maltreatment among families at risk through the provision of supportive family services.
- (2) To assure children’s safety within the home and preserve intact families in which children have been maltreated, when the family’s problems can be addressed effectively.
- (3) To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997.
- (4) To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

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

Non-Discrimination in Service Delivery to Clients

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


Overview and Purpose of the DCS Child Welfare Policy Manual

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

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

The DCS Child Welfare Policy Manual is comprised of various chapters that contain information directly related to the duties of DCS staff members. The sections within each policy are:

- Policy Overview: Provides a brief summary about the purpose of the policy.
- Procedure: Outlines the series of steps to be taken by DCS in partnership with families.
- Legal References: Federal and state laws, rules, and regulations, which establish the authority of the agency and set statutory parameters of agency authority within those areas.
- Relevant Information: Includes definitions; links to forms, tools, and other sites that are in the policy and/or offer additional information; and links to other policies referenced within the document.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: July 1, 2014
	Section 1: Notice of Assessment Outcome	Version: 6

STATEMENTS OF PURPOSE

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

This policy does not apply to the following situations:

1. Request for Administrative Review in licensed foster home denials or revocations; or
2. A court proceeding requesting expungement of reports entered into the Child Protection Index (CPI) that are governed by the procedures specified in the law ([IC 31-39-8-4](#));
3. CA/N substantiated assessments involving Child Care Workers (CCW) or licensed resource parents. See policy [2.3 Child Care Worker Assessment Review Process](#); or
4. CA/N substantiated assessments involving DCS employees. See policy 2.4 Assessment and Review of DCS Staff Alleged Perpetrators for additional information.

DCS will have 15 calendar days from approval of the [Assessment of Alleged Child Abuse and Neglect \(SF 113\) \(311\)](#) to provide [Notification of Assessment Outcome and Right to Request Administrative Review \(2.C Tool-Notifications-Appendix A\)](#) and a copy of the [redacted 311](#) to the perpetrator by mail or [hand delivery](#).

Note: If an administrative review decision is to remand for further assessment, a new notice must be sent to the perpetrator. DCS will have 15 calendar days after the DCS decision is complete to provide [Notice of Administrative Decision after Further Assessment \(2.C Tool-Appendix D\)](#) and a copy of the [redacted 311](#) to the perpetrator by mail or [hand delivery](#).

If the substantiation is against a minor, the [Notice of Assessment Outcome and Right to Request Administrative Review \(2.C Tool-Notifications-Appendix A\)](#) must be mailed or [hand delivered](#) to at least one (1) of the following:

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

The perpetrator's request for Administrative Review must be made in writing by submitting a [Request for Administrative Review of Child Abuse and/or Neglect Substantiation \(SF 54775\)](#).

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

1. Parent;

2. Guardian;
3. Child's attorney;
4. GAL; or
5. CASA, if applicable.

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

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

Code References

1. [IC 31-38-18: Disclosure of Repots; Confidentiality Requirements](#)
2. [IC 31-33-26: Child Protection Index \(CPI\)](#)
3. [IC 31-39-8-4: Expungement of child abuse or neglect information](#)
4. [465 IAC 3: Administrative Reviews and Hearings](#)
5. [42 USC 5106a: Grants to states for child abuse or neglect prevention and treatment programs](#)

PROCEDURE

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

1. Ensure timely completion of the [311](#). Refer to policy [4.25 Completing the Assessment Report for additional information](#);
2. Send the [311](#) to the FCM Supervisor for review and approval; and
3. Consult with the FCM Supervisor regarding recommendations for [redaction](#) to the [311](#), if applicable.

The FCM Supervisor will:

1. Review the [311](#) for accuracy and completeness;
2. Type a contact note in the case management system to track [redaction](#);
3. "Approve" the [311](#) if accurate and complete; and
4. Forward the report electronically to the designated DCS staff instructing consultation with DCS Staff Attorney for [redaction](#) within the next business day of approval.

Note: If the 311 is printed without the report source being revealed, [redactions](#) are only necessary to protect confidential information above and beyond the report source as stated in [IC 31-33-18](#).

The DCS Local Office Director (LOD) or designee will:

1. Consult with the DCS Staff Attorney as to proper [redaction](#), if applicable;
2. Ensure proper [redaction](#) of the [311](#); and
3. Return the report to the FCM Supervisor within five (5) calendar days of approval of the [311](#).

The FCM Supervisor or DCS local office designee will mail or [hand deliver](#) the following to each person identified as a perpetrator of substantiated CA/N within 14 calendar days of approval of the [311](#):

1. The [Notice of Assessment Outcome and Right to Request Administrative Review \(2.C Tool-Notifications-Appendix A\)](#);
2. [Redacted 311](#) to each person identified as a perpetrator of substantiated CA/N; and
3. [Request for Administrative Review of Child Abuse or Neglect Substantiation \(SF 54775\)](#).
If all allegations against the individual are classified as unsubstantiated, do not send the alleged perpetrator the request for review form.

If the [Request for Administrative Review of Child Abuse or Neglect Substantiation \(SF 54775\)](#) is submitted by the perpetrator to the DCS local office. See policy [2.2 Administrative Review Process](#) for additional guidance.

PRACTICE GUIDANCE

Notification for Administrative Reviews and Appeals

The [2.C Tool: Notifications for Administrative Reviews and Appeals](#) will be used to send the following notices:

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

Instructions for developing a Notice using 2.C Tool-Notifications

The [2.C Tool-Notifications](#) should be used by DCS employees authorized to notify a perpetrator, an employer in a case involving a DCS employee, or a CCW regarding an assessment conclusion by DCS. The DCS employee should insert language from the appropriate appendix and place it on DCS local office letterhead. The Notice should be signed by the DCS employee and sent by mail or [hand delivered](#) with proper attachments and within the allotted timeframe.

Hand Delivery

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

Time Computation

Time computation for sending out the [Notification of Assessment Outcome and Right to Request Administrative Review \(2.C Tool-Notifications-Appendix A\)](#) within 15 days:

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

Example: If the allegation is approved as substantiated on the 1st of the month, the local office must mail or hand deliver the Notice on or before the close of business on the 16th. If the 16th is a day the office is closed, such as a weekend or a state holiday, the Notice must be mailed or hand delivered to the person identified as the perpetrator before the close of business on the next day that the office is open.

Placing Notices and Letters in the Case Record

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

Redaction

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

The [311](#) should not have the report source listed because his or her identity is protected under [IC 31-33-18](#). Indiana law also supports redaction of other information such as addresses, telephone numbers, or information that may harm or endanger another person. Any information that pertains to a confidential address (e.g., shelter, relocation, new housing) of a non-offending parent or family experiencing domestic violence (DV) should be redacted. Any disclosures made by the non-offending parent or child 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 the original documents;
3. Only distribute photocopies of the redacted version of the document; and
4. Consult with the DCS Staff Attorney to determine what information needs to be redacted.

Methods of redaction:

1. The easiest way to redact information is to photocopy the original document and use a thick black marker to block out the information to be redacted. This process may also be used with correction fluid (white out). It is imperative for the information that has been

hidden with either marker or white out that a photocopy is made to ensure the information did not bleed through and cannot be distinguished when held up to the light; or


2. Cover-up tape may also be used to redact information from a document. The cover-up tape may be placed over the areas to be redacted and then photocopied. The copy may then be distributed.

FORMS AND TOOLS

1. [Assessment of Child Abuse and Neglect \(SF 113\) \(311\)](#)- Available in the case management system
2. [Request for Administrative Review of Child Abuse or Neglect Substantiation \(SF 54775\)](#)- Available in the case management system
3. [2.C Tool: Notifications](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: May 1, 2020
	Section 2: Administrative Review Process	Version: 7

STATEMENTS OF PURPOSE

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

This policy **does not** apply to the following situations:

1. CA/N substantiated cases involving a Child Care Worker (CCW) and/or licensed resource parent. See policy [2.03 Child Care Worker Assessment](#) for additional information; or
2. CA/N substantiated cases involving a DCS employee. See policy 2.04 Assessment and Review of DCS Staff Alleged Perpetrators for additional information.

A request for Administrative Review must be submitted by the perpetrator and received by the DCS local office within **15 calendar days** following the date the [2.C Tool: Notifications- Notice of Assessment Outcome and Right to Request Administrative Review \(Appendix A\)](#) was hand delivered to the perpetrator. The DCS local office will add an additional three (3) days to the deadline if the notice letter was sent via mail. See [Practice Guidance](#) for additional information. If the request for an Administrative Review deadline is on a day that the DCS local office is closed, the deadline is extended to the next business day.

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

1. Parent, Guardian, or Custodian;
2. Attorney;
3. Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA), if applicable.

If a court's [findings](#) 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. If a Child in Need of Services (CHINS) case or a criminal case is pending regarding the same facts and circumstances as the substantiation, but the court has not yet issued a finding that would support or overturn the substantiation, DCS **will not stay** an Administrative Review in an attempt to wait for the court's findings. See [Related Information](#) for additional guidance.

DCS requires that the Administrative Review be conducted by one (1) of the following:

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

If the DM, LOD, RM, or Assistant Deputy Director of Field Operations approved the initial [Assessment of Child Abuse or Neglect \(SF 113\) \(311\)](#), was otherwise involved in the assessment or preparation of the report, was directly involved in the decision to substantiate, or has a conflict of interest, he or she and anyone in his or her chain of command may not be involved in the Administrative Review process. The Administrative Review will be conducted by a DM, LOD, RM, or Assistant Deputy Director of Field Operations, who does not have a conflict of interest and is not under the chain of command of a person who approved the initial [311](#), was directly involved in the decision to substantiate, or has a conflict of interest.

If the Deputy Director of Field Operations was directly involved in the decision to substantiate, the Administrative Review will be conducted by a designee of the Deputy Director of Field Operations. See Practice Guidance for additional information regarding the [criteria for selecting a designee](#).

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. However, the final decision is determined by DCS. The CPT is prohibited from making the decision regarding the outcome of the Administrative Review.

DCS will complete the Administrative Review, notify the perpetrator of the outcome in writing within **15 calendar days** from the DCS local office receipt of the perpetrator's request. If the Administrative Review is denied, DCS will send the [2.C Tool: Notifications- Notice of Denial of Administrative Review \(Appendix E\)](#) to the perpetrator to provide notification that he or she has the opportunity to request that DCS reconsider the denial. The request from the perpetrator must be presented in writing to DCS within **15 calendar days** after the date that the notice was sent, allowing three (3) additional days if the notice letter is sent via mail, and state the reason that he or she believes he or she is entitled to an Administrative Review. If the request is submitted timely, DCS will reconsider the denial and determine whether or not the denial was appropriate.

DCS will then notify the perpetrator that the DCS decision to deny Administrative Review is upheld or that a review will be conducted without the need for the perpetrator to take further action. If the denial is upheld, the perpetrator will have the opportunity to request an Administrative Appeal Hearing regarding the decision to deny the Administrative Review in accordance with policy [2.05 Administrative Appeal Hearings](#).

If it is determined that further assessment and reconsideration of the [311](#) is necessary, the individual who made the determination will notify the DCS local office of the decision.

Code References

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

PROCEDURE

The individual conducting the review will:

1. Refer the request for an Administrative Review to the community CPT for input and a recommendation, if desired;
2. Review the completed assessment file, including all information submitted by the perpetrator with the request for review and/or recommendation of the community CPT, in consultation with the DCS Staff Attorney;
3. Decide to do one (1) of the following;
 - a. Deny the request for Administrative Review on the following basis,
 - i. Request for review was not received timely;
 - ii. CHINS adjudication [finding](#) based on the facts of the substantiated determination; or
 - iii. Criminal conviction on charges related to the same facts and circumstances on which the report of CA/N was substantiated.

Note: An Administrative Reviewer cannot “Stay” an Administrative Review due to pending CHINS or Criminal proceedings.

- b. Conduct the Administrative Review and indicate one (1) of the following decisions,
 - i. Affirm the substantiation determination;
 - ii. Set aside the determination and reclassify it as unsubstantiated; or

Note: The allegations against any individual identified as a perpetrator must be unsubstantiated if a court, in a CHINS case finds that the CA/N did not occur or that the individual was not the perpetrator of the alleged CA/N.

- iii. Re-open the assessment.
4. If the request for Administrative Review is denied:
 - a. Notify the LOD,
 - b. Notify the perpetrator of the Administrative Review denial decision in writing, within **15 calendar days**, and send the [2.C Tool: Notifications- Notice of Denial of Administrative Review \(Appendix E\)](#),
 - c. Reconsider a denial if requested timely by the perpetrator,
 - d. Make a decision in writing, within **15 calendar days** regarding the reconsideration, and
 - e. Notify the perpetrator:
 - i. A review will be conducted; or
 - ii. The denial is upheld and send:

- a) A redacted copy of the [311](#),
- b) The [Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination \(SF 55148\)](#), and
- c) The [Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation \(SF 54776\)](#).

Note: If the substantiation is upheld or denied at Administrative Review and the perpetrator chooses to request an Administrative Appeal of the Administrative Review decision, refer to policy [2.05 Administrative Appeal Hearings](#) for more information.

5. Complete the following if an Administrative Review is conducted and returned for further assessment of the report:
 - a. Notify the DCS LOD and/or FCM Supervisor of the Administrative Review decision, and
 - b. Notify the perpetrator of the decision by sending the [2.C Tool: Notice of Administrative Review Decision Report Returned for Further Assessment \(Appendix C\)](#) within **15 calendar days** of the local office receipt of the perpetrator's request.

6. Complete the following if an Administrative Review is conducted and the decision is made to unsubstantiate:
 - a. Notify the DCS LOD and/or FCM Supervisor of the Administrative Review decision,
 - b. Notify the alleged perpetrator of the decision by sending the [2.C Tool: Notifications- Notice of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse or Neglect \(Appendix B\)](#)
 - c. within **15 calendar days** of the local office receipt of the perpetrator's request, and
 - d. Send the updated 311 to the perpetrator reflecting the allegations have been unsubstantiated within **15 calendar days** of the local office receipt of the perpetrator's request.

7. Complete the following if an Administrative Review is conducted and the decision is made to uphold the substantiation:
 - a. Notify the DCS LOD and/or FCM Supervisor of the Administrative Review decision,
 - b. Notify the perpetrator within **15 calendar days** of the decision by sending:
 - i. Redacted copy of the [311](#);
 - ii. [Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination \(SF 55148\)](#); and
 - iii. [Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation \(SF 54776\)](#).

The DCS LOD or designee will maintain a record of the following in the case management system:

1. The date of the Administrative Review;
2. The individual who conducted the Administrative Review;
3. The Administrative Review decision; and
4. A copy of the review decision letter. See [Practice Guidance](#) for additional information.

The FCM Supervisor will:

1. Upon request from the DCS LOD or other individual authorized to conduct an Administrative Review, set aside the determination, reclassify it as unsubstantiated and complete the following:
 - a. Print a revised [Forty-Five \(45\) Day Report of Assessment \(SF 54854\)](#), if applicable. See policy [4.21 Forty-Five Day Report of Assessment](#) for more information,
 - b. Document the Administrative Review decision in the case management system using the 'Post Assessment Information' option,
 - c. Print a revised [311](#) to send to the Prosecutor's Office, if applicable, and
 - d. Notify the parent, guardian, or custodian of the alleged victim of the revision.

2. Complete the following upon request from the DCS LOD or other individual authorized to conduct an Administrative Review:
 - a. Instruct the FCM to gather additional information or conduct additional interviews as requested by the DCS LOD or other individual authorized to conduct the Administrative Review,
 - b. Review the FCM's new recommendation. See policy [2.1 Notice of Assessment Outcome](#) for more information,
 - c. Ensure all new information is added to the [311](#) noting the additional assessment information and detail why the additional assessment did or did not change the assessment outcome, and
 - d. Ensure the new [311](#) and [Notice of Availability of Completed Reports and Information: Assessment of Allegations of Child Abuse and/or Neglect \(SF 48201\)](#) are sent to appropriate parties. See policy [2.1 Notice of Assessment Outcome](#) for additional clarification.

The FCM will, within **30 calendar days**:

1. Gather additional information or conduct additional interviews necessary to complete the [311](#) if the report is returned for further assessment;
2. Ensure information is added to the [311](#) noting the additional assessment information and detail why the additional assessment did/did not change the assessment outcome; and
3. Send the [311](#) to the FCM Supervisor for approval.

PRACTICE GUIDANCE

Criteria for Selecting a Designee

If the Deputy Director of Field Operations is directly involved in a decision to substantiate, he or she will select a designee to conduct the review. The designee shall be an individual at the Broadband or Executive level. In addition, it is preferable that the designee have experience overseeing assessments in the field.

Instructions for developing a Notice using the Chapter 2 Notification Tool

The [2.C Tool: Notifications for Administrative Reviews and Appeals](#) should be used by DCS employees authorized to notify a perpetrator or an employer in a case involving a DCS employee or CCW regarding an assessment conclusion by DCS. The DCS employee should insert language from the appropriate section and place it on DCS local office letterhead. The

notice should be signed by the DCS employee and sent by mail or hand delivered with proper attachments and within the allotted timeframe.

2.C Tool: Notifications for Administrative Reviews and Appeals

The [2.C Tool: Notifications for Administrative Reviews and Appeals](#) will be used to send the following notices:

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

Placing Notices and Letters in the file

A copy of all notices should be sent to the DCS local office where the assessment was completed. The DCS local office should upload the notices and any correspondence received from the alleged perpetrator to the case management system. Information verifying the date and method of delivery and to whom the notice was sent should also be documented in the case management system.

Hand Delivery

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

Time Computation for the Perpetrator to Request an Administrative Review,

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

1. Note the date that the DCS local office mails or hand delivers the [2.C Tool: Notifications- Notice of Assessment Outcomes and Right to Request Administrative Review \(Appendix A\)](#). Do not count the day that the notice is mailed or hand delivered;
2. Count the day following the date the DCS local office mails or hand delivers the [2.C Tool: Notifications- Notice of Assessment Outcomes and Right to Request Administrative Review \(Appendix A\)](#) as day one (1);
3. End at the close of business on the 15th day in the computation, unless it is a day the office is closed for business. If the office is closed for business on the 15th day, the time frame is extended until the close of business on the next day the office is open for business; and
4. Add three (3) days to the deadline if the notice is mailed by DCS.

FORMS AND TOOLS

1. [Notice of Administrative Appeal of a Child Abuse or Neglect Determination \(SF 55148\)](#) – Available in the case management system
2. [Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation \(SF 54776\)](#) – Available in the case management system
3. [Forty-Five \(45\) Day Report of Assessment \(SF 54854\)](#)
4. [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) – Available in the case management system
5. [2.C Tool: Notifications for Administrative Reviews and Appeals](#)

RELATED INFORMATION

Objectives of an Administrative Review:

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 allegations;
2. Provide an opportunity for the perpetrator to submit documentation (not testimony) regarding the substantiated allegations to challenge the substantiation; and
3. Comply with due process requirements that mandate DCS offer a person identified as a perpetrator the opportunity to challenge allegations classified as substantiated. An Administrative Review is one step in the DCS administrative process.

Court Finding Supporting Substantiation:


[Findings](#) that support a substantiation may be found in CHINS or criminal/juvenile delinquency case orders:

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

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

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

[REVISED] Note: For those Administrative Reviews that were stayed before the effective date of this policy, the Administrative Review process must be concluded in accordance with the stay letter provided to the perpetrator. If no deadline was provided by DCS, see [2.C Tool: Notifications- Notice of Deadline to Reactivate Administrative Review or Appeal Request \(Appendix M\)](#) for guidance. There are no circumstances under which an Administrative Reviewer can stay an Administrative Review.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: May 1, 2020
	Section 3: Child Care Worker Assessment Review Process	Version: 7

STATEMENTS OF PURPOSE *This policy does not apply to Child Abuse and/or Neglect (CA/N) substantiated cases involving a Department of Child Services (DCS) employee. See policy [4.45 Assessment and Review of DCS Staff Alleged Perpetrators](#) for more information.*

The Indiana Department of Child Services (DCS) will ensure a [Child Care Worker \(CCW\)](#), as defined by [465 IAC 3-1-5](#), or Licensed Resource Parent is given the opportunity for Administrative Review **prior to approval** of an assessment decision to substantiate Child Abuse and/or Neglect (CA/N) that identifies the person as an alleged perpetrator of CA/N. This policy applies to [CCWs](#) and Licensed Resource Parents with assessments approved after October 15, 2006, unless otherwise specifically stated. The process described herein applies regardless of whether or not the allegation includes actions taken within the scope of employment as a [CCW](#) or as a Licensed Resource Parent.

Note: It is the responsibility of the alleged perpetrator to notify the assessing Family Case Manager (FCM) that he or she is a [CCW](#) or Licensed Resource Parent in the event that the allegations are related to the individual's personal life.

DCS will allow the [CCW](#) or Licensed Resource Parent who is an alleged perpetrator to participate in a [CCW](#) Assessment Review (CCWAR). The CCWAR is an informational meeting where the [CCW](#) or Licensed Resource Parent, has the opportunity to present any information he or she feels could assist DCS in making an accurate decision. The [CCW](#) or Licensed Resource Parent who is an alleged perpetrator has the right to have an attorney or other representative present at the CCWAR. The attorney or representative may assist the alleged perpetrator in presenting information at the meeting. However, witness testimony is prohibited. No official recording (i.e., audio recording) will be made of the meeting.

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

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

If the DM, LOD, RM, or Assistant Deputy Director of Field Operations was directly involved in the substantiation decision, was otherwise involved in the assessment or preparation of the report, or has a conflict of interest, he or she and anyone in his or her direct chain of command may not be involved in the CCWAR. The CCWAR will then be conducted by a DM, LOD, RM, or Assistant Deputy Director of Field Operations who does not have a conflict of interest and is not under the chain of command of the person who was directly involved in the substantiation decision.

If the Deputy Director of Field Operations was directly involved in the assessment or the decision to substantiate, the CCWAR will be conducted by a designee of the Deputy Director of Field Operations. See Practice Guidance for additional information regarding the [criteria for selecting a designee](#).

DCS will require that the CCWAR occur prior to approval of the assessment finding and within **15 business days** following the date that the alleged perpetrator is notified of the proposed substantiation determination, in the [Notice of Intent to Substantiate Allegations of CA/N by a Child Care Worker or Licensed Resource Parent \(SF 53028\)](#). DCS will proceed with the CCWAR and make a determination regardless of the attendance of the CCW or Licensed Resource Parent alleged perpetrator.

Note: If the CCWAR concerns a fatality, the CCWAR will not be conducted until the Central Office Fatality Unit has conducted a full review of the case and the agency determines that it intends to substantiate allegations of CA/N.

DCS will allow the [CCW](#) or Licensed Resource Parent who is an alleged perpetrator the opportunity to continue the CCWAR under limited circumstances. Those limited circumstances include:

1. Before the scheduled date for the CCWAR, the person authorized to conduct the CCWAR must receive a written request for a continuance from the [CCW](#) or Licensed Resource Parent who is an alleged perpetrator;
2. The FCM Supervisor makes a determination that the requested continuance will not endanger the health and/or safety of a child;
3. A reasonable amount of time remains before the scheduled CCWAR for the person authorized to conduct the CCWAR to grant the request and inform the [CCW](#) or Licensed Resource Parent who is an alleged perpetrator (in writing, with a phone call, or with a face-to-face contact documented in the case management system);
 - a. The continuance must be contingent on the agreement of a [CCW](#) or Licensed Resource Parent who is an alleged perpetrator to allow DCS to notify the employer or licensing agency of the pending assessment if warranted,
 - b. A phone call or face-to-face contact regarding the continuance must be followed by written notice to the [CCW](#) or Licensed Resource Parent who is an alleged perpetrator of the rescheduled date, time, and location of the continued CCWAR, and
 - c. Copies must be sent to the [CCW](#) or Licensed Resource Parent's attorney, if applicable.
4. The rescheduled CCWAR must be held within **15 calendar days** from the originally scheduled CCWAR; and
5. The CCWAR may not be continued more than once.

DCS recognizes the right of the [CCW](#) or Licensed Resource Parent who is an alleged perpetrator to request an Administrative Appeal Hearing, if he or she disagrees with the assessment finding. See policy [2.5 Administrative Appeal Hearings](#) for additional information. DCS will notify the [CCW](#) or Licensed Resource Parent who is an alleged perpetrator in writing of the assessment finding and his/her appeal rights regardless of whether he or she participates in the CCWAR.

DCS may notify the [CCW](#)'s employer or prospective employer, if known, of the CCWAR results in an approved substantiated report. DCS will notify the employer within **two (2) business days** of the approval of substantiation, if the CCWAR reviewer concludes that the health or safety of a child will be potentially endangered if the [CCW](#) has continuing unsupervised contact with children. DCS will send the [Notice to Employer of a Report of Child Abuse/Neglect \(CA/N\) \(SF 53031\)](#).

When the safety or well-being of an alleged victim or any other child residing in a facility or licensed resource home is in question, DCS reserves the right to contact the appropriate licensing unit and/or agency at any time during the assessment process to request an emergency closure of the facility or licensed resource home.

Administrative Reviews of Allegations Substantiated Prior to October 15, 2006

A Licensed Resource Parent who had CA/N allegations substantiated prior to October 15, 2006, will receive an automatic agency review of the decision to substantiate prior to the decision to deny or revoke the person's foster home license, if the denial or revocation is based on the substantiation.

For a [CCW](#) who has CA/N allegations substantiated prior to October 15, 2006, upon submission of a written request, the perpetrator will receive a courtesy review. The courtesy review must be completed by one of the following who was not directly involved in the original assessment decision:

1. The DCS DM in the county responsible for the assessment;
2. The DCS LOD in the county responsible for the assessment;
3. The DCS RM in the region responsible for the assessment;
4. The Assistant Deputy Director of Field Operations; or
5. The Deputy Director of Field Operations.

If the Deputy Director of Field Operations was directly involved in the assessment or the decision to substantiate, the CCWAR will be conducted by the Deputy Director of Field Operations designee who is not in the Deputy Director of Field Operations chain of command, was not involved in the decision to substantiate, and has no conflict of interest.

The individual identified by DCS to conduct the courtesy review will decide whether to uphold or unsubstantiate each allegation classified as substantiated. The following situations will support a decision to uphold the substantiation:

1. The decision to substantiate is supported by a criminal conviction or court finding that resulted in a Child in Need of Services (CHINS) adjudication based on the same facts and circumstances as the substantiation;
2. The perpetrator was provided notice and opportunity for an administrative hearing by an Administrative Law Judge (ALJ);
3. A courtesy review has already been conducted and the substantiation was upheld; or
4. The facts of the assessment are sufficient to uphold the substantiation.

The individual identified by DCS who conducted the review will insert the date of the review, along with the basis for the review conclusion into the case management system. The reviewer will send written notification of the review conclusion to the perpetrator using either the [Notification of a Child Care Worker \(CCW\) Assessment Review Decision for an Assessment Closed Prior to 10-15-06 \(SF 53032\)](#) or [Notice of an Administrative Review Decision for an Assessment Closed Prior to 10-15-06 \(SF 53033\)](#) as a guide. Upon a decision to unsubstantiate

the allegations, the individual identified by DCS who conducted the review will unsubstantiate the allegations in case management system.

Following agency review of a substantiation that was approved prior to October 15, 2006, the perpetrator has no right to administrative appeal of the decision. The written notice sent to the perpetrator by the reviewer upholding the substantiation will be the final agency decision, subject to judicial review under [IC 4-21.5-5](#). In this circumstance, the [Notice of Right to Administrative Appeal of a Child Abuse/Neglect Determination \(SF 55148\)](#) will NOT be used, instead, the [2.C Tool: Notifications for Administrative Reviews and Appeals](#) will be used.

Code References

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

PROCEDURE

The 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 [CCW](#) or licensed resource parent; and
3. Complete a draft copy of the [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#). Ensure that the word "DRAFT" is stamped on every page or watermarked on the [311](#).

The FCM Supervisor will:

1. If the FCM and FCM Supervisor recommend substantiation, notify the DM, LOD, or RM as appropriate of the need for a CCWAR within one (1) business day of receiving the recommendation from the FCM;
2. Wait to approve the [311](#) until the CCWAR is conducted and the CCWAR decision is received; and
3. Ensure that all remaining assessment tasks are completed in a timely manner as set out in [Chapter 4: Assessment](#) policies.

The person authorized to hold the CCWAR will:

1. Notify the [CCW](#) or Licensed Resource Parent alleged perpetrator of the intent to substantiate and the time, date, and place for the CCWAR within three (3) business days of being notified by the FCM Supervisor, by sending the [Notice of Intent to Substantiate Allegations of CA/N by a Child Care Worker or Licensed Resource Parent \(SF 53028\)](#). Include a draft redacted copy of the [311](#) with the notice;
2. Conduct a CCWAR within **15 business days** following the date that the [Notice of Intent to Substantiate Allegations of CA/N by a Child Care Worker or Licensed Resource Parent \(SF 53028\)](#) is sent;

3. Review the assessment file with input from the DCS Staff Attorney, including the [CCW](#) or Licensed Resource Parent's statement and any other documentation presented by the individual; and
4. Decide which of the following actions will be taken:
 - a. Substantiate one or more of the allegations,
 - b. Unsubstantiate one or more of the allegations, and/or
 - c. Return the assessment to DCS for further assessment and reconsideration of the report. Send the [Notice of Administrative Review Decision to Further Assess Allegations Against a Child Care Worker \(CCW\) Or Licensed Resource Parent \(SF 53029\)](#).
5. Notify the FCM Supervisor of the review decision; and
6. Within five (5) business days of conducting the CCWAR, notify the alleged [CCW](#) or Licensed Resource Parent perpetrator of the review decision utilizing the following documentation:
 - a. If unsubstantiated, send [Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse/Neglect \(CA/N\) \(SF 53030\)](#) and an approved redacted copy of the [311](#); or
 - b. If substantiated, send the [Notice of Right to Administrative Appeal of Child Abuse and/or Neglect Determination \(SF 55148\)](#) and include a copy of the [Request an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation \(SF 54776\)](#), as well as, an approved redacted copy of the [311](#).

The FCM Supervisor will,:

1. Upon receipt of the decision from the person authorized to conduct the CCWAR:
 - a. Approve the [311](#) consistent with the decision by the person who conducted the review; or
 - b. Instruct the FCM to gather additional information or conduct additional interviews as requested by the person authorized to conduct the CCWAR and review the FCM's recommendation following further assessment. Send the [Notice of Intent to Substantiate Allegations of CA/N by a Child Care Worker or Licensed Resource Parent \(SF 53028\)](#) or the [Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse/Neglect \(CA/N\) \(SF 53030\)](#) as appropriate.
2. Ensure the [CCW](#)'s employer and/or the appropriate licensing unit or agency are notified within two (2) business days of the substantiation using [Notice to Employer of a Report of Child Abuse/Neglect \(CA/N\) \(SF 53031\)](#), if applicable.

If the [CCW](#) or Licensed Resource Parent who is a perpetrator chooses to appeal a decision to substantiate, see policy [2.5 Administrative Appeal Hearings](#) for additional information.

PRACTICE GUIDANCE

Criteria for Selecting a Designee

If the Deputy Director of Field Operations is directly involved in a decision to substantiate, he or she will select a designee to conduct the review. The designee shall be an individual at the Broadband or Executive level. In addition, it is preferable that the designee have experience overseeing assessments in the field.

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

The [2.C Tool: Notifications for Administrative Reviews and Appeals](#) should be used by the person completing the CCWAR to notify a perpetrator or an employer in a case involving a DCS employee or [CCW](#) regarding an assessment conclusion by DCS. The person completing the CCWAR should insert language from the appropriate section and place it on DCS local office letterhead. The Notice should be signed by the person completing the CCWAR and sent by mail or hand delivered with proper attachments within the allotted timeframe.

The 2.C Tool: Notifications for Administrative Reviews and Appeals:

The [2.C Tool: Notifications for Administrative Reviews and Appeals](#) will be used to send the following notices:

1. [Notice of Assessment Outcome and Right to Request Administrative Review \(Appendix A\)](#);
2. [Notice of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse and/or Neglect \(Appendix B\)](#);
3. [Notice of Administrative Review Decision Report Returned for Further Assessment \(Appendix C\)](#);
4. [Notice of Administrative Decision after Further Assessment \(Appendix D\)](#);
5. [Notice of Denial of Administrative Review \(Appendix E\)](#);
6. [Notice of Intent to Substantiate Allegations of CA/N by a Child Care Worker or Licensed Resource Parent \(SF 53028\)](#);
7. [Notice of Administrative Review Decision to Further Assess Allegations Against a Child Care Worker \(CCW\) Or Licensed Resource Parent \(SF 53029\)](#);
8. [Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse/Neglect \(CA/N\) \(SF 53030\)](#);
9. [Notice to Employer of a Report of Child Abuse/Neglect \(CA/N\) \(SF 53031\)](#);
10. [Notification of a Child Care Worker \(CCW\) Assessment Review Decision for an Assessment Closed Prior to 10-15-06 \(SF 53032\)](#);
11. [Notice of an Administrative Review Decision for an Assessment Closed Prior to 10-15-06 \(SF 53033\)](#);
12. [Notice of Assessment Outcome for a Department of Child Services Employee \(SF 54318\)](#); and
13. [Notice of Deadline to Reactivate Administrative Review or Appeal Request \(Appendix M\)](#).
14. [Notice of Administrative Review Outcome for a Department of Child Services Employee \(SF 54317\)](#)

Placing Notices and Letters in the File

A copy of all notices should be sent to the DCS local office where the assessment was completed. The DCS local office should upload the notices and any correspondence received from the alleged perpetrator to the case management system. Information verifying the date and method of delivery and to whom the notice was sent should also be documented in the case management system.

FORMS AND TOOLS

1. [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) – Available in the case management system
2. [Request an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation \(SF 54776\)](#) – Available in the case management system


3. [2.C Tool: Notifications for Administrative Reviews and Appeals](#)
4. [Notice of Right to Administrative Appeal of a Child Abuse/Neglect Determination \(SF 55148\)](#)

RELATED INFORMATION

Child Care Worker (CCW)

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

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: July 1, 2021
	Section 5: Administrative Appeal Hearings	Version: 6

POLICY OVERVIEW

The process outlined herein applies to all substantiated CA/N determinations and denials of an Administrative Review made on or after October 15, 2006, the date in which DCS became Child Abuse Prevention and Treatment Act (CAPTA) compliant. See policy 2.03 Child Care Workers Assessment Review Process for guidance regarding Administrative Reviews of allegations substantiated prior to October 15, 2006.

An alleged perpetrator has a right to request an Administrative Appeal Hearing if substantiated allegations of Child Abuse and/or Neglect (CA/N) are upheld in the Indiana Department of Child Services (DCS) Administrative Review. An Administrative Appeal of the Denial of Administrative Review may also be requested if an DCS Administrative Review is denied.

PROCEDURE

A request for an Administrative Appeal Hearing or a request for an Administrative Appeal of the Denial of Administrative Review may be submitted by an alleged perpetrator to the DCS Hearings and Appeals. DCS will forward any timely and complete request for an Administrative Appeal Hearing to the Office of Administrative Law Proceedings (OALP) and request the appointment of an Administrative Law Judge (ALJ) (also sometimes referred to as Administrative Hearing Officer) to conduct the hearing.

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

Administrative Appeal Hearings and Administrative Appeal of the Denial of Administrative Reviews are conducted by the Office of Administrative Law Proceedings (OALP) in accordance with IC 4-15-10.5, IC 31-33-26, 465 IAC 3-2-7, and 465 IAC 3-3, pursuant to IC 4-15-10.5.

If the substantiated assessment is against a DCS Employee or a Child Care Worker as defined in DCS policies 2.03 Child Care Worker Assessment Review Process and 4.45 Assessment and Review of DCS Staff Alleged Perpetrators, the Administrative Appeal Hearing will be held within **20 calendar days** of the date the request is received by DCS Hearing and Appeals, unless the alleged perpetrator waives the time limit in writing as outlined in 465 IAC 3-3-9. All other hearings will be held within 90 calendar days from the date the request is received by DCS Hearing and Appeals, unless the appeal is stayed or continued pursuant to applicable rule or law.

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

not occur during the period of the stay. Documentation must be filed with Hearings and Appeals to show that one (1) 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 (JD) Petition 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; or
4. DCS has received notification from the County Prosecutor's Office that criminal charges are under review based on the same facts and circumstances which resulted in the classification of allegations as substantiated against the perpetrator who has requested an Appeal Hearing.

If the Administrative Appeal has been stayed, when appropriate, either the DCS local office or appellant may request the administrative appeal process be reactivated or dismissed, in accordance with the order of stay of the ALJ. The stayed case will remain open on the OALP docket until it is concluded by a final ALJ decision.

Upon issuance of the written decision by the ALJ, the DCS Final Agency Authority (FAA) will automatically conduct Final Agency Review of decision and notify all parties of the review results.

Requesting an Administrative Appeal Hearing

To request an Administrative Appeal Hearing, the alleged perpetrator will submit a copy of the following documents to DCS Hearings and Appeals, within **30 calendar days** of the date on the Notice of Right to Administrative Appeal for a Child Abuse or Neglect Determination:

1. Notice of Right to Administrative Appeal for a Child Abuse or Neglect Determination;
2. Assessment of Alleged Child Abuse and Neglect (311); and
3. Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation.

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. **Once Request is Received**

When a request for an Administrative Appeal Hearing is received by DCS Hearings and Appeals, DCS Hearings and Appeals will:

1. Determine if the request is timely and complete; and
Note: If the request is not timely and complete, DCS Hearings and Appeals will notify the alleged perpetrator of the defect in the request and allow additional time to perfect request.
2. Forward complete and timely requests for Administrative Appeal Hearings to OALP and request that OALP appoint an ALJ to conduct an Administrative Appeal Hearing.

Note: If concerns for the security of any witness, employee, or the ALJ comes to the attention of a DCS employee, the employee will notify the OALP and the DCS Local Office Director (LOD) of the county where the hearing is being conducted (if the hearing is being conducted in a DCS local office).

Preparation for the Administrative Appeal 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.

Note: Exhibits should be appropriately redacted to eliminate all Social Security numbers, identification of the report source, and any other information necessary for redaction.

Presenting the DCS Case at the Administrative Appeal Hearing

When presenting the DCS Case at the Administrative Appeal Hearing:

1. A DCS Attorney will present the DCS case at the Administrative Appeal Hearing; and
2. Others (e.g., Family Case Manager [FCM], FCM Supervisor, and/or Program Manager for the Institutional Assessment Unit) may be called as witnesses or as a DCS client representative.

After the Administrative Appeal Hearing

Following the Administrative Appeal Hearing:

1. The ALJ will issue a recommended decision to uphold or reverse DCS or remand the matter to DCS; and
2. The OALP Coordinator will ensure all of the following persons are notified of the recommended decision:
 - a. The appellant;
 - b. The appellant's representative or legal counsel, if applicable;
 - c. The DCS LOD of the county who assessed the case;
 - d. The DCS FAA; and
 - e. DCS Attorney of record.

Final Agency Review

For Final Agency Review:

1. The DCS FAA will automatically conduct Final Agency Review of decision upon issuance of the written recommended decision by the ALJ; and

Note: The DCS FAA may schedule status conferences or briefing deadlines during the Final Agency Review, however, failure to attend these status conferences or respond to briefing deadlines will not result in a dismissal of the case or a failure of the FAA to issue a decision on the case.

2. The DCS FAA will notify all parties of the results of the review upon completion of the Final Agency Review.

Note: The DCS FAA may uphold, reverse, remand, or modify the ALJ's recommended decision. If the appellant is dissatisfied with the results, the appellant may seek judicial review as provided in IC 4-21.5-5.

Administrative Appeal of the Denial of Administrative Review

For an Administrative Appeal of the Denial of Administrative Review:

1. The Administrative Appeal of the Denial of Administrative Review will be heard by an ALJ and will be limited to the denial itself;

Note: The Administrative Appeal Hearing will not include the merits of the underlying substantiation.

2. The ALJ may uphold or reverse the denial. The ALJ's decision will become a final decision after 15 days, unless either party requests Final Agency Review by the DCS FAA; and
3. The DCS FAA will conduct the review and will notify the appellant of the result if a party requests Final Agency Review within 15 days of the date the ALJ issues the decision:
 - a. The appellant may request judicial review of that decision in accordance with IC 4-21.5-5 if the denial is upheld, or
 - b. The case will be remanded to DCS to complete an Administrative Review if the denial is reversed.

RELEVANT INFORMATION

Definitions

Administrative Hearing Officer

Administrative Hearing Officer refers to an individual who presides over an administrative hearing. An Administrative Hearing Officer is also commonly referred to as an Administrative Law Judge (ALJ).

Appellant

An appellant is the person identified as a substantiated perpetrator of CA/N who has completed an Administrative Review by DCS and has timely submitted a complete request for an Administrative Appeal Hearing.

Final Agency Action

Final agency action means, with respect to an administrative action taken by the department, the issuance of an order by the ultimate authority of the department that:

1. Disposes of all issues for all parties to an administrative proceeding regarding the action after the parties to the administrative proceeding have exhausted all administrative remedies concerning the action; and
2. Is designated as a final order by the ultimate authority of the department.

Final Agency Authority (FAA)

For purposes of an administrative proceeding regarding an action taken by DCS, the director or the director's designee is the FAA (referred to in Indiana Code as the ultimate authority) of DCS. A designee of the director must be:

1. A deputy director of DCS; or
2. An individual who:
 - a. Is an attorney in good standing who is admitted to the practice of law in Indiana; and
 - b. Is an employee of DCS, except as otherwise allowed under state and federal law.

Preliminary Inquiry (PI)

A PI is a written report prepared by DCS, which includes the child's background, current status, and school performance. The report relates the facts and circumstances that establish the reason for DCS involvement in both CHINS and IA cases.

Forms and Tools


- [Assessment of Child Abuse or Neglect \(SF 113\)](#) – Available in the case management system
- [Notice of Right to Administrative Appeal for a Child Abuse or Neglect Determination \(SF 55148\)](#) – Available in the case management system
- [Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation \(SF 54776\)](#) – Available in case management system

Related Policies

- [2.03 Child Care Worker Assessment Review Process](#)
- [4.45 Assessment and Review of DCS Staff Alleged Perpetrators](#)

LEGAL REFERENCES

- [IC 4-15-10.5: Office of Administrative Law Proceedings](#)
- [IC 4-21.5-5: Judicial Review](#)
- [IC 31-33-26: Child Protection Index](#)
- [465 IAC 3: Administrative Reviews and Hearings](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Services	Effective Date: July 1, 2021
	Section 6: Sharing Confidential Information	Version: 11

POLICY OVERVIEW

The identity of the report source, children, and others protected by law must be held confidential unless disclosure is authorized or authorized by statute or court order to share the identity. Confidentiality of information and records the Indiana Department of Child Services (DCS) receives from other sources is also maintained, in accordance with the laws applicable to the owner and/or sender of the records.

PROCEDURE

The Indiana DCS will hold confidential all information obtained, reports written, photographs taken, and audio/video recordings concerning reports of Child Abuse and/or Neglect (CA/N), CA/N assessments, and the provision of continuing case management services. DCS abides by Indiana law and share confidential information with only those persons entitled to receive the information.

Note: All audio recordings of CA/N reports called into the DCS Child Abuse Hotline (Hotline) are confidential and may be released only upon court order except when requested in writing by a prosecuting attorney investigating a false report of CA/N. See policy 2.14 Intentional False Reports for more information.

The confidentiality of information and records from other sources must also be maintained. This confidential information may include medical records; such as physical or mental health records and Human Immunodeficiency Virus (HIV) status, Law Enforcement Agency (LEA) records, or court records.

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

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

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

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

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

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

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

DCS will protect the confidentiality of all information gained from alleged victims of domestic violence. Prior to releasing any information (i.e., information disclosed during court proceedings when disclosure of information is mandatory), DCS will notify the alleged victim so a plan may be developed for the alleged victim's and the child's safety.

DCS (Intake and Assessment) Records

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

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

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

1. A legally mandated public or private child protective agency assessing a report of CA/N or treating a child or family that is the subject of a report or record;
2. Any of the following who are investigating a report of a child who may be a victim of CA/N:
 - a. A police officer or other law enforcement agency,
 - b. A prosecuting attorney, and
 - c. A coroner, in the case of the death of a child.
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; the child's parent, guardian, custodian; or other person responsible for the child's welfare;
6. The alleged victim (if requested as an adult) or the Guardian ad Litem (GAL) and/or Court Appointed Special Advocate (CASA) of the alleged victim if the alleged victim is a child or is otherwise incompetent;
7. The parent (including non-custodial parent), guardian, custodian or other person responsible for the child named in a report and the parent, guardian, or custodian's attorney;

Note: Each parent, guardian, or custodian must be given verbal notice of the availability of the assessment report and must be provided with the Notice of Availability of Completed Reports and Information: Investigation of Allegations of Child Abuse or Neglect. A copy of the Assessment of Alleged Child Abuse or Neglect (311) will be provided upon written request. See policy 4.10 Interviewing the Parent, Guardian, or Custodian for additional information.

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

agency if **ALL** of the following apply:

- a. The child placing agency is licensed under IC 31-27,
- b. The report or other materials concern:
 - i. A child placed in a foster home licensed by the child placing agency,
 - ii. A person licensed by the child placing agency to operate a foster family home,
 - iii. An employee of the child placing agency or a foster family home licensed by the child placing agency, or
 - iv. A volunteer providing services at the child placing agency or a foster family home licensed by the child placing agency.
- c. The allegations in the report occurred in the foster family home or in the course of employment or volunteering at the child placing agency or foster family home.

25. The National Center for Missing and Exploited Children (NCMEC);
26. A local domestic violence review team established under IC 12-18-8, as determined by DCS to be relevant to the death or near fatality that the local domestic violence fatality review team is reviewing;
27. The statewide domestic violence review committee established under IC 12-18-9-3, as determined by DCS to be relevant to the death or near fatality that the statewide domestic violence review committee is reviewing;
28. The statewide maternal mortality review committee established under IC 16-50-1-3, as determined by DCS to be relevant to the case of maternal morbidity or maternal mortality that the statewide maternal mortality review committee is reviewing;
29. The local fetal-infant mortality review team established under IC 16-49-6, as determined by DCS to be relevant to the case of fetal or infant fatality that the local fetal infant mortality team is reviewing;
30. The county or regional Suicide and Overdose Fatality Review (SOFR) Team established under IC 16-49.5-2, as determined by DCS to be related to the case of suicide or overdose that is being reviewed by the SOFR Team; and
31. The Office of Administrative Law Proceedings (OALP) for a matter that is the subject of an administrative proceeding before the OALP.

Providing Information to Another CPS Agency

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

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

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

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

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

- a. The written request shall contain a listing of the specific information needed (i.e., assessment when children are victims, only assessment with substantiation, assessment regardless of finding) and any information that would assist the FCM in identifying the appropriate CPS case file (e.g., adult's current names/maiden names, child's name, a date of birth or social security number, and/or any previous Indiana address, county of residence, and dates of residence). As much information as possible should be provided to ensure the release of accurate information.

Note: If the CPS agency requests the immediate release of records due to an emergency, the FCM shall acquire the approval of the FCM Supervisor and DCS Staff Attorney prior to the release of records.

- b. The FCM will collect the information needed to make the determinations outlined above from the requesting CPS agency and document this information within the case file, and
 - c. The DCS Staff Attorney will determine if the records are accessible to the CPS agency based upon the information provided and shall orally advise the FCM of the appropriate response to the requesting CPS agency.
3. Redact the name of the report source and any information concerning any children or adults that are not the subject of the request prior to sending to the requesting agency.

Providing Information to Parent, Guardian, or Custodian; Perpetrator; or Child

Upon request from the parent, guardian, custodian; subject child (if the child is an adult at the time of request); appointed CASA/GAL; representative; or perpetrator, the FCM will:

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

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

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

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

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

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

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

Release of Child Fatality and Near Fatality Records Through a Public Records Request

All fatality and near fatality records and other records relating to a child victim for whom DCS has substantiated the allegations that the fatality or near fatality was a result of CA/N are subject to court approved release. The records may be subject to court approved release upon the completion of the fatality or near fatality assessment. The records may be subject to court approved release prior to the completion of the assessment if a prosecutor has filed criminal charges against an alleged perpetrator of CA/N that resulted in a fatality or near fatality.

Note: If a police investigation or criminal prosecution is ongoing or information in a record is otherwise confidential under state or federal law, the fatality or near fatality records may not be subject to release, and DCS shall disclose the record and any known information regarding existence of a pending police investigation or criminal prosecution to the juvenile court exercising jurisdiction over the matter.

Upon receipt of a public records request (e.g., by phone, written request, e-mail, fax, or by walk-in) for fatality or near fatality records, the DCS local office will within one (1) business day of receiving the request, e-mail the Central Office Fatality Unit the following information:

1. Name, address, and phone number of the requestor;
2. Relationship, if any, of the requestor to the identified child; and
3. Organizational affiliation of the requestor (e.g., Indianapolis Star and Indianapolis Channel 6 News).

Upon receipt of the public records request on a fatality or near fatality that meets the criteria for release, the DCS Central Office Fatality Unit will notify the DCS General Counsel or designee of the request. The DCS General Counsel will:

1. Send a notice to the requestor regarding DCS' ability to process the request; and
2. Submit all records created or received by DCS Central Office or a DCS local office in connection with the fatality or near fatality assessment to the juvenile court in the county where the child died or the near fatality occurred for the court's redaction and the court's release of such records to the requestor.

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

Case Records for Children in Foster Care or Residential Placement

DCS will keep all records regarding children and information gathered about the child; parent, guardian, custodian; or their relatives confidential. Information about children involved in ongoing service cases and placed in a licensed home or facility may be released to the following:

1. A state agency involved in the licensing of the out-of-home care home or facility where the child is placed;
2. A legally mandated CPS agency. Refer to procedure outlined above in CPS Intake and Assessment Records; Providing information to another state agency;
3. An LEA;
4. An agency having legal responsibility to care for a child placed in an out-of-home care home or a facility;
5. The parent, guardian, or custodian of the child in an out-of-home care home or a facility;

6. A citizens review panel; and
7. The DCS Ombudsman.

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

Licensing Records

Information contained in licensing files is considered public information with the **exception** of the following:

1. CA/N information;
2. Information concerning children in out-of-home care; day care children; or the parent, guardian, or custodian of these children;
3. Medical or psychological information;
4. Federal Bureau of Investigation (FBI) transcript reports;
5. Financial information; and
6. Inter-agency and intra-agency decision-making communications.

LEGAL REFERENCES

- [IC 4-1-6-8.5 Consistent handling of information among and between agencies; principles and procedures](#)
- [IC 5-14-3 Access to Public Records](#)
- [IC 12-18-8 Domestic Violence Fatality Review Team](#)
- [IC 12-18-9-3 Statewide domestic violence fatality review committee purpose](#)
- [IC 16-49.5-2 Suicide and Overdose Fatality Review Teams](#)
- [IC 16-49-6 Fetal-Infant Mortality Review Teams](#)
- [IC 16-50-1-3 Statewide maternal mortality review committee established; duties; authority](#)
- [IC 31-25-2-20.4 Citizen review panels; membership appointment; duties; response report; prohibited acts](#)
- [IC 31-27 Child Services; Regulation of Residential Child Care](#)
- [IC 31-27-3-18 Records](#)
- [IC 31-27-4-21 Records regarding children](#)
- [IC 31-33-7-8 Reports after initiation of assessment or investigation; contents; confidentiality](#)
- [IC 31-33-8-9 Provisions of copies of investigative report by department of child services](#)
- [IC 31-33-18-1 Confidentiality: exceptions](#)
- [IC 31-33-18-1.5 Written findings; copies to the department of child services; certain records held by governmental entities not confidential if redacted; procedure for reacting records](#)

- [IC 31-33-18-2 Disclosure of un-redacted material to certain persons](#)
- [IC 31-33-18-3 Disclosure to qualified researchers](#)
- [IC 31-33-18-4 Notice to parent, guardian, or custodian of availability of reports, information, and juvenile court records; release form; copying costs](#)
- [IC 31-33-22-2 Obtaining child abuse or neglect information under false pretenses; knowingly falsifying records or interfering with an investigation](#)
- [IC 31-36-1-3.5 Information to the National Center for Missing and Exploited Children \(NCMEC\)](#)
- [42 U.S.C. 671 \(a\)\(8\) State Plan for Foster Care and Adoption Assistance](#)
- [42 U.S.C 671 \(a\)\(9\)\(C\)\(i\)\(I\) State Plan for Foster Care and Adoption Assistance](#)
- [465 IAC 2-5-1 Release of information to individuals engaged in research projects on child abuse; written request; good faith research project; qualifying individual](#)
- [42 USC 5101 106\(b\)\(2\)\(B\)\(x\) The Child Abuse Prevention and Treatment Act](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#)
- [Notice of Availability of Completed Reports and Information: Investigation of Allegations of Child Abuse or Neglect \(SF 48201\)](#)

Related Policies

- [2.14 Intentional False Reports](#)
- [4.10 Interviewing the Parent, Guardian, or Custodian](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective date: February 1, 2014
	Section 7: Confidentiality of Social Security Numbers	Version: 3

POLICY

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

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

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

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

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

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

For Public Record Requests

DCS staff must remove or permanently obscure an individual's SSN on a public record prior to disclosing the record.

Social Security Administration (SSA) [Data Access Audit](#)

DCS will designate at least one employee who will conduct [data access audits](#).

Code References

1. [IC 4-1-10 Release of social security numbers](#)
2. [IC 4-1-10-2 State agency](#)
3. [IC 4-1-10-3 Non-disclosure of social security number](#)

4. [IC 4-1-10-4 Exceptions to nondisclosures of social security numbers](#)
5. [IC 4-1-10-5 Permitted disclosures of Social Security number](#)
6. [IC 4-1-10-6 State agency compliance](#)
7. [IC 4-1-10-8 Criminal disclosures of Social Security number; Level 6 felony](#)
8. [IC 4-1-10-9 False representation to obtain Social Security number; Level 6 felony](#)
9. [IC 4-1-10-10 Negligent disclosure of Social Security number; Class A infraction](#)
10. [IC 4-1-10-11 Attorney general investigation of disclosures; notice to county prosecutor and state police](#)
11. [IC 4-1-10-12 Attorney general determination of infraction; report to appointing authority and county prosecutor](#)
12. [U.S.C. 552a Privacy Act](#)

PROCEDURE

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

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

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

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

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

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

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

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

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

PRACTICE GUIDANCE

Release of a Child's SSN to a Resource Parent for Tax Purposes

A request for a child's SSN by a resource parent must be made in writing and include the reason for the request (i.e. income tax purposes). A copy of the request should be placed in the case file.

DCS staff should not give an opinion as to whether or not the resource parent can properly claim the child as a dependent or whether the resource parent would be eligible for the child tax credit for the foster child. Any response DCS staff may give to these types of questions should only advise the taxpayer to seek such answer directly from his/her personal tax adviser or private attorney.

Release of Child's SSN to Contractors/Providers

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

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

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

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

FORMS AND TOOLS

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

RELATED INFORMATION

Social Security Administration (SSA) Data Access Audit


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

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

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

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

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Services	Effective Date: April 1, 2015
	Section 8: Accessing and Maintaining MaGIK Records	Version: 2

STATEMENTS OF PURPOSE

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

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

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

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

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

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

Code References

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

PROCEDURE

DCS employees will:

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

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

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

PRACTICE GUIDANCE

Conflict of Interest


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

FORMS AND TOOLS

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

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2 : Administration of Child Welfare	Effective Date: December 1, 2015
	Section 9: Verifying Identity	Version: 3

STATEMENTS OF PURPOSE

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

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

Code References
N/A

PROCEDURE

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

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

To verify the identity of an adult or a child who is an undocumented immigrant, the FCM will:

1. Ask to see any available documentation, such as the Matricula Consular and other Consulate-issued identification, etc.;
2. Ask to see the person's Individual Tax Identification Number (ITIN); and
3. Make a Permanency and Practice Support referral in KidTraks for International and Cultural Affairs to assist in locating vital documents that are required to verify identity. See policy [2.22 International and Cultural Affairs](#) for additional information.

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

1. Provide the said relative with a copy of the [Statement of Attestation by Relative Regarding Relationship \(SF 52727\)](#);
2. Obtain a signature from said relative and sign the form as a witness;
3. Place a copy of the signed form in the child's case file; and

Note: When placing a child with a relative who is a foreign national or if [human trafficking](#) is suspected, the FCM must obtain a copy of the relative's birth certificate to verify the relationship with the child, see Policy [2.21 Human Trafficking](#) and for more information.

4. Enter the relationship of the child and relative in the case management system. See policy [2.23 Verifying Citizenship or Immigration Status](#) for additional information

PRACTICE GUIDANCE

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

Verifying the Identity of an Illegal Alien (Undocumented Immigrant)

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

International and Cultural Affairs (ICA) Resources

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

FORMS AND TOOLS

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

RELATED INFORMATION

Government-Issued Identification for Children

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

Child Does Not Have Government-Issued Photo ID

If a child does not have a government-issued photo ID, ask to see any available photo ID (e.g., community pool pass photo ID, etc.) and a copy of the child's social security card or original birth certificate.

Child Does Not Have a Photo ID

If a child does not have a photo ID, ask to see two (2) forms of government-issued identification, such as a social security card AND a birth certificate.

Government-Issued Identification for Non-Drivers

For persons of legal driving age who do not drive, ask to see a state government-issued identification card.

Illegal Alien (Undocumented Immigrant)

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


Child Placed with Relative

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

Human Trafficking

There are two types of human trafficking: sex trafficking and labor trafficking. [The Victims of Trafficking and Violence Protection Act of 2000](#) defines sex trafficking and labor trafficking as follows:

1. Sex trafficking- “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the commercial sex act is induced by force, fraud, or coercion, or the person being induced to perform such act is under 18 years of age.”
2. Labor trafficking-“the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.”

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: June 1, 2021
	Section 12: Administration of the Indian Child Welfare Act (ICWA)	Version: 8

POLICY OVERVIEW

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

PROCEDURE

The Indiana Department of Child Services (DCS) shall take measures to ensure any child who is a member or eligible for membership of a federally recognized Indian tribe is afforded all rights under ICWA. DCS will comply with all rules, regulations, and laws governing ICWA. DCS will make an active effort to identify those children and families subject to the Act and apply active efforts when developing interventions, providing services, engaging the family, and in all aspects of DCS involvement.

DCS will begin utilizing active efforts immediately upon learning of the possible formal or informal involvement with an Indian child. DCS will make ongoing efforts to determine if a child is a member of an Indian tribe or eligible for membership in an Indian tribe. Active efforts will continue throughout DCS involvement with the child and family.

Where an agency is involved in the child-custody proceeding, active efforts must involve assisting the parent or Indian custodian through the steps of a case plan and with accessing or developing the resources necessary to satisfy the case plan. To the maximum extent possible, active efforts should be provided in a manner consistent with the prevailing social and cultural conditions and way of life of the Indian child's Tribe and should be conducted in partnership with the Indian child and the Indian child's parents, extended family members, Indian custodians, and Tribe. Active efforts are to be tailored to the facts and circumstances of the case and may include, for example:

1. Conducting a comprehensive assessment of the circumstances of the Indian child's family, with a focus on safe reunification as the most desirable goal;
2. Identifying appropriate services and helping the parent to overcome barriers, including actively assisting the parent in obtaining such services;
3. Identifying, notifying, and inviting representatives of the Indian child's Tribe to participate in providing support and services to the Indian child's family and in Child and Family Team (CFT) Meetings, permanency planning, and resolution of placement issues;
4. Conducting, or causing to be conducted, a diligent search for the Indian child's extended family members, and contacting and consulting with extended family members to provide family structure and support for the Indian child and the Indian child's parent;

5. Offering and employing all available and culturally appropriate family preservation strategies and facilitating the use of remedial and rehabilitative services provided by the child's Tribe;
6. Taking steps to keep siblings together whenever possible;
7. Supporting regular visits between the child and the child's parent or Indian custodian in the most natural setting possible as well as trial home visits of the Indian child during any period of removal, consistent with the need to ensure the health, safety, and welfare of the child;
8. Identifying community resources including housing, financial, transportation, mental health, substance abuse, and peer support services and actively assisting the Indian child's parent or, when appropriate, the child's family, in utilizing and accessing those resources;
9. Monitoring progress and participation in services;
10. Considering alternative ways to address the needs of the Indian child's parent and, where appropriate, the family, if the optimum services do not exist or are not available;
11. Providing post-reunification services and monitoring.

DCS is subject to and complies with the provisions of ICWA for a child who is a member or eligible for membership of any federally recognized tribe. The Pokagon Band of Potawatomi Indians maintains tribal land in Indiana. See 2.B Tool: Disposition of CA/N Reports Involving an Indian Child of the Pokagon Band of Potawatomi Indians for information specific to disposition of reports involving a member of this tribe.

DCS will notify the child's parent, Indian custodian, and Indian tribe when there is an action pending regarding parental rights involving a child who is, or is believed to be, a member or eligible for membership in an Indian tribe. DCS will also send a copy of the notice to the appropriate Area Director of the Bureau of Indian Affairs (BIA).

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

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

If a consent for Voluntary TPR or adoption is withdrawn, with court approval, the Indian child shall be immediately returned to the parent or Indian custodian. After a final Decree of Adoption is entered, based on a voluntary consent, the parent may petition the court to vacate the adoption decree based on fraud or duress. Upon a finding that consent was obtained through fraud or duress, the court shall vacate the adoption decree and return the child to the parent; however, no adoption that has been in effect for at least two (2) years may be challenged on

this basis. A consent given prior to or within 10 calendar days after the birth of the Indian child is not valid. If a final Decree of Adoption is ever vacated, set aside, or the adoptive parents voluntarily consent to termination of their parental rights, the Indian child shall be returned to the biological parent or prior Indian custodian unless the court determines returning the child is not in the best interest of the child.

Note: In all of these situations when the child is immediately returned home, if all of the reasons for removal are still present and removal is necessary to prevent imminent physical damage or harm to the child, then the child should be immediately detained again and a detention hearing that meets ICWA requirements must be held.

Preference for placement of an Indian child must be given in the following order to:

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

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

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

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

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

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

The Family Case Manager (FCM) will:

1. Ask the child (if age appropriate) and family if the child and/or family are of Indian heritage or if the child is eligible for membership in an Indian tribe during the initial contact, prior to a change in foster care placement, and prior to any adoptive placement;

2. Obtain information from the child (if age appropriate) and family regarding the tribe if the parent or Indian custodian indicates tribal membership or if there is reason to believe the child is eligible for membership of an Indian tribe;
3. Complete the Indian Status Identification and genogram if the child is involved in any current legal actions;
4. Document the tribal identity of the child in the case management system, by selecting the Indian Tribe from the list;
5. Complete the required verification of tribal membership or eligibility by selecting the type of verification, uploading a copy of the verification, and providing the date of verification in the case management system. If the family does not have verification of tribal membership, select pending verification;
6. Provide the Indian Status Identification and genogram to the FCM Supervisor for review and forward to the DCS Staff Attorney before proceeding with the steps below;
7. Verify the tribal identity of the child in the case management system after tribal confirmation. If the tribal confirmation is different from what was originally reported, correct the tribal verification in the case management system along with the date of verification;
8. Complete a referral to the International and Cultural Affairs (ICA) liaison for state tracking purposes and to assist with any ICWA related questions or concerns;
9. Continue to review the Indian Status Identification with the family throughout the life of the case;
10. Provide relatives with written notice of the removal using form Notice to Relatives within 30 calendar days of the removal (see policy 4.28 Involuntary Removals);
11. Inform the International and Cultural Affairs Liaison when an Indian child's tribal membership is determined; and
12. Document all actions taken in the case management system.

The FCM Supervisor will:

1. Ensure the FCM asks each child and family member about membership in an Indian tribe or eligibility for membership;
2. Ensure the Indian Status Identification and genogram are completed prior to forwarding to the DCS Staff Attorney; and
3. Assist the FCM to ensure adherence to ICWA.

The DCS Staff Attorney will:

1. Review the Indian Status Identification upon receipt to ensure it is complete;
2. Obtain the address for the ICWA Designated Tribal Agents for Service of Notice on the U.S. Department of the Interior- Indian Affairs webpage;
3. Notify the Indian tribe immediately of the pending proceeding in Indiana involving an Indian child;
4. Complete and send the ICWA Notification (a template may be found on Quest) by certified mail, with return receipt requested, to the Indian child's parents or custodian and the tribe;
5. Send copies of the notification, via mail, to the Midwest Regional Director of BIA and the U.S. Secretary of the Interior. If contact information cannot be found for the child's parent, Indian custodian, or Indian tribe, and there is reason to believe the child is an Indian child, the ICWA Notification must be sent by registered or certified mail, with return receipt requested, to the Midwest Regional Director of the BIA (see the U.S. Department of the Interior- Indian Affairs webpage for more information). The BIA will not make a determination of tribal membership, but may be able to identify tribes for DCS to contact;

Note: Any hearings regarding placement, including prospective placement, may not be held until **10 calendar days** after the latest receipt by the parent, custodian, tribe, and Midwest Regional Director of the BIA.

6. Notify the FCM of the child's tribal eligibility following confirmation from the Indian tribe; and
7. Notify, in writing, all tribes which received notice of the child custody proceeding once an Indian tribe has been designated as the child's Indian tribe. File a copy of the document with the court and send to all parties to the proceeding and each person or governmental agency that received notice of the proceeding. Notices should also be sent in voluntary proceedings.

LEGAL REFERENCES

- [25 U.S.C. §1903\(4\): Definitions: "Indian Child"](#)
- [25 U.S.C. §1911: Indian tribe jurisdiction over Indian child custody proceedings](#)
- [25 U.S.C. § 1912 \(e\): Pending Court Proceedings: Foster Care Placement Orders; Evidence; Determination of Damage to Child](#)
- [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](#)
- [42 U.S.C. §671 \(a\) 15: State plan for foster care and adoption assistance: Requisite features of State plan](#)
- [43 USC §1602\(c\): Definitions: "Native village"](#)
- [25 C.F.R §23: Indian Child Welfare Act](#)
- [25 C.F.R. §23.2: Definitions](#)
- [25 C.F.R. §23.11: Notice](#)
- [25 C.F.R. §23.113: What are the standards for emergency proceedings involving an Indian child?](#)

RELEVANT INFORMATION

Definitions

Active Efforts

In relation to ICWA, active efforts are affirmative, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with the child's family.

Adoptive placement

An adoptive placement is the permanent placement of an Indian child for adoption, including any action resulting in a final decree of adoption.

Foster Care Placement

A foster care placement is any action removing a child from the child's parent or Indian custodian for temporary placement in a foster home, institution, or the home of a guardian or conservator where the parent or Indian custodian cannot have the child returned upon demand, although parental rights have not been terminated (see Guidelines for Implementing the Indian Child Welfare Act).

Indian Child

An Indian child is any unmarried person who is under 18 years of age and is either:

1. A member of an Indian tribe; or
2. Eligible for membership in an Indian tribe and the biological child of a member of an Indian tribe.

Indian Tribe

An Indian tribe is any tribe, band, nation, or other organized group or community of Indians who are U.S. Secretary of the Interior because of their status as Indians, including any Alaska Native villages.

Pre-adoptive Placement

A pre-adoptive placement is the temporary placement of an Indian child in a foster home or institution after TPR, but prior to or in lieu of an adoptive placement.

Qualified Expert Witness (QEW)

A QEW is an individual who is able to testify as to whether the Indian child's continued custody by the parents is likely to result in serious emotional or physical damage to the Indian child and should be qualified to testify to the prevailing social and cultural standards of the Indian child's tribe.

Termination of Parental Rights (TPR)


TPR is any action resulting in the termination of the parent-child relationship.

Forms and Tools

- [2.A Tool: Procedure for Transfer of a Child to a Tribe or Tribal Agency](#)
- [2.B Tool: Disposition of CA/N Reports Involving an Indian Child of the Pokagon Band of Potawatomi Indians](#)
- [Bureau of Indian Affairs \(BIA\) Active Efforts Reference Sheet](#)
- [Guidelines for Implementing the Indian Child Welfare Act](#)
- ICWA Notification- Legal document
- [Indian Status Identification Form \(SF 55407\)](#)
- [International and Cultural Affairs mailbox](#)
- [Midwest Regional Office of Bureau of Indian Affairs](#)
- [Notice to Relatives \(SF 55211\)](#)
- [Permanency and Practice Support SharePoint](#)
- [Pokagon Band Family Services Supervisor](#)
- [US Department of the Interior- Indian Affairs](#)

Related Policies

- [4.28 Removals from Parents, Guardians, or Custodians](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: August 1, 2021
	Section 13: Expungement of Records	Version: 9

POLICY OVERVIEW

In order to comply with rules and regulations around expungement, the Indiana Department of Child Services (DCS) maintains its records in accordance with IC 31-33-26-15, IC 31-33-27, IC 31-39-8, and the DCS Records Retention Schedule.

PROCEDURE

Court or Administrative Hearing Officer Ordered Expungement

DCS shall expunge a substantiated report contained within the Child Protection Index (CPI) not later than 10 business days after any of the following occurs:

1. A court having jurisdiction over a Child in Need of Services (CHINS) proceeding determines that Child Abuse and/or Neglect (CA/N) has not occurred;
2. An administrative hearing officer under this chapter has issued a recommendation regarding a CA/N report and the ultimate authority of the department has issued a written final agency action determining that the report is unsubstantiated;
3. A court having juvenile jurisdiction enters an order for expungement of the report under IC 31-33-27-5.

DCS shall amend a substantiated report contained in the CPI by deleting the name of an alleged perpetrator if the court having jurisdiction over a CHINS proceeding; or the ultimate authority of DCS, after issuance of a recommendation by an administrative hearing officer; finds that the person was not a perpetrator of the child abuse or neglect that occurred.

Intake

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.

Unsubstantiated Assessments

When an assessment is unsubstantiated, the Family Case Manager (FCM) will scan all documentation in the case file into the case management system. The FCM Supervisor will ensure the hard copy of the case is maintained in the DCS local office for six (6) months, then transferred to the records center. Case management system files of unsubstantiated cases will be maintained until 24 years after the birth of the youngest child named in the DCS assessment report as an alleged victim of CA/N, at which time automated expungement of an unsubstantiated DCS assessment report in the case management system will occur. The electronic case management system record will be removed from the case management system and put into a secure database for deletion. Cases are included in this category if:

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

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

Substantiated Assessments

Substantiated cases include both hard copy files and electronic files located in the case management system. When an assessment is substantiated, the FCM will scan all documentation in the case file into the case management system. The FCM Supervisor will ensure the hard copy of the case is maintained in the DCS local office for 10 years, then transferred to the records center.

Note: An individual identified as a perpetrator of CA/N may file a petition to expunge the related report and documentation. The petition must be filed with the court exercising juvenile jurisdiction in the county in which the individual resides. The procedure for filing the petition is addressed in IC 31-33-27.

When the DCS local office receives a court order to expunge substantiated CA/N records, the FCM will:

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

The FCM Supervisor will:

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

The DCS Staff Attorney will:

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

The case management system Manager will expunge electronic records in the case management system in accordance with IC 31-33-26-15, IC 31-33-27, IC 31-39-8, and the DCS Records Retention Schedule.

LEGAL REFERENCES

- [IC 31-33-8-12 Classifying Reports as Substantiated or Unsubstantiated](#)
- [IC 31-33-27 Expungement of Child Abuse or Neglect Reports](#)
- [IC 31-33-26-15 Expungement and amendment of record procedures](#)
- [IC 31-39-8 Expungement of Records Concerning Delinquent Child or Child in Need of Services](#)

- [470 IAC 1-4-1 Administrative Appeals](#)

RELEVANT INFORMATION

Definitions

Administrative Hearing Officer

Administrative Hearing Officer refers to an individual who presides over an administrative hearing. An Administrative Hearing Officer is also commonly referred to as an Administrative Law Judge (ALJ).

Documentation


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

Forms and Tools

- [DCS Records Retention Schedule](#)

Related Policies

N/A

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

STATEMENTS OF PURPOSE

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

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

Code References

[IC 31-33-22-3 False Reports: Criminal and Civil Liability; notification of prosecuting attorney](#)

PROCEDURE

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

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

The DCS LOD will:

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

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

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

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) must authorize the release of a child from the hospital when:

1. He or she is the subject of a Child Abuse and/or Neglect (CA/N) assessment;
2. Is the patient in a hospital; and
3. The hospital either was the reporter or has been notified of the CA/N assessment.

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

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

Code References

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

PROCEDURE

The Family Case Manager (FCM) will:

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

The FCM Supervisor will:

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

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

PRACTICE GUIDANCE

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

If the child is brought to the hospital by the parent, guardian, or custodian and DCS determines that removal is necessary to ensure the safety of the child, the first placement entered is to be where the child is to be placed once the child leaves the hospital. If the child’s medical condition

warrants continued stay in the hospital, the hospital becomes the placement when DCS takes detention of the child. See policy [6.1 Detention/Initial Hearing](#) for additional information.

FORMS AND TOOLS

[Indiana Department of Child Services \(DCS\) Hospital Release Authorization \(SF 54337\)](#)

RELATED INFORMATION

Overview of Hospitalized Victim of CA/N

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

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


Access to medical records for a hospitalized victim of CA/N

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

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

HIPAA

[45 CFR 164.512\(b\)\(1\)\(ii\)](#) makes exceptions to HIPAA for CPS investigations. "A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph to ...A public health authority or other appropriate government authority authorized by law to receive reports of child abuse and neglect."

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: January 1, 2021
	Section 16: Practice Model Review (PMR)	Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Practice Model Review (PMR) is a peer review process that utilizes interviews with stakeholders, families, and children (if age and developmentally appropriate) along with case record review to identify system strengths and areas needing improvement. The PMR measures the fidelity to the [DCS practice model](#) along with compliance with federal standards during a specific [Period Under Review \(PUR\)](#). The data collected is used to evaluate and improve the outcomes for children and families and address system issues that produce inequitable results for families and children. The PMR uses a thorough case review process to assess the following:

1. [Teaming](#): How well DCS is working to assemble and/or coordinate a group of individuals with the intent to bring ideas/solutions to achieve common goals;
2. [Engaging](#): How well DCS is working to effectively establish a relationship with the family and essential individuals in a meaningful way for the purpose of sustaining work that is to be accomplished together;
3. [Assessing](#): How well is DCS evaluating events and/or situations and determining the ability, willingness, and availability of resources for achieving an agreed upon goal for the family and children;
4. [Planning](#): How well is DCS implementing a process that will put in place team-driven decisions that supports family and children in the furtherance of the DCS [mission](#); and
5. [Intervening](#): How well is DCS interceding and providing support to alter the course of events that may pose risks to the family and child.

Code References

N/A

PROCEDURE

The [Quality Service Assurance \(QSA\) Lead](#) will complete the following prior to the PMR:

1. Attend the regional management meeting one (1) month prior to the case selection date to discuss the upcoming PMR;
2. Ensure the random selection of cases for the PMR is completed for the [PUR](#) and provided to the Regional Manager (RM);
3. Ensure the Family Case Manager (FCM) provides the family with the [PMR Family Information Form](#) and secures agreement for participation in the review;
4. Ensure a completed [PMR Case Summary](#) has been received from the FCM;
5. Participate in a preparation meeting with the FCM and FCM Supervisor to discuss any further information that needs to be addressed on the [PMR Case Summary](#), and identify appropriate stakeholders with whom the FCM should schedule for interviews;
6. Ensure all finalized schedules, case summaries, and general information forms have been received; and

7. Provide a finalized case assignment list to the RM, reviewers, field quality assurance (QA), and QSA team.

The FCM will:

1. Engage the selected family to discuss and request participation in the PMR process, review the [PMR Family Information Form](#) with the family;
2. Seek assistance from the FCM Supervisor and the [QSA Lead](#) if unable to secure the family's agreement for participation in the review;
3. Create the [PMR Case Summary](#) and send to the [QSA Lead](#);
4. Participate in a preparation meeting with the [QSA Lead](#);
5. Schedule interviews with the family and appropriate stakeholders (i.e., teachers, service providers, mental health and substance use professionals, relatives, resource parents, Court Appointed Special Advocate [CASA] and Guardian ad Litem [GAL] and other identified supports to the family);
6. Ensure information in the case management system is up-to-date and complete the [PMR General Information Form](#);
7. Provide the completed [PMR General Information Form](#) and [PMR Review Schedule](#) to the [QSA Lead](#);
8. Participate in the PMR interview as scheduled; and
9. Participate in the [debrief](#) with the [PMR reviewers](#) as scheduled.

The FCM Supervisor will:

1. Discuss the selected case with the FCM, and assist the FCM in securing the family's agreement for participation in the PMR as needed;
2. Ensure all family members and stakeholders have been identified and contacted to request their participation in the PMR;
3. Ensure information in the case management system is up-to-date and assist the FCM in providing a completed [PMR Case Summary](#);
4. Attend the preparation meeting with the FCM;
5. Assist the FCM in providing a completed [PMR Review Schedule](#) and [PMR General Information Form](#) for the selected case; and
6. Participate in the [debrief](#) with the [PMR reviewers](#) as scheduled.

The Division Manager (DM)/Local Office Director (LOD) will:

1. Ensure the FCM and FCM Supervisor submit the completed [PMR Case Summary](#), [PMR General Information Form](#), and [PMR Review Schedule](#) to the [QSA Lead](#) by the requested deadline;
2. Ensure information in the case management system is up-to-date; and
3. Ensure all FCMs participating in the PMR have confirmed their scheduled interviews.

The Regional Manager (RM) will:

1. Ensure the regional contact information has been provided to the [QSA Lead](#); and
2. Confirm the data presentation is scheduled, and ensure appropriate parties are invited to attend, including court personnel.

The PMR Reviewer will:

1. Participate in an annual [Full PMR](#) and a [Mini PMR](#) within the [PMR Reviewer's](#) region every other year following the completion of the two (2) day training;
2. Attend a PMR preparation technology meeting one (1) week prior to the assigned review;
3. Arrive at the PMR Orientation site at the designated time to receive PMR materials;

4. Review the [PMR Case Summary](#), [PMR General Information Form](#), [PMR Review Schedule](#), and information in the case management system;
5. Complete interviews with identified individuals according to the PMR schedule;

Note: Contact the [QSA Lead](#) and the DCS Child Abuse and/or Neglect (CA/N) Hotline (Hotline) immediately if there is an active threat currently impacting the child's safety, or safety of other children in the home; the child/or another child in the home has visible marks/bruises, which are concerning; and/or the child/or another child in the home is not safe with the caregiver. Also, discuss with the [QSA Lead](#) any reports of safety concerns that are not currently active or if there is a disclosure of past abuse or neglect.

6. Score the case using the [PMR Protocol](#); and
7. Complete a T-Chart and [debrief](#) with the FCM and FCM Supervisor.

After each PMR is completed, a member of the QSA team will present an analysis of the data and trends to the regional management team, court personnel, and any community members invited by the RM. The Strategic Solution and Agency Transformation (SSAT) Division, in conjunction with the Regional Peer Coach Consultant, will engage the RM and other identified stakeholders to discuss opportunities to improve practice based on the analysis of the data and trends in their region.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Practice Model Review \(PMR\) Protocol](#)
2. [PMR Family Information Form \(SF 57041\)](#)
3. [PMR Review Schedule](#) – Available from QSA Lead
4. [PMR General Information Form](#) – Available from QSA Lead
5. [PMR Case Summary](#) – Available from the QSA Lead

RELATED INFORMATION

PMR Round

A PMR Round is the completion of the Full PMR in every region. The PMR Round takes two (2) calendar years to complete. A PMR will be conducted in each region at least one (1) time every calendar year, alternating between a [Mini PMR](#) and a [Full PMR](#).

Full PMR

A Full PMR will have a larger case selection and reviewers will come from outside the region to complete the review.

Mini PMR

A Mini PMR will have a reduced number of selected cases and reviewers will be from within the region completing the review.

Period Under Review (PUR)

The PUR is the timeframe for which a particular case is reviewed. The PUR for the legal system review looks back over the previous 12 months from the date of the review. The PUR for all other items is the previous six (6) months from the date of the review.

Note: The only requirement for a case to be selected for review is that the case must have an “open” status on the day the case is pulled for the PMR, which is 45 days prior to the review. If the case is closed following the case pull, the case may still be reviewed.

Debrief

Debrief is the process in which the reviewers engage the FCM and FCM Supervisor in a conversation by providing information acquired during the review in a thoughtful, transparent, and respectable way. It requires the reviewers to be precise about the information that they obtained through interviews and case documentation providing specific strengths and areas of opportunities in the case.

QSA Lead


The QSA Lead is a Quality Assurance Analyst within the SSAT division.

PMR Reviewer

A PMR Reviewer is a DCS employee who is trained in applying the PMR protocol to selected cases for review.

Field QA

A Field QA is an experienced [PMR reviewer](#) who assists the QSA team in ensuring the reviewers fidelity to scoring within the protocol.

	INDIANA DEPARTMENT OF CHILD SERVICES	
	CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: April 1, 2020
	Section 18: Reflective Practice Survey (RPS)	Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Reflective Practice Survey (RPS) uses case review and field observation to review assessments, including Institutional Child Protective Services (ICPS) assessments, Older Youth Services (OYS) cases, and permanency cases to assess the practice skills of Family Case Managers (FCMs), Collaborative Care Case Managers (3CMs), and ICPS FCMs.

The RPS case selection shall consist of assessments and cases open during the current quarter. The RPS will be completed quarterly, based on a calendar year. Each FCM, 3CM, and ICPS FCM will have either one (1) assessment, one (1) permanency case, or one (1) OYS case selected for review. DCS will use information obtained from the RPS to identify regional trends and to focus on Continuous Quality Improvement (CQI) opportunities to develop and strengthen FCM skills to ensure positive outcomes for children and families.

Note: Permanency cases and OYS cases will be randomly selected for review. In assessment cases, the supervisor will select the assessment case to be reviewed with the FCM.

Code References

N/A

PROCEDURE

The FCM Supervisor, 3CM Supervisor, or ICPS FCM Supervisor will:

1. Review the selected assessment or the assigned permanency case or OYS case using the [RPS tool](#) located in the Comprehensive Child Welfare Information System (CCWIS);
2. Notify the FCM, 3CM, or ICPS FCM that his or her assessment, permanency case, or OYS case has been selected for review;
3. Schedule a time to observe the FCM, 3CM, or ICPS FCM's selected assessment, permanency case, or OYS case;

Note: For all assessments, the FCM's initial contact with the family must be observed.

4. Complete field observations for the selected assessment, permanency case, or OYS case by accompanying the FCM, 3CM, or ICPS FCM during his or her assessment, home visit, and/or Child and Family (CFT) Meeting. The Supervisor may participate in multiple observations throughout the review period and may ask questions during these observations;
5. Score the assessment, permanency case, or OYS case in the CCWIS system using information from the field observations and any information within the case management system that is available during the period under review; and

Note: The RPS must be completed in the CCWIS within the quarter in which it was assigned for review. The RPS will remain open for five (5) days following the end of the quarter to enter information.

6. Provide feedback during [clinical supervision](#) to the FCM, 3CM, or ICPS FCM regarding the observations and identify areas of strength and opportunity to further enhance skill development and improve outcomes for the child and family.

The Local Office Director (LOD), ICPS Manager, Division Manager (DM), and Regional Manager (RM) will review RPS information and use it in conjunction with other qualitative and quantitative data for CQI opportunities.

PRACTICE GUIDANCE

RPS Case Review

Every FCM, 3CM, and ICPS FCM will have one (1) case or assessment reviewed each quarter and will work with his or her supervisor during [clinical supervision](#) to identify strengths and areas of opportunity to further enhance skill development and improve outcomes for children and families.

Replacement Cases

If a selected case closes prior to review, is pending transfer to a new FCM, or the family lives more than 50 miles from the assigned local office, the case may be replaced by the FCM Supervisor, 3CM Supervisor, or ICPS Supervisor during the current quarter.

Eliminations

If an FCM, 3CM, or ICPS FCM is no longer employed with DCS, is on Family Medical Leave Act (FMLA) for the entire quarter, or no longer has cases or assessments assigned to him or her, his or her selected assessment or case will be eliminated from the RPS review.

Transfers

If an FCM, 3CM, or ICPS FCM transfers to a different supervisor, local office, or region prior to the initiation of the RPS, the new supervisor will complete the RPS for the identified quarter selected from the FCM, 3CM or ICPC FCM's new case load.

FORMS AND TOOLS


[RPS Tool](#)- Available in CCWIS

RELATED INFORMATION

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts the outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: May 1, 2019
	Section 20: Establishment of Child Support Orders	Version: 3

STATEMENTS OF PURPOSE

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

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

Code References

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

PROCEDURE

The Family Case Manager (FCM) will:

1. Log onto the [Indiana Support Enforcement Tracking System \(ISETS\) Child Support Case Inquiry Web Tool](#) to determine if a child support order has been established under any cause number [e.g. Juvenile Paternity (JP), Domestic Relations (DR), Guardian (GU), Juvenile Delinquent (JD), Juvenile Status (JS) or Juvenile CHINS (JC)]. See policy [5.5 Genetic Testing for Alleged Fathers](#) if a child support order has not been established;
2. Request that the family provide all financial information necessary for determination of the amount of support under the [Indiana Child Support Guidelines](#);

Note: This request includes but is not limited to income information from all sources, insurance information, child support being paid for other children, daycare expenses etc.

3. Complete the [DCS Child Support Worksheet Questionnaire Form](#);

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

4. Submit the [DCS Child Support Worksheet Questionnaire Form](#) to the DCS Staff Attorney.

The FCM Supervisor will:

1. Ensure the FCM has access to [ISETS Child Support Case Inquiry Web Tool](#); and
2. Provide assistance as needed with establishing child support.

The DCS Staff Attorney will:

1. At the time of detention or as soon thereafter as practical or at the Dispositional Hearing:
 - a. File a petition to establish, modify, or redirect child support, as appropriate, regarding both parents. See the [CHINS Benchbook Order Form](#) for additional information; and

Note: Filing the petition as soon as possible is important because when a child support order is issued it can be made retroactive. This could occur as early as the first court hearing following the removal of the child (see Code References).

- b. Cooperate in getting a completed [Child Support Obligations Worksheet](#) in accordance with local practice.
2. No later than the Dispositional Hearing, request that the court issue a child support order for **each** parent, pursuant to the [Indiana Child Support Guidelines](#):
 - a. Request the court to enter an order establishing support if no child support order exists for the parent,

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

- b. Request the court to modify the amount of support, if appropriate and a child support order already exists for the parent,
 - c. Obtain an order for zero dollars "\$0" to meet the requirements of federal law, if the court determines that the parent should not pay child support. See Practice Guidance for [Child Support Guidelines](#).

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

- d. Assign DCS or the unlicensed relative caregiver as the payee of any existing or newly established child support order payments and redirect accordingly, if appropriate,

Note: All child support should be paid to the Indiana State Central Collection Unit (INSCCU) for distribution to DCS or the unlicensed relative caregiver as payee.

3. After the Dispositional Hearing, request a copy of only the child support orders be distributed to the IV-D Prosecutor's Child Support Office and the Clerks of Courts for entry into [ISETS Child Support Case Inquiry Web Tool](#); and
4. At the termination of the CHINS case:
 - a. Request that the Court modify the payee as appropriate and/or open a new cause number (e.g., JP/DR/GU) for purposes of the continued support order intended to survive the CHINS case,
 - b. Request that the Court vacate the support order if the child support order should not survive the CHINS case, and
 - c. Request distribution to the Title IV-D Prosecutor's Child Support Office and the Clerk of Courts a copy of the order dismissing the CHINS case and any final child support orders that were issued.

PRACTICE GUIDANCE

Indiana Child Support Guidelines

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

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

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

CHINS Benchbook Forms

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

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

Indiana Child Support Obligations Worksheet

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

The recommended amount should be the amount determined by the [Child Support Obligations Worksheet](#) completed in the prior step; however, a deviation from the Guideline amount may be appropriate where the court makes a specific finding that entry of an order based on the child support guidelines would be unjust or inappropriate considering the best interests of the child and other necessary obligations of the child's family; or the department does not make foster care maintenance payments to the custodian of the child.

Wards with Children

If a youth who is a ward of DCS under a CHINS or Collaborative Care case is also a parent (i.e., a “parenting youth”), and the parenting youth’s child is also a ward of DCS in a CHINS case, paternity and child support for the parenting youth’s child should be addressed in the parenting youth’s child’s CHINS case, pursuant to policy [5.5 Genetic Testing for Alleged Fathers](#). If a parenting youth has a child who is not a ward of the State, the parenting youth may be referred to the local Prosecutor’s Office to apply for Title IV-D services for assistance with establishing paternity and child support for the parenting youth’s child.

FORMS AND TOOLS

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

RELATED INFORMATION [REVISED]


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

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

Collaborative Care Youth and Emancipation

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

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: June 1, 2018
	Section 21: Human Trafficking	Version: 5

STATEMENTS OF PURPOSE

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

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

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

Code References

1. [IC 35-42-3.5 Human Trafficking](#)
2. [IC 31-34-1-3.5 Circumstances in which a child is a Child in Need of Services](#)

PROCEDURE

The Family Case Manager (FCM) will:

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

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

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

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

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

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

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

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

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

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

Note: For questions regarding [human trafficking](#) DCS staff may contact dcshumantraffickinginformation@dcs.in.gov.

The FCM Supervisor will:

1. Discuss all information regarding the case and the [Indiana Human Trafficking Assessment Tool](#) with the FCM;
2. Guide the FCM in arranging an immediate and/or acute medical examination, if needed; and

3. Contact dcshumantraffickinginformation@dcs.in.gov if additional guidance is needed regarding next steps.

PRACTICE GUIDANCE

Human Trafficking Expertise and Consultation

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

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

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

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

Indicators of Human Trafficking¹

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

Child Indicators:

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

¹ State of Florida Department of Children and Families (2009). *Human Trafficking of Child Indicator Tool*. Retrieved from <http://www.dcf.state.fl.us/programs/humantrafficking/docs/HumanTraffickingOfChildrenIndicatoTool0109.pdf>.

Indicators in the Home:

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

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

Types of Questions to Ask During an Interview for Possible Cases of Human Trafficking

When allegations of human trafficking have been made or the FCM observes indicators of human trafficking during the interview with the child, the following questions should be asked to help determine if a [human trafficking forensic interview](#) is needed:

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

FORMS AND TOOLS

1. [Indiana Human Trafficking Screening Tool](#) – Available in the case management system
2. [Indiana Human Trafficking Assessment Tool](#) – Available in the case management system forms
3. [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) – Available in the case management system

RELATED INFORMATION

Human Trafficking

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

1. Sex trafficking- “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the commercial sex act is induced by force, fraud, or coercion, or the person being induced to perform such act is under 18 years of age.”
2. Labor trafficking- “the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.”

Forensic Interviews for Children who are Alleged Victims of Human Trafficking


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

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

Medical Exams for Alleged Sexual Abuse Victims

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

² Victims of Trafficking and Violence Protection Act of 2000, Pub. L. No. 106-386 (2000). Available at <https://www.state.gov/j/tip/laws/61124.htm>

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: December 1, 2015
	Section 22: International and Cultural Affairs Services	Version: 1

STATEMENTS OF PURPOSE

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

[ICA](#) should be contacted for services and information including, but not limited to:

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

- a. Deportation verification,
 - b. Detained parent search,
 - c. Immigration court information, and
 - d. Visit pending deportation.
11. Indian Child Welfare Act (ICWA) See policy, [2.12 Indian Child Welfare Act \(ICWA\)](#) for additional information; and
 12. Any other cultural need or concern that may arise that is not an emergency.

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

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

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

Code References

1. [United States Executive Order 13166 Limited English Proficiency](#)
2. [Section 601 of Title VI of the 1964 Civil Rights Act, 42 U.S.C. 2000d](#)
3. [IC 34-45-1-3: Interpreters; entitlement](#)
4. [IC 34-45-1-4: Interpreters; appointment and qualifications](#)
5. ["Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" 67 F.R. 4968 \(August 8, 2003\)](#)

PROCEDURE

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

1. Communication (phone, fax, email) from ICE and/or Consul/Embassy is received;
2. Information is received that a parent, guardian, or custodian is subject to deportation; or
3. Completing an assessment of an unaccompanied alien minor.

The FCM will:

1. Complete a Permanency and Practice Support referral in KidTraks for [ICA](#) services when a need is identified;
2. Provide the [ICA](#) Liaison with updated information and cc the DCS Staff Attorney on all communication with the [ICA](#) liaison;
3. Ensure all child and family cultural needs are met by utilizing [ICA](#) for identified services;
4. Verify the identity of all family members. See policies [2.09 Verifying Identity](#) and [2.23 Verifying Citizenship or Immigration Status](#); and

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

Note: A [Consulate/Embassy Notification \(SF 55676\)](#) must be completed for each child.

The [ICA](#) liaison will:

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

PRACTICE GUIDANCE

Completing the Notification to Consulate or Embassy

When completing the [Consulate/Embassy Notification \(SF 55676\)](#), it is imperative to have accurate information. If information is unknown, the form should reflect that it is unknown. FCMs should not submit a [Consulate/Embassy Notification \(SF 55676\)](#) with an assumed place of birth. If the place of birth is unknown, attempt to obtain the information by:

1. Reviewing the child's birth certificate;
2. Asking the parent to which country the absent parent, guardian, or custodian was deported;
3. Contacting known relatives; and/or
4. Reviewing any identification paperwork obtained.

Do not contact ICE to obtain this information.

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

ICE Holds, Custody, and Communication

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

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

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

Cultural Awareness

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

Verification Requests

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

International Dialing

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

ICA Resources

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

FORMS AND TOOLS

[Consulate/Embassy Notification \(SF 55676\)](#)

RELATED INFORMATION

Foreign National

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

Dual Nationality/Citizen

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

Repatriation

Repatriation is the process of permanently placing the child with their parent(s) or relative(s) in a placement. The child and/or the child's parent(s) are known to be nationals of the other country.


The child may be a [dual](#) citizen (citizen of the U.S. and a citizen of the other country) and still be considered for reunification through repatriation procedures.

Vienna Convention

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

Memorandum of Understanding (MOU) with the Mexican Consulates

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: December 1, 2015
	Section 23: Verifying Citizenship or Immigration Status	Version: 5

STATEMENTS OF PURPOSE

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

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

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

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

Code Reference
N/A

PROCEDURE

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

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

DCS must obtain copies of any one (1) of the following documents as proof of United States (U.S.) citizenship:

1. U.S. public birth certificate showing birth in one (1) of the 50 states, District of Columbia, Puerto Rico (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 U.S. (FS-240);
8. Certification of Birth Abroad (FS-454);
9. American Indian Card (I-872) issued by the Department of Homeland Security with the classification code “KIC”; or
10. Northern Mariana Card (I-873).

If the parent and/or child is not a U.S. citizen any one (1) of the following are acceptable immigration documents verifying legal residency:

1. Permanent Resident Card (I-551);
2. Temporary I-551 stamp/with passport or I-94 with alien number;
3. Employment Authorization Card (work permit I-766 or I-688B);
4. Valid foreign passport with photo with a visa that includes a valid form I-94 indicating the authorized duration of stay in the U.S.;
5. Valid foreign passport with a current visa that states "Upon Endorsement Serves as Temporary I-551 evidencing Permanent Residence for 1-year";
 - a. Canadian passports are not required to have a visa or a form I-94; and
 - b. Applicants from the Federated States of Micronesia, Palau, and the Republic of the Marshall Islands are not required to present a visa but must submit a form I-94.
6. Form I-94 stamped with "Section 207" refugee status; or
7. Form I-94 stamped with "Section 208" asylum status.

DCS must obtain copies of at least one (1) of the following documents as proof of foreign citizenship:

1. Birth Certificate, or
2. Passport.

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

PRACTICE GUIDANCE

ICA Resources

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


FORMS AND TOOLS

N/A

RELATED INFORMATION

Financial Support

Documentation of a child's U.S. citizenship or qualified alien status is a requirement for federal funding (Title IV-E foster care, Title IV-A Emergency Assistance, Title IV-E Waiver), which covers some of the costs of out-of-home care and DCS' administrative expenditures. The child's citizenship status needs to be documented in and uploaded to the case management system. Copies of the required documentation are to be kept in the child's case file.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: October 1, 2019
	Section 24: Missing and Runaway Children	Version: 2

POLICY

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

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

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

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

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

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

When the child is located, DCS will:

1. Notify the child's parent, guardian, or custodian; the court (if there is an open case); ISP; local LEA; [NCMEC](#); and all other parties previously contacted to assist in the search for the child;
2. Interview the child concerning the reason(s) the child ran away and where and with whom the child was residing;
3. Complete the [Indiana Human Trafficking Screening Tool](#) in the case management system (see separate policy, [2.21 Human Trafficking](#));

Note: A new placement cannot be entered for a child until the [Indiana Human Trafficking Screening Tool](#) has been completed for the child who had a runaway or missing person episode entered as a placement.

4. If recommended by the [Indiana Human Trafficking Screening Tool](#), complete the [Indiana Human Trafficking Assessment Tool](#):
5. Discuss the case and the results of the [Indiana Human Trafficking Assessment Tool](#) to determine next steps regarding:
 - a. Safety needs,
 - b. Placement,
 - c. Service referrals,
 - d. Involvement of LEA, and
 - e. Need for a human trafficking forensic interview;

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

6. Document the results of the [Indiana Human Trafficking Assessment Tool](#) in the case management system; and
7. Convene a Child and Family Team (CFT) Meeting within five (5) business days of the child's return, to discuss and respond to the child's needs, circumstances that led to the runaway episode, placement concerns, safety issues, and any additional topics that may affect stability for the child.

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

Code References

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

PROCEDURE

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

1. Advise the resource parent(s), residential provider, or custodial parent to contact the appropriate local LEA to file a runaway/missing person report;
2. Gather pertinent information from the child's caregiver(s) and other household members regarding:
 - a. When and where the child was last seen,
 - b. The child's last known state of mind,
 - c. Any unusual events prior to the child's disappearance, and

- d. Whether any of the child's possessions are missing from his or her placement;
3. Ensure the child has been reported as missing to ISP and local LEA (within 24 hours) to:
 - a. Request that the child is entered into the NCIC database, if not already done, and
 - b. Request ISP and local LEA reports;
4. Complete the [National Center for Missing and Exploited Children Form](#) with pertinent information;
5. Utilize the "Email" button within the [National Center for Missing and Exploited Children Form](#) to generate an email to the Hotline and ensure supporting documents and a current photograph of the child are attached to the email prior to sending;

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

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

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

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

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

When the child is located, the FCM will:

1. Ensure the FCM Supervisor is aware that the child has been located;
2. Notify ISP; local LEA; [NCMEC](#); the parent, guardian, or custodian (unless TPR is finalized); and the court (if there is an open case);
3. Interview the child as soon as possible (within 48 hours) and complete the [Indiana Human Trafficking Screening Tool](#) in the case management system;
4. If recommended by the [Indiana Human Trafficking Screening Tool](#), complete the [Indiana Human Trafficking Assessment Tool](#);
5. Discuss the case and the results of the [Indiana Human Trafficking Assessment Tool](#) with the FCM Supervisor to determine next steps regarding:
 - a. Safety needs,

- b. Placement,
- c. Service referrals,
- d. Involvement of LEA, and
- e. Need for a human trafficking forensic interview;

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

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

The FCM Supervisor will:

- 1. Discuss the case and the [Indiana Human Trafficking Assessment Tool](#) with the FCM; and
- 2. Utilize the [Human Trafficking Assessment Scoring Guide](#) to provide guidance on next steps.

The DCS Hotline Intake Specialist (IS) will:

- 1. Complete an Intake Report from the [Missing and Runaway Youth Information Form](#); and
- 2. Notify [NCMEC](#) of the missing/runaway child by completing a report at <http://cmfc.missingkids.org/ReportHere>.

PRACTICE GUIDANCE

Bed Holds

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

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

National Center for Missing and Exploited Children (NCMEC)

1-800-843-5678 (1-800-THE-LOST)

www.Missingkids.com

Human Trafficking Expertise and Consultation

The Federal Bureau of Investigation (FBI) and Federal Department of Homeland Security may investigate labor trafficking and sex trafficking for international and domestic victims. Due to the complexities of human trafficking, these federal agencies are available to consult and/or provide

assistance on cases in which human trafficking is present or suspected and the need for special expertise warrants federal involvement.

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

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

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

Indicators of Human Trafficking¹

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

Child Indicators:

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

Indicators in the Home:

During each home visit, the FCM will observe for the following potential signs of human trafficking. If the FCM believes that human trafficking may be occurring, the FCM will complete the [Indiana Human Trafficking Screening Tool](#) (see Policy [2.21 Human Trafficking](#) for additional information) and staff with his or her supervisor:

1. The child's home lacks personal effects (e.g., no toys) or the child has a small room that is different from the rest of the house;
2. The yard may be fenced and access to phones is denied;
3. The child may live in the same place he or she works (e.g., behind a restaurant, in a motel with other workers, etc.);

¹ State of Florida Department of Children and Families (2009). *Human Trafficking of Child Indicator Tool*. Retrieved from <http://www.dcf.state.fl.us/programs/humantrafficking/docs/HumanTraffickingOfChildrenIndicatoTool0109.pdf>.

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

FORMS AND TOOLS

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

RELATED INFORMATION


Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults

1-800-831-8953

National Runaway Safeline

1-800-RUNAWAY

www.1800runaway.org

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2 : Administration of Child Welfare	Effective Date: September 1, 2018
	Section 25: Dual Status	Version: 1

STATEMENTS OF PURPOSE

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

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

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

DCS will follow court orders resulting from the DSAT recommendation.

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

Code References

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

PROCEDURE

The FCM will:

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

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

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

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

6. Share available relevant information during the DSAT. See [Practice Guidance](#) for additional information;

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

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

PRACTICE GUIDANCE

Dual Status IC 31-41-1-2

A child may be considered a dual status child if one (1) of the following is met:

1. A petition alleging the child is a CHINS has been filed, or the child is presently adjudicated to be a CHINS; and a petition alleging the child to be a delinquent child has been filed, or the child is presently adjudicated to be a delinquent child;
2. The child is presently named in an IA and is adjudicated a delinquent child;
3. The child is presently named in a delinquency IA and is adjudicated to be a CHINS;
4. The child was previously adjudicated to be a CHINS in which wardship was terminated or the child participated in an IA that concluded before the current delinquency petition;
5. The child was previously adjudicated to be a delinquent child in a case that has closed or participated in a delinquency IA which was concluded prior to a CHINS proceeding; or
6. The child is eligible for release from commitment of the Department of Correction (DOC), but the child's parent, guardian, or custodian cannot be located or is unwilling to take custody of the child.

Dual Status Youth Memorandum of Understanding

An MOU regarding Dual Status Youth will be established between the local DCS office and the local Juvenile Probation Department. The MOU must be signed by the Juvenile Court Judge(s) with jurisdiction, the Chief Juvenile Probation Officer, the DCS Agency Director, and the DCS LOD.

Determination of Dual Status

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

Determination of Referral to the Dual Status Assessment Team

In accordance with [IC 31-34-10-2\(e\)](#), the juvenile court shall determine if a child should be referred to a DSAT. In making this determination, the juvenile court should take into consideration the "length of time since the delinquent act or the incident of abuse or neglect".

Dual Status Assessment Team Participants

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

Role of the Dual Status Assessment Team

If ordered by the Court, the DSAT shall consider:

1. In accordance with [IC 31-41-2-3\(c\)](#):
 - a. Allegations of abuse or neglect suffered by the child, and
 - b. Allegations that the child is a delinquent child; and
2. In accordance with [IC -31-41-1-4](#):
 - a. Best interests of the child, and
 - b. Needs, strengths, and risks of the child.

In accordance with [IC 31-41-2-6](#), the DSAT will make recommendations to the Court regarding:

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

Dual Status Assessment Team Topics

[IC 31-41-2-5](#) outlines that the DSAT shall consider the child's best interests and well-being, which includes:

1. The child's mental health status, including any diagnosis;

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

Sharing DCS and Delinquency Information at the Dual Status Assessment Team Meeting

The [DSAT Informed Consent to Release and Exchange Information](#) has been developed to allow information regarding the child's CHINS and Delinquency matters to be shared within the DSAT to assist in making recommendations to court. If the parent's signature cannot be obtained, a court order must be requested, authorizing the sharing of information within the DSAT.

Participation of a Child During a Dual Status Assessment Team Meeting

A child may participate in the DSAT, when authorized by the court. In accordance with [IC 31-41-2-4](#), statements communicated in a DSAT meeting are not admissible as evidence against the child in any judicial proceeding and are not discoverable in any litigation. Facts or circumstances surrounding a pending delinquency petition should not be discussed.

Timeframe for Convening a Dual System Assessment Team

In accordance with [IC 31-41-2-3](#), the DSAT must convene within 10 days of the court order. The court will designate a facilitator who will convene the meeting.

Lead Agency When a Child is Adjudicated in Both Systems

[IC 31-41-3-1](#) suggests that the DSAT may recommend a "lead agency". However, in absence of a recommendation, the court making the "later determination" (which case was filed last) may determine whether DCS or probation will act as the lead agency. In making the determination, the court shall consider:

1. The child's social and family situation;
2. The child's experiences with DCS;
3. The child's prior adjudications of delinquency;
4. The recommendations of the DSAT; and
5. The needs, strengths, and risks of the child.

Petition for Modification in the Delinquency Case

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


FORMS AND TOOLS

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

RELATED INFORMATION

Preliminary Inquiry (PI)

A PI is a written report prepared by DCS, which includes the child's background, current status, and school performance. The report relates the facts and circumstances that establish the reason for DCS involvement in both CHINS and IA cases.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: October 1, 2021
	Section 27: Community Child Protection Team (CPT)	Version: 6

POLICY OVERVIEW

The purpose of a community Child Protection Team (CPT) is to provide oversight by community members through the review of:

1. Any case that the Indiana Department of Child Services (DCS) has been involved in within the county where the CPT presides; and
2. Complaints regarding Child Abuse and/or Neglect (CA/N) cases that are brought to the CPT by a person or an agency.

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

PROCEDURE

DCS will establish a countywide, multidisciplinary community CPT. In accordance with IC 31-33-3-1, the CPT must include the following 13 members who reside in, or provide services to residents of the county in which the team is to be formed:

1. The DCS LOD or designee;
2. Two (2) designees of the juvenile court judge;
3. The county prosecuting attorney or designee;
4. The county sheriff or designee;
5. A local government representative who is either:
 - a. The president of the county executive in a county not containing a consolidated city or designee, or
 - b. The executive of a consolidated city in a county containing a consolidated city or designee.
6. A director of a Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL) program or the director's designee in the county in which the team is to be formed; and
7. The chief law enforcement officer of the largest Law Enforcement Agency (LEA) in the county (other than the county sheriff) or designee.

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

1. Either:
 - a. A public school superintendent or that person's designee, or
 - b. A director of a local special education cooperative or the director'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) citizen members who are residents of the county.

The CPT will:

1. Follow all applicable laws regarding the confidentiality of matters reviewed. See IC 31-33-18 for further details;
2. Elect a Team Coordinator from the team's membership. The Team Coordinator will supply the CPT with the following:
 - a. Copies of reports of CA/N under IC 31-33-7-1; and
 - b. Any other information or reports the coordinator considers essential to the team's deliberations. See the Community Child Protection Team Manual for additional information about the responsibilities of the CPT coordinator.
3. Meet at least one (1) time each month or at the times the CPT's services are needed by DCS. Meetings of the CPT will be called by a majority vote of the members;

Note: Meetings of the CPT are open only to persons authorized to receive information under this article.

4. Have an agenda for each meeting, which will be determined by the Team Coordinator or at least two (2) other members of the CPT;
5. Ensure accurate minutes are completed and disseminated to members of the team from each meeting;
6. Use the minutes to prepare a periodic report regarding the CA/N reports and complaints the CPT reviews each month; and
7. Ensure all new members of the CPT know how to access and have reviewed the Community Child Protection Team Manual.

The DCS LOD will:

1. Appoint other non-required CPT members;
2. Obtain approval from the DCS Agency Director for the appointment of other non-required members to the CPT; and
3. Distribute the periodic report to the members of the CPT and the DCS Regional Manager (RM).

The DCS local office management team will develop a plan to forward a copy of any completed assessment with one (1) or more CA/N substantiated allegations to the CPT coordinator for review and input, including recommended action See policy 4.25 Completing the Assessment Report for further information.

LEGAL REFERENCES

- [IC 31-33-3: Community Child Protection Team](#)
- [IC 31-33-3-1: Community child protection team established; members](#)
- [IC 31-33-7-1: Arrangement for receipt of reports](#)
- [IC 31-33-18: Disclosure of Reports: Confidentiality Requirements](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- [Acknowledgement of Appointment to Child Protection Team \(CPT\) \(SF 45003\)](#)
- [Certificate for Child Protection Team Members \(SF 44869\)](#)
- [Community Child Protection Team Manual](#)
- [Confidentiality Agreement \(SF 52736\)](#)
- [Notice of Review by Child Protection Team \(SF49212\)](#)

Related Policies

- [4.25 Completing the Assessment Report](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: April 1, 2021
	Section 28: Regional Services Council (RSC)	Version: 4

POLICY OVERVIEW

The purpose of a Regional Services Council (RSC) is to assess the local child welfare service needs and identify how best to meet those needs.

PROCEDURE

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

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

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

3. Recommend allocation and distribution of funds allocated to the service region 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 (CAPTA),
 - 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, Division of Family Resources (DFR), prosecuting attorneys, and juvenile courts, including programs funded through IC 31-26-3.5 and IC 31-40, and
 - g. A child advocacy fund.
4. Develop, review, or revise a strategy for implementation of an approved Plan. Prepare, approve and recommend revisions, additions, and updates to the Plan that identify:
 - a. The manner in which prevention and early intervention services will be provided or improved,
 - b. How local collaboration will improve children's services, and
 - c. How different funds can be used to serve children and families more effectively.
 5. Review applications to establish, continue, or modify child welfare programs for the region and make recommendations to the DCS Agency Director;
 6. Review the implementation of the Plan and prepare revisions, additions, or updates of the Plan that the RSC considers necessary or appropriate to improve the quality and efficiency of early intervention child welfare services provided in accordance with the Plan;
 7. Reorganize, as needed, and select a vice chairperson for the ensuing year;
 8. Collaborate with Central Office for obtaining services (e.g., Request for Proposals [RFPs]); and
 9. Ensure the meeting agenda, minutes, and notices are posted on the DCS website.

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

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

All meetings of a RSC are subject to the Open Door Law as specified by IC 5-14-1.5. The RSC will:

1. 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; and
2. Post meeting agendas and a memoranda of each meeting to the DCS website and make known this information available to the general public. In accordance with IC 5-14-1.5-4, the memoranda will state the name of each member who:
 - a. Was physically present at the place where the meeting was conducted,
 - b. Participated in the meeting using a means of communication where all other members participating in the meeting and all members of the public physically present at the same place where the meeting is conducted to communicate simultaneously with each other during the meeting, or
 - c. Was absent.

The DCS RM will:

1. Serve as the chairperson to conduct the RSC meeting (the RSC will select a member to serve as the vice chairperson);
2. Document the meeting minutes and distribute them to the members of the RSC;

3. Post the date, time, and location of quarterly meetings at least 30 days before the meeting. Once meeting schedules are established, annual posting of the regularly scheduled meetings will be placed on the DCS website. Updates regarding scheduling changes will be made as necessary;
4. Deliver a notice by mail, e-mail, or fax to all news media and other persons that request written notice;
5. Post the agenda no less than 48 hours prior to the start of the meeting at the entrance of the meeting location; and
6. Transmit copies of:
 - a. The Plan;
 - b. Each annual report;
 - c. Each revised Plan; and
 - d. Any other report or document described by administrative rules to the following:
 - i. The DCS Agency Director. The Plan must be submitted to the DCS Agency Director by no later than February 2 of each even-numbered year,
 - ii. DCS Central Office for posting on the DCS website,
 - iii. Each local DCS office in the service region,
 - iv. Each juvenile court in the service region,
 - v. Each community Child Protection Team (CPT) in the service region; and
 - vi. Appropriate public or voluntary agencies, including organizations for the prevention of child abuse or neglect.

The DCS Agency Director or designee will, within 60 days of receiving the Plan, do **one (1)** of the following:

1. Approve the Plan as submitted by the RSC;
2. Approve the Plan with amendments, modifications, or revisions; or
3. Return the Plan to the RSC with directions concerning:
 - a. Subjects for further study and reconsideration, and
 - b. Resubmission of a revised Plan.

LEGAL REFERENCES

- [IC 31-26-6: Regional Service Strategic Plans](#)
- [IC 5-14-1.5: Public Meetings \(Open Door Law\)](#)
- [IC 5-14-1.5-2\(g\): "Final action"](#)
- [IC 20-35-6-2: Contracts for services; payment of costs; rules](#)
- [IC 31-26-3.5: Child Welfare Programs](#)
- [IC 31-40: Juvenile Law: Funding](#)
- [IC 31-26-6-5.5: Description of plan implementation](#)

RELEVANT INFORMATION

Definitions

Proxy

A proxy is an individual selected by a member of the judiciary, prosecuting attorney, or a DCS employee who is to represent the RSC member during a meeting.

Service Region


A service region is an area of Indiana consisting of one (1) or more counties.

Forms and Tools

- [Regional Service Councils](#)
- Regional Services Council Proxy – Copy available to RSC members

Related Policies

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	Effective Date: June 1, 2021
	Section 29: Safe System Review (SSR) for Child Fatalities and Near Fatalities	Version: 1

POLICY OVERVIEW

In an effort to improve child safety, prevent child maltreatment-related fatalities, and identify improvement opportunities on a systemic level, the Indiana Department of Child Services (DCS) has developed a Safe System Review (SSR) for child fatalities and near fatalities. This program is rooted in the practice of safety science, and its sole purpose is to assist in developing a more reliable, functioning system.

The SSR is a facilitated opportunity to process casework on a systemic level and explore statewide trends for improvement across the child welfare system. The SSR is a non-punitive process that considers the system as a whole, rather than the specific individual and case. The process is designed to afford individuals an opportunity to provide input into the existing functions of the agency.

PROCEDURE

DCS will complete an SSR for a child fatality or near fatality when one (1) or more of the below is present:

1. The child victim was in DCS custody at the time of the fatality or near fatality;
2. DCS had contact (through a screened-in report, assessment, or case) with either the child victim or any immediate family member of the child victim within the 12 months preceding the date of the fatality or near fatality;
3. The child or family participated in Healthy Families Indiana or Nurse Family Partnership within the 12 months preceding the date of the fatality or near fatality;
4. The child or child’s family participated in a juvenile probation case within 12 months preceding the date of the fatality or near fatality; or
5. The DCS Director, Chief of Staff, Deputy Director of Field Operations, Assistant Deputy Director of Field Operations, or a Regional Manager (RM) requests a review of a fatality or near fatality.

Note: A SSR is not completed on all child fatalities and near fatalities. SSRs are not substitutes for, and do not replace, the review of child fatalities and near fatalities done by DCS to satisfy fatality reporting requirements in the State of Indiana. See policy 4.31 Child Fatality and Near Fatality Assessment for additional information.

Upon notification that SSR criteria has been met, the SSR Team will:

1. Contact field staff to schedule a confidential debrief;

Note: The debrief allows for field staff to openly share their experiences in order for the SSR Team to develop a full understanding of the role of field staff within the child welfare system.

2. Offer support to field staff, as needed, throughout the SSR process;
3. Prepare and complete a record review of the case;
4. Complete the Safe System Improvement Tool (SSIT) within 60-90 days after the child fatality or near fatality;
5. Complete the final report in the case management system;
6. Compile and/or map the data findings; and
7. Share the data findings quarterly with the Executive Team, Continuous Quality Improvement (CQI) Team, and the RMs.

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- [Safe System Improvement Tool \(SSIT\)](#)
- [Healthy Families Indiana](#)
- [Nurse Family Partnership](#)

Related Policies

- [4.31 Child Fatality and Near Fatality Assessment](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool Name: Procedure for Transfer of a Child to a Tribe or Tribal Agency	Effective Date: May 1, 2015
	Reference: 2.A (2.12 – Indian Child Welfare Act [ICWA])	Version: 2

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

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

PROCEDURE

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

Tribal Transfers

Jurisdiction Transfer to Tribal Court

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

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

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

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

In situations where a child is IV-E eligible under State placement and care, DCS will collaborate with the Tribe in order to determine the best course of action for placement

and care costs since the child will lose IV-E eligibility once Placement and Care is transferred to the Tribe. Options should be explored during this collaboration for the child to maintain IV-E eligibility.

Jurisdiction Transfer to Tribal Court, and DCS maintains Placement and Care Responsibility


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

DCS Responsibilities in Facilitating Transfers

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

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

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool 2.B: Disposition of CA/N Reports Involving an Indian Child of the Pokagon Band of Potawatomi Indians	Effective Date: March 1, 2021
	Reference: 2.12 Indian Child Welfare Act (ICWA)	Version: 1

Pokagon Band of Potawatomi Indians

The Pokagon Band of Potawatomi Indians is a United States (US) federally recognized tribe (for Indian Child Welfare Act (ICWA) purposes) and maintains a headquarters in Dowagiac, Michigan. The Pokagon Band maintains sovereign (self-governing) land within St. Joseph County, South Bend, Indiana. The Pokagon Band has jurisdiction over any incident which occurs on this land (see the [Pokagon Band of Potawatomi Indians Tribal Lands Map](#)).

When a report of Child Abuse and/or Neglect (CA/N) which **occurs within Pokagon jurisdiction** is received, the Department of Child Services (DCS) local office will determine if the parent and/or child is a member of or an individual who may otherwise be eligible for membership in the Pokagon Band. This determination will be confirmed by the [Pokagon Band's Social Services Director or the Pokagon Band Family Services Supervisor](#).


Reports Occurring on Pokagon Band Land within St. Joseph County, Indiana

A report occurring within Pokagon jurisdiction (whether or not the report involves a Pokagon Band child) will be sent from the DCS Child Abuse Hotline (Hotline) to the St. Joseph County DCS office. The St. Joseph County DCS office will contact the [Pokagon Band Family Services Supervisor](#) prior to initiation of the assessment to relay **all** details of the report. However, initiation of the assessment should not be delayed in order to complete this contact. When it is not possible to complete the contact prior to initiating the assessment (e.g., report with a two [2] hour response time), the St. Joseph County DCS office will contact the [Pokagon Band Family Services Supervisor](#) as soon as possible but no later than 24 hours following initiation of the assessment. See policy [4.38 Assessment Initiation](#) for additional information.

Reports Involving a Pokagon Band Child and Occur in Indiana, but Outside of Pokagon Band land in St. Joseph County

A report involving a Pokagon Band child, which occurs in Indiana but outside of Pokagon Band land in St. Joseph County, will be sent from the DCS Hotline to the appropriate local DCS office. The local DCS office will complete the assessment as required. The local office will contact the [Social Services Director of the Pokagon Band](#) within 24 hours after becoming aware that the child may be a Pokagon Band Member to verify the child's membership. If it is verified that the child is a Pokagon Band member, the local office will communicate the outcome of the assessment with the [Social Services Director of the Pokagon Band](#).

DCS will follow all steps outlined in policy [2.12 Indian Child Welfare Act \(ICWA\)](#) and ensure the Pokagon Band is represented as part of the Child and Family Team (CFT). See policy [5.07 Child and Family Team Meetings](#) for additional information.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Notifications for Administrative Reviews and Appeals	Effective Date: May 1, 2020
	Reference: 2.C (Policies 2.02 Administrative Review Process , 2.03 Child Care Workers Assessment Review Process , & 4.45 Assessment and Review of DCS Staff Alleged Perpetrators)	Version: 2

Instructions: This tool is to be used by a Department of Child Services (DCS) employee authorized to notify an alleged perpetrator (i.e., DCS employee, Child Care Worker [CCW], and/or a licensed resource parent) and/or an employer regarding an assessment conclusion by DCS. Language from the appropriate appendix should be inserted into a letter that includes the name and address of the person to whom it is being sent. The letter should be signed by an authorized DCS employee and sent by mail or hand delivered with proper attachments.

Appendix and Form Name	Overview:
Appendix A: Notification of Assessment Outcome and Right to Request an Administrative Review	Used to notify a perpetrator (NOT a licensed resource parent, Child Care Worker [CCW], or DCS employee) that one (1) or more of the allegations against him or her have been substantiated.
Appendix B: Notification of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse and/or Neglect	Used to notify a perpetrator (NOT a licensed resource parent, CCW, or DCS employee) that substantiated allegations were unsubstantiated following administrative review (including a DCS decision to unsubstantiate following further assessment).
Appendix C: Notification of Administrative Review Decision Report Returned for Further Assessment	Used to notify an alleged perpetrator (NOT a licensed resource parent, CCW, or DCS employee) that an assessment is being returned for further assessment following an administrative review.
Appendix D: Notification of Administrative Decision After Further Assessment	Used to notify a perpetrator (NOT a licensed resource parent, CCW, or DCS employee) that an assessment report that was previously returned for further assessment has been completed and the substantiation upheld.
Appendix E: Notification of Denial of Administrative Review	Used to notify a perpetrator (NOT a licensed resource parent, CCW, or DCS employee) when the perpetrator's request for administrative review is denied.
Notice of Intent to Substantiate Allegations of CA/N by a Child Care Worker or Licensed Resource Parent (SF 53028)	Used to notify a CCW or licensed resource parent when DCS intends to approve the substantiation against them and notify them of the date, time, and location of the administrative review that will occur prior to the final approval of the decision.
Notice of Administrative Review Decision to Further Assess Allegations Against a Child Care Worker (CCW) Or Licensed Resource Parent (SF 53029)	Used to notify a CCW or licensed resource parent that the assessment is being returned for further assessment following administrative review.

Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse/Neglect (CAN) (SF 53030)	<p>Used to notify an alleged perpetrator, who is a licensed resource parent or CCW, when allegations have been unsubstantiated (including the DCS decision to unsubstantiate following further assessment).</p>
Notice to Employer of a Report of Child Abuse/Neglect (CAN) (SF 53031)	<p>Used to notify an employer when allegations against an employee have been substantiated. This language is also used to update an employer when allegations against the employee are subsequently unsubstantiated.</p>
Notification of a Child Care Worker (CCW) Assessment Review Decision for an Assessment Closed Prior to 10-15-06 (SF 53032)	<p>Use the following language only for allegations substantiated prior to October 15, 2006, to notify a CCW who is an alleged perpetrator of the results of agency review completed as a courtesy after the CCW requested agency review of the decision to substantiate.</p>
Notice of an Administrative Review Decision for an Assessment Closed Prior to 10-15-06 (SF 53033)	<p>Use the following language only for allegations substantiated prior to October 15, 2006, to notify a licensed resource parent of the agency review decision completed prior to denial or revocation of a foster home licensed based on the substantiation.</p>
Notice of Assessment Outcome for a Department of Child Services Employee (SF 54318)	<p>Used to notify a DCS employee that they has been substantiated against and an administrative review will be conducted.</p>
<p>Appendix M: Notification of Deadline to Reactivate Administrative Review or Appeal Request</p>	<p>Use the following language when: (1) An alleged perpetrator requested administrative review or appeal prior to 10/1/2010, AND (2) The request was stayed due to pending criminal charges or a pending Child in Need of Services (CHINS) case by a DCS local office or Regional Manager (RM), AND (3) a denial under Appendix E of this tool is not applicable, AND (4) The stay has not yet been lifted and the original request addressed.</p>
Notice of Administrative Review Outcome for a Department of Child Services Employee (SF 54317)	<p>Use following an administrative review to notify a DCS employee that the case is being returned for further assessment or the allegations have been unsubstantiated.</p>



**INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY**

Appendix A: Notification of Assessment Outcome and Right to Request an Administrative Review

([Policy 2.1 Notice of Assessment Outcome](#))

Instructions: Use the following language to notify an alleged perpetrator (**NOT** a licensed resource parent, child care worker [CCW], or DCS employee) that one (1) or more allegations against himself or herself have been substantiated. See [Policy 2.1 Notice of Assessment Outcome](#) for more information.

Date mailed or hand delivered: (*insert date*)

NOTICE OF ASSESSMENT OUTCOME AND RIGHT TO REQUEST AN ADMINISTRATIVE REVIEW

The Indiana Department of Child Services (DCS) has conducted an assessment regarding a report of child abuse and/or neglect. DCS classified the following allegations in assessment (*insert assessment number*), approved on (*insert date*) against:

(Insert name of alleged perpetrator)
(Insert address of alleged perpetrator)

Substantiated Allegation	Victim
Physical Abuse:	<i>(Insert initials of each victim or enter None)</i>
Sexual Abuse:	<i>(Insert initials of each victim or enter None)</i>
Neglect:	<i>(Insert initials of each victim or enter None)</i>

Unsubstantiated Allegation	Victim
Physical Abuse:	<i>(Insert initials of each victim or enter None)</i>
Sexual Abuse:	<i>(Insert initials of each victim or enter None)</i>
Neglect:	<i>(Insert initials of each victim or enter None)</i>

A summary of the DCS decision is attached (see [Assessment of Alleged Child Abuse and/or Neglect \[SF 113\] \[311\]](#)).

You have the right to request an administrative review of a DCS decision to substantiate an allegation. To do so, you must complete and submit the attached form, [Request for Administrative Review of Child Abuse or Neglect Substantiation \(SF 54775\)](#). Your request must be submitted to DCS within 15 calendar days from the postmarked date of this letter or hand delivery (plus an additional three [3] calendar days if received by U.S. mail). The attached form includes instructions and a summary of the administrative review process.


Note: If DCS records indicate the person identified as a perpetrator is under the age of 18, a copy of this notice is being sent to the person's parent, court appointed guardian, or other legal representative. Any request for an administrative appeal by a person under the age of 18 must be signed by the minor person's parent, court appointed guardian, or legal representative.

If you have any questions, please contact the DCS local county office:

(Insert County Name) Department of Child Services
(Insert DCS county office address)
(Insert DCS local office phone number)

Attachments:

[Assessment of Child Abuse and/or Neglected \(SF 113\) \(311\) – Approved](#)
[Request for Administrative Review of Child Abuse/Neglect Substantiation \(SF 54775\)](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY
	Appendix B: Notification of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse and/or Neglect (CA/N) (Policy 2.2 Administrative Review Process)

Instructions: Use the following language to notify a perpetrator (**NOT a licensed resource parent, child care worker [CCW], or DCS employee**) that previously substantiated allegations were unsubstantiated following administrative review (including a DCS decision to unsubstantiate following further assessment). See [Policy 2.2 Administrative Review Process](#) for additional information.

Date mailed or hand delivered: (*insert date*)

NOTICE OF ADMINISTRATIVE REVIEW DECISION TO UNSUBSTANTIATE ALLEGATIONS OF CHILD ABUSE AND/OR NEGLECT

The Indiana Department of Child Services (DCS) in (*insert local county office*) has classified child abuse and/or neglect allegations as substantiated in assessment (*insert assessment number*), approved on (*insert date*) against:

(*Insert name of alleged perpetrator*)
 (*Insert address of alleged perpetrator*)

Because you were identified as a perpetrator, you were notified of the classification. This letter is in response to your request for an administrative review of the DCS assessment decision to substantiate the allegations against you. DCS has reversed and reclassified the following allegations against you as **UNSUBSTANTIATED**.

Note: If DCS records indicate that the person identified as a perpetrator is under the age of 18, a copy of this notice is being sent to the person’s parent, court appointed guardian, or other legal representative. Any request for an administrative appeal by a person under the age of 18 must be signed by the minor person’s parent, court appointed guardian, or legal representative.

ALLEGATION	CHILD VICTIM
Physical Abuse	(<i>Insert initials of each victim or “None”</i>)
Sexual Abuse	(<i>Insert initials of each victim or “None”</i>)
Neglect	(<i>Insert initials of each victim or “None”</i>)

The record of substantiated allegations will be removed from the Child Protection Index (CPI). A summary of the DCS assessment concerning the allegations is attached in the [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#).

You have no right to administrative appeal for any allegation classified as unsubstantiated.

Attachment: [Assessment of Child Abuse and/or Neglected \(SF 113\) \(311\)](#) – (including completion of the “Edits Due to Appeal” section)



INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

**Appendix C: Notification of Administrative Review Decision Report
Returned for Further Assessment.**

([Policy 2.2 Administrative Review Process](#))

Instructions: Use the following language to notify a perpetrator (**NOT a licensed resource parent, child care worker [CCW], or DCS employee**) that an assessment is being returned for further assessment following an administrative review. See DCS [Policy 2.2 Administrative Review Process](#) for more information.

Date mailed or hand delivered: (*insert date*)

**NOTICE OF ADMINISTRATIVE REVIEW DECISION REPORT RETURNED FOR FURTHER
ASSESSMENT**

The Indiana Department of Child Services (DCS) in (*insert local county office*) has classified child abuse and/or neglect allegations as substantiated in assessment (*insert assessment number*), approved on (*insert date*) against:

(*Insert name of alleged perpetrator*)
(*Insert address of alleged perpetrator*)

Because you were identified as a perpetrator, you were notified of the classification. This letter is in response to your request for an administrative review of the assessment decision. DCS has returned the report to the local office for further assessment. DCS will send you a copy the updated [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) once it is complete and notify you if you have a right to an administrative review once a decision has been reached.

Note: If DCS records indicate that the person identified as a perpetrator is under the age of 18, a copy of this notice is being sent to the person's parent, court appointed guardian, or other legal representative. Any request for an administrative review by a person under the age of 18 must be signed by the minor person's parent, court appointed guardian, or legal representative.

You have no right to an administrative review at this time.

Attachment: none



INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Appendix D: Notification of Administrative Decision After Further Assessment

[\(Policy 2.2 Administrative Review Process\)](#)

Instructions: Use the following language to notify a perpetrator (**NOT a licensed resource parent, child care worker [CCW], or DCS employee**) when an assessment report previously returned for further assessment has been completed and the substantiation has been upheld. See [Policy 2.2 Administrative Review Process](#) for additional information.

Date mailed or hand delivered: (*insert date*)

NOTICE OF ADMINISTRATIVE DECISION AFTER FURTHER ASSESSMENT

The Indiana Department of Child Services (DCS) in (*insert local county office*) has classified child abuse and/or neglect allegations as substantiated in assessment (*insert assessment number*), approved on (*insert date*) against:

(Insert name of perpetrator)
(Insert address of perpetrator)

Because you were identified as a perpetrator, you were notified of the classification. The report was returned for further assessment. After further assessment, the following allegations against you remain substantiated.

Note: If DCS records indicate that the person identified as a perpetrator is under the age of 18, a copy of this notice is being sent to the person’s parent, court appointed guardian, or other legal representative. Any request for an administrative appeal by a person under the age of 18 must be signed by the minor person’s parent, court appointed guardian, or legal representative.

ALLEGATION	CHILD VICTIM
Physical Abuse	<i>(Insert initials of each victim or “None”)</i>
Sexual Abuse	<i>(Insert initials of each victim or “None”)</i>
Neglect	<i>(Insert initials of each victim or “None”)</i>

A summary of the DCS decision concerning the allegations is included in the attached [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#).

For any allegations substantiated, you have the right to request an administrative review of the decision by DCS to substantiate an allegation. To do so, you must complete and submit the attached form titled [Request for Administrative Review of Child Abuse/Neglect Substantiation \(SF 54775\)](#). Your request must be received by DCS within 15 calendar days of the date of this letter. The attached form includes instructions and a summary of the administrative view process.

If you have any questions, please contact the local DCS office (*insert office address and general office phone number*).

Attachments:

[Assessment of Child Abuse and/or Neglected \(SF 113\) \(311\)](#) – Approved (including completion of the “Edits Due to Appeal” section)

[Request for Administrative Review of Child Abuse/Neglect Substantiation \(SF 54775\)](#)



INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Appendix E: Notification of Denial of Administrative Review

([Policy 2.2 Administrative Review Process](#))

Instructions: Use the following language to notify a perpetrator (**NOT a licensed resource parent, child care worker [CCW], or DCS employee**) when their request for administrative review is denied. See [Policy 2.2 Administrative Review Process](#) for additional information.

Date mailed or hand delivered: (*insert date*)

NOTICE OF DENIAL OF ADMINISTRATIVE REVIEW

The Indiana Department of Child Services (DCS) in (*insert local county office*) has classified child abuse and/or neglect allegations as substantiated in assessment (*insert assessment number*), approved on (*insert date*) against:

(*Insert name of perpetrator*)
(*Insert address of perpetrator*)

Because you were identified as a perpetrator, you were notified of the classification. This letter is in response to your request for an administrative review of the assessment. Your request for an administrative review has been **DENIED** due to the following:

- Your request for review was received after the deadline for requesting a review on (*insert received date*).
- A court has determined that a child is a Child in Need of Services (CHINS), based on the facts presented to the court that are consistent with the facts and conclusions stated in the report; and DCS approved the substantiated report on/after the date of the court's determination on (*insert date*).
- A court having jurisdiction over a CHINS case has determined that:
 - The report of child abuse and/or neglect (CA/N) was properly substantiated; or
 - CA/N occurred; or
 - You were found by the court to be a perpetrator of CA/N.
- Criminal charges resulted in a conviction against you (or a court made a true finding in a juvenile delinquency [JD] case) and the facts that provided a necessary element for the conviction (true finding) also provided the basis for the substantiated report.

Note: If DCS records indicate that the person identified as a perpetrator is under the age of 18, a copy of this notice is being sent to the person's parent, court appointed guardian, or other legal representative. Any request for an administrative appeal by a person under the age of 18 must be signed by the minor person's parent, court appointed guardian, or legal representative.

You have the right to request reconsideration of the denial of your request for an administrative review. To do so, you must submit your request in writing within 15 calendar days of the date this letter is mailed. You must send your request to the following address:

(Insert DCS Local Office Address)

In your request, you must state the reason you believe you are entitled to an administrative review. If you do not request reconsideration, you waive any further right to an administrative review or appeal of the decision.

If you have any questions, please contact:

(Insert DCS Local Office Address)
(Insert DCS Local Office Phone Number)

You have no right to an administrative appeal hearing at this time.

Attachments: none



INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Appendix M: Notification of Deadline to Reactivate Administrative Review or Appeal Request

(Policies [2.2 Administrative Review Process](#) and [Policy 2.5 Administrative Review Hearings](#))

Instructions: Use the following language when:

- (1) An alleged perpetrator requested administrative review or appeal prior to 10/1/2010, **AND**
- (2) The request was stayed due to pending criminal charges or pending Child in Need of Services (CHINS) case by a DCS local office or Regional Manager (RM), **AND**
- (3) a denial under Section E of this tool is not applicable, **AND**
- (4) The stay has not yet been lifted and the original request addressed.

See Policies [2.2 Administrative Review Process](#) and [2.5 Administrative Review Hearings](#) for more information.

Date mailed or hand delivered: (*insert date*)

NOTICE OF ASSESSMENT OUTCOME FOR A DEPARTMENT OF CHILD SERVICES (DCS) EMPLOYEE

The Indiana Department of Child Services (DCS) in (*insert local county name*) located at (*insert local county address*) classified child abuse and/or neglect allegations as substantiated in assessment (*insert assessment number*) (*legacy number*), approved on (*insert date of approval*) against:

(*Insert name of perpetrator*)
(*Insert address of perpetrator*)


You requested an Administrative Review Appeal to contest the DCS decision to substantiate the allegations. Your request was stayed (placed on hold) because the facts and circumstances of the assessment were being considered in a pending Court action in (*insert the Courts criminal court number or CHINS court number*)

Because the Court may no longer have jurisdiction over the case resulting in the stay of your request, you may now have the right to pursue your original request. To reactivate your request, you must present a copy of this letter with the final Order of the Court to the following DCS office:

(*Insert the local county office name*)
(*Insert the local county office address*)

Your request to reactivate the Administrative Review or Appeal must be submitted in writing within 15 days of the date of this letter. If the Court continues to have jurisdiction over the case listed above, your request to reactivate must be submitted, with the final Court Order, within 15 days of the date the Court ended its jurisdiction over the case.

Attachments: None

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline	Effective Date: December 1, 2021
	Section 01: Receiving Reports of Suspected Child Abuse and/or Neglect	Version: 6

POLICY OVERVIEW

An individual who has reason to believe that a child is a victim of Child Abuse and/or Neglect (CA/N) is a mandated reporter and has the duty to make a report of CA/N. Allegations of CA/N may be made through the centralized Indiana Department of Child Services (DCS) Child Abuse Hotline (Hotline), which is available 24 hours per day, seven (7) days per week. The reporter may reach the Hotline at the toll-free telephone number (1-800-800-5556), by email, or by fax.

Note: A person who makes a CA/N report is immune from any civil or criminal liability that might otherwise be imposed because of such actions if the report is made in good faith.

PROCEDURE

All allegations of CA/N must be received by the Hotline for an intake report to be created. The Hotline will accept oral, written (hard copy), and electronic reports or requests. Calls received from a Law Enforcement Agency (LEA) that enters the provided access code will be routed to the front of the queue.

The DCS local office will assist any individual from the community who wishes to make a report in person at the DCS local office. The DCS local office will ensure that the individual has access to a telephone to make a report to the Hotline. If the caller is unable or unwilling to place the call to the Hotline, the DCS local office should take the report and subsequently call the Hotline to report the allegations.

The Hotline Intake Specialist (IS) will:

1. Record the date and time of the call;
2. Engage the caller in a courteous and professional manner;
3. Ask relevant questions to gather as much information as possible about the child, family, and allegations;
4. Actively listen to the reporter and take detailed notes; and
5. Make an initial determination as to the disposition of the call to be one (1) of the following:
 - a. Homeless Unaccompanied Minor: Proceed with completing a CA/N intake report regardless of whether abuse and/or neglect is alleged,
 - b. CA/N allegations: Proceed with creating a Preliminary Report of Alleged Child Abuse or Neglect (310). See policy 3.02 Creating a Child Abuse and/or Neglect (CA/N) Intake Report for additional information,
 - c. Professional Service Request (PSR): Proceed with creating the PSR Intake form. See policy 3.03 Professional Service Request (PSR) for additional information, or
 - d. Other action to be taken:

- i. **LEA Requesting Immediate Assistance at the Scene:** The IS should first ask if there are any allegations of CA/N. The IS should request essential information from the Report Source before requesting immediate assistance from the DCS local office. At the end of the call, the IS will contact the DCS local office directly and will email notes to the DCS local office, if requested. The IS must also complete the 310 (if there are allegations of CA/N) or the Professional Service Request Intake form (if there are no allegations of CA/N) and follow the respective process as outlined in policies 3.02 Creating a Child Abuse and/or Neglect Intake Report or 3.03 Professional Service Request (PSR) Intake;
- ii. **Out-of-State CA/N allegations:** Reports in which the alleged CA/N occurred in another state will be referred to a DCS local office for final disposition as with all allegations of CA/N. The DCS local office may choose to assess the report or screen out the report. Should the DCS local office choose to screen out the report, the DCS local office will forward the CA/N information to the appropriate child welfare agency in the state where the allegations of CA/N occurred. No further action will be required by DCS unless courtesy interviews are requested by the out-of-state agency;
- iii. **Allegations of CA/N occurring on tribal land of the Pokagon Band of Potawatomi Indians in St. Joseph County:** Reports in which the alleged CA/N incident occurred on tribal land of the Pokagon Band in St. Joseph County will be referred to the DCS local office in St. Joseph County for final disposition. See Tool 2.B Disposition of CA/N Reports Involving an Indian Child of the Pokagon Band of Potawatomi Indians and policy 2.12 Indian Child Welfare Act (ICWA). See forms and tools to view a map of the Pokagon Band's Tribal land;
- iv. **Information only:** If the caller is requesting the phone number of a community resource or service, provide the caller with the requested information; no further action required;
- v. **Collateral information:** If a caller would like to provide additional information for an open assessment or case, this will be documented as an Information and Referral (I&R) and forwarded to the FCM, FCM Supervisor, and the county distribution list of the open assessment or case;
- vi. **Inquiries:** If a caller is interested in the status of a CA/N report, assessment, or case, follow the procedures outlined in policy 2.06 Sharing of Confidential Information;
- vii. **Complaints:** Refer the caller to the appropriate person by following the chain of command, escalating only if previous complaints went unresolved;
- viii. **Resource parenting inquiries:** Refer the caller to the Foster Care Helpline (1-888-631-9510) to be connected to a Regional Foster Care Specialist; or
- ix. **Adoptive parenting inquiries:** Refer the caller to 1-888-25-ADOPT to be connected with an Adoption Consultant in their region.

LEGAL REFERENCES

- [IC 20-50-2-1 Application](#)
- [IC 31-33-5: Duty to Report Child Abuse or Neglect](#)
- [IC 31-33-5-1: Duty to make report](#)
- [IC 31-33-5-2: Report: notification of individual in charge of institution, school, facility, or agency](#)
- [IC 31-33-5-3: Effect of compliance on individual's own duty to report](#)
- [IC 31-33-7: Receipt of Reports of Suspected Child Abuse or Neglect](#)

- [IC 31-33-18: Disclosure or Reports: Confidentiality Requirements](#)
- [IC 31-36-3: Homeless Children](#)

RELEVANT INFORMATION

Definitions

Information and Referral (I&R)

An I&R is a report in which DCS is provided with information by the caller regarding an open case or assessment or the caller is requesting general information (e.g., Community Partners, Food Banks, and Mental Health Providers). However, the report will likely not meet the statutory definition of CA/N.

Mandated Reporter

A mandated reporter is any person who has reason to believe that a child is a victim of CA/N. All mandated reporters must report the incident to the Hotline.

Pokagon Band of Potawatomi Indians

The Pokagon Band of Potawatomi Indians is a federally recognized tribe with headquarters in Michigan. The Pokagon Band maintains Tribal/Sovereign land in South Bend, Indiana within St. Joseph County, which is under jurisdiction of the Pokagon Tribe.

Professional Reporters

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 DCS first, and then to the person in charge of the organization for which they work or volunteer.

Professional Service Request


A Professional Service Request is a request from a designated professional such as LEA, the court, or a prosecutor where there is no allegation of CA/N, including a request for information from an out-of-state child service agency. A professional service request will not be an assessment.

Forms and Tools

- [Child Welfare Information System](#)
- DCS Child Abuse Hotline – 1-800-800-5556
- [DCS Child Abuse Hotline Email](#)
- DCS Child Abuse Hotline Fax – 317-234-7596 or 317-234-7595
- Pokagon Band of Potawatomi Indians Tribal Lands Map
- [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#)
- Professional Service Request Intake – Available in the case management system
- [Tool 2.B: Disposition of CA/N Reports Involving and Indian Child of the Pokagon Band of Potawatomi Indians](#)

Related Policies

- [2.06 Sharing of Confidential Information](#)
- [2.12 Indian Child Welfare Act \(ICWA\)](#)
- [3.02 Creating a Child Abuse and/or Neglect \(CA/N\) Intake Report](#)
- [3.03 Professional Service Request \(PSR\)](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline	Effective Date: March 1, 2016
	Section 2: Creating a Child Abuse and/or Neglect Intake Report	Version: 6

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Child Abuse Hotline (Hotline) will create a [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) using the case management system.

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

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

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

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

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

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

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

Code References

1. [IC 31-33-7-4: Written Reports](#)
2. [IC 31-33-18: Disclosure of Reports; Confidentiality Requirements](#)
3. [IC 20-50: Homeless Children and Foster Care Children](#)

4. [IC 34-6-2-34.5: Domestic or Family Violence](#)
5. [IC 35-41-1-6.5: Crime Involving Domestic or Family Violence Defined](#)

PROCEDURE

The Hotline Intake Specialist (IS) will:

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

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

3. Review the information gathered and ask any additional questions needed to clarify vague, confusing, or incomplete statements;
4. Advise the reporter that his or her identity will not be disclosed by DCS to the alleged perpetrator unless the court orders the reporter's identity to be disclosed;
5. Follow all confidentiality policies and procedures should the reporter ask if his or her report will be assigned for assessment. See policy, [2.6 Sharing Confidential Information](#);
6. Create a [310](#) in the case management system. Ideally, this will occur during the initial call from the reporter. The [310](#) must be completed by the end of the shift following the conclusion of the initial call from the reporter. Information received by e-mail, US mail or fax should be triaged and reports meeting legal sufficiency completed within 24 hours;
7. Evaluate the report to determine if a PEDS referral is necessary; and
8. Evaluate the report to determine the appropriate DCS response. See policy, [3.4 Initial Evaluation of Child Abuse and/or Neglect \(CA/N\) Intake Reports](#).

PRACTICE GUIDANCE

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals

It is mandatory to complete a PEDS referral for all children less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g. facial

bruising, scratches and red “ marks” on the face/neck; mouth injuries, eye injuries, head bleeds, skull fractures and a fracture or burn involving the head/neck) **and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns**. All intake reports with suspected injury to the head or neck of a child, as well as, fractures and burns regardless of age will be identified in the case management system with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified should include any information obtained from the child and/or family. FCMs should utilize critical thinking to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. A referral should also be considered, if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral may be found here: https://ota.medicine.iu.edu/ChildProtection_V2.

The Quality of the CA/N Intake Report Impacts Child Safety

Receipt of a call made to the child abuse hotline is the critical first step in the State’s process of assuring the alleged victim’s safety. The importance of this step cannot be overemphasized. How the call is handled and documented can have a significant impact on the next steps in the process. The quality of the information gathered impacts the ability of DCS to make a decision about whether or not the report will be assigned for assessment. The quality of the information gathered will also impact the ability of DCS to conduct an effective assessment.

Excellent Customer Service is Imperative

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

Domestic Violence Questions:

1. Do you know where the child was during the incident?
2. Do you know if the child saw or heard the incident?
3. Did the child try to stop or intervene in the violence?
4. Was the child injured during the incident? What was the impact of the incident on the child 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? 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 (The purpose of this question is to establish a pattern of violence and/or long term effects on the child)?
11. Do you know who is protecting the child 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 DCS CW Manual/Chapter 3 Section 2: Creating a Child Abuse and/or Neglect Intake Report

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

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) – Available in the case management system
2. PEDS Program Referral- Available at https://ota.medicine.iu.edu/ChildProtection_V2

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 a child 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 a child. A child who is exposed to domestic violence in his or her home is 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 a child and the prevalence of child abuse in families experiencing domestic violence, DCS will assure that every CA/N report is screened for the presence of domestic violence.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Child Abuse Hotline	Effective Date: December 1, 2021
	Section 03: Professional Service Request (PSR)	Version: 4

POLICY OVERVIEW

A request which does not include allegations of Child Abuse and/or Neglect (CA/N) made to the Indiana Department of Child Services (DCS) Child Abuse Hotline (“Hotline”) from a designated professional is documented as a Professional Service Request (PSR).

PROCEDURE

The Hotline will create a PSR in the case management system for situations that do not meet legal sufficiency of CA/N. See policy 3.08 Statutory Definition of Child Abuse and/or Neglect for additional information.

PSRs include, but are not limited to:

1. Requests from a court (e.g., request for information in guardianship dissolution), prosecutor, or Law Enforcement Agency (LEA) (e.g., LEA requests immediate assistance when no allegations of CA/N) or a request on behalf of a court, prosecutor, or LEA;
2. Out-of-state child service agency requests (e.g., out-of-state child welfare agency requests DCS to interview a child);

Note: This does not include a request through the Interstate Compact on the Placement of Children (ICPC). See policies in Chapter 9: Interstate Compact (ICPC) for additional information.

3. Requests for DCS to complete a courtesy interview; and
4. Safe Haven intake reports.

When creating a PSR, the Hotline Intake Specialist (IS) will:

1. Gather and document as much information as possible about the child’s condition and the family’s concerns;
2. Gather the family’s contact information, if known;
3. Create a PSR in the case management system. The PSR must be completed in the case management system by the end of the worker’s shift; and
4. Route the PSR to the Hotline Intake Supervisor for review and transfer to the DCS Local Office for follow up.

The Hotline Intake Supervisor will review the information contained on the PSR and complete one (1) of the following:

1. Override the IS recommendation of “Professional Service Request”, and assign the report to the appropriate DCS local office for a CA/N assessment if the Hotline Intake Supervisor determines the allegations meet the statutory definition of CA/N. Follow

procedures in policy 3.05 Supervisory Review of Child Abuse and/or Neglect (CA/N) Intake Reports; or

2. Evaluate the information and approve the PSR; and
3. Send the PSR to the queue. See Administrative Letter: Professional Service Request (PSR) for further guidance regarding the DCS local office's handling of a PSR.

Note: The review by the Hotline Intake Supervisor may be bypassed on any report at the discretion of DCS management.

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions

Professional Service Request


A Professional Service Request is a request from a designated professional such as LEA, the court, or a prosecutor where there is no allegation of CA/N. This includes a request for information from an out-of-state child service agencies.

Forms and Tools

- Professional Service Request (PSR) – Available in the case management system

Related Policies

- [Administrative Letter: Professional Services Request \(PSR\)](#)
- [3.05 Supervisory Review of Child Abuse and/or Neglect \(CA/N\) Intake Reports](#)
- [3.08 Statutory Definition of Child Abuse and/or Neglect](#)
- [Chapter 9: Interstate Compact \(ICPC\)](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline	Effective Date: July 1, 2017
	Section 4: Initial Evaluation of Child Abuse and/or Neglect Intake Reports	Version: 9

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Hotline (Hotline) will evaluate every [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) it receives and make recommendations about:

1. Whether or not the allegations meet the statutory definition of Child Abuse and Neglect (CA/N) and should be recommended for assessment, see policy, [3.8 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#);
2. Whether or not the report contains enough information to identify or locate the child and initiate an assessment; and
3. How quickly the assessment should be initiated.

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

Child Abuse and Neglect (CA/N) intake reports that allege that a child witnessed or was present in the home during an incident of domestic violence will be recommended to be sent to the DCS local office with the focus of the assessment being placed on the safety of the child. Other domestic violence related calls that meet the statutory definition of CA/N will also be recommended to be sent to the DCS local office. See [Practice Guidance](#) for further information and 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 policy, [3.5 Supervisory Review of Child Abuse and/or Neglect \(CA/N\) Intake Reports](#).

All CA/N intake reports involving a child who voluntarily enters an emergency shelter or a shelter care facility, without the presence or consent of a parent, guardian, or custodian will be routed to the DCS local office for assessment. DCS must conduct an assessment concerning the child no later than 48 hours after receiving notification from the emergency shelter or shelter care facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department will not notify the child's parent, guardian, or custodian as to the specific shelter or facility the child has entered.

Code References

1. [IC 31-9-2: Family Law and Juvenile Law, Definitions](#)
2. [IC 31-34-1: Juvenile Law, Child in Need of Services](#)
3. [IC 31-36-3: Homeless Children](#)
4. [IC 34-6-2-34.5: Domestic or Family Violence](#)
5. [IC 35-41-1-6.5: Crime Involving Domestic or Family Violence Defined](#)

PROCEDURE

At the conclusion of the reporter's initial call the IS will:

1. Complete the [310](#) in the case management system;
2. Screen thoroughly each individual named in the report in case management system;
3. Determine if the allegations meet the statutory definition of CA/N. See policy, [3.8 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#);
4. Complete the following if the statutory definition of CA/N has been met:
 - a. Recommend that the report be routed to the DCS local office,
 - b. Recommend how quickly the assessment should be initiated and determine if response time is to be advanced.
 - c. Evaluate if the report should be marked for a PEDS referral.
5. Send the [310](#) to the Hotline Intake Supervisor to route for recommendation to the DCS local office;

Note: A Hotline Supervisor review on any report may be bypassed at DCS management discretion.

PRACTICE GUIDANCE

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals

It is **mandatory to complete a PEDS referral for all children less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck** (e.g. facial bruising, scratches and red "marks" on the face/neck; mouth injuries, eye injuries, head bleeds, skull fractures and a fracture or burn involving the head/neck) **and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns**. All intake reports with allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in the case management system with a denotation of "PEDS allegation is included in this Report". Evaluations of all reports identified should include any information obtained from the child and/or family. FCMs should utilize critical thinking to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. A referral should also be considered, if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral may be found here: https://ota.medicine.iu.edu/ChildProtection_V2.

Records Search

The case management system may reveal pertinent information about the subjects of a CA/N report. The IS should examine all information for "red flags" that would cause a reasonable

person to have concerns for the child's safety and well-being or worker safety. Pertinent facts should be briefly summarized in the allegations section of the CA/N intake report, such as dates and dispositions of previous DCS reports, assessments, and cases.

Domestic Violence

The Hotline will recommend for assessment, domestic violence related reports that meet any of the following criteria:

1. A child has witnessed a domestic violence incident and/or was present in the home when a domestic violence incident occurred;
2. The child has been physically injured because of intervening in or being present during a domestic violence incident;
3. There is reason to believe the child is intervening or will intervene in the domestic violence, placing him or her at risk of injury;
4. The child is likely to be injured during the domestic violence incident (e.g., being held during violence, physically restrained from leaving);
5. The alleged domestic violence offender has made threats of homicide or suicide and has access to weapons or firearms;
6. There are serious, recurring domestic violence incidents and/or domestic violence is occurring in combination with other significant risk factors (e.g., substance abuse);
7. The alleged domestic violence offender does not allow the non-offending parent and/or child(ren) access to basic needs impacting their health and safety;
8. The alleged domestic violence offender has killed, kidnapped, substantially harmed, or is making a believable threat to kill, kidnap, or substantially harm anyone in the family, including extended family members and pets;
9. Serious injury to the non-offending parent (including, but not limited to, broken bones, internal bleeding or injury, extensive bruising or lacerations, poisoning, suffocating, strangling, shooting, or severe malnourishment);
10. Violence increasing in either frequency or severity; and
11. Weapons were used or threatened.

The Hotline will also consider the following factors prior to making a recommendation whether or not to route domestic violence related reports for assessment:

1. Isolated victims with little support;
2. Stalking behaviors (patterns of behaviors that are intimidating to the other party);
3. Interaction with other risk factors including substance abuse or mental illness;
4. Previous reports to DCS or LEA with the same or other child or adult victims;
5. Previous convictions for crimes against persons or serious drug offenses;
6. Violations of restraining orders; and
7. Lack of other community responses or resources.

CA/N Reports with No Allegation of Child Abuse and/or Neglect

If the report regarding an unaccompanied homeless child is made by an emergency shelter, a shelter care facility, or a program that provides shelter to homeless individuals, the report must be assigned. Assessment of all CA/N intake reports of this nature must be conducted within 48 hours of receiving notification from the emergency shelter or shelter care facility, even if abuse or neglect is not alleged. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department may not notify the child's parent, guardian, or custodian as to the specific shelter or facility the child has entered.

Homeless Unaccompanied Minor

A homeless unaccompanied minor is an individual who is under the age of 18 and is receiving shelter without a parent, guardian, or custodian present.

Emancipated Minors

Shelters are not required to report providing shelter to emancipated minors to DCS. Reports for emancipated minors will not be recommended for assessment.

Safe Haven

A child is considered to be eligible for consideration under the Safe Haven Act when he/she is, or appears to be, not more than 30 days of age and whose parent:

1. Has knowingly or intentionally left the child with an emergency medical services provider; or
2. In a newborn safety device; and
3. Did not express an intent to return for the child.

FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#)—Available in the case management system
2. PEDS Program Referral—Available at https://ota.medicine.iu.edu/ChildProtection_V2

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](#).


Notification to department; investigation of a child; notification to parents

Per [IC 31-36-3-3](#):

1. Except as provided in subsection (d), if a child voluntarily enters an emergency shelter or a shelter care facility, the shelter or facility shall notify the department, not later than 24 hours after the child enters the shelter or facility, of the following:
 - a. The name of the child,
 - b. The location of the shelter or facility, and
 - c. Whether the child alleges that the child is the subject of abuse or neglect.
2. The department shall conduct an investigation concerning the child not later than 48 hours after receiving notification from the emergency shelter or shelter care facility under subsection (a).
3. The department shall notify the child's parent, guardian, or custodian that the child is in an emergency shelter or a shelter care facility not later than 72 hours after the child enters the

shelter or facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department may not notify the child's parent, guardian, or custodian as to the specific shelter or facility the child has entered; and

4. An emergency shelter or a shelter care facility is not required to notify the department of a child who is an emancipated minor.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline	Effective Date: July 1, 2019
	Section 5: Supervisory Review of Child Abuse and/or Neglect Intake Reports	Version: 9

STATEMENTS OF PURPOSE

All [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) will undergo supervisory review and approval by the Hotline Intake Supervisor before a recommendation is made to assign for assessment, refer to another state or screen out. However, at DCS management discretion the Hotline Supervisor review on any report may be bypassed.

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

The Indiana Department of Child Services (DCS) Hotline Intake Supervisor will review the Child Abuse and Neglect (CA/N) intake report as soon as possible, not to exceed 24 hours.

A Hotline Intake Supervisor may overturn a Hotline Intake Specialist's (IS) recommendation to "screen out" a report if the allegations meet the statutory definition of CA/N.

A Hotline Intake Supervisor may overturn an IS's recommendation to "assign for assessment" if the allegations do not meet the statutory definition of CA/N.

For all CA/N assessments that must be initiated within two (2) or 24 hours, the Hotline Intake Supervisor will forward the intake report to the appropriate local office.

Exception: Per [IC 31-36-3](#), when a child enters a homeless or emergency shelter without the presence or consent of a parent, guardian, or custodian the shelter must notify DCS within 24 hours. The shelter will provide the name of the child, the location of the shelter, and if the child alleges that he or she was abused and/or neglected. DCS must conduct an assessment no later than 48 hours after receiving notification from the emergency shelter or shelter care facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department will not notify the child's parent, guardian, or custodian as to the specific shelter or facility the child has entered.

The DCS local office will transmit copies of CA/N intake reports to Law Enforcement Agencies (LEA), prosecutors, and in the case of fatalities, coroners.

Code References

1. [IC 31-33-8-1: Investigations by the department of child services: time of initiation; investigations of child care ministries](#)
2. [IC 31-33-7-5: Written report; copies made available to law enforcement agencies, prosecuting attorney and coroner](#)
3. [IC 31-33-8-2: Investigations by law enforcement agencies](#)
4. [IC 31-36-3: Homeless Children](#)

PROCEDURE

For all CA/N intake reports the Hotline Intake Supervisor will:

1. Carefully review the CA/N intake report;
2. Ensure intake reports involving suspected injury to the head or neck of any child are evaluated for a PEDS referral;
3. Agree or disagree with the IS's recommendations as to whether or not the report should be routed and assigned for assessment, referred to another state, or screened out. The Hotline Intake Supervisor will apply the facts reasonably available to DCS and use the criteria contained in the following policies to make this determination: [3.8 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#), and [3.6 Recommending a Child Abuse and/or Neglect \(CA/N\) Report for Screen-Out](#).

Note: Final recommendation regarding whether or not a report will be assigned for assessment or screened out will be made at the Local Office level. See Chapter 4- Assessment for additional information on completing assessments.

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

1. Follow any additional procedures for special intakes. See policies: [3.10 Institutional CA/N Intake Reports](#), [2.14 Intentional False Reports](#), and [4.29 Joint Assessments](#);
2. Review the response time assigned by the IS and:
 - a. Agree, or
 - b. Find that the response time should be changed and disapprove the report or use the override function in the case management system to make the change; and
3. Forward assessments requiring initiation within two (2) to 24 hours to the local office.

For CA/N fatality and near fatality intake reports, the Hotline Intake Supervisor will immediately contact:

1. DCS Agency Director,
2. Deputy Director of Field Operations,
3. Deputy Director of Communications,
4. Assistant Deputy Director of Field Operations,
5. Regional Manager, and
6. Local Office Director (LOD).

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

PRACTICE GUIDANCE

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals

It is mandatory to complete a PEDS referral for a child less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g., facial bruising, scratches and red “marks” on the face/neck; mouth and eye injuries; head bleeds; skull fractures; and a fracture or burn involving the head/neck) or a child less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns anywhere on the body. All intake reports with suspected allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in the case management system with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified as having PEDS allegations should include any information obtained from the child and/or family. FCMs should utilize critical thinking skills to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck, fractures or burns, or suspected fractures or burns. A referral should also be considered if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral is available at:

https://ota.medicine.iu.edu/ChildProtection_V2.

FORMS AND TOOLS


1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#) – Available in the case management system
2. PEDS Program Referral- Available at https://ota.medicine.iu.edu/ChildProtection_V2

RELATED INFORMATION

Notification to department; investigation of a child; notification to parents

Per (IC 31-36-3-3) :

1. Except as provided in subsection (d), if a child voluntarily enters an emergency shelter or a facility, the shelter or facility shall notify the department, not later 24 hours after the child enters the shelter or facility, of the following:
 - a. The name of the child,
 - b. The location of the shelter or facility, and
 - c. Whether the child alleges that the child is the subject of abuse or neglect.
2. The department shall conduct an investigation concerning the child not later than 48 hours after receiving notification from the emergency shelter or shelter care facility under subsection (a);
3. The department shall notify the child's parent, guardian, or custodian that the child is in an emergency shelter or a shelter care facility not later than 72 hours after the child enters the shelter or facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department will not notify the child's parent, guardian, or custodian as to the specific shelter or facility the child has entered; and
4. An emergency shelter or a shelter care facility is not required to notify the department of a child who is an emancipated minor.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline	Effective Date: October 1, 2021
	Section 06: Recommending a Preliminary Report of Alleged Child Abuse or Neglect (310) for Screen-Out	Version: 5

POLICY OVERVIEW

A Preliminary Report of Alleged Child Abuse or Neglect (310) is “screened-out” and is not recommended by the Indiana Department of Child Services (DCS) to be assigned as an assessment when the report:

1. Does not meet the statutory definition of CA/N;
2. Contains insufficient information to either identify or locate the child and/or family to initiate an assessment; or
3. Occurred out-of-state and there is no current risk of harm in Indiana.

Note: Reports where the alleged CA/N occurred in another state will be referred to the appropriate child welfare agency in that state.

PROCEDURE

The Hotline Intake Specialist (IS) will:

1. Recommend a 310 for screen-out if:
 - a. The statutory definition of CA/N has not been met,
 - b. There is not enough information in the 310 to either identify or locate the child and/or family to initiate an assessment, or
 - c. The alleged CA/N occurred out-of-state and there is no current risk of harm in Indiana.

Note: 310s 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.

2. Document the specific reason for the screen-out;
3. Recommend the report be referred to a Law Enforcement Agency (LEA) if the allegations are of a criminal nature; and
4. Forward the 310 and the results of the records search to a Hotline Intake Supervisor for review and approval of the recommendation to screen-out.

The Hotline Intake Supervisor will:

1. Review the 310 and the results of the records search; and
2. Evaluate the content of the report and subsequently agree or disagree with the IS’ recommendation to screen out.

Note: For a fatality or near fatality, if the Hotline Intake Supervisor does not agree with the IS’ recommendation to screen out, the report may be staffed with either the Hotline

Director or the Hotline Deputy Director to make the final recommendation. The final recommendation regarding whether or not a report will be assigned for assessment or screened out will be made at the DCS local office level. See Chapter 4 – Assessment for additional information on completing assessments.

LEGAL REFERENCES

- [IC 31-9-2-14: "Child abuse or neglect"](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-36-3: Homeless Children](#)

RELEVANT INFORMATION

Definitions


- N/A

Forms and Tools

- [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF 114\)](#)

Related Policies

- [Chapter 4 – Assessment](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline	Effective Date: July 1, 2021
	Section 08: Statutory Definition of Child Abuse and/or Neglect	Version: 9

POLICY OVERVIEW

Determining whether allegations meet the statutory definition of Child Abuse and/or Neglect (CA/N) requires a careful, balanced assessment of both objective and subjective information with the paramount consideration being the safety, permanency, stability, and well-being of the alleged child victim.

PROCEDURE

The Indiana Department of Child Services (DCS) will use the following criteria when evaluating a Preliminary Report of Alleged Child Abuse or Neglect (310) to determine if the allegations meet the statutory definition for CA/N:

1. The alleged victim is under 18 years of age;
2. The alleged perpetrator’s relationship to the alleged victim is that of parent, guardian, or custodian; and

Note: For allegations involving sexual abuse, the perpetrator may have **any** or **no** relationship to the child.

3. The allegations would cause a reasonable person to believe that CA/N has occurred.

Indiana Law includes the following Child in Need of Services (CHINS) definitions as the basis for CA/N. This list is intended to be used by DCS at intake, in conjunction with the Indiana Department of Child Services Screening and Response Time Assessment (SDM Tool), as a parameter to determine whether a reporter’s allegations would 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 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:
 (A) when the parent, guardian, or custodian is financially able to do so; or
 (B) due to the failure, refusal, or inability of the parent, guardian, or custodian to seek financial or other reasonable means to do so.

CHINS 2: The child’s physical or mental health is seriously endangered due to an injury by the act or omission of the parent, guardian, or custodian.

The child is a victim of assisting suicide (IC 35-42-1-2.5); battery (IC 35-42-2-1); domestic battery (IC 35-42-2-1.3); aggravated battery (IC 35-42-2-1.5); strangulation (IC 35-42-2-9); female genital mutilation (IC 35-42-2-10); neglect of a dependent, child selling (IC 35-46-1-4); attempt or conspiracy to commit any of the listed offenses; or attempt or conspiracy to commit murder, causing suicide, voluntary manslaughter, involuntary manslaughter, or reckless

homicide (I.C. 31-34-1-2).

The child lives in the same household as an adult who committed and has been convicted of, or has been charged with committing an offense and is awaiting trial for, any of the following offenses against another child who lives in the household: assisting suicide (IC 35-42-1-2.5); battery (IC 35-42-2-1); domestic battery (IC 35-42-2-1.3); aggravated battery (IC 35-42-2-1.5); strangulation (IC 35-42-2-9); neglect of a dependent, child selling (IC 35-46-1-4); attempt or conspiracy to commit any of the listed offenses; or attempt or conspiracy to commit murder, causing suicide, voluntary manslaughter, involuntary manslaughter, or reckless homicide (IC 31-34-1-2).

CHINS 3: The child is a victim of an offense listed in IC 31-34-1-3 or is living in a household with an adult who has been charged with an offense listed in IC 31-34-1-3 or IC 35-42-3.5-1 and is awaiting trial or resulted in a conviction or judgement under IC 31-34-11-20 or IC 35-42-3.5-1.

CHINS 3.5: The child is a victim of a human trafficking offense as defined in IC 31-9-2-133.1. A child is considered a victim of human trafficking regardless of whether the child consented to the conduct as defined.

CHINS 4: The child's parent, guardian, or custodian allows the child to participate in an obscene performance.

CHINS 5: The child's parent, guardian, or custodian allows the child to commit a prohibited sex offense (see 3.B Tool Sexual Offense Child Abuse and/or Neglect (CA/N) Matrix).

CHINS 6: The child substantially endangers his/her own health or the health of another individual.

CHINS 7: The child's parent, guardian, or custodian fails to participate in a school disciplinary proceeding.

CHINS 8: The child is a "missing child".

Note: This is a child who is the subject of a missing person's report and has been found in Indiana.

CHINS 9: The child is disabled and deprived of necessary nutrition or medical intervention.

Note: According to IC 31-34-1-9, a child in need of services under CHINS 1, 2, 3, 4, 5, 6, 7, or 8 of this tool includes a child with a disability who:

- 1) Is deprived of nutrition that is necessary to sustain life; or
- 2) Is deprived of medical or surgical intervention that is necessary to remedy or ameliorate a life threatening medical condition; if the nutrition or medical or surgical intervention is generally provided to similarly situated children with or without disabilities.

CHINS 10: The child is born with fetal alcohol syndrome, neonatal abstinence syndrome, or with any amount of controlled substance, a legend drug or a metabolite of a

controlled substance or legend drug in the child's body, including the child's blood, urine, umbilical cord tissue, or meconium.

CHINS 11: The child has an injury, abnormal physical or psychological development, symptoms of neonatal intoxication or withdrawal or experiences risks or injuries from the mother's use of alcohol, controlled substance, or legend drug during pregnancy.

The Hotline Intake Specialist (IS) will:

1. Complete the 310 in the case management system;
2. Thoroughly screen each individual named in the report in the case management system prior to sending to the Hotline Intake Supervisor;
3. Determine if the allegations meet the statutory definition of CA/N;
4. Complete the following if the statutory definition of CA/N has been met:
 - a. Recommend the report be routed to the DCS local office for assessment,
 - b. Recommend how quickly the assessment must be initiated and determine if the response time is to be expedited.

Note: Review the timeframe assigned by the case management system and make any appropriate overrides.

5. Forward the CA/N intake report to the Hotline Intake Supervisor to be routed to the DCS local office. This may be done electronically.

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

The Hotline Intake Supervisor will:

1. Review the CA/N intake report as soon as possible but, not to exceed 24 hours;
2. Ensure the allegations meet the statutory definition of CA/N; and

Note: An IS' recommendation to "assign for assessment" may be overturned by the Hotline Intake Supervisor if the reported allegations do not meet the statutory definition of CA/N. Also, the IS' recommendation to "screen out" a report may be overturned by the Hotline Intake Supervisor if the allegations meet the statutory definition of CA/N.

3. Assign the report to the local office if the decision is "assign for assessment".

Note: Final recommendation regarding whether a report will be "assigned for assessment" or "screened out" will be made at the DCS local office level. See policy 3.05 Supervisory Review of Child Abuse and/or Neglect (CA/N) and Chapter 4- Assessment for additional information on completing assessments.

LEGAL REFERENCES

- [IC 12-7-2-28.6: "Child care home"](#)
- [IC 12-7-2-28.8: Child care ministry](#)
- [IC 12-7-2-149.1\(4\): Provider](#)
- [IC 12-17.2-2-8\(6\): Licensure exemptions](#)
- [IC 12-17.2-2-9: Migrant children's programs](#)
- [IC 12-17.2-4: Chapter 4. Regulation of Child Care Centers](#)

- [IC 12-17.2-5: Chapter 5. Regulation of Child Care Homes](#)
- [IC 12-17.2-6: Chapter 6. Regulation of Child Care Ministries](#)
- [IC 31-9-2-14: Child abuse or neglect](#)
- [IC 31-9-2-16.4: "Child caregiver"](#)
- [IC 31-9-2-31: Custodian](#)
- [IC 31-9-2-133: Victim of child abuse or neglect](#)
- [IC 31-9-2-133.1: "Victim of human or sexual trafficking"](#)
- [IC 31-27 ARTICLE 27. CHILD SERVICES: REGULATION OF RESIDENTIAL CHILD CARE](#)
- [IC 31-27-4: Chapter 4. Regulation of Foster Homes](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-34-1: \(Sections 1-15\) Circumstances Under Which a Child Is a Child in Need of Services](#)
- [IC 31-34-1-2: Act or omission of parent, guardian, or custodian seriously endangering child's physical or mental health; victim of specified offense](#)
- [IC 31-34-1-3 Victim of specified offense; living in household with a child victim of a specified offense or an adult who committed or is charged with a specified offense](#)
- [IC 31-34-1-9 Disabled child deprived of necessary nutrition or medical or surgical intervention](#)
- [IC 31-34-11-2 Judgment; order of predisposition report; scheduling of dispositional hearing; dual status assessment team report and recommendations](#)
- [IC 35-42-1-2.5: Assisting Suicide](#)
- [IC 35-42-2-1: Battery](#)
- [IC 35-42-2-1.3: Domestic battery](#)
- [IC 35-42-2-1.5: Aggravated battery](#)
- [IC 35-42-2-9: Strangulation](#)
- [IC 35-42-2-10](#)
- [IC 35-42-3.5-1: Promotion of human labor trafficking](#)
- [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](#)
- [IC 35-45-4: \(Sections 1 and 2\) Public indecency and prostitution](#)
- [IC 35-46-1-3: Incest](#)
- [IC 35-46-1-4: Neglect of a dependent; child selling](#)

RELEVANT INFORMATION

Definitions

Parent

A parent is a child's biological or adoptive mother or father.

Guardian

A guardian is a person appointed by a court to have the care and custody of a child and/or the child's estate.

Custodian

A custodian is any person with whom a child resides or any of the following:

- a. A license applicant or licensee of:

- i. A foster home or residential child care facility that is required to be licensed or is licensed under IC-31-27,
 - ii. A child care center that is required to be licensed or is licensed under IC 12-17.2-4, or
 - iii. A child care home that is required to be licensed or is licensed under IC 12-17.2-5.
- b. A person who is responsible for the care, supervision, or welfare of children while providing services as an owner, director, manager, supervisor, employee, or volunteer at:
- i. A home, center, or facility described in one (1) above,
 - ii. A child care ministry, as defined in IC 12-7-2-28.8, that is exempt from licensing requirements and is registered or required to be registered under IC 12-17.2-6,
 - iii. A home, center, or facility of a child care provider, as defined in IC 12-7-2-149.1(4), or
 - iv. A home, center, or facility which is the location of a program that provides child care, as defined in section 16.3 of this Indiana Code, to serve migrant children and is exempt from licensing under IC 12-17.2-2-8(6), whether or not the program is certified as described in IC 12-17.2-2-9.
- c. A school;
 - d. A child caregiver;
 - e. A member of the household of the child's noncustodial parent; or
 - f. An individual who has or intends to have direct contact, on a regular and continuing basis, with a child for whom the individual provides care and supervision.

Emotional Injury


Emotional injury occurs when a child has an observable, identifiable, and substantial impairment of the mental or psychological ability to function as a result of an act or failure to act by a parent, caregiver, or household or family member. See the SDM Tool for additional information on emotional injury.

Forms and Tools

- [3.B Tool Sexual Offense Child Abuse and/or Neglect \(CA/N\) Matrix](#)
- [Indiana Department of Child Services Screening and Response Time Assessment \(SDM Tool\)](#)
- [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#)

Related Policies

- [3.05 Supervisory Review of Child Abuse and/or Neglect \(CA/N\)](#)
- [Chapter 4- Assessment](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline	Effective Date: January 1, 2014
	Section 10: Institutional Child Abuse and/or Neglect Intake Reports	Version: 3

STATEMENTS OF PURPOSE

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

The Institutional Child Protection Services Unit (ICPS) will investigate institutional reports of CA/N if the allegations state the incident of CA/N occurred while the child was in the care of any of the following:

1. Residential Facility (i.e. DCS licensed Child Caring Institutions, Group Homes and Private Secure Facilities);
2. School;
3. Hospital;
4. Juvenile Correctional Facility;
5. Bureau of Developmental Disabilities (BDDS) Certified Group Home;
6. Licensed Childcare Home or Center; or
7. Unlicensed Registered Child Care Ministries.

The ICPS Unit will not assess CA/N reports on foster homes or fatalities/near fatalities. The local offices will assess these reports.

Code References

N/A

PROCEDURE

The Hotline Intake Specialist will:

1. Gather as much information as possible to create a thorough [Preliminary Report of Alleged Institutional Child Abuse or Neglect \(SF 49549\) \(310A\)](#). See policy, [3.2 Creating a CA/N Intake Report](#) for additional information;
2. Select "Institutional" in the case management system;
3. Create separate institutional CA/N intake reports in the case management system if multiple alleged victims are identified;
4. Document the name and location of the institution where the alleged CA/N took place; and
5. Evaluate the report for the statutory definition of CA/N. See policy, [3.4 Initial Evaluation of CA/N Reports](#) for further information.

Unlicensed Registered Child Care Ministries

The Hotline Intake Specialist will:

1. Gather as much information as possible to create a thorough CA/N intake report. See policy, [3.2 Creating a CA/N Intake Report](#) for additional information;
2. Utilize www.childcarefinder.in.gov to determine if the institution that is the subject of the report is an unlicensed registered child care ministry;
3. Select the 'Institution' icon in the case management system, if the agency is an active ministry;
4. Create the resource for the intake with the 'Resource Type' entered as 'Registered Child Care Ministry' and proceed with the intake, if the agency does not exist in the case management system and is verified from www.childcarefinder.in.gov;
5. Evaluate the report for the statutory definition of CA/N. See policy, [3.4 Initial Evaluation of CA/N Reports](#) for further information; and

PRACTICE GUIDANCE

Examples of institutions include but are not limited to:


1. Residential Facility (i.e. DCS licensed Child Caring Institutions, Group Homes and Private Secure Facilities);
2. School;
3. Hospital;
4. Juvenile Correctional Facility;
5. Adult Correctional Facility that houses juvenile offenders;
6. Bureau of Developmental Disabilities (BDDS) Certified Group Home;
7. Licensed Child Care Home or Center; or
8. Unlicensed Registered Child Care Ministry.

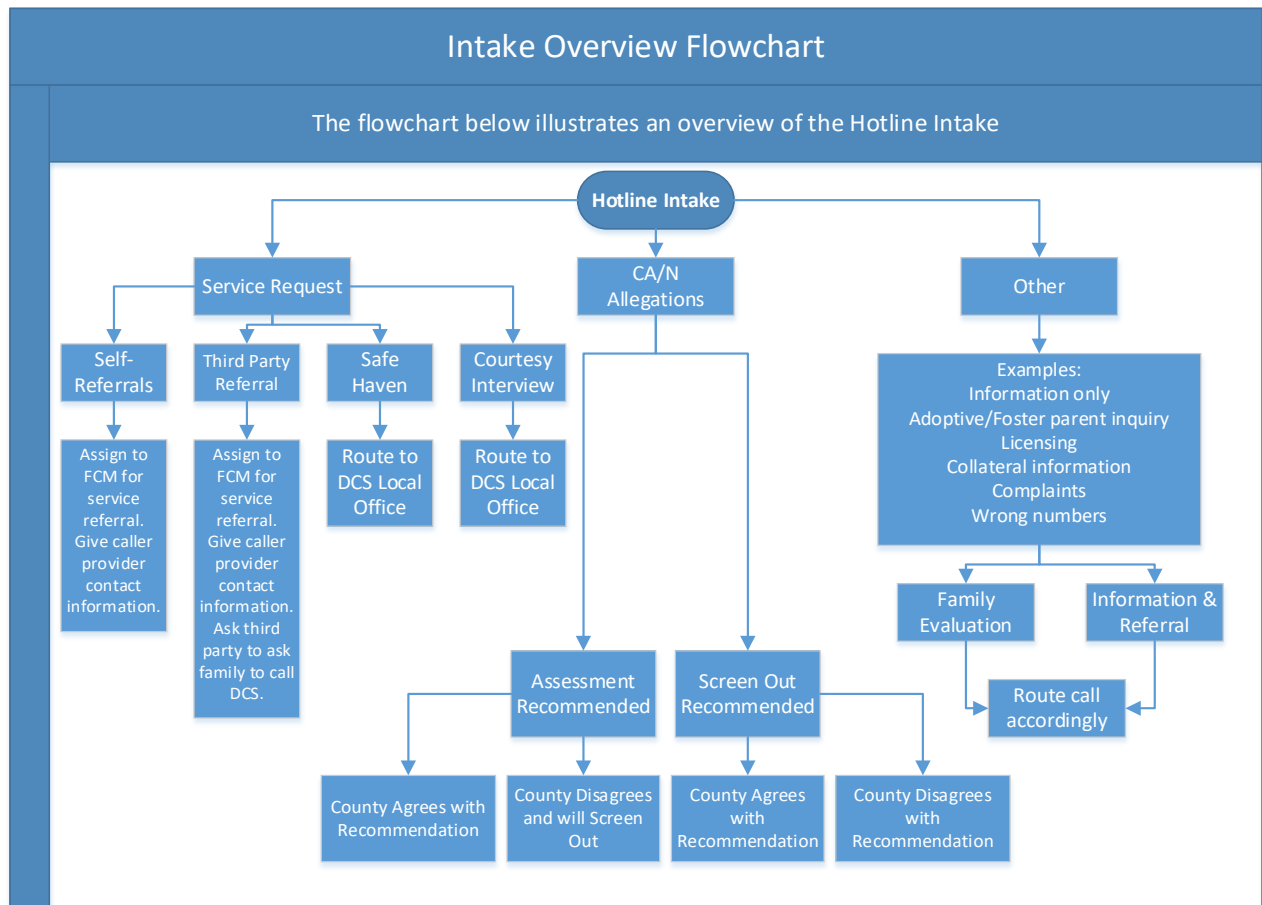
FORMS AND TOOLS


[Preliminary Report of Alleged Institutional Child Abuse or Neglect \(SF 49549\) \(310A\)](#)- available in the case management system

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Intake Overview Flowchart	Effective Date: September 1, 2019
	Reference: 3.A (3.1 – Receiving Calls)	Version: 2



	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Sexual Offense Child Abuse and/or Neglect (CA/N) Matrix	Effective Date: November 1, 2021
	Reference: 3.B (3.8 – Statutory Definition of Child Abuse and/or Neglect (CA/N))	Version: 4


The following chart summarizes sexual offenses that meet the statutory definition of Child Abuse and/or Neglect (CA/N) (see also [IC 31-34-1-3 through 1-5](#)):

Code	Crime	Age of Perp	Age of Victim
IC 35-42-3.5-1.1	Promotion of Human Sexual Trafficking	Any	Less than 18
IC 35-42-3.5-1.2	Promotion of Child Sexual Trafficking; Promotion of Sexual Trafficking of a Younger Child	Any	Less than 18
IC 35-42-3.5-1.3	Child Sexual Trafficking	Any	Less than 18
IC 35-24-3.5-1.4	Human Trafficking	Any	Less than 18
IC 35-42-4-1	Rape	Any	Less than 18
IC 35-42-4-3	Child Molesting ¹	Any	Less than 14
IC 35-42-4-4	Child Exploitation	Any	Less than 18
IC 35-42-4-4	Child Pornography	Any	Less than 18
IC 35-42-4-5	Vicarious Sexual Gratification	18 or older	Less than 16
IC 35-42-4-6	Child Solicitation	18 or older 21 or older	Less than 14 Less than 16
IC 35-42-4-7	Child Seduction	18 or older	Less than 18 <i>(consult DCS Staff Attorney)</i>
IC 35-42-4-8	Sexual Battery	Any	Less than 18
IC 35-42-4-9	Sexual Misconduct with a Minor	18 or older	14 or 15
IC 35-45-4-1(a) IC 35-45-4-1(b)	Public Indecency	Any 18 or older	Less than 18 Less than 16
IC 35-45-4-3	Patronizing Prostitution	Any	Less than 18
IC 35-45-4-4	Promoting Prostitution	Any	Less than 18
IC 35-46-1-3	Incest	18 or older	Less than 18

¹ The term does not include a child who is alleged to be a “child in need of services” if the child is alleged to be a victim of a sexual offense under IC 35-42-4-3 **unless** the alleged offense under IC 35-42-4-3 involves the fondling or touching of the buttocks, genitals, or female breasts. Cases that do not involve the fondling or touching of the buttocks, genitals, or female breasts should be referred to law enforcement. ([IC 31-9-2-14](#))

IC 35-49-2-2	Matter or Performance Harmful to Minors	Any	Less than 18
IC 35-49-3-2	Obscene Performance	Any	Less than 18

Note: When DCS receives reports that contain only criminal allegations (no CA/N allegations), the reports are “screened out” and transferred to law enforcement for investigation.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Types of Domestic Violence	Effective Date: July 1, 2019
	Reference: 3.C (3.2 – Creating a Child Abuse and/or Neglect Intake Report)	Version: 2

Domestic violence typically involves a pattern of assaultive and coercive behaviors that people use against their family or household members with the intent to degrade, humiliate or instill fear in them. These behaviors typically fall into five (5) general categories: physical assaults, sexual assaults, psychological assaults, economic coercion, and/or the use of children to control the adult victim.

Physical assaults may include, but are not limited to:

1. Pushing and shoving;
2. Restraining;
3. Slapping;
4. Punching;
5. Biting;
6. Kicking;
7. Suffocating or Strangling;
8. Using a weapon;
9. Kidnapping; and
10. Murder.

Sexual Assaults may include, but are not limited to:

1. Rape;
2. Forcing unwanted sex or sexual acts;
3. Forcing the victim to have an abortion or sabotaging birth control methods;
4. Sexual mutilation;
5. Objectifying or treating the victim like a sexual object; and
6. Forcing the victim to watch pornography, have sex with others, or participate in prostitution.

Psychological assaults may include, but are not limited to:

1. Destroying cherished objects;
2. Killing or harming family pets;
3. Humiliating the victim privately or in front of others;
4. Harassing the victim;
5. Isolating the victim;
6. Making accusations of infidelity;
7. Stalking;
8. Refusing to talk to the victim; giving him or her the “silent treatment”;
9. Blaming the victim for the abusive behavior; and
10. Controlling where the victim goes, who he or she talks to, and what he or she does.


Economic coercion may include, but is not limited to:

1. Withholding money from the victim;
2. Controlling how much money he or she has access to;

3. Stealing the victim's money;
4. Withholding all information about finances;
5. Ruining his or her credit;
6. Preventing the victim from obtaining employment or an education; and
7. Making the victim beg or ask for money.

Using the children to control the adult victim may include, but is not limited to:

1. Forcing the children to spy on the victim;
2. Assaulting or threatening to assault the children;
3. Sabotaging the other's parenting and discipline with the children;
4. Forcing or encouraging the children to assault the victim;
5. Taking the children; and
6. Calling or threatening to report the victim to DCS for poor parenting.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: September 1, 2021
	Section 01: Reviewing Child Abuse and/or Neglect (CA/N) Allegations and Other Records	Version: 7

POLICY OVERVIEW

A thorough review of the CA/N allegations in the Preliminary Report of Alleged Child Abuse or Neglect (310) and other records begins the Indiana Department of Child Services’s (DCS) initial assessment of the child’s safety. Factors such as the child’s age and vulnerability and the family history are critical in this initial stage of the assessment.

PROCEDURE

DCS will thoroughly review the 310 and other available records, in order to gain insight into potential safety concerns prior to making contact with a child and family. DCS will consider the following when reviewing the CA/N intake report and other records:

1. The nature and extent of the family’s current and previous involvement with DCS, Division of Family Resources (DFR), and community-based services;
2. Any safety concerns existing for the child and for the Family Case Manager (FCM); and
3. Any issues that should be discussed with the child and family members.

Per IC 31-36-3-3, DCS must conduct an assessment concerning a child who voluntarily enters an emergency shelter or shelter care facility without the presence or consent of a parent, guardian, or custodian. DCS must conduct the assessment no later than 48 hours following notification by the emergency shelter or shelter care facility of the child’s name, location, and whether the child alleges CA/N.

Upon receipt of the 310 from the DCS Child Abuse Hotline (Hotline), DCS local office management will review the 310 and assign to a FCM, if it is determined the report will be assessed. DCS local office management will review each 310 prior to assigning to a FCM, including 310s received after hours, on weekends, and holidays.

The FCM will:

1. Review the 310;
2. Review records regarding prior DCS and DFR contact with the family via the following sources, if available:
 - a. Case management system, and/or
 - b. Child support records (i.e., Indiana Support Enforcement Tracking System [ISETS] and Child Support Inquiry Web Tool).
3. Discuss the 310 with the assigned FCM of any open DCS assessment or ongoing case, if applicable;
4. Review any available pertinent information from outside sources (e.g., Law Enforcement Agency [LEA], schools, public utility companies, and Bureau of Motor Vehicles [BMV]);

5. Obtain and review additional confidential information as needed (e.g., medical and social services records);
6. Consider the following when reviewing records:
 - a. The nature and extent of the family's current and previous involvement with DCS, DFR, and community-based services,
 - b. Any existing safety concerns for the child and/or for the FCM, and
 - c. Any issues that should be discussed with the child and family members.
7. Determine if the alleged perpetrator is a DCS employee or a child care worker. See policies 2.03 Child Care Worker Assessment Review Process and 4.45 Assessment and Review of DCS Staff Alleged Perpetrators for additional information, as appropriate.

The FCM Supervisor will assist the FCM with reviewing information and provide support, as needed.

The DCS local office will ensure all assigned reports are sent to the appropriate LEA jurisdiction on a daily basis by fax, email, or hand delivery. Reports received on weekends or holidays will be delivered the following business day.

LEGAL REFERENCES

- [IC 31-36-3-3: Notification to Department; investigation of a child; notification to parents](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#)

Related Policies

- [2.03 Child Care Worker Assessment Review Process](#)
- [4.45 Assessment and Review of DCS Staff Alleged Perpetrators](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: October 1, 2016
	Section 2: Preparing for the Assessment	Version: 6

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will take all foreseeable and necessary precautions to protect the safety of the alleged child victim(s), the Family Case Manager (FCM) and/or other responders during the assessment.

To the extent possible, FCMs will take the necessary steps for adequate preparation prior to initiating any interviews or assessment of home conditions.

DCS will begin identifying the appropriateness of utilizing the Child and Family Team (CFT) meeting process with families in which DCS serves during the assessment preparation stage.

Code References

1. [IC 5-26.5-1-3: "Domestic violence"](#)
2. [IC 34-6-2-34.5: "Domestic or family violence"](#)
3. [IC 35-42-3.5: Human Trafficking](#)

PROCEDURE

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

1. Be familiar with all policies related to interviewing, including, but not limited to:
 - a. [2.21 Human Trafficking](#),
 - b. [4.4 Required Interviews](#),
 - c. [4.5 Consent to Interview Child](#),
 - d. [4.6 Exigent Circumstances](#),
 - e. [4.8 Entry into Home or Facility](#),
 - f. [4.09 Interviewing Children](#),
 - g. [4.10 Interviewing the Parent, Guardian, or Custodian](#),
 - h. [4.11 Interviewing the Alleged Perpetrator](#),
 - i. [4.13 Home Environment Assessment](#),
 - j. [4.14 Examining a Child and Photographing a Child and/or Trauma](#), and
 - k. [4.30 Institutional Child Protection Services \(ICPS\) Unit Assessments](#).
2. Arrange interpreter services if the parties to the assessment are non-English speaking (see policy, [GA-3 Language Services](#));
3. Develop an interview plan,
 - a. Determine who would need to be interviewed,
 - b. Determine whether, it is best for family members to be interviewed separately or together.
 - c. Determine the best order for the interviews to occur.
4. Assess the appropriateness of the utilization of a CFT meeting;

5. If domestic violence was identified during the Child Abuse and/or Neglect (CA/N) intake, prior to contacting the family:
 - a. Contact Law Enforcement Agency (LEA) to determine if the family has had previous domestic violence contacts and/or police runs to their home for violence;
 - b. Determine if a detective has already been assigned to the case. If a detective has been assigned, discuss working together during the assessment with the detective; and

Note: DCS will not delay the initiation or completion of any assessment, regardless of LEA involvement. See policy, [4.29 Joint Assessments](#).

- c. Consider the safety of all family members prior to scheduling interviews.

6. If human trafficking was identified during the CA/N intake, prior to contacting the family:
 - a. Consider the safety of the alleged victims of human trafficking prior to scheduling interviews. For further guidance, see policy [2.21 Human Trafficking](#).

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

- b. Be familiar with the [Indiana Human Trafficking Screening Tool](#) and contact information to request a forensic interview if needed. [See Practice Guidance](#) for further information.

7. Plan interviews with law enforcement if the CA/N allegations are of a criminal nature. See policy, [4.29 Joint Assessments](#);
8. To the extent possible and practical, plan the location of each interview with the goal of optimizing the safety of the child, the FCM, and any other responders;
9. For each location where an interview will occur, consider any known or suspected safety risks and determine appropriate safety precautions (e.g., law enforcement assistance. Seek supervisory input when necessary);
10. Gather necessary paperwork and/or forms as well as maps and/or driving directions;
11. Confirm that all equipment is in working order (e.g., cell phones, cameras, video recorders, audio recorders, etc.); and
12. Start the assessment. See policy, [4.03 Conducting the Assessment](#).

The Supervisor will:

1. Review all information pertaining to the risk of the situation and assist the FCM in planning and preparing for the assessment as needed; and
2. Ensure that all FCMs have access to appropriate, functioning assessment (interview) equipment (e.g., cell phones, cameras, video recorders, audio recorders, etc.)

PRACTICE GUIDANCE

Interpreter Services

All DCS local offices should have a plan for the availability of interpreter services when needed both for persons who are non-English speaking and for those who communicate using American Sign Language, see Administrative Policy [GA-3 Interpreter Services](#).

Note: In cases of suspected human trafficking, it is not appropriate to use a neighbor, friend, or family member to serve as the interpreter, as the interpreter may be allied with the trafficker and/or involved in the trafficking.

Considering the Risk of the Situation

What environmental factors might pose a danger to child safety and FCM safety? Examples include, but are not limited to:

1. History of domestic violence;
2. Locations that are extremely isolated or in high-crime areas;
3. Indications of mental illness, substance abuse, human trafficking, or volatile behavior;
4. Firearms or other weapons in the home;
5. Indications of illegal drug manufacturing in the home (see related document, [Indiana Drug Endangered Child Response Protocol](#));
6. Family members that are criminal suspects and have outstanding arrest warrants; and
7. Dangerous pets and/or animals.

Assistance from Law Enforcement

Request assistance when any risk factors have been identified that could threaten the safety of the child(ren), the FCM and/or other responders. See policy, [4.29 Joint Assessments](#).

Human Trafficking Expertise and Consultation

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

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

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

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

Indicators of Human Trafficking¹

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

Child Indicators:

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

Indicators in the Home:

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

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

Types of Questions to Ask During an Interview for Possible Cases of Human Trafficking

When allegations of human trafficking have been made or the FCM observes indicators of human trafficking during the interview with the child, the following questions should be asked to help determine if a [human trafficking forensic interview](#) is needed:

1. Tell me about your friends. What activities do you do with them? Where do these activities occur? (These questions will help determine if the child is able to leave the home, play, and visit friends- this can indicate levels of control and possible trafficking.)
2. Tell me about what you do in a typical day. What do you do outside of the home (e.g., work, extracurricular activities, etc.)? Do you like your work/doing these activities? Has someone told you/pressured you to participate in these activities? What happens if you

¹ State of Florida Department of Children and Families (2009). *Human Trafficking of Child Indicator Tool*. Retrieved from <http://www.dcf.state.fl.us/programs/humantrafficking/docs/HumanTraffickingOfChildrenIndicatoTool0109.pdf>.

do not participate in these activities? (These questions will help determine if the child feels forced to work or participate in other activities and what the consequences are if they do not participate.)

3. How long have you been working? How many hours do you work each week? How much money do you make from work? How often are you paid? What do you do with your money after you are paid? Do you owe anyone any money, if so, how much do you owe and what led to the debt? (These questions will help determine if the child is forced to work to pay off any "debt", such as travel expenses, clothing, food, and/or rent. The number of hours the child works may also indicate if the child's work interferes with school attendance.)


FORMS AND TOOLS

[Indiana Drug Endangered Child Response Protocol](#)

[Indiana Human Trafficking Screening Tool](#)-available in the case management system

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2019
	Section 3: Conducting the Assessment – Overview	Version: 10

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a thorough assessment of all assigned reports of alleged Child Abuse and/or Neglect (CA/N). DCS will be diligent in efforts to conduct an assessment that ensures child safety and well-being.

DCS will request Law Enforcement Agency (LEA) assistance on all reports that require a two (2) hour response time and as needed on additional reports. DCS will document LEA’s response to DCS’ request for assistance in the Case Management System.

DCS must complete Child Protective Services (CPS) checks and Limited Criminal History (LCH) background checks on all alleged perpetrators. See [Practice Guidance](#) for additional information.

Code References

1. [IC 31-33-8-7: Scope of the investigation](#)
2. [IC 31-33-8-2: Investigations by law enforcement agencies](#)
3. [IC 31-36-3: Homeless Children](#)
4. [IC 34-6-2-34.5: Domestic or family violence](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Review the [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#);
2. Request LEA assistance on all reports where a two (2) hour response time is identified, and document LEA’s response to the request in Case Management System;
3. Conduct LCH background and CPS checks on all alleged perpetrators, **or request** completion of the checks by the local office designated staff. See [Practice Guidance](#) for additional information;
4. Notify the parent, guardian, or custodian of the allegation, and request consent to interview the child unless exigent circumstances exist. See policies, [4.5 Consent to Interview Child](#) and [4.6 Exigent Circumstances](#) for further guidance;

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

5. Document whether the assessment was initiated timely and any extenuating circumstances in the Assessment Initiation Application. See policies, [4.36 Linking CAN Reports](#) and [4.38 Assessment Initiation](#) for further guidance;

6. Locate the subjects named on the [310](#) (e.g., alleged child victim; victim's parent, guardian, or custodian; and alleged perpetrator). See policy [4.7 Locating the Subjects](#) for further guidance;
7. Show proper identification at the onset of each interview;
8. Follow appropriate procedures for gaining entry into the home or facility. See policy [4.8 Entry into Home or Facility](#) for further guidance;
9. Conduct all required interviews and any additional interviews necessary to gain information to evaluate the validity of the allegations and establish the current safety of the child. See policy, [4.4 Required Interviews](#) for further guidance;
10. Take photographs of all children in the home and have the parent, guardian, or custodian sign the [Release For Use of Photographs \(SF 54968\)](#). See policy [4.14 Examining and Photographing a Child and/or Trauma](#) for additional guidance;
11. Visually examine the alleged child victim, as necessary, to confirm alleged or suspected bodily injuries. Photograph visible trauma found on any child or secure photographs or copies of said photographs that have been taken by a medical professional or LEA. See policy [4.14 Examining and Photographing a Child and/or Trauma](#) or further guidance;
12. Arrange for necessary medical and/or psychological examinations. See policy [4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations](#) for further guidance;

Note: Ensure a PEDS referral is completed for all reports **involving a child less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck** (e.g., facial bruising, scratches, and red “ marks” on the face/neck; mouth or eye injuries; head bleeds; skull fractures; and fractures or burns involving the head/neck) **or a child less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns anywhere on the body**. See [Practice Guidance](#) for further information.

13. Complete the [Initial Safety Assessment](#), and if appropriate, a [Safety Plan \(SF 53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#). See policies [4.18 Initial Safety Assessment](#), [4.19 Safety Planning](#), and [4.42 Plan of Safe Care](#) for further guidance;
14. Seek the FCM Supervisor's approval of the [Initial Safety Assessment](#), [Safety Plan \(SF 53243\)](#), and/or [Plan of Safe Care \(SF56565\)](#);
15. Conduct an assessment of the home environment, if appropriate. See policy [4.13 Assessing Home Conditions](#) for further guidance;
16. Gather additional demographic information that is not already included on the [310](#) (e.g.; place of employment, military status, and/or tribal origin);
17. Provide each parent, guardian, or custodian (including any alleged father or any known non-custodial parent) and alleged perpetrator the [Notice of Availability of Completed Reports and Information \(SF48201\)](#) and document in the [311](#). If the alleged perpetrator is a child, provide the notice to his or her parent, guardian, or custodian;
18. Exit the home immediately without alarming the adults and/or child, and call 911 if at any point during the interview, suspicions arise that a contaminating controlled substance is present. Refer to the [Indiana Drug Endangered Children \(DEC\) Response Protocol](#) for further guidance;
19. Discontinue and leave the interview if at any point the FCM becomes concerned for his or her safety (e.g., the individual becomes hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment. See policy [HR-3-1 Home Visit Safety Protocol](#) for further guidance;

20. Notify the employee's management team, which includes the FCM Supervisor, Local Office Director (LOD), Regional Manager (RM), and the DCS Human Resources (HR) Director, if the alleged perpetrator is a DCS Field staff member. If the alleged perpetrator is a DCS Central Office staff member, notify the employee's work unit Supervisor, Division Deputy Director, and DCS HR Director. See policy [2.4 Assessment and Review of DCS Staff Alleged Perpetrators](#) for further guidance;
21. Notify the child care worker or resource parent¹ of his or her right to participate in an informational review prior to arriving at a finding if the alleged perpetrator is a child care worker or resource parent. See policy [2.3 Child Care Workers Assessment Review Process](#) for further guidance;
22. Gather additional information necessary to make a determination about the validity of the allegations;
23. Document all information gathered during the assessment in Case Management System;
24. **Seek supervisory input as needed throughout the assessment**, including, but not limited to safety staffing and regular [clinical supervision](#). See policy [4.41 Safety Staffing](#) for additional information;
25. Document good faith efforts if unable to complete any element of the assessment and seek supervisory guidance for additional instructions. See policy [4.20 Good Faith Efforts](#) for further guidance;
26. Send the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) to the administrator of the facility that made the CA/N report, if applicable. See policy [4.21 45 Day Report of Assessment](#) for further guidance;
27. Arrive at a finding of substantiated or unsubstantiated for each allegation. See policy [4.22 Making an Assessment Finding](#) for further guidance;
28. Conduct an [Initial Family Risk Assessment](#) to determine the likelihood of future maltreatment, if necessary. See policy [4.23 Initial Family Risk Assessment](#) for further guidance;
29. Take additional actions if necessary to, ensure the child's safety, including implementing child and family services. See policies [4.26 Determining Service Levels and Transitioning to Ongoing Services](#) and [5.7 Child and Family Team \(CFT\) Meetings](#);
30. Complete the [Assessment of Alleged Child Abuse or Neglect \(311\) \(SF 113\)](#). See policy, [4.25 Completing the Assessment Report](#); and
31. Send notice to the perpetrator regarding his or her right to a review and an appeal of the decision if the allegations are substantiated. See policies [2.1 Notice of Assessment Outcome](#) and [2.5 Administrative Appeal Hearings](#) for further guidance.

Note: If it is determined that allegations will be substantiated on a person who asserts they are employed through the education system or as a Child Care Worker, the assessment should go through the Child Care Workers Assessment Review Process regardless of whether or not the substantiated incident occurred in the course of the individual's employment. See policy [2.3 Child Care Worker Assessment Review Process](#).

The FCM Supervisor will:

1. Discuss details of the assessment during safety staffing and [clinical supervision](#); and
2. Guide the FCM as necessary to ensure all duties are completed.

¹ For purposes of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver

PRACTICE GUIDANCE

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals

It is mandatory to complete a PEDS referral for a child less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g., facial bruising, scratches and red “marks” on the face/neck; mouth and eye injuries; head bleeds; skull fractures; and a fracture or burn involving the head/neck) or a child less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns anywhere on the body. All intake reports with suspected allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in Case Management System with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified as having PEDS allegations should include any information obtained from the child and/or family. FCMs should utilize critical thinking skills to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck, fractures or burns, or suspected fractures or burns. A referral should also be considered if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral is available at: https://ota.medicine.iu.edu/ChildProtection_V2.

Physically Seeing and Interviewing All Children in the Home

It is necessary for DCS to conduct a **face-to-face** interview with **all** children living in the household, because they may have witnessed the alleged CA/N, and there is a possibility that they may also be victims. For children who are too young or unable to communicate, an interview will consist of face-to-face interaction with the child at an appropriate level given the child’s developmental status.

Gathering Additional Information

Sources of additional information may include, but are not limited to: relatives, neighbors, school officials, teachers, other school employees, physicians, other professionals, agencies in the community, and law enforcement. Such persons should only be contacted when the FCM has reason to believe they have pertinent information. It is important to note the purpose of gathering additional information is to gain knowledge that may aid in the assessment.

Communication with FCM Supervisor

Because the FCM Supervisor provides the first level of quality assurance within the system, it is important the FCM Supervisor is updated and consulted as necessary throughout the assessment. This includes, but is not limited to, safety staffing and regular [clinical supervision](#). For further guidance see policy [4.41 Safety Staffing](#).

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

Distribution of the Notice of Availability of Completed Reports and Information

The [Notice of Availability of Completed Reports and Information \(SF48201\)](#) should not be left on the door of the parent, guardian, custodian or alleged perpetrator. The information contained in this document should be discussed with the parent, guardian or custodian and the alleged perpetrators to ensure an understanding of the contents of the form. This will provide the parent, guardian or custodian, and the alleged perpetrator with an opportunity to ask the FCM any questions regarding this document. It also provides the opportunity for verbal and written notice to each parent, guardian or custodian and the alleged perpetrator. Mailing the form is acceptable if the parent, guardian or custodian and/or the alleged perpetrator either live outside of the jurisdiction of the DCS local office or has given verbal permission to have the form mailed. However, the FCM should attempt to have face-to-face contact with the individual prior to mailing the form.

Conducting Limited Criminal History (LCH) Checks on Alleged Perpetrators

DCS must conduct LCH and CPS history checks on all alleged perpetrators as part of a comprehensive assessment. LCH checks should be completed early in the assessment to evaluate for potential safety concerns for the child, family, and/or DCS employees. Results of the LCH and CPS checks should be staffed with the FCM Supervisor when the results indicate possible safety concerns.

Incarcerated Parents

The [Incarcerated Parent Letter- Assessment](#), [Incarcerated Parent Demographics](#), and [Incarcerated Parent Information](#) have been developed for use as tools for contact with incarcerated parents and for gathering information. These forms do not replace appropriate engagement with the parents.

FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#) – Available in the Case Management System
2. [Assessment of Alleged Child Abuse or Neglect Report \(SF113\) \(311\)](#) – Available in Case Management System
3. [Initial Safety Assessment](#) – Available in Case Management System
4. [Safety Plan \(SF53243\)](#)
5. [Plan of Safe Care \(SF56565\)](#)
6. [Notice of Availability of Completed Reports and Information \(SF48201\)](#)
7. [Forty-five \(45\) Day Report of Assessment \(SF54854\)](#)
8. [Initial Family Risk Assessment](#) – Available in Case Management System
9. [Release For Use Of Photographs \(SF54968\)](#)
10. PEDS Program Referral - Available at https://ota.medicine.iu.edu/ChildProtection_V2
11. [Incarcerated Parent Letter- Assessment](#)
12. [Incarcerated Parent Demographics \(SF56538\)](#)
13. [Incarcerated Parent Information](#)
14. [Indiana Drug Endangered Children \(DEC\) Protocol](#)

RELATED INFORMATION

Domestic Violence Assessments

The primary focus of intervening in domestic violence cases is the ongoing assessment of the risk posed to the child by the presence of domestic violence. The challenge in providing

services in domestic violence cases is to keep the child safe without penalizing the non-offending parent and without escalating the violent behavior of the alleged domestic violence offender. The primary responsibility of DCS is to determine the overall risk to the child and take appropriate action to ensure the child's safety.

CA/N assessments may increase the risk to the child and other family members when domestic violence is present. It is important to consider how the assessment process will affect the safety of all involved and take action as outlined in this chapter.

Child Care Workers Assessment Review Process

It is important to document through a thorough assessment the place of employment of all alleged perpetrators. If it is determined the allegations will be substantiated on a person who asserts that he or she is employed through the education system or as a Child Care Worker, the assessment should go through the Child Care Workers Assessment Review Process regardless of whether or not the substantiated incident occurred in the course of the individual's employment. See policy [2.3 Child Care Worker Assessment Review Process](#) for additional information.

Child Care Worker

DCS defines "child care worker" as a person who has or will have direct contact with children, as an employee, but not an owner and/or operator of:

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

Contacting LEA

DCS is required to contact LEA on all reports that require a two (2) hour response time. LEA may be contacted for other reports as needed. Each DCS local office must develop Inter-Agency Agreements with their local LEA to outline procedures on the handling of new CA/N intake reports.

Homeless Unaccompanied Minors

Exigent circumstances exist when assessing a report of a homeless unaccompanied minor receiving shelter without the presence or consent of a parent, guardian, or custodian. The parent, guardian, or custodian of the child must be notified within **48 hours** of DCS receiving the report, and no later than **72 hours** of the child entering the shelter. DCS must notify the parent,


guardian or custodian that the child is in a shelter and has been interviewed by DCS. If DCS has reason to believe the child is a victim of CA/N, DCS may not notify the parent, guardian, or custodian as to the specific shelter or facility the child has entered. If DCS determines the child is unsafe and the coercive intervention of the court is needed, refer to policy [4.28 Removals from Parents, Guardians, and Custodians](#) for procedures to follow.

Alleged Father

An alleged father is a person who has asserted or claims to be the father of a child, or the person who the mother identifies as the father but has not been adjudicated as the father through a paternity action filed in court having jurisdiction.

Noncustodial Parent

A noncustodial parent is a mother, father, or alleged father (biological or adoptive) who does not have legal or primary physical custody of the child.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: January 1, 2012
	Section 04: Required Interviews	Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct the following required interviews during **all** Child Abuse and/or Neglect (CA/N) assessments:

1. The alleged child victim;
2. All other children living in the home and any children not living in the home who were present at the time of the alleged incident;
3. The parent, guardian, or custodian;
4. The alleged perpetrator;

Exception: DCS will not interview the alleged perpetrator when certain conditions apply. See policy [4.11 Interviewing the Alleged Perpetrator](#) for additional information.

5. The reporting source (unless the reporting source is anonymous);
6. Identified witnesses; and
7. Professionals believed to have first-hand knowledge that relates to the allegation(s), if such professionals are accessible.

Note: Contact vs. Interview

A contact can be any communication or an in-person observation. An interview occurs when a person is individually questioned about the allegations of a CA/N report not in the presence of family members or witnesses. A contact is not always considered an interview.

A contact includes but is not limited to:

1. Face-to-Face home, other office;
2. Telephone;
3. Fax;
4. Email;
5. Voice Mail; and/or;
6. Correspondence.

DCS will interview the non-custodial parent regarding the CA/N assessment or document in the case management why the contact or interview with that person could not be made.

DCS will conduct or arrange an individual face-to-face interview with the alleged child victim(s), all other children living in the home, and any children not living in the home who were present at the time of the alleged incident regardless of the allegation(s). For children who are too young or unable to communicate, an interview will consist of face-to-face interaction with the child at a level that is appropriate given the child's developmental status.

DCS will conduct any additional interviews necessary to gain adequate information from which to draw conclusions about the validity of the allegation(s).

Note: Legitimate exceptions to this policy are discussed in the individual policies for each interview type (i.e., [4.11 Interviewing the Alleged Perpetrator](#)) as well as in the policy [4.07 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 policy [4.09 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 policy [4.10 Interviewing the Parent, Guardian or Custodian](#);
4. An **in-person** interview with the **alleged perpetrator**. See 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 case management 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 case management 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 child may identify with the alleged domestic violence offender and may disclose contents of the interview), the interview with the child(ren) may be postponed. This will occur only in very rare instances and the FCM 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 POLICY	
	Chapter 4: Assessment	Effective Date: November 1, 2021
	Section 05: Consent to Interview Child	Version: 5

POLICY OVERVIEW

Securing consent from the parent, guardian, or custodian to interview the child prior to the interview is a necessary step in a Child Abuse and/or Neglect (CA/N) assessment, unless exigent circumstances exist.

PROCEDURE

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 CA/N;
2. An alleged child perpetrator; or
3. A potential witness or collateral contact.

Consent to interview the child must be obtained from a parent or legal guardian.

Note: When the parents have joint legal custody of the child and either parent says “no”, it is inappropriate to seek permission from the other parent and DCS must either seek a court order for the interview or must determine that exigent circumstances exist to interview the child without parental consent.

Exceptions to the rule requiring consent of the child’s parent, guardian, or custodian prior to interviewing the child include:

1. Exigent circumstances override the necessity of consent due to concerns for the alleged child victim’s safety and well-being (see policy 4.06 Exigent Circumstances for Interviewing Alleged Child Victims);

Note: Exigent circumstances may exist when the child is admitted to a residential treatment facility **and** the alleged perpetrator is an employee or resident of that facility. If the perpetrator is someone other than an employee or resident of the facility, consent of the parent, guardian, or custodian is required.

2. A reasonable number of attempts were made to locate and contact the parent, guardian, or custodian resulting in no contact being made;

Note: The number of reasonable attempts will vary depending on the urgency of the assessment. In general, the Family Case Manager (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 policy 5.23 Diligent Search for Relatives/Kin and Case Participants for additional guidance.

3. The child is under the care and custody of DCS and parental rights have been terminated; or

Note: For consent to interview a child under the care and custody of DCS when parental rights have been terminated, the assessing FCM will seek permission from the permanency FCM assigned to the child.

4. The child is committed to a Department of Corrections (DOC) facility.

Note: For a child who has been committed to a DOC facility, consent to interview is required from the DOC facility superintendent and from a parent, guardian, or custodian. If consent is not obtained from both, DCS must request a court order to interview a child in a DOC facility.

The FCM will:

1. Consider whether exigent circumstances exist. Refer to policy 4.06 Exigent Circumstances for Interviewing Alleged Child Victims for guidance and follow all procedures contained in the policy if exigent circumstances exist;
2. Determine who must give consent to interview if exigent circumstances do not exist;

Note: In certain circumstances, DCS will seek consent from individuals other than the child's parent, guardian, or custodian prior to the interview.

3. Make a reasonable number of attempts to contact the person who must give consent;
4. Complete the following if unable to make contact with the required parties after a reasonable number of attempts:
 - a. Document all attempts in the case management system,
 - b. Proceed with the child interview without consent, and
 - c. Complete procedural step #9 below.
5. Ask for consent to interview, if contact is made with the required parties, after explaining the following:
 - a. The interview is part of a DCS CA/N assessment,
 - b. The interview must take place to ensure the child's safety,
 - c. The CA/N allegations 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 policy 2.06 Sharing Confidential Information for additional guidance.

Note: The parent, guardian, or custodian has the right to know the information gained during the interview.

6. Ask that the required parties sign the Consent of Parent, Guardian or Custodian to Interview Child(ren) and proceed with the child interview if consent is given. Verbal consent should be used as a last resort. For verbal consent, the FCM should:
 - a. Put the parent, guardian, or custodian on speakerphone,
 - b. Have an individual (e.g., DCS employee, law enforcement agency [LEA], or a school/mental health/medical professional) serve as a witness, and
 - c. Follow-up by obtaining the parent, guardian, or custodian's signature on the Consent of Parent, Guardian, or Custodian to Interview Child(ren) form as soon as possible.

7. Follow all procedural steps in policy 4.08 Entry Into Home or Facility;
8. Coordinate with the DCS Staff Attorney to petition a court for the child to be interviewed, either with or without the custodial parent, guardian, or custodian being present, if consent is not obtained and/or the parent, guardian, or custodian places constraints upon the interview process (e.g., "saying the child may only be interviewed in the parent's presence) in which the FCM finds unacceptable, and no exigent circumstances exist;
9. Provide the Notice of Parent, Guardian, or Custodian to Interview the Child form to the parent, guardian, or custodian or the Facility Administrator, if applicable, as soon as possible, but no later than the same day of the interview, in any case where consent was not requested and the child interview proceeded due to exigent circumstances;
10. Notify the appropriate Licensed Child Placing Agency (LCPA), permanency FCM, and/or Probation Officer of the interview, if applicable; and
11. Ensure all actions taken and documents are entered in the case management system. This includes the parent's consent and any constraints the parent, guardian, or custodian places on the interview and whether the constraints were accommodated.

The FCM Supervisor will assist the FCM as needed and ensure information is documented in the case management system.

The DCS Staff Attorney will file a petition with the court to interview a child if consent is not given and/or the parent, guardian, or custodian places constraints upon the interview process.

RELEVANT INFORMATION

Definitions

Contact

A contact may be any communication or an in-person observation. A contact is not always considered an interview. A contact includes, but is not limited to, the following modes of communication:

1. Face-to-Face in the home, office, or other location;
2. Telephone;
3. Fax;
4. Email;
5. Voicemail; or
6. Correspondence.

Exigent Circumstances

Exigent circumstances exist when:

1. DCS has definite and explainable evidence giving rise to a reasonable suspicion that the child or any child residing in the home with the child has been or is in imminent danger of being physically abused, sexually abused, or is being neglected such that the child's physical safety is seriously endangered;
2. There is no less intrusive alternative to the department's action that would reasonably and sufficiently protect the child's imminent health or safety; and
3. One (1) or more of the following applies:
 - a. The parent, guardian, or custodian of the child is the alleged perpetrator of the abuse or neglect of the child; or is allegedly aware of the abuse or neglect of the child and has allegedly not ensured the child's safety.

- b. There is reason to believe that the safety of the child might be jeopardized; or essential evidence regarding signs or symptoms of abuse or neglect on or in the child's body might not be available; if the department's action is delayed or the child's parent, guardian, or custodian is notified before the department's action.
- c. The child is a homeless unaccompanied minor and is voluntarily receiving services at an emergency shelter or shelter care facility without the presence or consent of the child's parent, guardian, or custodian.

Note: An allegation of educational neglect, with no additional allegations, does not qualify as an exigent circumstance.

Interview

For the purposes of a DCS assessment, an interview occurs when a person is individually questioned about the allegations of a CA/N report.

Forms and Tools


- [Consent of Parent, Guardian, or Custodian to Interview Children \(SF 52013\)](#) (English version)
- [Consent of Parent, Guardian, or Custodian to Interview Children \(SF 54252\)](#) (Spanish version)
- [Notice to Parent, Guardian or Custodian of Interview with Child \(SF 53130\)](#)

Related Policies

- [2.06 Sharing Confidential Information](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.08 Entry Into Home or Facility](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)

LEGAL REFERENCES

- [IC 5-26.5-1-3: Domestic violence](#)
- [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](#)
- [IC 31-9-2-44.1: Exigent circumstances](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2021
	Section 06: Exigent Circumstances for Interviewing Alleged Child Victims	Version: 3

POLICY OVERVIEW

Determining if exigent circumstances exist prior to interviewing an alleged child victim is an essential step in the assessment process to ensure the safety, well-being, and due process of the child. If seeking parent, guardian, or custodian permission prior to interviewing the child would further endanger the child, exigent circumstances may exist.

PROCEDURE

The Indiana Department of Child Services (DCS) should evaluate every Preliminary Report of Alleged Child Abuse or Neglect (310) on its own merit to determine if exigent circumstances exist. This requires the application of critical thinking skills to assess the current safety factors and the potential risk of future harm to the child.

Exigent circumstances exist when:

1. The department has definite and explainable evidence giving rise to a reasonable suspicion that the child or any child residing in the home with the child has been or is in imminent danger of being physically abused, sexually abused, or is being neglected such that the child’s physical safety is seriously endangered.
2. There is no less intrusive alternative to the department’s action that would reasonably and sufficiently protect the child’s imminent health or safety; and
3. One (1) or more of the following applies:
 - a. The parent, guardian, or custodian of the child is the alleged perpetrator of the abuse or neglect of the child; or is allegedly aware of the abuse or neglect of the child and has allegedly not ensured the child’s safety.
 - b. There is reason to believe that the safety of the child might be jeopardized; or essential evidence regarding signs or symptoms of abuse or neglect on or in the child’s body might not be available; if the department’s action is delayed or the child’s parent, guardian, or custodian is notified before the department’s action.
 - c. The child is a homeless unaccompanied minor and is voluntarily receiving services at an emergency shelter or shelter care facility without the presence or consent of the child’s parent, guardian, or custodian.

Note: An allegation of educational neglect, with no additional allegations, does not qualify as an exigent circumstance.

The Family Case Manager (FCM) will:

1. Determine if exigent circumstances exist based on the FCM’s best judgment and assessment of all information available at the time;

Note: Supervisory approval is not required to validate the decision made by the FCM regarding whether exigent circumstances are present. However, the FCM should

discuss the assessment with an FCM Supervisor if the FCM is unclear whether the safety and well-being of the child may be compromised by seeking consent prior to interviewing the child.

2. Proceed with interviewing the child without consent from the parent, guardian, or custodian if the FCM has determined exigent circumstance exist;

Note: In order to interview the child at the child's school, the FCM must present the following, upon arrival at the school (per Indiana code, this also allows for the FCM to interview the child alone):

- a. The FCM's credentials as a DCS employee (i.e., DCS badge), and
- b. A written statement (this could be an email or a handwritten statement which the FCM sends or writes while in the school) that states **"DCS has parental consent or a court order, or exigent circumstances exist as defined by IC 31-9-2-44.1 to interview (insert child's name)."**

Note: The written statement shall not disclose any allegations or evidence and must protect the confidentiality of the child and the child's family.

3. Notify the parent, guardian, or custodian as soon as possible after the interview, but no later than the same day on which the interview occurred;
4. Follow all procedures in policy 4.05 Consent to Interview Child if the FCM has determined exigent circumstances do not exist; and
5. Document in the case management system if exigent circumstances exist, including the written statement provided to the child's school (if the interview occurs at the child's school), and the rationale for the decision.

The FCM Supervisor will:

1. Discuss the assessment details with the FCM if the FCM is unsure if exigent circumstances exist; and
2. Ensure all actions taken, including any deviation from best practice, are documented in the case management system.

LEGAL REFERENCES

- [IC 31-9-2-44.1: Exigent circumstances](#)
- [IC 31-33-8-7: 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](#)
- [IC 31-36-3-3: Homeless children](#)

RELEVANT INFORMATION

Definitions

Exigent Circumstances

Exigent circumstances exist when:

1. DCS has definite and explainable evidence giving rise to a reasonable suspicion that the child or any child residing in the home with the child has been or is in imminent danger of being physically abused, sexually abused, or is being neglected such that the child's physical safety is seriously endangered;

2. There is no less intrusive alternative to the department's action that would reasonably and sufficiently protect the child's imminent health or safety; and
3. One (1) or more of the following applies:
 - a. The parent, guardian, or custodian of the child is the alleged perpetrator of the abuse or neglect of the child; or is allegedly aware of the abuse or neglect of the child and has allegedly not ensured the child's safety.
 - b. There is reason to believe that the safety of the child might be jeopardized; or essential evidence regarding signs or symptoms of abuse or neglect on or in the child's body might not be available; if the department's action is delayed or the child's parent, guardian, or custodian is notified before the department's action.
 - c. The child is a homeless unaccompanied minor and is voluntarily receiving services at an emergency shelter or shelter care facility without the presence or consent of the child's parent, guardian, or custodian.


Note: An allegation of educational neglect, with no additional allegations, does not qualify as an exigent circumstance.

Forms and Tools

- [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#)

Related Policies

- [4.05 Consent to Interview Child](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2021
	Section 08: Entry into Home or Facility	Version: 3

POLICY OVERVIEW

During an assessment of Child Abuse and/or Neglect (CA/N), the Indiana Department of Child Services (DCS) may make in-person contact with a child in the child’s home or a facility. Procedural steps must be followed by DCS in order to enter the home or facility and make in-person contact with the child to ensure the child’s safety and well-being.

PROCEDURE

DCS must seek permission prior to entering a home or facility for the purpose of making in-person contact with a child.

Exception: DCS may only enter the home without permission when accompanied by a Law Enforcement Agency (LEA).

Prior to entering a home or facility, the Family Case Manager (FCM) will:

1. Follow all procedural steps outlined in policies 4.05 Consent to Interview Child and 4.06 Exigent Circumstances for Interviewing Alleged Child Victims;

Note: Permission to enter a home or facility does not constitute as consent to interview the child.

2. 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;
3. Ask to speak to an adult in the house (or facility personnel);
4. Introduce themselves and show official DCS identification;
5. Explain the purpose of the visit without revealing any confidential information about the Child Abuse and/or Neglect (CA/N) assessment; and
6. Seek permission to enter the home or follow visitor check-in procedures if entering a facility.

Note: Permission to enter a home must be given by an adult living in the home. Children under the age of 18 years cannot give permission to enter the home. If one (1) adult who lives in the home gives permission to enter, and a second adult who lives in the home objects, DCS will not enter the home and will instead seek a court order.

Upon entering a home or facility, the FCM will:

1. Exit the home immediately and without alarming the persons inside if at any time there is suspicion the home may contain a contaminating controlled substance. See Indiana Drug Endangered Child (DEC) Response Protocol; and/or

2. Discontinue the assessment if at any point the FCM becomes concerned for their safety (e.g., persons in the home become hostile or threatening or there are other dangerous conditions in the home).

Note: The FCM must seek supervisory input to make alternate arrangements to complete the necessary interview(s) and/or home conditions assessment.

3. Check in to the facility, 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 a facility.

Note: In order to interview the child at the child's school, except a nonaccredited nonpublic school that has less than one (1) employee, the FCM must present the following, upon arrival at the school (per Indiana code, this also allows for the FCM to interview the child alone):

- a. The FCM's credentials as a DCS employee (i.e., DCS badge); and
- b. A written statement (this could be an email or a handwritten statement which the FCM sends or writes while in the school) that states: **"DCS has parental consent or a court order, or exigent circumstances exist as defined by IC 31-9-2-44.1 to interview {insert child's name}."**

Note: The written statement shall not disclose any allegations or evidence and must protect the confidentiality of the child and the child's family.

4. Document permission given to enter the home or facility and by whom in the case management system.

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 (i.e., DSC local office or Licensed Child Placing Agency [LCPA]) if denied entry to a licensed foster home; and

Note: DCS reserves the right to revoke a foster home license if denied access to a foster home.

4. Document the request was denied and who denied the request in the case management system.

LEGAL REFERENCES

- [IC 31-33-8-7: Scope of Investigation; order for access to home, school or other place](#)
- [IC 31-9-2-44.1: Exigent Circumstances](#)

RELEVANT INFORMATION

Definitions

Facility

For the purpose of this policy, “facility” refers to a facility or institution, including, but not limited to a:

1. School;
2. Child care center;
3. Registered childcare ministry;
4. Group home;
5. Inpatient (residential) treatment center;
6. Hospital;
7. Emergency shelter;
8. Shelter care facility;
9. Juvenile detention center; and
10. Indiana Department of Corrections (DOC) facility.

Home


For the purpose of this policy, “home” refers to a home, foster home, relative/kinship home, or licensed child care home.

Forms and Tools

- [Indiana Drug Endangered Children \(DEC\) Response Protocol](#)

Related Policies

- [4.05 Consent to Interview Child](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: October 1, 2021
	Section 09: Interviewing Children	Version: 8

POLICY OVERVIEW

A timely, thorough, and thoughtful response to child safety concerns is critical in effectively protecting children. This response includes interviewing children in order to complete a thorough assessment of all reports of alleged Child Abuse and/or Neglect (CA/N). The interview provides the child with an opportunity to provide information regarding CA/N, which may assist in reaching an appropriate assessment finding.

PROCEDURE

The Indiana Department of Child Services (DCS) will conduct or arrange an individual face-to-face interview with:

1. The alleged child victim;
2. All other children living in the home (including children who live in the home part-time due to a custody arrangement or who have visitation in the home); and
3. Any child not living in the home who were present at the time of the alleged incident, regardless of the allegation.

Note: For a child who is 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.

A trained forensic interviewer may conduct the interview if the child is an alleged victim of sexual abuse, severe physical abuse, human trafficking, or other circumstances that could lead to criminal charges being filed; however, DCS will be present during the interview. This interview may be conducted at a Child Advocacy Center (CAC).

The Family Case Manager (FCM) will:

1. Inquire about the household composition and identify all children who require a face-to-face interview, including children who live in the home part-time or have visitation in the home. If the child is not listed as a victim, the child should be interviewed as a witness;
2. Contact the appropriate Law Enforcement Agency (LEA) to plan for a joint assessment if allegations of domestic violence (DV), sexual abuse, human trafficking, or other allegations of a criminal nature are reported. DCS will conduct an additional interview if DCS is unable to assess the child’s safety and well-being during the joint LEA interview. For more information, see policy 4.29 Joint Assessments;

Note: See policy 2.21 Human Trafficking for additional information regarding agencies to contact in cases of alleged human trafficking and additional steps to be taken during the assessment.

3. Notify the child's parent, guardian, or custodian of the allegations listed on the Preliminary Report of Alleged Child Abuse or Neglect (310);

Note: If a child who lives in the home part-time or has visitation in the home is listed as a victim, the child's custodial parent shall also be advised of the allegations listed on the 310.

4. Obtain consent from a parent, guardian, or custodian prior to interviewing any child. See policy 4.05 Consent to Interview Child for additional information;

Note: If it is determined exigent circumstances exist and consent from a parent, guardian, or custodian will not be obtained prior to the interview, procedural steps outlined in policy 4.06 Exigent Circumstances for Interviewing Alleged Child Victims must be completed.

5. Staff the assessment with an FCM Supervisor and consider all relevant factors to determine when to video/audio tape the interview with the alleged victim. The FCM should explain to the child, to the extent possible, if a decision has been made to record the interview;

Note: Video/audio taping should be utilized in situations when allegations of sexual abuse, severe physical abuse, human trafficking, or other unique cases could lead to criminal charges being filed.

6. Schedule the interview with the child. See Relevant Information for additional information regarding a contact versus an interview;
7. Conduct the interview in a non-threatening and neutral location and/or setting (e.g., CAC or child's school) that provides privacy for the child, so the child may feel safe;
8. Honor a parent, guardian, or custodian's request to be present during the interview **if** the parent, guardian, or custodian's presence will not impede or influence the child's responses during the interview;

Note: The interview should never be conducted in the presence of, or within hearing distance of, the alleged perpetrator. In cases of suspected human trafficking, the child's parent, guardian, or custodian may be the child's trafficker or the trafficker may be dishonest and report being the child's parent, guardian, or custodian. In cases of suspected human trafficking, see policy 2.21 Human Trafficking for further guidance.

9. Develop rapport with the child and explain at the beginning of the interview what will happen with the information obtained during the interview and with whom the information will be shared;
10. Contact LEA if at any time during the interview there is an indication the child may be a perpetrator of a criminal offense or delinquent act. Any additional questioning of the child without the participation of LEA will be limited to the concerns that do not implicate the child as a possible perpetrator. See policy 4.11 Interviewing the Alleged Perpetrator for additional steps to follow regarding interviewing a child who is an alleged perpetrator;
11. Engage the child in the development of the Safety Plan if age and developmentally appropriate. For additional information, see policy 4.19 Safety Planning; and
12. Document all contacts, the child's interview, and the impact CA/N has had on the child in the case management system within three (3) business days.

The FCM Supervisor will:

1. Assist the FCM throughout the interview process through regular staffing and clinical supervision; and
2. Ensure information is entered timely in the case management system.

LEGAL REFERENCES

- [IC 31-34-13: Child videotape testimony in child in need of services proceedings](#)
- [IC 5-26.5-1-3: "Domestic violence"](#)
- [IC 34-6-2-34.5: "Domestic or family violence"](#)
- [IC 35-42-3.5: Human Trafficking](#)

RELEVANT INFORMATION

Definitions

Child Advocacy Center (CAC)

A CAC is a neutral, safe, and child appropriate location where multi-disciplinary teams assess disclosures of child sexual abuse, severe physical abuse, human trafficking, and other unique cases of CA/N.

Clinical Supervision

Clinical supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Contact

A contact is any communication or an in-person observation. A contact includes, but is not limited to:

1. Face-to-face communication in the home, office, or other location;
2. Use of virtual technology;
3. Telephone call;
4. Fax;
5. Email;
6. Voice Mail; and
7. Correspondence.

Interview

An interview is a contact that occurs when a person is individually questioned about the allegations of a CA/N report not in the presence of family members or witnesses.


Forms and Tools

- [Safety Plan \(SF 53243\)](#)
- Indiana Human Trafficking Screening Tool - Available in the case management system
- [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#)

Related Policies

- [2.21 Human Trafficking](#)
- [4.05 Consent to Interview Child](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)

- [4.11 Interviewing the Alleged Perpetrator](#)
- [4.19 Safety Planning](#)
- [4.29 Joint Assessments](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: March 1, 2021
	Section 10: Interviewing the Parent, Guardian, or Custodian	Version: 5

POLICY OVERVIEW

One of the primary elements of a Child Abuse and/or Neglect (CA/N) assessment is interviewing. The purpose of the interview is to inform of the assessment, gather information needed to complete the assessment, and make a finding of CA/N.

PROCEDURE

The Indiana Department of Child Services (DCS) is required to conduct a face-to-face interview with the parent(s), guardian(s), or custodian(s) of an alleged victim of CA/N, unless one (1) or both cannot be located or refuse an interview. The interview will take place on the same day as the interview with the alleged child victim, unless not possible, and in a private place where there will be no interruptions.

If the parent, guardian, or custodian is the alleged perpetrator, the Family Case Manager (FCM) will follow all procedures outlined in policy 4.11 Interviewing the Alleged Perpetrator. Additionally, if more than one (1) parent, guardian, or custodian is being interviewed and the individual is identified as an alleged perpetrator, the interviews should be conducted separately. The FCM should attempt to locate and interview each non-custodial parent. See policy 5.04 Noncustodial Parents for additional information.

If the parent, guardian, or custodian is **not** the alleged perpetrator, the FCM will:

1. Determine if there are any barriers to communication with the parent, guardian, or custodian and take necessary action to make appropriate, reasonable accommodations;
2. Secure identifying information and request the individual's social security number (SSN);

Note: The FCM cannot legally demand and/or require the disclosure of the parent, guardian, or custodian's SSN.

3. State the reason for the interview, including each allegation and the potential outcomes (e.g., substantiation or unsubstantiation of the assessment);
4. Allow the parent, guardian, or custodian to respond to each allegation and to provide his or her side of the story;
5. Focus the interview on the safety of the child;

Note: For any questions regarding custody or custodial arrangements, contact the DCS Staff Attorney.

6. Look for and ask questions regarding any indications of CA/N;

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 (DV), keeping the safety of all parties in mind when completing the interview, and provide the parent with information about available community resources, as appropriate;
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 report;
10. Discuss any stress factors that may be present;
11. Use reflective listening skills during the interview with the parent, guardian, or custodian to ensure a shared understanding;
12. Explain that the assessment is not complete, and explain what will happen next, and how they will be informed of results of the assessment;
13. Introduce the Child and Family Team (CFT) Meeting process and encourage the parent, guardian, or custodian to consider utilizing this method of practice to develop plans to address child safety and problem solve concerns or issues as they are identified. Explain that the process may serve to reinforce the child and/or family's strengths, assist in identifying informal supports, and develop plans to address child and/or family needs;
14. Ask the parent, guardian, or custodian to sign any appropriate release of information forms and document the outcome in the case management system; and
15. Provide each parent, guardian, custodian, including an alleged father and any known non-custodial parent, and alleged perpetrator with a copy of the Notice of Availability of Completed Report and Information and document in the Assessment of Alleged Child Abuse or Neglect Report (311). If the parent is a minor, provide the notice to the minor parent and the minor parent's parent, guardian, or custodian. If the alleged perpetrator is a child, provide the notice to the alleged child perpetrator's parent, guardian, or custodian.

Note: In assessments that involve alleged DV, the non-offending parent should never be given the responsibility of providing the Notice of Availability of Completed Reports and Information to the alleged DV offender; this includes sending the Notice of Availability of Completed Reports and Information in the mail or leaving it at the house with the non-offending parent; rather, the FCM should deliver this notice to the alleged DV offender in person if the parties reside together.

For interviews conducted with the non-offending parent in a relationship where DV is alleged, the FCM will provide information about available community resources, follow all procedures above, and will:

1. Never ask the non-offending parent about DV in the presence of the alleged DV offender;
2. Assure the non-offending parent that they are concerned about their safety and the safety of the child. DCS will not confront the alleged DV 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 DV;
4. Explain that the child may experience immediate and long-term harm from exposure to DV and document this discussion in the case management system;
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.

LEGAL REFERENCES

- [IC 31-33-8-7: Requirements for assessment](#)
- [IC 31-33-18-4: Notice to parent, guardian, or custodian of availability of reports, information, and juvenile court records; release form; copying costs](#)
- [IC 34-6-2-34.5: "Domestic or family violence"](#)
- [31-9-2-88: "Parent"](#)

RELEVANT INFORMATION

Definitions

Alleged Father

An alleged father is any man claiming to be or charged with being a child's biological father who has not yet been established as the child's legal father.

Non-custodial Parent

A non-custodial parent is a person who does not have physical custody of the child.

Parent


A parent, as defined by 31-9-2-88, is a biological or an adoptive parent. The term refers to both parents, regardless of the marital status. A parent includes an alleged father.

Forms and Tools

- [Notice of Availability of Completed Reports and Information \(SF 48201\)](#) (English version)
- [Notice of Availability of Completed Reports and Information \(SF 51886\)](#) (Spanish version)
- [Assessment of Alleged Child Abuse or Neglect Report \(311\) \(SF 113\)](#)

Related Policies

- [4.11 Interviewing the Alleged Perpetrator](#)
- [5.04 Noncustodial Parent](#)
- [5.07 Child and Family Team Meetings](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: June 1, 2015
	Section 11: Interviewing the Alleged Perpetrator	Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a face-to-face interview with the alleged perpetrator of Child Abuse and/or Neglect (CA/N) unless:

1. An attorney representing the alleged perpetrator informs DCS that his or her client will not participate in an interview;
2. The alleged perpetrator's identity is unknown or he or she cannot be located;
3. The alleged perpetrator is a **child and** the parent, guardian, or custodian does not give consent to an interview; or
4. The alleged perpetrator has already been interviewed by Law Enforcement Agency (LEA) regarding the same allegations and DCS is able to obtain a copy of the written report, transcript and/or recording of the interview.

If the alleged domestic violence offender is not the alleged perpetrator of CA/N, he or she must still be interviewed. The purpose of this interview is to thoroughly assess the safety of the child(ren).

DCS will immediately discontinue an interview if an alleged perpetrator requests an attorney.

If the alleged perpetrator is a child, DCS will seek a joint interview with LEA. DCS will not interview an alleged child perpetrator without LEA present unless LEA declines or is unavailable for participation. DCS will obtain consent to interview all alleged child perpetrators by completing the [Consent of Parent, Guardian, or Custodian to Interview Child\(ren\) \(SF 52013\)](#). DCS (staff including the Local Office Attorney) is not authorized to waive any rights of an alleged perpetrator child/youth (Including a child/youth adjudicated a Child In Need of Services (CHINS)) who is subject to a DCS assessment of allegations regarding CA/N or criminal investigation.

DCS will coordinate with LEA when conducting interviews with alleged perpetrators who are in police custody or under investigation. If DCS is unable to coordinate a joint interview within the 30 day assessment timeframe, DCS should be mindful of LEA's role and should make LEA aware that DCS must proceed in accordance with the safety of the child with efforts to interview the alleged perpetrator so that LEA can plan accordingly. These situations should be staffed and documented with a Family Case Manager (FCM) Supervisor.

Code References

N/A

PROCEDURE

To maintain worker safety during an interview with the alleged perpetrator, the FCM will:

1. Plan for the FCMs own safety prior to and during the interview.
2. Consider conducting the interview in a place where others are present (DCS local office, neutral location or consult with Supervisor for additional suggestions);
3. Consider completing a joint assessment with LEA if the FCM has assessed that the situation could be unsafe. See [Practice Guidance](#) for additional information regarding interviewing alleged perpetrators.

In all assessments being completed jointly with LEA, the FCM will coordinate a joint interview with the alleged perpetrator. If a joint interview is not possible within the 30 day assessment timeframe, DCS should be mindful of LEA's role and should make LEA aware that DCS must proceed in accordance with the safety of the child with efforts to interview the alleged perpetrator so that LEA can plan accordingly. These situations should be staffed and documented with an FCM Supervisor.

In domestic violence assessments, prior to making face-to-face contact with the alleged perpetrator, the FCM) will inform the non-offending parent of the time and location of the interview with the alleged domestic violence offender, if possible.

In all assessments, prior to starting the interview the FCM will:

1. Obtain consent to interview all alleged child perpetrators by completing the [Consent of Parent, Guardian, or Custodian to Interview Child\(ren\) \(SF 52013\)](#);

Note: If the child's parent, guardian, or custodian is unable to be located by utilizing diligent search, DCS must request the Court to name a guardian for the child. See policy, 4.0 Diligent Search for additional information.

In Institutional Child Protection Unit (ICPS) assessments written electronic consent (i.e., text fax scan or email) is acceptable. If consent is received electronically, the [Consent of Parent, Guardian, or Custodian to Interview Child\(ren\) \(SF 52013\)](#) should be mailed to the parent, guardian or custodian for signature.

2. Secure identifying information and request the individual's Social Security number (SSN);
3. State the reason for the interview;
4. Explain that it is in the best interest of the alleged child victim's safety and well-being that the alleged perpetrator cooperates and completes an interview;
5. Inform the alleged perpetrator that any information he or she shares during the interview may be released to LEA, the Prosecutor, and/or other sources. If the alleged perpetrator is a child and the FCM is not reasonably assured that the child understands this statement, the FCM will make every effort to have the child's parent, guardian, or custodian present before starting the interview; and
6. Assure that the alleged perpetrator understands that he or she is free to end the interview at any time.

If the alleged perpetrator refuses the interview, the FCM will:

1. Explain that if the FCM cannot verify that the child is safe by completing the interview, the child may have to be removed if the alleged perpetrator is a parent, guardian, or custodian;
2. Explain that the CA/N assessment will move forward regardless of the alleged perpetrator's participation in an interview; and

3. Follow-up at a later 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 to end the interview, requests an attorney or if LEA indicates that the interview should be halted;

Note: Contact the Local Office Attorney if this impedes the completion of your assessment.

2. Engage the alleged perpetrator in an assessment that is respectful and structured;
3. Ask questions to establish the type of relationship the alleged perpetrator has with the alleged victim;
4. Refrain from disclosing any information provided by the non-offending parent or child(ren) during the interview. Refer only to information provided from 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 where they reside and with whom;
11. Ask questions to determine the level and type of access the alleged perpetrator has to the alleged child victim or other children;
12. Review with the alleged perpetrator what has been discussed to confirm comprehension;
13. Explain that the assessment is not completed, what will happen next, and how he or she will be informed of results of the assessment;
14. Verbally inform and provide the alleged perpetrator with a copy of the form, [Notice of Availability of Completed Reports and Information \(SF 48201\)](#) and document in the [Assessment of Alleged Child Abuse or Neglect Report \(311\) \(SF 113\)](#). If the alleged perpetrator is a child, provide a copy to his or her parent, guardian or custodian.
15. Inform the alleged perpetrator that he or she will be notified in writing of the right to a review of the facts of the assessment prior to an assessment finding if the alleged perpetrator is a child care worker. See 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 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 policy, [2.1 Requests for Administrative Review](#) and if the alleged perpetrator is a child care worker see policy [2.3 Child Care Workers Assessment Review Process](#).

¹ Within the timeframe required to complete a timely investigation.

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

After the interview, the FCM will:

1. Enter interview notes electronically into the case management system; and
2. Document into the case management system the reasons why a face-to-face interview with an alleged perpetrator did not occur or ended prematurely, if applicable.

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

1. Conduct the assessment following all policy as for any other alleged perpetrator;
2. Inform the alleged employee perpetrator that he or she must notify his or her DCS Local Office Director or work Unit Manager within one (1) business day of learning of the assessment;
3. Notify the alleged employee perpetrator's Regional Manager within one (1) business day of learning of the assessment if the alleged employee perpetrator works in a DCS Local Office;
4. Notify the DCS Human Resources Office within one (1) business day of learning of the assessment if the alleged employee perpetrator works in Central Office; and
5. Inform the alleged employee perpetrator that an Administrative Review of the assessment will be required if the assessment is substantiated.

See policy, 2.4 Assessment and Review of DCS Staff Alleged Perpetrators.

PRACTICE GUIDANCE

Successful Interviews with the Alleged Perpetrator

When engaging the alleged perpetrator, it is important to attempt to engage around a "mutual concern" for the safety and well-being of the child. Do not assume that there is a lack of concern on the part of the alleged perpetrator. Establishing a non-adversarial tone will be most effective in gathering accurate information in a timely fashion.

Note: In assessments where domestic violence is alleged, the purpose of interviews with the alleged domestic violence offender is to discuss how to ensure the safety of the child(ren) not to get them to admit to the domestic violence.

Anticipate denial, minimizing, rationalization, and blaming someone or something else. Challenge the denial with observations and facts, do not "challenge" the individual. Point out statements and/or observations that are inconsistent with the explanation. Ask the alleged perpetrator to describe his or her perspective and the identified inconsistency. The FCM's tone should remain neutral and fact-oriented throughout the interview.

Assess the quality of the alleged perpetrator's relationship with the child and other family members to determine the level of risk to the child. It is important to remember that some allegations are wrong. A child may be injured due to an accident. The perpetrator may be someone else. The alleged perpetrator may be responsible but did not intend the result. While lack of intent to harm does not mean that maltreatment did not occur, it may have a positive implication for safety and risk. The FCM's questions will elicit information that is useful both in determining whether maltreatment occurred and in assessing safety and risk.

Child Care Workers Assessment Review Process

It is important to document through a thorough assessment the place of employment for all alleged perpetrators. If it is determined that allegations will be substantiated on a person who asserts that they are employed through the education system or as a Child Care Worker, the

assessment should go through the Child Care Workers Assessment Review Process regardless of whether or not the substantiated incident occurred in the course of the individual's employment. Please see separate policy, [2.3 Child Care Workers Assessment Review Process](#).

Child Care Worker

DCS defines "child care worker" as a person who has or will have direct contact with children, as an employee, but not an owner and/or operator of:

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

Joint Interviews with LEA

Whether DCS or LEA will take the lead during a joint interview should be decided on a case-by-case basis and will depend upon factors that include, but are not limited to: the nature of the allegations; the probability of criminal charges; who has more experience and training; who has better rapport with the alleged perpetrator; etc. DCS will attempt to coordinate a joint interview with the alleged perpetrator if LEA is involved. If a joint interview is not possible within the 30 day assessment timeframe, DCS should be mindful of LEA's role and should make LEA aware that DCS must proceed in accordance with the safety of the child with efforts to interview the alleged perpetrator so that LEA can plan accordingly. These situations should be staffed and documented with an FCM Supervisor.

Alleged Perpetrator is the Parent, Guardian, or Custodian

The greater the degree of relatedness between the victim and the perpetrator, the greater the risk to the child, especially for emotional abuse. It is critical that the FCM remember the alleged perpetrator, in most cases, does care about the safety and well-being of the child. The alleged perpetrator does, however, have a substantial vested interest in convincing professionals and others, including family members, that the child is either lying, mistaken, fantasizing, or emotionally disturbed. This is because potential consequences for the alleged perpetrator are dire, including loss of his or her child, family, and possibly job.

FORMS AND TOOLS

1. [Notice of Availability of Completed Reports and Information \(SF 48201\)](#).
2. [Consent of Parent, Guardian, or Custodian to Interview Child\(ren\) \(SF 52013\)](#)
3. [Assessment of Alleged Child Abuse or Neglect Report \(311\) \(SF 113\)](#)


RELATED INFORMATION

Social Security Numbers (SSNs)

An FCM should request the SSN of the alleged perpetrator, but he or she cannot legally demand and/or require the disclosure of this information.

LEA Present for Alleged Child Perpetrator Interviews

When LEA is present, the alleged perpetrator rights may be explained by LEA.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: December 1, 2021
	Section 12: Courtesy Interviews Between DCS Local Offices	Version: 3

POLICY OVERVIEW
Information regarding out-of-state courtesy interviews may be found in policy 4.48 Professional Service Request (PSR).

A courtesy interview may occur between the Indiana Department of Child Services (DCS) local offices when:

1. There is excessive distance between the DCS local office and the family's home (i.e., travel of more than one [1] hour); and/or
2. There is a conflict of interest.

PROCEDURE

The DCS local office with jurisdiction over an Assessment of Alleged Child Abuse and/or Neglect (CA/N) is responsible for conducting the required interviews. Upon approval by the Local Office Director (LOD), it may be determined a DCS local office without jurisdiction would be more appropriate to conduct the required interviews.

Note: Courtesy assessments of home conditions should be handled on a case-by-case basis. It is beneficial for the assigned FCM in the DCS local office that has jurisdiction over the assessment to observe the home conditions in order to have first-hand knowledge about the conditions of the home. This is especially important if the FCM must later make recommendations to the court. See policy 4.13 Assessing Home Conditions for additional guidance.

The assessing FCM in the DCS local office that has jurisdiction over the assessment will:

1. Contact the FCM Supervisor if the FCM believes a courtesy interview is appropriate, explaining why a courtesy interview is the most efficient and effective method for conducting the interview; and
2. Document the decision in the case management system, upon determination by the LOD.

The assessing FCM Supervisor in the DCS local office that has jurisdiction over the assessment will:

1. Consult with the LOD to obtain approval for the courtesy interview; and
2. Notify the FCM of the LOD's decision.

The LOD that has jurisdiction over the assessment will approve or deny the courtesy interview request. If the LOD approves the courtesy interview request, the LOD will contact the LOD in the receiving county where the interview will take place, discuss the specific circumstances that make a courtesy interview desirable, and collectively make a determination.

Upon approval of the courtesy interview, the LOD in the receiving county where the interview will take place will:

1. Include the FCM Supervisor in the discussion to relay and document in the case management system the details of the assessment, including the allegations and information that is pertinent to the safety of the FCM who will conduct the courtesy interview; and
2. Discuss and agree upon a completion date for the requested interviews to be conducted and for the documentation to be mailed or otherwise submitted.

The FCM Supervisor in the receiving county where the interview will take place will:

1. Assign the courtesy interview to an FCM;
2. Ensure all requested interviews are completed by the agreed upon deadline; and
3. Ensure all notes and any audio and/or video recordings from the interview are provided to the requesting DCS local office within the agreed upon deadline and are also documented in the case management system.

Note: DCS will make every effort to use audio and/or video equipment to record the courtesy interview.

The FCM conducting the courtesy interview will:

1. Review policies 4.09 Interviewing Children, 4.10 Interviewing the Parent, Guardian, or Custodian and 4.11 Interviewing the Alleged Perpetrator for additional guidance prior to conducting the interview;
2. Explain to each person interviewed the county for which the interview is being completed and the FCM assigned to the assessment; and
3. Document all information in the case management system.

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions


- N/A

Forms and Tools

- N/A

Related Policies

- [4.09 Interviewing Children](#)
- [4.10 Interviewing the Parent, Guardian, or Custodian](#)
- [4.11 Interviewing the Alleged Perpetrator](#)
- [4.13 Assessing Home Conditions](#)
- [4.48 Professional Service Request](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: August 1, 2019
	Section 13: Assessing Home Conditions	Version: 6

STATEMENTS OF PURPOSE

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

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

At each visit, DCS will assess the home to determine if any conditions exist that support CA/N allegations and/or raise additional concerns about the safety and well-being of the alleged child victim or any other child living in the home. Visits to the home during an assessment may be announced or unannounced.

Note: See [Practice Guidance](#) for information regarding [safe sleep](#) and a list of indicators of domestic violence and human trafficking.

When a home assessment is necessary, but access is denied, DCS will seek a court order and assistance from a Law Enforcement Agency (LEA).

Code References

1. [IC 5-26.5-1-3: "Domestic violence"](#)
2. [IC 34-6-2-34.5: "Domestic or family violence"](#)
3. [IC 35-42-3.5: Human Trafficking](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Determine whether an announced or unannounced visit to the home should be conducted;
2. Consider any risks associated with visiting the home relating to the safety of the FCM and the child. If significant safety risks are identified, assistance from LEA should be requested;

Note: LEA is to be contacted in all assessments involving human trafficking.

3. Seek permission to enter the home from an adult living in the home. If permission is denied, seek a court order and assistance from LEA to gain entry. See policy [4.08 Entry into Home or Facility](#);
4. Exit the home immediately and without alarming the persons inside if at any time the FCM suspects the home may contain a contaminating controlled substance. See [Indiana Drug Endangered Children \(DEC\) Response Protocol](#) for additional information;

5. Discontinue the interview if at any point the FCM becomes concerned for his or her safety (e.g., persons in the home become hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment;
6. Examine every room of the home, paying particular attention to areas where the child may eat, sleep, play, and bathe;

Note: Evaluate infant sleeping areas for [safe sleep](#) practices. Discuss [safe sleep](#) with all parents, guardians, and custodians and document the discussion and any concerns in the Case Management System. See [Practice Guidance](#) for additional information.

7. Examine the kitchen (e.g., refrigerator, cabinets, and pantry) to verify adequate food supply;
8. Document the conditions of the home in writing and by taking photographs;

Note: Photographs should document appropriate conditions and any adverse conditions.

9. Immediately address any safety concerns and complete a [Safety Plan \(SF 53243\)](#), if needed;
10. Complete emergency removal of the child from the home if conditions are found that warrant such action. See policy [4.28 Removals from Parents, Guardians, or Custodians](#) for further details;
11. Report any new CA/N allegations noted during the assessment of the home environment to the Child Abuse Hotline (Hotline). See policy [4.38 Assessment Initiation](#) for additional information regarding reporting allegations which are immediately initiated while in the field;
12. Ensure all identified victims and perpetrators are listed in the assessment and add individuals, if needed; and
13. Document all observations, photographs, and actions taken in Case Management System.

The FCM Supervisor will:

1. Discuss the home environment assessment with the FCM during Safety Staffing (see policy [4.41 Safety Staffing](#)) and regular [clinical supervision](#); and
2. Guide the FCM in planning for safety and next steps.

PRACTICE GUIDANCE

Announced and Unannounced Visits

The FCM must decide whether to announce the visit for the home assessment based on the nature of the allegations and the need to protect the child. If there are CA/N allegations concerning the conditions of the home, it would be appropriate for the FCM to make an unannounced home visit.

Unannounced home visits should be utilized to determine compliance with DCS standards including, but not limited to protective orders, maintaining sanitary living conditions, [safe sleep](#) practices, and maintaining an adequate food supply. However, announced home visits continue to be a valuable method of engaging and maintaining contact with families. The [Safety Plan \(SF 53243\)](#) should be evaluated prior to and during each home visit and revised as needed.

Potential indicators of Domestic Violence

During each home visit, the FCM will observe for the following potential signs of domestic violence. If the FCM believes that domestic violence may be present, see policy [4.10 Interviewing the Parent, Guardian, or Custodian](#).

1. Evidence of damage to property (e.g., holes punched in walls and doors ripped off hinges);
2. Evidence of one parent being deprived of a phone or unable to have access to a phone;
3. Reluctance of adults/partners to be interviewed separately; one adult/partner answering questions for the other (i.e., not letting the other person talk);
4. One (1) adult/partner appears emotional, nervous, or extremely uncomfortable and uncooperative while the other partner seems composed and cooperative;
5. One(1) adult/partner seems afraid of the other adult/partner;
6. Children being overly protective of one (1) parent;
7. Pet abuse;
8. Visible injuries or attempts to hide injuries (e.g., long sleeves in warm weather, sunglasses inside, or pulling of sleeves down to cover arms);
9. Flinching or signs of anxiety;
10. Use of dominating or intimidating body language;
11. Weapons are present in the home, weapons are openly visible, or weapons are not secured;
12. Home not adequately accessible for a family member's disabilities;
13. Presence of guard animals, especially if family members exhibit fear of them; and/or
14. Home is in an isolated location.

Potential Indicators of Human Trafficking¹

During each home visit, the FCM will observe for the following potential signs of human trafficking. If the FCM believes that human trafficking may be occurring, the FCM will speak to his or her supervisor to determine if a human trafficking forensic interview is needed. For further guidance, see policy [2.21 Human Trafficking](#).

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

Human Trafficking Expertise and Consultation

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

¹ State of Florida Department of Children and Families (2009). *Human Trafficking of Child Indicator Tool*. Retrieved from <http://www.dcf.state.fl.us/programs/humantrafficking/docs/HumanTraffickingOfChildrenIndicatoTool0109.pdf>.

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

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

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

Safe Sleep

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

1. Always place babies alone, on their backs, and in a crib (the ABCs) to sleep. The back sleep position is the safest². Keep other caregivers informed of these safe sleep guidelines
2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision. See the following link for a picture of the new crib: <http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/>;
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, car seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of the baby's sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;
5. Keep baby's sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. They may sleep in the same room as the caregiver;
6. Consider using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;
8. Reduce the chance that flat spots will develop on a baby's head by providing "tummy time" when the baby is awake and someone is watching. Also, change the direction that the baby lies in the crib and avoid excessive time in car seats, carriers, bouncers, and swings. These items should be placed/used on appropriate surfaces and should not be utilized in place of a crib; and
9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.³

Additional information regarding [safe sleep](#) is available on the following websites:

1. [The American Academy of Pediatrics](#);
2. [Healthy Children.org](#);

² Riley Children's Health: <https://www.rileychildrens.org/health-info/sleep-safety>

³ Riley Children's Health: <https://www.rileychildrens.org/health-info/sleep-safety>

3. [The National Institute of Health](#);
4. [Riley Children's Health](#); and
5. [The DCS Website](#).

Assessment of Risk

Consider risk factors that may pose a danger to child safety or FCM safety. Examples include, but are not limited to:

1. History of domestic violence;
2. Locations that are extremely isolated or in high-crime areas;
3. Indications of mental illness, substance abuse, or volatile behavior;
4. Firearms or other weapons in the home;
5. Indications of illegal drug manufacturing in the home (see related document [Indiana Drug Endangered Child Response Protocol](#));
6. Family members that are criminal suspects and have outstanding arrest warrants;
7. Indications of human trafficking; and
8. Dangerous pets and/or animals.

Assistance from Law Enforcement

Request assistance when any risk factors have been identified that could threaten the safety of the child, the FCM and/or other responders. See policy [4.29 Joint Assessments](#) for additional information.

FORMS AND TOOLS


1. [Safety Plan \(SF 53243\)](#)- Available in the case management system
2. [Indiana Drug Endangered Child Response Protocol](#)

RELATED INFORMATION

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: February 1, 2014
	Section 14: Examining and Photographing a Child and/or Trauma	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will, as necessary to confirm alleged or suspected bodily injuries caused by Child Abuse and/or Neglect (CA/N), observe and/or examine and photograph a child’s body for evidence of the alleged injuries. Photographs should be taken even if CA/N is alleged and no visible injuries are located on the child. The photographs will be documented as evidence in the Family Case Manager’s (FCM)’s assessment finding. Please see policy, [4.22 Making an Assessment \(Investigation\) Finding](#).

The observation/examination and documentation of the examination will be completed in the least intrusive manner that is sensitive to the child’s age, gender, and emotional well-being in accordance with the following guidelines:

1. If the child has injuries that need immediate medical attention, notify the non-offending parent, guardian, or custodian and assess their willingness to transport the child for an immediate examination by a medical professional.
2. If the non-offending parent is unable to be reached DCS can request LEA assistance or place an emergency call to 911 if the child needs immediate medical attention.
3. If the child does not need immediate medical attention and the injury can be readily seen on the child without repositioning clothing, move forward with the examination and documentation of the injuries. See [Practice Guidance](#) for further information on observations and examinations.

DCS will obtain consent from the parent, guardian, or custodian prior to examining a child unless there are exigent circumstances. See policy, [4.6 Exigent Circumstances](#).

DCS will not examine or photograph children who are alleged to be sexually abused, regardless of the age of the child. This includes examination or photographs of the child’s anus, genitalia and breasts. All sexual abuse allegations requiring an examination or photographs will be evaluated by a medical professional. See policy, [4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations](#) for additional information.

Note: Photographs of the child’s face should be taken along with any photographs of injuries.

DCS is permitted to accept and/or use Law Enforcement Agency (LEA) and medical professional’s photographs of all visible trauma or injury as documentation and evidence.

When photographing trauma on children that are age 10 and older, a witness must be in the room with the FCM. The FCM will only remove children’s clothing when necessary. If appropriate, and in the presence of a medical professional, the FCM may photograph the child’s anus, genitalia, or breasts if injuries are unexplained and there is a concern for the child’s safety.

Note: It should be communicated to witnesses they could be required to attend and testify in a court proceeding regarding what they witnessed.

Code References

1. [IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations](#)
2. [IC 31-33-8-3: Photographs and x-rays](#)
3. [IC 31-33-10-3: Delivery of Photos to Local CPS Agency](#)
4. [IC 31-33-10-1 Duty to photograph, x-ray, and physically examine trauma visible on child](#)

PROCEDURE

The FCM will:

1. Get consent from the parent, guardian, or custodian to examine and photograph the child if the CA/N allegations warrant such action, unless exigent circumstances exist;
2. Seek a court order if consent is not given and no exigent circumstances exist;

Note: It is important that the FCM engage the parent, guardian or custodian and explain the necessity of an interview with the child before seeking a court order.

3. Establish a rapport with the child by spending time talking with the child before initiating the examination or photographing;
4. Discontinue efforts to examine or photograph the child if the child's discomfort level is too high to complete an examination, and make alternate arrangements for the child to be examined and photographed by a medical professional;
5. Observe the child's body to determine if there are external marks (e.g., cuts, bruises, welts, burns, scratches, sores, etc.) that may have been caused by CA/N;
6. Take photographs of any trauma, injury, or area where trauma or injury was alleged to have been on the child's body, including an identifying picture of the child's face and upload into the case management system and label all hardcopy photographs;
7. Make detailed notes about each injury (e.g., location, color, shape, size (using a ruler to measure or a coin to compare size) and whether open, raised, etc.); and
8. Refer the child as needed for further examination by medical, dental, and mental health professionals. See policy, [4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations](#) for additional information.

PRACTICE GUIDANCE

Parental Consent to Take Photographs

While it is good practice to request permission from parent, guardian, or custodian to photograph the child, such consent is not required if exigent circumstances exist.

[IC 31-33-10-1](#) requires that a health care provider take photographs of trauma visible on the child who is the subject of a report.

Deciding to Examine a Child

FCMs will utilize critical thinking and best practice when deciding to check a child for injuries when physical abuse is alleged. If a child denies allegations of physical abuse, it may still be appropriate to check the child for injuries despite the denial of being physically abused. A child

may be afraid to disclose the injury based on threats from the alleged perpetrator to further injure the child if they tell. FCMs should seek supervisory support if they are unable to examine the child and need to send the child for further medical examination.

Examining/Observing & Photographing a Child

In situations where the injury is on a non-private area of the child's body that can be accessed with minimal repositioning of the child's clothing:

1. If the child is under the age of three (3) and/or is non-verbal, ask the parent or caregiver to reveal the place of alleged abuse on the child's body for documentation; or
2. If the child is verbal and/or over the age of three (3), ask the child if they are comfortable displaying the injury, and if the child agrees, photograph and/or document the injury.

In situations where the injury has occurred on the buttock or stomach area of the child's body and the child has disclosed that the abuse occurred and/or the child or another person has viewed the injury have another adult present (i.e. another professional or caregiver) when possible; and ask the child if they are comfortable showing the area or a partial area of the injury to be photographed and/or documented, and document if the child agrees.

In situations where the injury occurred in a private area on the child's body and the child has disclosed that the abuse and possible injury is indicated, refer the non-offending parent to obtain a medical examination for the child. If the parent refuses, staff the case with an FCM Supervisor to determine whether the allegations require an examination and if court intervention is required.

All sexual abuse allegations requiring an examination will be completed by a medical professional.

FCMs should always take an identifying photo of the child's face to show what child is being photographed for the purpose of documenting evidence in the assessment. For additional information see policy, [4.F Tool Tips for Photographing a Child and or Trauma](#).

General Information about examinations

When a stranger observes a child's body, it can be frightening for the child. While observing the child, it is important to be clear with the child, speaking calmly and confidently about the process. As the FCM observes the child's body, he or she should tell the child what is happening and what is seen in a logical and descriptive manner. Always ask the child to explain how the injury occurred. The FCM should be sensitive to the child's needs. Some children may want to engage in conversation during the exam as others may want to be quiet. Some children may need to be reassured by the FCM; etc. Despite the FCMs best efforts, some children's discomfort level may preclude examination by the FCM, in which case alternate arrangements should be made to have the child examined by a medical professional.

Parents may be reluctant to have their children examined. Their fear and reluctance may be picked up by the child and exacerbate an already anxious situation. Parents need to be told what is happening, why it is happening, and how they can help their children. The FCM should enlist the parents' assistance when removing the child's clothing. If the parents are not cooperative with an examination, FCMs should address child safety and take appropriate action.

Standard Precautions When Not in Presence of Medical Personnel

To maintain the dignity of a child aged three (3) and older, the FCM should ask a child to leave his or her underwear on during an examination. The front waistline of the underwear can be

lowered to allow observation of the lower abdomen and upper pelvic area. The rear of the underwear can also be lowered completely to expose the buttocks to allow observation.

FCMs should not ask females to remove their bra. The bra should be left on and the child can shift from side to side, the straps of the bra to observe the areas of the chest and back directly under the straps.

Witnesses


It is always good practice to have an adult witness present when examining a child, when possible and practical. Depending upon the circumstances, an appropriate witness may be another FCM, a Law Enforcement Officer, the child’s parent, guardian, or custodian, etc. The FCM should document thoroughly name and title of witness (e.g., FCM, Law Enforcement Officer, Social Worker, parent, guardian, or custodian, etc.). It should be communicated to witnesses that they could be required to attend and testify in a court proceeding regarding what they witnessed.

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: March 1, 2016
	Section 16: Medical Examinations, Psychological Testing, Drug Screens and Substance Abuse Evaluations	Version: 5

STATEMENTS OF PURPOSE

During an assessment, the Indiana Department of Child Services (DCS) may obtain medical examinations and/or psychological tests, drug screens, or other substance abuse evaluations on an **alleged child victim** and **any child who lives in the home** of an alleged child victim to determine the health and well-being of the child.

DCS will pursue a **medical examination** when one (1) or more of the following conditions exists:

1. The child has an injury that would cause a reasonable person to believe that medical attention is necessary;
2. The allegations include sexual abuse involving penetration and it is believed the information that will be gathered during the examination of the child will assist in making an assessment finding;
3. The child has been removed from a property that contains a contaminating controlled substance. See the [Indiana Drug Endangered Children \(DEC\) Response Protocol](#) for additional information; or
4. The child is under two (2) years of age and shaking or a head injury is alleged even if there are no visible injuries.

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

DCS will ensure that all child victims who will be under the supervision of DCS receive a **Child and Adolescent Needs and Strengths (CANS) Assessment**. See policy, [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) for further guidance.

DCS will pursue **psychological testing (diagnostic and evaluation services)** when approved by the Clinical Services Specialist and one (1) or more of the following conditions exists:

1. The child's CANS Assessment indicates a need for a full mental health assessment. See policy, [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) for more information; or

2. The child exhibits behaviors that would cause a reasonable person to believe he or she is a danger to him or herself and/or others.

DCS will pursue a **drug screen and/or a substance abuse evaluation** of the child victim if one (1) or more of the following conditions exists:

1. The alleged child victim may have had access to illegal substances being used by the parent, guardian, custodian, or other adults in the home; or
2. The alleged child victim's behavior indicates he or she may have used or been exposed to illegal substances as a result of neglect or lack of supervision on the part of the parent, guardian, or custodian.

DCS may ask a parent, guardian, or custodian of an alleged child victim to **voluntarily** submit to a medical examination and/or psychological testing, drug screens, or other substance abuse evaluations if there is an indication based upon the behavior of the individual or the allegations involve Child Abuse and/or Neglect (CA/N) which may be due to:

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

Note: If the parent, guardian, or custodian does not agree to voluntarily submit to medical examinations, psychological testing, drug screens, or other substance abuse evaluations, DCS may pursue a court order if such examinations, tests and evaluations are necessary to complete the assessment.

DCS may seek access to medical, mental health, or substance abuse records of the parent, guardian, or custodian as part of an [Preliminary Inquiry](#), if needed when a child is alleged to be a Child in Need of Services (CHINS). DCS may petition the juvenile court for an order to release the mental health records if the parent does not consent.

Code References

1. [IC 31-32-12: Mental or Physical Examinations](#)
2. [IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations](#)
3. [IC 16-39-3-8: Child in need of services; petition for emergency hearing on request for records of parent, guardian, or custodian](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Secure written consent from the parent, guardian, or custodian;
2. Seek a court order, if consent is not given and the child is alleged to be a CHINS;

Note: In emergency situations it may not be possible to secure consent from the parent, guardian, or custodian or a court order.

3. Arrange for necessary medical examinations and/or approved psychological testing, drug screens or substance abuse evaluations;

Note: FCMs should consult with his or her FCM Supervisor and Clinical Services Specialist to determine the need for psychological testing (diagnostic and evaluation

services) as all psychological testing needs to be approved in advance by the Clinical Services Specialist.

4. Ensure a PEDS referral is made if warranted or required. See [Practice Guidance](#) for more information; and
5. Request written findings upon the examination and follow procedures in policy, [4.17 Accessing Child's Medical, Psychological and Substance Abuse Records](#) to obtain copies of the records.

PRACTICE GUIDANCE

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals

It is **mandatory to complete a PEDS referral for all children less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck** (eg. facial bruising, scratches and red “ marks” on the face/neck; mouth injuries, eye injuries, head bleeds, skull fractures and a fracture or burn involving the head/neck) **and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns.** All intake reports with suspected allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in the case management system with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified should include any information obtained from the child and/or family. FCMs should utilize critical thinking to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. A referral should also be considered, if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral may be found here: https://ota.medicine.iu.edu/ChildProtection_V2.

Waiting for Test/Evaluation Results

If the FCM has not received the results of a medical examination or psychological test, drug screen, or other substance abuse evaluation by the end of the assessment deadline, the FCM should proceed with making a finding. See policy, [4.22 Making an Assessment Finding](#) without the test/evaluation results unless the results will impact the finding one way or another.

FORMS AND TOOLS

1. [Indiana Drug Endangered Children \(DEC\) Response Protocol](#)
2. [Preliminary Inquiry](#)
3. PEDS Program Referral- Available at https://ota.medicine.iu.edu/ChildProtection_V2
4. [Consent to Release of Mental Health and Addiction Records \(SF 51128\)](#)


RELATED INFORMATION

Medical Exams for Alleged Sexual Abuse Victims

The extent and type of evaluation will be determined by a medical doctor. The doctor will likely consider such things as the length of time that has passed since the incident, the age of the child (in relation to the trauma of an invasive exam), etc.

Temporary Confinement of Child

Per [IC 31-32-12-2](#): 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.

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

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) is not required to get consent from the parent, guardian, custodian or the child prior to accessing an alleged child victim's medical (physical health) records if the records pertain to an examination or treatment that:

1. Occurred as part of a Child Abuse and/or Neglect (CA/N) assessment; or
2. Resulted in a CA/N report by a medical professional.

Note: This policy complies with the Health Insurance Portability and Accountability Act (HIPAA) regulations. See [Related Information](#) for details.

DCS is required to obtain written consent from the alleged victim's parent, guardian, or custodian prior to obtaining:

1. Any mental health assessment or treatment records;
2. Any medical records for the alleged child victim that were not a part of a CA/N assessment and
3. Any alcohol use and/or substance abuse assessment or treatment records;

Exception: If the alcohol use/substance abuse records pertain to treatment that the child received through his or her own voluntary consent, that child may consent to the release of the records without parent, guardian, or custodian consent.

DCS will seek a court order if:

1. An alleged child victim's parent, guardian, or custodian does not give consent;
2. An alleged child victim does not consent to the release of alcohol use/substance abuse records pertaining to treatment that the child received through his or her own voluntary consent; or
3. An alleged child victim's counselor asserts the "victim counselor privilege" and denies DCS access to the child's mental health records.

Code References

1. [IC 16-39-2: Chapter 2. Release of Mental Health Records to Patient and Authorized Persons](#)
2. [IC 35-37-6: Privileged communications and victim counseling](#)
3. [IC 31-32-11-1: Admissibility of privileged communications](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. As necessary, seek required signatures on the form, [Consent to Background Investigation and Release](#) to facilitate the release of medical (physical health) records of an alleged child victim;
2. Seek required signatures on the form, [Consent to Release of Mental Health and Addiction Records \(SF 51128\)](#) to facilitate the release of **mental health, alcohol use** and/or **substance use** records of an alleged child victim; or
3. Seek a court order as needed if a required consent is denied.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Consent to Release of Mental Health and Addiction Records \(SF 51128\)](#)
2. [Consent to Background Investigation and Release](#) – Available in the [Juvenile Justice Benchbook: Child in Need of Services](#)

RELATED INFORMATION

Health Insurance Portability and Accountability Act (HIPAA)


[45 CFR 164.512\(b\)\(1\)\(ii\)](#) makes exceptions to HIPAA for Child Protective Services (CPS) investigations. "A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph to ...A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect."

The Victim Counselor Privilege

Criminal procedures in [IC 35-37-6: Privileged communications and victim counseling](#) establish victim counselor privilege related to "confidential communications" between a victim and a victim counselor. All victim counselors remain bound by the mandated reporting statutes pertaining to CA/N. Thus, victim counselor privilege cannot be applied to the reporting of suspected CA/N. Anytime a victim counselor has reason to believe a child is a victim of CA/N, the counselor must make a report to DCS. However, after a report has been made, the victim counselor may assert the victim counselor privilege to prevent the disclosure of information and records during the course of the investigation.

Voluntary Consent to Treatment and Release of Related Records by a Minor

[IC 12-23-12-1: Notification or consent of parents or guardians; treatment in absence of notification](#), states that a minor who voluntarily seeks treatment for alcoholism, alcohol abuse, or drug abuse from the Family and Social Services Administration (FSSA)/Division of Mental Health and Addiction (DMHA) or a facility approved by FSSA/DMHA may receive treatment without notification or consent of the parents, guardian, or person having control or custody of the minor. DCS interprets this code, along with [42 USC Sec 290 dd-2](#), to mean that a minor can consent to the release of records that pertain to treatment for which he or she voluntarily consented.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: March 1, 2019
	Section 18: Initial Safety Assessment	Version: 7

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will complete an [Initial Safety Assessment](#) (including a response and decision) within 24 hours of the initiation of every assessment. A subsequent Safety Assessment (see policy [4.38 Assessment Initiation](#) for additional guidance) will be completed when there are:

1. Changes in family circumstances;
2. Changes in information known about the family;
3. Changes in changes in the family's ability to utilize protective factors to mitigate safety threats; and/or
4. Changes at the point of a [case juncture](#).

When child safety concerns are identified DCS will consider the viability of informal and community support services to ensure the child's safety, prior to considering involuntary removal of the child. A [Safety Plan \(SF 53243\)](#) will be completed with the family. The [Safety Plan \(SF 53243\)](#) will be reviewed for approval during safety staffing (see policies [4.19 Safety Planning](#) and [4.41 Daily Safety Staffing](#)).

Note: When a Child in Need of Services (CHINS) petition is filed, DCS will consider an in-home CHINS if the child's safety can be ensured.

DCS will utilize the Child and Family Team (CFT) Meeting process to engage children and families throughout the assessment phase. The CFT will assist in planning for child safety while identifying the child and family's strengths, informal supports, and needs (see policies [5.7 Child and Family Team \(CFT\) Meetings](#) and [4.19 Safety Planning](#)).

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

DCS will complete referrals to appropriate community services as necessary (see policy [4.26 Determining Service Levels and Transitioning to Ongoing Services](#)).

DCS will continually reassess a child's safety based on the most current information available by completing subsequent [Safety Assessments](#). Adjustments to the [Safety Plan \(SF 53243\)](#) will be completed as needed and reviewed for approval during [clinical supervision](#).

Change in Household Composition

If DCS determines that a temporary change in household composition will allow the family an opportunity to address the safety and risk issues present during the time of the assessment, a change in household composition may occur if it is in the best interest of the child (see policy [4.37 Change in Household Composition](#)).

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Complete an [Initial Safety Assessment](#) within 24 hours of assessment initiation, to determine if there are any safety threats present (see policy [4.38 Assessment Initiation](#) for required timeframes);
2. Identify protective factors (e.g., nurturing and attachment to the child, knowledge of parenting and of child and youth development, parental resilience, social connections, and concrete supports for parents) which may mitigate the safety threats;
3. Work with the family and CFT to identify safety responses;
4. Document safety responses and individuals included by completing a [Safety Plan \(SF 53243\)](#);
5. Take necessary actions to remove the child (see policy [4.28 Removals from Parents, Guaridans, or Custodians](#)) if the child cannot remain safely in the home;
6. Document the results of the [Safety Assessment](#), decisions and actions taken in the case management system within one (1) business day; and
7. Discuss the [Initial Safety Assessment](#) and the [Safety Plan \(SF 53243\)](#) at safety staffing (see policy [4.41 Safety Staffing](#));
8. Reassess safety immediately by completing a subsequent [Safety Assessment](#) when there are:
 - a. Changes in family circumstances;
 - b. Changes in information known about the family;
 - c. Changes in the family's ability of use of protective factors to mitigate safety threats; and/or
 - d. Changes at the point of a [case juncture](#).
9. Update the [Safety Plan \(SF 53243\)](#) as needed and obtain supervisory approval;
10. Identify the appropriate Safety decision. If no safety threats exist, consider recommending assessment closure with supervisor approval.

The FCM Supervisor will utilize safety staffing and regular [clinical supervision](#) to (see [4.41 Safety Staffing](#)):

1. Review and discuss the assessment details;
2. Review the Initial Safety Assessment and decision
3. Review the [Safety Plan \(SF 53243\)](#) for approval; and
4. Guide the FCM in ensuring child safety.

PRACTICE GUIDANCE

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

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

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

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See policy [4.36 Linking Child Abuse or Neglect \(CA/N\) Reports to Open Assessments](#) for more information regarding the receipt of an additional [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#) during an open assessment.

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

FORMS AND TOOLS

1. [Initial Safety Assessment](#) – Available in Case Management System
2. [Safety Plan \(SF 53243\)](#)
3. [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#)
4. [Family Functional Assessment \(FFA\) Tool](#) – Available on the Practice Model SharePoint

RELATED INFORMATION

Purpose of Safety Assessments

The purpose of the safety assessment is:

1. To help assess whether any child is likely to be in immediate danger of serious harm/maltreatment which requires a protective intervention, and
2. To determine what interventions (protective factors/safety responses) should be initiated or maintained to provide appropriate protection.

Safety vs. Risk Assessment

Safety assessment differs from risk assessment in that it assesses the child's present danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment. In addition to the Safety Assessment Tool, FCMs should reference the [Family Functional Assessment \(FFA\)](#) tool when working with self-identified Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth. Safety assessment questions that may be helpful in determining the safety of LGBTQ youth can be found in the FFA tool.

Clinical Supervision


Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

Case Juncture

A case juncture is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the Case Plan and/or Safety Plan. Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement
2. Formal or informal supports
3. Family involvement
4. Visitation
5. Behavior
6. Diagnosis (mental or physical)
7. Sobriety
8. Skills acquisition; or
9. Education

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: May 1, 2019
	Section 19: Safety Planning	Version: 8

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will assist the child’s family with the development of a [Safety Plan \(SF53243\)](#) when a child’s safety is dependent on defined actions. A [Safety Plan \(SF53243\)](#) will be developed during the assessment phase in situations including, but not limited to:

1. A safety decision of “Conditionally Safe” has been determined through the [Initial Safety Assessment](#). See policy, [4.18 Initial Safety Assessment](#) for additional information; or
2. An assessment finding of “Substantiated” is reached but DCS will pursue no further direct intervention.

Note: An assessment may not be closed without further DCS intervention unless all safety threats have been resolved.

When domestic violence has been alleged, DCS will create a [Safety Plan \(SF53243\)](#) for the child and all family members upon initiation of the assessment. See [Practice Guidance](#) for assistance. The purpose of this plan is to:

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

Note: The [Safety Plan \(SF53243\)](#) for the non-offending parent and child should not be shared with the alleged domestic violence offender. DCS should work with the alleged domestic violence offender to develop a separate [Safety Plan \(SF53243\)](#).

Following the completion of the [Initial Safety Assessment](#), a [Safety Plan \(SF53243\)](#) will be created as quickly as necessary to protect the safety of the child. Child safety will be reassessed regularly and the [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) (if applicable) will be reviewed and modified as needed throughout the assessment phase. See [Practice Guidance](#) and policy, 4.42 Plan of Safe Care for additional information.

Code References

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

PROCEDURE

The Family Case Manager (FCM) will:

1. Collaborate with the family and Child and Family Team (CFT) to develop a [Safety Plan \(SF53243\)](#). Efforts to ensure the child’s safety in all settings must be considered (e.g.,

school, extracurricular activities, and home), and the plan should describe in detail how, when, and by whom each intervention will be implemented;

2. Discuss in detail with the family the implementation of any of the interventions below that are chosen to be a part of the safety response:
 - a. The family uses extended family resources, neighbors, or other individuals in the community to ensure the child's safety,
 - b. The family receives services through community providers, and/or
 - c. The family is referred for services through a contracted DCS service provider. See separate policy, [4.26 Determining Service Levels and Transitioning to Ongoing Services](#) for further guidance;

Note: DCS Service Providers will not be included on a [Safety Plan \(SF53243\)](#) created at assessment closure when DCS involvement will not continue, unless a plan is in place for the service to continue without DCS involvement.

3. Specify how the FCM will monitor and support the family's compliance with the plan until the completion of the assessment and the consequences if an intervention is not followed;
4. Have the parent, guardian, or custodian sign the [Safety Plan \(SF53243\)](#) and provide them with a copy;
5. Review the [Safety Plan \(SF53243\)](#) with the FCM Supervisor and obtain approval of the plan during daily safety staffing, regular [clinical supervision](#), and prior to assessment closure. See policy, [4.41 Safety Staffing](#) for further guidance.;

Note: When updates to the [Safety Plan \(SF53243\)](#) are identified during review, the FCM must engage the family and CFT to create an updated plan and obtain supervisory approval of the new plan.

6. Provide a copy of the approved [Safety Plan \(SF53243\)](#) to all listed responsible parties;

Note: When there is court involvement, the [Safety Plan \(SF53243\)](#) should also be provided to the court.

7. Upload the [Safety Plan \(SF53243\)](#) to the case management system case file;
8. Re-assess the child's safety regularly and prior to closing the assessment (see policy, [4.25 Completing the Assessment](#)); and
9. Ensure the [Safety Plan \(SF53243\)](#) is discussed with the permanency FCM during transition planning, if further DCS involvement is necessary.

The FCM Supervisor will:

1. Review assessment details, the [Initial Safety Assessment](#), and the [Safety Plan \(SF53243\)](#) regularly, during safety staffing, [clinical supervision](#), and prior to assessment closure. See separate policy, [4.41 Safety Staffing](#), for additional information.
2. Ensure each identified safety concern is addressed in the [Safety Plan \(SF53243\)](#);
3. Guide the FCM in engaging the family and CFT to create or update the [Safety Plan \(SF53243\)](#), as needed;
4. Sign the approved plan following each review;
5. Ensure the [Safety Plan \(SF53243\)](#) is uploaded into the case management system and provided to the family and listed responsible parties; and
6. Ensure the [Safety Plan \(SF53243\)](#) and assessment details are discussed with the permanency FCM during transition planning, if further DCS involvement is necessary.

PRACTICE GUIDANCE

General Information Regarding Safety Plans

The [Safety Plan \(SF53243\)](#) is a written agreement specifying family supports and/or community services that will be utilized and identifies interventions that address the immediate safety of the child. The plan should contain clearly defined action steps and a deadline for completion of each action step. All actions should relate directly to the child's immediate safety. The [Safety Plan \(SF53243\)](#) is a voluntary, non-legally binding agreement with the family that cannot contradict any existing court orders, including, but not limited to child support and child custody orders.

Parental Involvement in Development

Involvement of the family in the development of a [Safety Plan \(SF53243\)](#) is imperative. The greater the family's participation in this process, the more ownership they will have in a successful outcome. For this reason, it is critical that the FCM focus the discussion on the safety of the child and not on the allegation. When developing the plan with the family, the FCM should speak in such a way as to develop a common understanding that the safety of the child is contingent on the family's ability and willingness to follow the terms of the plan. If the family is hesitant or unwilling to create a plan and/or commit to abiding by the plan's terms, remind the family that the child may not be safe under present circumstances.

Plan of Safe Care

A [Plan of Safe Care \(SF56565\)](#) must be completed for each infant under the age of one (1) year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal), experiencing symptoms of withdrawal, diagnosed with Neonatal Abstinence Syndrome (NAS), and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD). The plan must address the mental and physical health and substance use treatment needs of the infant, affected parents, household members, and the infant's caregivers. A [Plan of Safe Care \(SF56565\)](#) must be completed regardless of the decision to substantiate or unsubstantiate the assessment. A separate [Safety Plan \(SF53243\)](#) must be completed when the [Plan of Safe Care \(SF56565\)](#) does not address all safety concerns for each child included in the case. See policies, 4.42 Plan of Safe Care and [4.22 Making an Assessment Finding](#) for further guidance.

Consider Protective Factors When Ensuring Safety

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. When completing a [Safety Plan \(SF53243\)](#), consider the following protective factors as part of an evaluation of the family's ability to ensure the safety of the child:

1. Nurturing and attachment to the child;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports; and
6. Social and emotional competence of the child.

See <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/> for additional information.

Safety Planning with Assessments Involving Domestic Violence

DCS will partner with the non-offending parent and child to create a [Safety Plan \(SF53243\)](#) in all assessments where domestic violence has been identified. If the non-offending parent has met with a domestic violence service provider to create a domestic violence Safety/Survival Plan, the [Safety Plan \(SF53243\)](#) may be revised to incorporate the Safety/Survival Plan that was created.

Note: DCS will not create a Safety/Survival Plan with the non-offending parent and child. Domestic violence Safety/Survival Plans may best be created by referring the non-offending parent to a domestic violence program in the community.

The [Safety Plan \(SF53243\)](#) should address the following:

1. Safety for the non-offending parent and child until the parent is able to meet with a domestic violence advocate;
2. Referrals to domestic violence programs;
3. Financial assistance;
4. Other community services available; and
5. What will happen after the FCM leaves and/or DCS is no longer involved.

The plan should include strategies to reduce the risk of physical violence and harm by the alleged domestic violence offender and enhance the protection of the child and non-offending parent. The [Safety Plan \(SF53243\)](#) for individuals living with domestic violence will vary depending on whether the non-offending parent is separated from the alleged domestic violence offender, thinking about leaving, returning to, or remaining in the relationship. Specific planning may include:

1. Engaging the non-offending parent in a discussion about the options available to keep him or her and the child safe, including what has been tried before;
2. Exploring the benefits and disadvantages of specific options, and creating individualized solutions for each family;
3. Utilizing the criminal justice and civil court systems to hold the alleged domestic violence offender accountable; and
4. Developing a written list of phone numbers of neighbors, friends, family, and community service providers that the non-offending parent can contact for safety, resources, and services. This requires FCMs to stay current about resources, contacts, and legal options.

Including Children in the Planning Process

The child should be engaged in safety planning; however, the child is not responsible for his or her own safety and should not be responsible for implementing the [Safety Plan \(SF53243\)](#). If during the initial interview, the child is unable to identify who he or she would call or where to go in an emergency, work with the child to develop a basic plan for safety.

Examples include, but are not limited to:

1. Finding a safe adult and asking for help whenever the child experiences violence. This may involve calling supportive family members, friends, or community agencies for help;
2. Escaping from the house if an assault is imminent or in progress and where to meet an identified safe adult. If the child is not able to escape, discuss where the child may go in the house to be safe;
3. Avoiding being in the middle of the domestic violence;
4. Finding a place to go in an emergency and the steps to take to find safety; and
5. Calling the police or 911 when violence begins.

Tracking and Adjusting of Safety Plans

DCS should engage the child, family, and CFT to develop a [Safety Plan \(SF53243\)](#) that includes intervention strategies, which ensure the child's safety and assist the family to transition toward sustainable changes. During the course of the assessment, safety must be reassessed regularly and adjustments of the [Safety Plan \(SF53243\)](#) may be required. If service referrals are completed, follow-up may be required.

Change in Household Composition

If it is determined by DCS that a temporary change in household composition will provide the family with an opportunity to address the safety and risk issues present during the time of the assessment; a change in the household may occur if it is in the best interest of the child. See policy [4.37 Change in Household Composition](#).

If the child or the child and parent temporarily move to an alternative location:

1. That location must be safe for the child; and
2. If there is another caregiver for the child, the caregiver must agree to provide a safe environment for the child.

A change in household composition and outline of the family's plan should be documented in the [Safety Plan \(SF53243\)](#) and in the CFT meeting notes. It is important to understand that changes within a family's household will impact the child's well-being. Therefore, the circumstances resulting in the temporary change of household shall be rectified within five (5) days or court action will be initiated. See policies, [5.9 Informal Adjustment](#) and [6.2 Filing a CHINS Petition](#) for additional information.

If at any time during an assessment there is a restriction placed on a parent regarding contact with his or her child, a Detention Hearing will be set. If the restriction is placed on another adult in the household, for example a boyfriend or girlfriend of a parent, the FCM will ensure that contact will not occur between that person and the child until the safety concern has been remedied. Household members without a legal or biological relationship to the child do not have the same right of access to a child as the legal or biological parent or legal guardian.

Some flexibility in the filing of a Child in Need of Services (CHINS) action will allow those DCS serves to have the primary responsibility for the care and safety of their children. When there is an identified correctable situation, the partnership between DCS, families, and the community will work together for the best outcome for the child.

FORMS AND TOOLS

1. [Safety Plan \(SF53243\)](#)
2. [Plan of Safe Care \(SF56565\)](#)
3. [Initial Safety Assessment](#) - Available in the case management system

RELATED INFORMATION

Extended Family Support

Extended family members are often the most resourceful and most effective supports for the family and their interventions are often the least disruptive for the child involved. Family support services may consist of childcare; transportation; home management assistance; teaching of

skills; and financial assistance for housing, food, or clothing on a short term basis. See policy, [16.3 Assistance for a Family's Basic Needs](#) for additional information.

Referring the Family to Community Services

Community services are an appropriate intervention if they help the family control or mitigate the identified safety factors. Examples of community services include, but are not limited to, routine or emergency medical or mental health care (outpatient), alcohol or substance use services, in-home health care, day care, respite care, child-oriented activities (e.g., Brownies or Boy Scouts), home management and/or life skills, parenting skills, individual or family crisis counseling, financial services, housing services, transportation services, and food and clothing assistance.


Clinical Supervision

Clinical Supervision: Clinical Supervision is a process in which an individual with specific knowledge, expertise or skill provides support while overseeing and facilitation the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

Domestic Violence Advocates and Confidentiality

According to [IC 35-37-6-1](#) communications between victims of domestic violence and victim advocates are confidential, even if certain third parties are present when information is exchanged. Victim advocates are not able to give testimony without victim consent in CHINS proceedings.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2019
	Section 21: Forty-five (45) Day Report of Assessment	Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) shall send the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) no later than 45 days after receiving the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) from a:

1. Hospital;
2. Community mental health center;
3. Managed care provider (as defined in [IC 12-7-2-127\(b\)](#));
4. Referring physician;
5. Dentist;
6. Licensed psychologist;
7. School;
8. Child caring institution licensed under [IC 31-27](#);
9. Group home licensed under [IC 31-27](#) or [IC 12-28-4](#);
10. Secure private facility; or
11. Child placing agency as defined in [IC 31-9-2-17.5](#).

DCS shall send the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) to:

1. The administrator of the hospital;
2. The community mental health center;
3. The managed care provider;
4. The referring physician;
5. The dentist;
6. The principal of the school;
7. A licensed psychologist;
8. A child caring institution licensed under [IC 31-27](#);
9. A group home licensed under [IC 31-27](#) or [IC 12-28-4](#);
10. A secure private facility; or
11. A child planning agency (as defined in [IC 31-9-2-17.5](#)).

Note: The administrator, director, referring physician, dentist, licensed psychologist, or principal may appoint a designee to receive the report.

The [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) must contain these items that are known at the time the report is sent:

1. The name of the alleged victim of CA/N;
2. The name of the alleged perpetrator and the alleged perpetrator's relationship to the alleged victim;
3. Whether the assessment is closed;

4. Whether the department has made an assessment of the case and has not taken any further action;
5. The Family Case Manager (FCM) name and telephone number;
6. The date the report is prepared;
7. Other information that DCS may prescribe.

The [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) is confidential and may be made available only to the agencies named above and the personal and agencies listed in [IC 31-33-18-2](#).

Code References

[IC 31-33-7-8: Reports after initiation of assessment or investigation; contents; confidentiality](#)

PROCEDURE

No later than 45 days after the [310](#) is received, the FCM will:

1. Ensure the [Assessment of Alleged Abuse or Neglect Report \(SF 113\) \(311\)](#) in the case management system is complete and approved;
2. Complete the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) by updating any appropriate data fields that are not populated;
3. Print the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) and submit to the FCM Supervisor for review and approval; and

Note: Do not attach the [311](#) to the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#).

4. Deliver the approved [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) to the appropriate person via United States (U.S.) mail in an envelope marked "Confidential".

Note: If the assessment is not complete within forty-five (45) days after receipt of the [310](#), the FCM must send the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#), as required. An additional [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) must be sent every 30 days until the assessment is complete and upon completion of the assessment.

The FCM Supervisor will review and approve the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#).

PRACTICE GUIDANCE


Linking an assessment report may eliminate the ability to automatically generate each [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) in the case management system. If more than one (1) report is received by DCS from the agencies listed above, it is the responsibility of the FCM to generate a Report of Assessment for each professional report source and include the statutorily required information outlined in this policy.

FORMS AND TOOLS

1. [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) – Available in the case management system
2. [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF 114\)](#) – Available in the case management system
3. [Assessment of Alleged Abuse or Neglect Report \(311\) \(SF 113\)](#) – Available in the case management system

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: January 1, 2022
	Section 22: Making an Assessment Finding	Version: 13

POLICY OVERVIEW

A timely, thorough, and thoughtful response to child safety concerns is critical to effectively protecting children. IC 31-33-8-1 requires the Indiana Department of Child Services (DCS) to complete an assessment for reports of known or suspected Child Abuse and/or Neglect (CA/N) received. Upon the completion of the assessment, a finding of “substantiated” or “unsubstantiated” must be made to determine next steps for the child and family.

PROCEDURE

DCS will make an assessment finding no later than **40 days** from the date the Preliminary Report of Alleged Child Abuse or Neglect (310) was received.

DCS will make a finding of “**unsubstantiated**” when facts obtained during an assessment provide credible evidence that CA/N has **not** occurred. A finding of “unsubstantiated” is also appropriate when the evidence of CA/N does not rise to the level of a preponderance of the evidence.

DCS will make a finding of “**substantiated**” when facts obtained during the assessment arise to a preponderance of evidence sufficient to lead a reasonable person to believe that CA/N has occurred or when the alleged perpetrator admits to having abused and/or neglected the alleged child victim.

For **each allegation**, the Family Case Manager (FCM) will:

1. Carefully review and weigh all evidence collected during the assessment;

Note: When domestic violence (DV) is the only risk factor in a family, DCS will utilize a holistic assessment to determine whether a decision to substantiate is justified. This decision will be based on the actions of the alleged domestic violence offender combined with the ability and/or willingness of other adults in the household to take sufficient actions to ensure the safety of the child. If a parent is not willing or able to keep the child safe, a substantiation for neglect may be appropriate.

2. Consider the credibility of evidence collected and place greater weight on those pieces of evidence that have greater credibility or impacts the safety of the child;

Note: Consultation with a Qualified Mental Health Professional (QMHP) is appropriate when considering emotional injury to the child.

3. Call the regional Safe Assessment Closure Team (SafeACT) number as soon as possible to staff the assessment with a SafeACT Supervisor, upon reaching a decision

that all children involved in the assessment are clearly safe and the assessment outcome is clearly unsubstantiated;

Note: Completing the assessment independently through SafeACT may only be utilized by an FCM who has completed their working test. An FCM who has not completed their working test may complete the assessment through SafeACT with a mentor or FCM Supervisor present to provide support.

4. Complete the next steps outlined in the Needs More Information (NMI) section of the Assessment Staffing Guide upon determination by the SafeACT Supervisor. Once the next steps are completed and the assessment remains clearly safe with a recommendation to unsubstantiate, the FCM may call back the regional SafeACT number to staff with a SafeACT Supervisor;
5. Consult with the local office FCM Supervisor to arrive at an assessment finding when the assessment will not go through SafeACT;
6. Document the finding and rationale for the finding (specific to assessments that are not closed via SafeACT), and:
 - a. Complete the following for allegations determined to be “**unsubstantiated**”:
 - i. Include in the assessment finding a description of the credible evidence supporting the conclusion that the allegation is **untrue**. Also, include a statement that there is a “lack of a preponderance of evidence to support that the allegation is true”, and
 - ii. Recommend that the assessment be closed.
 - b. Complete the following for allegations determined to be “**substantiated**”:
 - i. Include in the assessment finding a description of the credible evidence supporting the conclusion that the allegation is **true**, how the credible evidence constitutes CA/N, and that this evidence outweighs any contrary evidence,
 - ii. Complete an Initial Risk Assessment and a Child and Adolescent Needs and Strengths (CANS) Assessment to assist in determining the level of intervention and services appropriate for the family (see policies 4.23 Initial Family Risk Assessment, 4.26 Determining Service Levels and Transitioning to Permanency Services, and 5.19 Child and Adolescent Needs and Strengths [CANS] Assessment), and
 - iii. Discuss the First Steps program and referral process with the family if the child is under the age of three (3) years, and ensure the caregiver understands that First Steps will contact them regarding an assessment for the child.
7. Follow all procedures to submit the Assessment of Alleged Abuse or Neglect Report (311) for approval within **30 days** from the date the 310 was received (see policy 4.25 Completing the Assessment Report). If the assessment is approved through SafeACT, the FCM is not responsible for completing the Safe Assessment of Alleged Abuse or Neglect (311S).

Note: If the 311 is originally submitted more than 30 days from the date the 310 was received, an additional face-to-face contact may need to be made with each child victim prior to submission of the 311 for approval to ensure no more than 30 days passes between contacts with the child.

The FCM Supervisor will:

1. Provide input, as needed, to assist the FCM in arriving at a finding for each allegation;

2. Convene a team staffing to discuss the evidence and arrive at a finding for each allegation, as appropriate;
3. Ensure the assessment is complete and approved in the case management system within 40 days from the date the 310 was received; and
4. Follow all procedures contained in policy 4.25 Completing the Assessment Report.

The SafeACT Supervisor will staff the assessment with the FCM by completing the Assessment Staffing Guide and uploading to the case management system, and:

1. Complete the 311S and close the assessment, if all information is provided to determine all children are clearly safe and the assessment should be unsubstantiated;
2. Request the FCM complete the next steps outlined in the the NMI section of the Assessment Staffing Guide; or
3. Refer the assessment back to the DCS local office if:
 - a. The SafeACT Supervisor does not have sufficient information and/or evidence to support a safety decision of clearly safe with a recommendation to unsubstantiate, or
 - b. The assessment includes allegations or factors that are complex in nature and the FCM may benefit from additional guidance and support by the local office FCM Supervisor.

LEGAL REFERENCES

- [IC 31-9-2-123: "Substantiated"](#)
- [IC 31-9-2-132: "Unsubstantiated"](#)
- [IC 31-9-2-14: "Child abuse or neglect"](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation, investigations of child care ministries](#)
- [IC 31-33-8-12: Classifying reports as substantiated or unsubstantiated](#)
- [IC 34-6-2-34.5: Domestic or family violence](#)

RELEVANT INFORMATION

Definitions

Emotional Injury

Emotional injury occurs when a child has an observable, identifiable, and substantial impairment of the child's mental or psychological ability to function as a result of an act or failure to act by a parent, caregiver, or household or family member (See the DCS Screening and Response Time Assessment [SDM Tool] for additional information on emotional injury). These acts may include, but are not limited to the following:

1. Implied or overt threats of death or serious injury of the child or others;
2. Implied or overt threats in the form of pet or animal torture; and/or
3. Constant denigration.

First Steps

Indiana's First Steps is a family-centered, locally-based, coordinated system that provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable.

Preponderance of the Evidence

An evidentiary standard used in a burden of proof analysis. Under the preponderance of the evidence standard, the burden of proof is met when the fact finder is convinced that a fact is more likely true, than not true.

SafeACT


SafeACT is a process for closing out specific assessments of CA/N when it is determined all children are clearly safe and the assessment finding is “unsubstantiated”. FCMs who have completed their working test are eligible to independently call SafeACT upon completion of an assessment. Specially trained SafeACT Supervisors are available from 8:00 AM to 4:00 PM (local time), Monday through Friday (excluding holidays) to staff the assessment and assist with documentation to close the assessment.

Forms and Tools

- [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#)
- Assessment Staffing Guide – Available in the case management system
- Child and Adolescent Strengths and Needs (CANS) Assessment – Available in the case management system
- [DCS Screening and Response Time Assessment \(SDM Tool\)](#)
- Initial Risk Assessment – Available the case management system
- [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#)
- [Safe Assessment of Alleged Child Abuse or Neglect \(SF 57056\) \(311S\)](#)

Related Policies

- [4.23 Initial Family Risk Assessment](#)
- [4.25 Completing the Assessment Report](#)
- [4.26 Determining Service Levels and Transitioning to Permanency Services](#)
- [5.19 Child and Adolescent Strengths and Needs \(CANS\) Assessment](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: March 1, 2019
	Section 23: Initial Family Risk Assessment	Version: 7

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct an [Initial Family Risk Assessment](#) to assess the future probability of Child Abuse and/or Neglect (CA/N) on all substantiated assessments.

The [Initial Family Risk Assessment](#) will not be used to arrive at a substantiation or unsubstantiation of the allegations of CA/N. See separate policies, [4.18 Initial Safety Assessment](#) and [4.22 Making an Assessment Finding](#) for further guidance.

The [Initial Family Risk Assessment](#) should be completed prior to the Child and Family Team (CFT) Meeting but no later than 35 days from the date the [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#) was received. DCS will discuss the results of the [Initial Family Risk Assessment](#) with the CFT to assist in developing a plan to reduce the risk level by thoroughly identifying and considering the family’s strengths, needs, and informal supports.

Code References

[IC 31-9-2-123 “Substantiated”](#)

PROCEDURE

The Family Case Manager (FCM) will complete the following after arriving at an assessment finding of “substantiated”:

1. Answer all questions on the [Initial Family Risk Assessment](#);
2. Determine the overall **risk level** based on the highest of either the abuse score or the neglect score; and
3. Discuss the results of the [Initial Family Risk Assessment](#) with the CFT to develop a plan to assist in the identification and utilization of the family’s strengths and informal supports to address needs.

The FCM Supervisor will:

1. Review and discuss the details of the assessment during regular [clinical supervision](#);
2. Review the [Initial Family Risk Assessment](#) and decision; and
3. Guide the FCM in assisting the family and CFT to develop a plan, which addresses the family’s needs.

PRACTICE GUIDANCE

Initial Family Risk Assessment

The [Initial Family Risk Assessment](#) is an assessment tool used by the FCM to assess the probability of both abuse and neglect. In addition to the [Initial Family Risk Assessment](#), the

FCM should reference the [Family Functional Assessment \(FFA\) Field Guide](#) when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTBQ) youth. Risk Assessment questions that may be helpful in determining the risk factors for LGBTQ youth are available in the [FFA Field Guide](#).

Completing the Initial Family Risk Assessment

Both scales of the [Initial Family Risk Assessment](#), abuse and neglect, are completed regardless of the type of allegation or substantiated type of maltreatment. The FCM must make every effort during the assessment to obtain the information needed to answer every question. However, if the FCM is unable to obtain the information to answer a particular question, that question should be scored as “0.”

Risk Levels

The [Initial Family Risk Assessment](#) identifies families with low, moderate, high, or very high probabilities of future CA/N. By completing the [Initial Family Risk Assessment](#), the worker obtains an objective appraisal of the likelihood that a family will maltreat their child in the next 18 to 24 months. The difference between risk levels is substantial. Families with high risk have significantly higher rates of subsequent allegations and substantiations than families with low risk, and they are more often involved in serious CA/N incidents.

Determining Overall Risk Level

The scores for the abuse scale and the neglect scale are totaled separately. The higher of the two (2) scores is used to determine the risk level as indicated in the chart below:

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 present at the end of the assessment, a case should be opened regardless of risk level.

FORMS AND TOOLS

1. [Initial Family Risk Assessment](#) - available in the case management system
2. [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\) \(310\)](#) – available in the case management system
3. [Family Functional Assessment \(FFA\) Field Guide](#)- available on the Indiana Practice Model SharePoint

RELATED INFORMATION

Purpose of the Initial Family Risk Assessment

The purpose of the [Initial Family Risk Assessment](#) is to assess the probability of CA/N. When risk is clearly defined and objectively quantified, the choice between serving one (1) family or another is simplified. DCS resources are targeted to families with higher risk because of the greater potential to reduce subsequent maltreatment.

The [Initial Family Risk Assessment](#) is based on research of cases with substantiated CA/N. The researchers examined the relationships between family characteristics and the outcomes of

subsequent substantiated CA/N. The tool does not predict recurrence but simply assesses whether a family is more or less likely to have a future incident without intervention.

Safety vs. Risk Assessment

It is important to keep in mind the difference between safety and risk when completing the [Initial Family Risk Assessment](#). The Safety Assessment assesses the child's present danger and the interventions currently needed to protect the child. In contrast, the Risk Assessment looks at the likelihood of future maltreatment.


Risk of Abuse vs. Risk of Neglect

Different family dynamics are present in abuse situations than in neglect situations. Therefore, separate scales are used on the [Initial Family Risk Assessment](#) to assess the future probability of abuse and neglect.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: December 1, 2021
	Section 25: Completing the Assessment Report	Version: 7

POLICY OVERVIEW

At the conclusion of each assessment, the Indiana Department of Child Services (DCS) will complete an Assessment of Alleged Child Abuse or Neglect Report (311) or a Safe Assessment of Alleged Child Abuse or Neglect (311S) if the assessment is completed through the Safe Assessment Closure Team (SafeACT), to provide a summary of the alleged Child Abuse and/or Neglect (CA/N) findings.

PROCEDURE

The Family Case Manager (FCM) will:

1. Review all information documented during the assessment, including but not limited to: paper files, the case management system log notes and contacts, audio and visual recordings;
2. Provide each parent, guardian, custodian, and alleged perpetrator with a copy of the Notice of Availability of Completed Report and Information and document in the 311;

Note: If the alleged perpetrator is a child, provide the Notice of Availability of Completed Report and Information to the child’s parent, guardian, or custodian.

3. Follow the procedures outlined in policy 4.22 Making an Assessment Finding to arrive at a finding of substantiated or unsubstantiated for each allegation;

Note: For an assessment in which all children are determined to be clearly safe, and the assessment will be unsubstantiated and completed through SafeACT, this is the last procedural step the FCM will complete in this policy. See policy 4.22 Making an Assessment Finding for additional guidance.

4. Create a succinct narrative in the 311 that summarizes the evidence gained during the assessment;
5. Review the 311 for accuracy and completeness; and
6. Forward a copy of the 311 to the assessment FCM Supervisor and confirm receipt through a standardized delivery process.

For an assessment that does not go through SafeACT, the FCM Supervisor will:

1. Review the 311 for accuracy and completeness; and
2. “Approve” the 311 if it is deemed accurate and complete.

For an assessment staffed through SafeACT, the SafeACT Supervisor will complete the 311S and close the assessment as unsubstantiated, upon receiving the required information from the

FCM to determine all children are clearly safe. See policy 4.22 Making an Assessment Finding for additional guidance.

Upon approval of the 311 and/or 311S, DCS will:

1. Email a copy of each substantiated 311 to the Prosecuting Attorney and to the Coordinator of the CPT;

Exception: A copy of each substantiated 311 will be sent to the coordinator of the CPT unless, due to the high number of these reports monthly, an agreement has been reached and is in writing between DCS and the CPT that an alternate selection method will be used.

2. Ensure a copy of the Forty-five (45) Day Report of Assessment is sent to the administrator of the facility that made the report. See policy 4.21 Forty-five (45) Day Report of Assessment for additional guidance;
3. Upon request, make available each unsubstantiated 311 or 311S, prior to expungement; and
4. Upon request, make available a copy of any 311 (substantiated or unsubstantiated) or 311S to the appropriate court and/or Law Enforcement Agency (LEA).

LEGAL REFERENCES

- [IC 31-33-7-8: Reports after initiation of assessment or investigation; contents; confidentiality](#)
- [IC 31-33-8-9: Provision of copies of investigative report by department of child services](#)
- [IC 31-33-8-12: Classifying reports as substantiated or unsubstantiated](#)

RELEVANT INFORMATION

Definitions

SafeACT


SafeACT is a process for closing out specific assessments of CA/N when it is determined all children are clearly safe and the assessment finding is “unsubstantiated”. FCMs who have completed their working test are eligible to independently call SafeACT upon completion of an assessment. Specially trained SafeACT Supervisors are available from 8:00 AM to 4:00 PM (local time), Monday through Friday (excluding holidays) to staff the assessment and assist with documentation to close the assessment immediately.

Forms and Tools

- [Assessment of Alleged Child Abuse or Neglect Report \(SF 113\) \(311\)](#)
- [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#)
- [Notice of Availability of Completed Report and Information \(SF 48201\)](#)
- [Safe Assessment of Alleged Child Abuse or Neglect \(SF 57056\) \(311S\)](#)

Related Policies

- [4.21 Forty-Five \(45\) Day Assessment](#)
- [4.22 Making an Assessment Finding](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2019
	Section 26: Determining Service Levels and Transitioning to Permanency Services	Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will intervene in the lives of children and families at the least intrusive level possible, given the assessment findings and circumstances of each case. DCS should utilize and link families to appropriate resources, within their local community, to meet the families' needs.

DCS will make a determination about the family's initial service needs and offer services as early in the assessment as possible, in order to ensure child safety and well-being. DCS will utilize the Child and Adolescent Needs and Strengths (CANS) Assessment, Risk Assessment, and Safety Assessment to determine the most appropriate service array and intensity, based on the family's level of need. See [Practice Guidance](#) for factors that may aid DCS in the assessment of domestic violence situations.

DCS will continue to monitor the safety and well-being of the child throughout the assessment. Before transferring to permanency services, DCS will complete a Child and Family Team (CFT) Meeting (see policy, [5.7 Child and Family Team Meetings](#)) to identify appropriate permanency services to meet the needs of the family.

Code References

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

PROCEDURE

The FCM will:

1. Utilize the family's [Safety Assessment](#), [Risk Assessment](#), [CANS Assessment](#), and the [Family Functional Assessment Field Guide](#) as tools to assist the FCM, family, and CFT to mutually determine the family's [strengths](#) and [underlying needs](#) (see policies, [4.18 Initial Safety Assessment](#), [4.23 Initial Risk Assessment](#), and [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#));
2. Identify any challenges to the family's basic survival (e.g., a lack of adequate food, housing, employment, transportation, healthcare or childcare). If assistance is required:
 - a. Provide the family with information regarding the [Division of Family Resources](#) and other community service providers; and/or
 - b. Request emergency funds when other resources are not immediately available by submitting the [Request for Additional Funding \(SF54870\)](#) (see policy, [16.3 Assistance for a Family's Basic Needs](#)).

3. Collaborate with the family and the CFT to identify needed services based on the family's [strengths](#) and [underlying needs](#) (see policy, [5.7 Child and Family Team Meetings](#)).

Note: Ensure the plan addresses visitation (if applicable) and the needs of the parents (including noncustodial and incarcerated parents) and the child (see policies [5.10 Family Services](#) and [8.12 Developing the Visitation Plan](#)).

4. Complete a [Provider Referral\(s\)](#) in KidTraks to refer the family for available and appropriate services within 10 business days of identifying the service need (if the case has not transitioned to the permanency worker). See [Related Information](#) and [Practice Guidance](#) for more information;
5. Monitor the family's progress by:
 - a. Maintaining contact with service providers to assess the family's level of participation in services, and
 - b. Reviewing the family's progress at each face-to-face contact and during CFT meetings (see policies: [5.7 Child and Family Team Meetings](#), [7.3 Minimum Contact](#), [7.5 Meaningful Contacts](#), [8.10 Minimum Contact](#), and [8.43 Meaningful Contact](#));
6. Ensure all actions taken are documented in the case management system; and
7. Ensure the permanency worker is aware of visitation plans, services referred, and any additional needs of the family.

The FCM Supervisor will:

1. Review assessment details with the FCM during Safety Staffing and regular [clinical supervision](#) (see policy, [4.41 Safety Staffing](#));
2. Ensure that visitation plans (if applicable) and referrals for services are completed as required;
3. Ensure all actions taken are documented in the case management system; and
4. Ensure that the permanency worker is aware of the details of the case and actions taken.

PRACTICE GUIDANCE

Making a Referral

Prior to creating a service referral, identify the needs of the family to determine what services would be the most appropriate. Ensure all referrals include the following:

1. Accurate contact information for the family and FCM;

Note: Ensure contact information is entered correctly in the case management system prior to creating a referral in KidTraks.

2. Information about the child's placement, safety plan, applicable court orders (e.g., no contact orders or individuals that should not be in the home), and others involved in the case (e.g., other household members, Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL), non-custodial parents, and education providers);
3. Identified worker safety issues (e.g., drug use, domestic violence, and weapons);
4. A short summary about the reason for DCS involvement, including any previous involvement and services offered;

5. Approved locations for services to take place, if applicable;
6. Information about participant availability;
7. The level and frequency of services;
8. Information about other service providers working with the family and the services they are providing; and
9. The family goals and provider expectations, as documented in the case plan, to assist the family in achieving safe, sustainable case closure.

Note: If making a referral on behalf of another DCS employee, ensure the contact information for the assigned FCM is provided in the pertinent information section.

Additional information about service providers, available interventions, service mapping, and making a referral can be found on SharePoint at <https://www.in.gov/dcs/3925.htm>.

Domestic Violence Services

FCMs are encouraged to recommend domestic violence services to any family in which domestic violence may be present. However, mandating or forcing a **non-offending** parent to participate in domestic violence services may be contrary to the concept of empowerment, and this may actually be perceived by the non-offending parent as mirroring the same coercive and threatening behaviors of the alleged domestic violence offender.

Factors which may suggest a child may remain safe in the home:

1. The non-offending parent acknowledges risk to the child and demonstrates protective capacities;
2. The non-offending parent and child are in a shelter or other safe location;
3. The alleged domestic violence offender's access to the child and non-offending parent, or his or her activities with them, are restricted (e.g., in jail, complying with protective orders, or no-contact orders);
4. The alleged domestic violence offender is demonstrating responsibility for his or her behavior and is actively engaging in intervention programs;
5. The child shows minimal behavioral or emotional effects from the domestic violence;
6. The child has a supportive adult in the home;
7. An older child has a plan to be safe and the ability to carry out the plan;
8. Violence is not escalating and alleged domestic violence offender's prior history does not include known violent behavior;
9. Other issues (e.g., substance abuse, mental health, etc.) do not pose safety threats; and
10. The non-offending parent has supportive extended family or community ties.

If the non-offending parent is remaining with the offender, consider the following:

1. Will the child be safe if he or she remains in the home?
2. In an emergency, what works best to keep the child safe?
3. Who can the non-offending parent call in a crisis?
4. Would the non-offending parent call the police if the violence started again? Is there a phone in the home? Could the non-offending parent develop a plan with the child or neighbors to call the police or get help?
5. If the child and/or non-offending parent need to leave the home, where can they go?

Factors which may suggest that a child needs an out-of-home placement:

1. No other workable plan can be put in place that ensures child safety;
2. Other types of child abuse exist, which creates safety threats;

3. The alleged domestic violence offender continues to expose the child to serious violence despite intervention;
4. The alleged domestic violence offender continues to have unauthorized contact with the child, which presents safety concerns;
5. The alleged domestic violence offender's history includes known violent behaviors;
6. The child has increased vulnerability due to his or her physical, emotional and/or developmental ability and/or age; and/or
7. Adult abuse of alcohol or other drugs presents additional safety threats in the home.

An out-of-home placement for cases involving domestic violence should **only** be considered when all other means of safety have been considered and offered, when the child is at imminent risk of placement, or the non-offending parent is unable to protect the child or accept services.

FORMS AND TOOLS

1. [Family Functional Assessment Field Guide](#) - Available on the Indiana Practice Model SharePoint
2. [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) – Available in KidTraks
3. [Initial Safety Assessment](#) – Available in the case management system
4. [Initial Family Risk Assessment](#) – Available in the case management system
5. [In-Home Risk and Safety Reassessment](#)– Available in the case management system
6. [Out-of-Home Risk and Safety Reassessment](#)
7. [Program of Informal Adjustment](#) – Available in the case management system
8. [Case Plan \(SF 2956\)](#) – Available in the case management system
9. [Provider Referral](#) – Available in KidTraks
10. [Request for Additional Funding \(SF 54870\)](#)
11. [Service Mapping Tool](#) – Available in KidTraks

RELATED INFORMATION

Recommended Service Levels

No services needed

Children are assessed as safe. There are no (or extremely low) risk factors. The child and the family is able to manage any risk factors using its own strengths and resources.

Referral to prevention services: There is low risk to the child, but the family is not able to manage risk factors using its own strengths and resources. However, the family is able to use prevention resources for support without ongoing DCS case management services. DCS involvement is limited to actively linking the family with those prevention services and community resources that effectively and safely address its needs.

Informal Adjustment (IA): An IA may be appropriate for the child in families where risk levels range from moderate to very high, but coercive intervention of the court is not needed. DCS will work with the family to develop the terms of the IA, monitor participation in services, and regularly evaluate the child's safety. The court must approve the IA. Consequences for not complying with the terms of the IA may include, but are not limited to, court intervention, such as filing a Child in Need of Services (CHINS) petition (see policy, [5.9 Informal Adjustment \(IA\)](#)).

CHINS: DCS may file a CHINS petition (highest level of intervention) for children in families where the risk level is high or very high and coercive intervention of the court is needed to

ensure the child's safety and well-being. The child may stay in the home or be placed in substitute care. The court monitors the case, including the [Case Plan \(SF 2956\)](#) and permanency goal. Consequences for parental noncompliance with the [Case Plan \(SF 2956\)](#) and permanency goal may include, but are not limited to, a placement in substitute care, and in the most extreme circumstances, termination of parental rights (TPR).

Functional Strengths

Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader and work toward a clear goal, are strengths that may be utilized to meet the family's goals.

Underlying Needs

Underlying needs are the root source of an individual and/or family's challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family's outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

Protective Factors


Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:

1. Nurturing and attachment to the child;
2. Knowledge of parenting and of child and youth development;
3. Family resilience;
4. Social connections;
5. Concrete supports; and
6. Social and emotional competence of the child.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2007
	Section 27: Child Protection Index (CPI)	Version: 1

STATEMENTS OF PURPOSE

When a report of Child Abuse and/or Neglect (CA/N) is substantiated, the Indiana Department of Child Services (DCS) will enter all appropriate information into the Child Protection Index (CPI).

No later than 30 days after DCS enters a substantiated CA/N report into the CPI, DCS shall notify the parent, guardian, or custodian of the victim/child who is named in the report and any substantiated perpetrator, that DCS has entered the report into the CPI.

DCS will release information contained in the CPI only in accordance with Indiana law. Refer to policy, [2.6 Sharing Confidential Information](#).

Code References

1. [IC 31-33-26-8 \(b\): Notification after index entry; notice to perpetrators; request for administrative hearing](#)
2. [IC 31-33-26-16 \(a\): Access to index information](#)

PROCEDURE

The Family Case Manager (FCM) will mail the [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review](#) to all perpetrators. See [Chapter 2 Notification Tool](#). Non-Offending parent(s), guardian, or custodians will receive [Notice of Substantiation of Report of Child Abuse or Neglect \(SF 53252\)](#).

PRACTICE GUIDANCE

N/A

FORMS

1. [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review](#) – available in [Chapter 2 Notification Tool](#).
2. [Notice of Substantiation of Report of Child Abuse or Neglect \(SF 53252\)](#)


RELATED INFORMATION

Perpetrator Right to Appeal

All persons named as perpetrators are entitled to request first an Administrative Review by the DCS Local Office Director and then a hearing by an Administrative Law Judge (ALJ) of the decision to substantiate a report of CA/N except if a Child in Need of Services (CHINS) case or a criminal case has been filed. In those instances, a court will have final authority. Refer to separate policies, [2.1 Requests for Administrative Review](#), [2.2 Administrative Review Process](#), [2.3 Child Care Workers Assessment Review Process](#), 2.4 Assessment and Review of DCS Staff Alleged Perpetrators, and [2.5 Administrative Appeal Hearings](#).

Changing the State Central Registry (SCR) and Central Client Index (CCI) into the CPI

The 2006 legislative session called for a merging of the SCR and CCI into one registry now known as the CPI. The merging of these two databases will take the child protective services (CPS) information housed in the CCI and the notice requirements of the SCR and incorporate them into the new CPI. This will allow outside agencies conducting CPS checks on their employees or volunteers to have access to all substantiated information instead of the limited information previously available in the SCR. All information housed in the old CCI will be accessible to DCS staff in the CPI.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2021
	Section 28: Removals from Parents, Guardians, or Custodians	Version: 10

POLICY OVERVIEW

Removal of a child from the child’s parent, guardian, or custodian may be necessary to ensure the child’s safety and well-being.

PROCEDURE

The Indiana Department of Child Services (DCS) will remove a child from the child’s parent, guardian, or custodian if:

1. A reasonable person would believe the child’s physical or mental condition is seriously impaired or seriously endangered due to injury by the act or omission of the child’s parent, guardian, or custodian; **or**
2. The child’s physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child’s parent, guardian, or custodian to supply the child with necessary food, clothing, shelter, medical care, education, or supervision; **and**
3. The coercive intervention of the court is needed to protect the child.

Note: An assessment involving domestic violence does not always warrant an automatic removal to ensure the safety of the child.

The DCS local office will neither delay nor deny placement of the child in an available resource home based on the race, color, or national origin of the child or resource parent when a child who is believed to be a foreign national or an Indian child is removed due to an immediate safety concern.

When it is determined an involuntary removal of a child is necessary, the Family Case Manager (FCM) will:

1. Obtain supervisory approval prior to removal of any child from their parent, guardian, or custodian;
2. Ask the parent, guardian, or custodian if they need a reasonable accommodation due to a disability. If there are any barriers to communication with the parent, guardian, or custodian, or a reasonable accommodation is requested, take necessary action to make appropriate, reasonable accommodations;
3. Obtain a court order authorizing the removal unless emergency removal is necessary to protect the immediate health and safety of the child;

Note: In an Indian Child Welfare Act (ICWA) or potential ICWA case, the emergency removal only exists if a child alleged to be an Indian child is in imminent physical danger. See policy 2.12 Indian Child Welfare Act (ICWA) for additional information and the Guidelines for Implementing the Indian Child Welfare Act for additional information.

4. Request Law Enforcement Agency (LEA) presence at the removal. DCS will not remove a child without LEA present, unless:
 - a. Emergency removal is necessary; and
 - b. LEA has been contacted, but is unable to be present during the removal and there is an immediate concern for the safety or well-being of the child.

Note: If DCS removes a child without a court order and/or LEA present, DCS will document in the case management system the reasons why such measures were necessary.

5. Obtain information about the child in order to make the transition for the child as easy and as safe as possible;
6. Prepare the child for removal. See policy 8.08 Preparing Child for Placement for additional information;
7. Ask the question, "Is this an Indian child?" If the child is believed to be an Indian child, complete the Indian Status Identification and genogram with the family and forward the completed documents to the FCM Supervisor for review, who will then forward documents to the DCS Staff Attorney;

Note: In ICWA cases, the DCS Staff Attorney will utilize the information from the Indian Status Identification and genogram to complete the ICWA notifications to the parent, Indian custodian, and/or Indian tribe in accordance with ICWA Guidelines.

8. Provide the child's parent, guardian, or custodian, including an alleged father or any known non-custodial parent, 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 at the time of removal, or notify the parent, guardian, or 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 a Custody of/Filing a Petition on Behalf of a Child Alleged to be a Child in Need of Services if they were not present at the time of removal. If the parent is a minor, provide 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 to the minor parent and the minor parent's parent, guardian, or the custodian.
9. Complete the Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstances to document why the child was removed without a court order and/or without LEA presence if such extreme measures were taken;
10. Complete a diligent search to identify all adult relatives. See policy 2.06 Diligent Search for additional guidance;

Note: Consider completing a referral to the DCS Investigators, if assistance is needed.

11. Complete and send the Notice to Relatives to the following adult relatives within 30 days of a child being removed from his or her parent, guardian, or custodian:
 - a. Paternal and maternal grandparents,
 - b. Aunts and uncles,
 - c. Siblings of the child involved (see Relevant Information for the definition of a sibling),
 - d. Parent of a child's sibling if the parent has legal custody of the sibling, and
 - e. Any other relatives suggested by the child or parent.

12. Consider the suitability of noncustodial parents, relatives, and former foster parents when securing appropriate placement for the child. See policies 8.01 Selecting a Placement Option and 8.09 Placing a Child in Out-of-Home Care for additional information;

Note: Ask if the noncustodial parent, relative, and/or former foster parent needs a reasonable accommodation due to a disability.

13. Notify the child's school of the child's removal as soon as the child is safely placed to ensure the school is aware of any safety measures and/or medical interventions needed;
14. Complete a referral to the Education Services Team within 24 hours to request the School Notification and Best Interest Determination (BID) be submitted to the child's school. See policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement for additional information;
15. Notify the DCS Central Eligibility Unit (CEU) when a child receiving benefits from the Adoption Assistance Program (AAP) or the Guardianship Assistance Program (GAP) is removed from the home;
16. Complete the Consulate/Embassy Notification immediately when a foreign or a child with dual nationality is detained or a foreign nationality is identified, whichever comes first, and send to the International and Cultural Affairs (ICA) liaison. See policy 2.22 International and Cultural Affairs Services for more information;

Note: A Consulate/Embassy Notification must be completed for each child. A copy of any case documents (e.g., court orders, identification documents, and paternity orders) and any additional contact information should be attached when the Consulate/Embassy Notification is submitted.

17. Complete the Preliminary Inquiry (PI) and submit it to the FCM Supervisor for review;
18. Consult with the DCS Staff Attorney to finalize the PI for submission to the court and request a Detention Hearing be scheduled to occur within 48 hours of detention of the child, excluding Saturdays, Sundays, and state holidays;
19. Provide the parent, guardian, or custodian with advance written notification of the Detention Hearing using the Notice of Hearing. Also, see notification responsibilities for ICWA in policy 2.12 Indian Child Welfare Act (ICWA);
20. Complete the DCS Child Support Worksheet Questionnaire Form in consultation with the parent, guardian, or custodian and submit it to the DCS Staff Attorney. See policy 2.20 Establishment of Child Support Orders;
21. Gather the information necessary to determine eligibility for federal funding when a child is removed from the home;
22. Coordinate and facilitate the Child and Family Team (CFT) Meeting when it has been determined the child is at imminent risk of removal. See policy 5.07 Child and Family Team (CFT) Meetings for additional information;

Note: The CFT composition may look different in the assessment phase. Over time, the functioning of the team may change and other team members may be identified.

23. Complete a Child and Adolescent Needs and Strengths (CANS) Assessment. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional information;
24. Complete a referral for ICA services if ICA needs are identified; and

25. Ensure all information and actions taken are documented in the case management system.

Note: If a child is removed from the home for more than 24 hours, the case needs to be entered in the case management system, as required by Adoption and Foster Care Analysis and Reporting System (AFCARS).

The FCM Supervisor will:

1. Staff with the FCM and provide supervisory approval for removal of a child when it has been determined the child cannot safely remain in the home;
2. Assist the FCM with any removal activities; and
3. Review the PI prior to the DCS Staff Attorney screening the PI and CHINS petition.

The DCS Staff Attorney will:

1. Staff with the FCM and FCM Supervisor, as needed, regarding the involuntary removal;
2. Review the PI prior to securing a Detention Hearing;
3. Email or fax the Consulate/Embassy Notification to the ICA liaison, if applicable;
4. Provide the ICWA notification to the child's parent, Indian custodian, and/or Indian tribe within the mandated timeframe, and obtain confirmation of child's eligibility (or non-eligibility) for membership in a U.S. Federally Recognized tribe, if applicable;
5. File a request for authorization to file a CHINS petition;
6. Prepare a CHINS petition and file upon receipt of authorization to file from the court;
7. Ensure a motion is filed timely for a detention hearing. See policy 6.01 Detention/Initial Hearing for additional information; and
8. Ensure required language regarding Contrary to the Welfare/Best Interests of the child (CW/BI), Reasonable Efforts (RE) to Prevent Removal, and Placement and Care Responsibility (PC) to DCS or Active Efforts for ICWA cases is included in the Detention/Initial court order.

The ICA Liaison will:

1. Send the Consulate/Embassy Notification to the appropriate consulate or embassy of the child's country of origin, if applicable; and
2. Serve as the liaison for DCS and each respective consulate or embassy in sharing information as allowed by law. See policy 2.22 International and Cultural Affairs Services for additional information.

The Education Services Team will complete the School Notification and Best Interest Determination (BID) form and submit it to the appropriate school personnel.

LEGAL REFERENCES

- [IC 31-33-8-8: Order for child's immediate removal](#)
- [IC 31-32-3-10.5 Definitions; waiting lists](#)
- [IC 31-34-2-3: Taking a child into custody without court order; documentation](#)
- [IC 31-34-2-6: Documentation by person taking child into custody without court order; forms](#)
- [IC 31-34-4: Temporary Placement of Child Taken into Custody](#)
- [IC 31-34-3-4.5: Notice of removal of child](#)
- [IC 31-34-3-4.7: Notice to School of Child Taken into Custody](#)
- [IC 31-9-2-107\(b\): "Relative"](#)

- [IC 34-30-2-134: Reporting Child Abuse or Neglect](#)
- [42 USC 671 \(a\)\(29\): Notification of Parents of Siblings](#)
- [IC 31-9-2-88: "Parent"](#)
- [IC 31-10-2-1: parent](#)
- [IC 31-27-4-6.5: foster parent](#)
- [42 USC 12102: Definition of disability](#)

RELEVANT INFORMATION

Definitions

Alleged Father

An alleged father is any man claiming to be or charged with being a child's biological father who has not yet been established as the child's legal father.

Non-custodial Parent

A non-custodial parent is a person who does not have physical custody of the child.

Parent

A parent, as defined by 31-9-2-88, is a biological or an adoptive parent. The term refers to both parents, regardless of the marital status. A parent includes an alleged father.

Sibling

A sibling is defined as:

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

Foreign National

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


Forms and Tools

- [Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstances \(SF 49584\)](#)
- [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 \(SF 47114\)](#)
- Notice of Hearing – Available in the [Juvenile Justice Benchbook: Child in Need of Services](#)
- [Notice to Relatives \(SF 55211\)](#)
- [Consulate/Embassy Notification \(SF 55676\)](#)
- [DCS Child Support Worksheet Questionnaire Form](#)
- [Title IV-E and Title IV-A/EA Information \(SF 55435\)](#)
- Preliminary Inquiry (PI) – Available in the case management system
- [Indian Status Identification \(SF 55407\)](#)

Related Policies

- [2.06 Sharing Confidential Information](#)
- [2.12 Indian Child Welfare Act \(ICWA\)](#)
- [2.20 Establishment of Child Support Orders](#)

- [2.22 International and Cultural Affairs Services](#)
- [5.07 Child and Family Team Meetings](#)
- [6.01 Detention/Initial Hearing](#)
- [8.01 Selecting a Placement Option](#)
- [8.08 Preparing a Child for Placement](#)
- [8.20 Educational Services](#)
- [8.22 School Notifications and Legal Settlement](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2019
	Section 29: Joint Assessments	Version: 4

STATEMENTS OF PURPOSE

Upon receipt of a report of suspected Child Abuse and/or Neglect (CA/N) the Indiana Department of Child Services (DCS) will contact the Law Enforcement Agency (LEA) in the appropriate jurisdiction to request a joint assessment in certain circumstances.

DCS will request joint assessments with LEA when CA/N allegations include, but are not limited to:

1. All reports that require a two (2) hour response time;
2. Child fatalities and near fatalities. See policy [4.31 Fatality and Near Fatality Assessments](#);
3. Child sexual abuse. See policy [3.8 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#) for legal definition of sexual abuse; and

Note: DCS Institutional Child Protection Service (ICPS) Unit may also request joint assessments with LEA for licensed childcare homes, residential childcare centers, or schools (or employees or volunteers of those persons or entities).

4. All reports of Human Trafficking; see policy [2.21 Human Trafficking](#).

DCS ICPS Unit will **not** conduct an assessment involving an unlicensed registered child care ministry without LEA involvement unless the child care ministry accepts Child Care Development Fund (CCDF).

DCS will document efforts to contact LEA for all reports in the case management system. DCS will not be deterred from initiating a CA/N assessment within the necessary time frame due to a delay in LEA response, unless allegations indicate the child's home may be the site of a contaminating controlled substance or other safety concerns exist for the responding FCM and an interview with the child at an alternate site is not practical. Refer to the [Indiana Drug Endangered Children \(DEC\) Response Protocol](#). See policy [4.38 Assessment Initiation](#).

During a criminal investigation of CA/N, DCS will cooperate with the county or district prosecutor and LEA. However, DCS will not act as law enforcement by gathering evidence or interviewing persons for the sole purpose of a criminal investigation. The DCS focus will be on assuring the safety of children.

Code References

1. [IC 31-9-2-31: "Custodian"](#)
2. [IC 31-33-7-7: Law enforcement agency investigation and communication of information](#)
3. [IC 31-33-8-1: Investigations of child care ministries by the department of child services](#)
4. [IC 31-33-8-2: Investigations by Law enforcement agencies](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Request LEA assistance and document LEA's response to DCS's request in the case management system.

If LEA is able to respond within the assessment timeframe required by DCS (see policy [4.38 Assessment Initiation](#)), the FCM will:

1. Make contact with LEA to discuss the allegations and a plan for the interview and other assessment activities; and
2. Cooperate with LEA to complete all steps necessary in a routine CA/N assessment. See policy [4.03 Conducting the Assessment](#).

If LEA is unable to respond within the assessment timeframe required by DCS (see policy [4.38 Assessment Initiation](#)), the FCM will:

1. Document in the case management system a request was made to LEA for a joint assessment (date and time of request and to whom it was sent);
2. Proceed with the assessment as required; and
3. Anticipate that LEA may join the DCS assessment at any time during the process.

FCMs will:

1. Stay in regular contact with LEA, including providing copies of all pertinent CA/N assessment files, when LEA and DCS are investigating the same family;
2. Follow local agreements and protocols to resolve any conflicts between DCS and LEA about differing methods of assessment; and
3. Testify at criminal hearings when subpoenaed to do so.

PRACTICE GUIDANCE

DCS Participation in Joint Interviews

When conducting a joint interview with LEA, DCS will participate in the interview (vs. merely observe) to the extent practical given the circumstances.

Alleged Perpetrator in Police Custody

If the alleged perpetrator is in police custody, the FCM must obtain authorization to conduct the interview. This is necessary to ensure that the alleged perpetrator's rights under criminal law are protected. If the perpetrator's attorney does not allow the interview, or the perpetrator who is not represented by an attorney refuses to be interviewed, the FCM must immediately advise the FCM Supervisor and document thoroughly.

FORMS AND TOOLS


[Indiana Drug Endangered Children \(DEC\) Response Protocol](#)

RELATED INFORMATION

Rationale for Joint Assessments

Teamwork offers several benefits to both the alleged victim(s) and the professionals involved in the assessment. Coordinated responses can reduce the number of interviews a child undergoes. It can minimize the number of personnel involved in the assessment and duplication

of efforts. Teamwork can enhance the quality of evidence. A joint assessment can expedite the provision of necessary assistance to the victim and/or family.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: August 1, 2021
	Section 30: Conducting Institutional Investigations by the ICPS Unit	Version: 7

STATEMENTS OF PURPOSE

The Institutional Child Protection Services (ICPS) Unit will conduct an assessment of a report of Child Abuse and/or Neglect (CA/N) if the allegations state the incident of CA/N occurred while the child was in the care of one of the following:

1. Residential Facility (e.g., DCS licensed Child Caring Institution, Group Home or Private Secure Facility);
2. School;
3. Hospital;
4. Juvenile Correctional Facility;
5. Adult Correctional Facility that houses juvenile offenders;
6. Bureau of Developmental Disabilities (BDDS) Certified Group Home;
7. Licensed Child Care Home or Center;
8. Unlicensed Registered Child Care Ministry; or
9. Unlicensed Child Care Home or Center (see [Related Information](#)).

Note: DCS will not conduct an assessment on an unlicensed registered child care ministry without Law Enforcement Agency (LEA) involvement unless the child care ministry receives Child Care Development Fund (CCDF) vouchers.

The ICPS Unit will not assess CA/N reports on foster homes or fatalities/near fatalities. The DCS local office will assess these reports.

Note: The DCS local office shall coordinate with ICPS on any assessment that involves a fatality/near fatality that occurs in an institutional setting.

Code References

1. [IC 31-33-8-1 Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
2. [IC 31-33-7-8 Reports after an initiation of assessment or investigation; contents; confidentiality](#)
3. [IC 31-33-18-2 Disclosure of un-redacted material to certain persons](#)

PROCEDURE

To investigate an institutional report, the ICPS Family Case Manager (FCM) will:

1. Review the [Preliminary Report of Alleged Institutional Child Abuse or Neglect \(SF 49549\) \(310A\)](#) and initiate the assessment within the appropriate response time, based on the nature of the allegations. See policies, [4.1 Reviewing the Child Abuse and/or Neglect \(CA/N\) Intake Report and Other Records](#), [4.38 Assessment Initiation](#) and [4.29 Joint Assessments](#);

2. Address initial and future safety concerns of the alleged victim through a [Safety Plan \(SF 53243\)](#), when appropriate. The ICPS FCM will document whether any safety measures were taken or why no action was needed in the case management system;
3. Obtain supervisory approval of the [Safety Plan \(SF 53243\)](#);
4. Notify the parent, guardian, or custodian of the allegation(s) and request consent to interview the child unless an exception in DCS Policy exists. See policies, [4.5 Consent to Interview Child](#) and [4.6 Exigent Circumstances](#);

Note: If the child victim is placed in a residential facility by DCS, the Department of Corrections (DOC), or Probation and the alleged perpetrator is an employee or another resident at the facility, exigent circumstances exist.

5. Notify the following if the child victim and/or the child perpetrator are Child in Need of Services (CHINS) or probation wards:
 - a. The FCM or Probation Officer assigned to provide permanency services for the child; and
 - b. The Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) appointed for the child.
6. Locate the subjects of the CA/N intake report (e.g. - the alleged victim, victim's parent(s), guardian(s), or custodian, and alleged perpetrator). See policy, [4.7 Locating the Subjects](#);
7. Identify himself or herself and show proper identification at the onset of each interview.
8. Follow appropriate procedures for gaining entry into the home or facility. See policy, [4.8 Entry into Home or Facility](#);
9. Conduct the following interviews (in the order shown below, to the extent possible and practical):
 - a. An **in-person** interview with the **alleged child victim**. See policy, [4.9 Interviewing Children](#);
 - b. An in-person or phone interview with the **reporting source** (unless the reporting source is anonymous);
 - c. An in-person or phone interview with every person (child or staff) who is known to have **witnessed** the incident. See [4.5 Consent to Interview Child](#). The ICPS FCM will document in the case management system if no witnesses exist or if a child witness's parent does not consent to the interview;
 - d. An in-person or phone interview with **professionals** who did not make the report, but are believed to have first-hand knowledge that relates to the allegation(s), results of the incident, injury to the child victim, or circumstances of the family being assessed, if such professionals are accessible. The FCM will document in the case management system if no such professionals exist.
 - e. Any additional interviews necessary to gain adequate information from which to draw conclusions about the validity of the allegation(s). Examples may include, but are not limited to, DCS local office staff, DCS central office licensing staff, parents, family friends, Bureau of Child Care licensing staff, facility staff or management staff, etc.; and
 - f. An **in-person** interview with the **alleged perpetrator**. See policy, [4.11 Interviewing the Alleged Perpetrator](#).
10. Visually examine an alleged child victim as necessary to confirm alleged or suspected bodily injuries. See policy, [4.14 Examining a Child](#). Photograph visible trauma found on

- a child or secure photographs that have been taken by a medical professional or LEA. Upload and scan any photographs taken or obtained into the case management system.
11. Ensure the necessary medical and/or psychological examinations are arranged. See policy, [4.16 Medical and Psychological Examinations Drug Screens and Substance Abuse Evaluations](#);
 12. Review and obtain, when possible, the alleged child victim's records kept by the facility, such as daily log sheets, medical reports, incident reports, surveillance, etc;
 13. Review and obtain information on the alleged perpetrator and his or her custodial relationship over the alleged child victim and any other information relevant to the assessment completion;
 14. Examine and photograph pertinent areas of the institution and upload into the case management system whenever possible (e.g. classroom, hallways, items related to the allegations, etc.);
 15. Gather additional demographic information that is not already included on the CA/N intake report during the interviews;
 16. Provide each parent, guardian, or custodian, including an alleged father or any known non-custodial parent and alleged perpetrator, [Notice of Availability of Completed Reports and Information \(SF 48201\)](#) and document in the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113\) \(311\)](#). If the alleged perpetrator is a child, provide the notice to his or her parent, guardian or custodian;
 17. Discontinue the interview if at any point the ICPS FCM becomes concerned for his or her safety (e.g., the individual becomes hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment;
 18. Notify the accused employee's Regional Manager or the DCS Human Resources Office within one (1) business day if the alleged perpetrator is a DCS staff member. See policy, 2.4 Assessment and Review of DCS Staff Alleged Perpetrators;
 19. Notify any state agency that has responsibility over licensing/certification within one (1) business day;
 20. Gather additional information necessary to make a determination about the validity of the allegations;
 21. Document all information gathered during the assessment in the case management system;
 22. Seek supervisory input as needed throughout the assessment;
 23. Document good faith attempts if unable to complete any element of the assessment and seek supervisory input. See policy, [4.20 Good Faith Efforts](#);
 24. Send the [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) to the administrator of the facility that made the CA/N report, if applicable. See policy, [4.21 Forty-five \(45\) Day Report of Assessment](#);
 25. Arrive at a finding of substantiated or unsubstantiated for each allegation. See policy, [4.22 Making an Assessment Finding](#);
 26. Complete the Assessment Report. See policy, [4.25 Completing the Assessment \(Investigation\) Report](#);
 27. Ensure that the alleged perpetrator is notified of his or her right to administrative review, including the right to participate in an informational review prior to arriving at a finding if the alleged perpetrator is a child care worker or resource parent. See policies, [2.1 Notice of Assessment Outcome](#), [2.2 Administrative Review Process](#), [2.3 Child Care Worker Assessment Review Process](#), and 2.4 Assessment and Review of DCS Staff Alleged Perpetrators; and
 28. Provide a copy, upon request, of the **approved** [Assessment of Alleged Child Abuse or Neglect Report \(SF 113\) \(311\)](#) to the director of a residential facility when a CA/N

assessment is completed if the allegations involved a facility employee/volunteer when the child was placed at the facility. The [Assessment of Alleged Child Abuse or Neglect Report \(SF 113\) \(311\)](#) can be released to the facility even if the child is removed prior to the completion of the assessment. See [2.6 Sharing Confidential Information](#).

The ICPS Supervisor or his or her designee will:

1. Staff the assessment regularly with the ICPS FCM;
2. Review any [Safety Plan \(SF 53243\)](#) for approval;
3. Send a copy of the **approved** [Assessment of Alleged Child Abuse or Neglect Report \(SF 113\) \(311\)](#) to the Secretary of Education if the assessment involved allegations regarding a licensed teacher (including substitutes) that occurred in the course of his or her employment as a teacher or if the assessment involved allegations that took place on school grounds. Prior to sending notice, the ICPS Supervisor or his or her designee must redact the report source from the report, as well as other identifying information on other persons if disclosure of the information would be likely to endanger the life or safety of the person; and
4. Send notice to the perpetrator regarding his or her rights to a review and an appeal of the decision if any allegations are substantiated. See policies, [2.1 Request for Administrative Review](#), [2.2 Administrative Review Process](#), [2.3 Child Care Worker Assessment Review Process](#), [2.4 Assessment and Review of DCS Staff Alleged Perpetrators](#), and [2.5 Administrative Appeal Hearings](#).

PRACTICE GUIDANCE

ICPS Sexual Abuse Allegations

When sexual acts occur involving child(ren) within an institutional setting, ICPS will assess only when the allegations are against a child or adult who is employed by or volunteers at that institution. See chart below for assignment examples:

Alleged Perpetrator	Allegation Type	Assignment
Institutional staff	Neglect/Sexual Abuse	ICPS
Child at the Institution	Sexual Abuse	ICPS
Unknown perpetrator (within the institution)	Sexual Abuse	ICPS
Unknown perpetrator (outside of institution)	Sexual Abuse	Local Office

Example: Two (2) children aged five (5) are acting out sexually in the bathroom at school. One of the children displays sexual behaviors well outside typical development and there is suspicion that the child is a victim of sexual abuse. While the incident occurred within an institutional setting there is no allegation of neglect on the school, therefore the DCS local office assesses the allegations of sexual abuse on an unknown perpetrator in regard to the child displaying the sexual behaviors.

In the event that a DCS local office or the ICPS unit receives a [Preliminary Report of Alleged Institutional Child Abuse or Neglect \(SF 49549\) \(310A\)](#) on a caregiver that is operating a day care home without a license or registration, the ICPS Supervisor and/or Program Manager will determine whether or not it is more appropriate for ICPS to complete the assessment.

Assigning ICPS Assessments

When assigning an assessment, the ICPS Supervisor will consider the experience and skill sets, caseloads, and schedules of available ICPS FCMs to determine the best match for the assessment. When a report is assigned, the person assigning will ensure the ICPS FCM receiving the report is notified.

Access to Information

DCS has the authority to request and secure any information from a facility that is necessary to conduct a ICPS CA/N assessment. This includes, but is not limited to: files kept on facility staff and children who attend the facility, and the facility's licensing file.

Child Care Worker Assessment Review (CCWAR)

If the alleged perpetrator is a child care worker, defined as a person who has direct contact with children through the course of employment or volunteer work in an institution, he or she is entitled to have a Child Care Worker Assessment Review (CCWAR) prior to a decision to substantiate the assessment. This review is a meeting with one (1) of the following: the DCS Local Office Director (LOD), the DCS Local Office Deputy Director, DCS Local Office Division Manager (DM), or the Regional Manager (RM), at which time the child care worker may present any additional information that he or she feels could assist DCS in making an accurate decision. See policy, [2.3 Child Care Worker Assessment Review Process](#).

Executive Branch State Agencies that Administer and/or Monitor Institutions

If another executive branch state agency is involved with the child or family, DCS will collaborate with the designated liaison from the agency.

If a listed state agency licenses, certifies or otherwise monitors an institution in which the CA/N assessment is taking place, DCS will share intake/assessment information with that state agency:

1. Indiana Department of Correction;
2. Family and Social Services Administration: Bureau of Developmental Disabilities;
3. Family and Social Services Administration: Division of Mental Health;
4. Family and Social Services Administration: Division of Family Resources.

In all fatalities/near fatalities, the ICPS unit will have the responsibility to notify the state agency of the assessment even though the local office will take the lead on the assessment.

Department of Education

DCS will share completed assessment information (substantiations and unsubstantiations) with the Department of Education when the allegations:

1. Involve a teacher in their capacity as a teacher; and/or
2. The allegation occurred on school property.

Unlicensed Child Care Home or Center

ICPS will investigate when an incident of alleged CA/N occurs in an unlicensed Child Care Home or Center that cares for more than five (5) unrelated children.

FORMS AND TOOLS

1. [Notice of Availability of Completed Reports and Information \(SF 48201\)](#)

2. [Consent of Parent, Guardian or Custodian to Interview Child\(ren\) \(SF 52013\)](#)
3. [Notice to Parent, Guardian or Custodian of Interview with Child \(SF 53130\)](#)
4. [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#)
5. [Request for Release of Assessment Information \(SF 55671\)](#)
6. [Safety Plan \(SF 53243\)](#)
7. [Assessment of Alleged Child Abuse or Neglect Report \(SF 113\) \(311\)](#)

RELATED INFORMATION


If the institution holds a license by an agency other than DCS, the ICPS FCM may discuss with his or her Supervisor and/or Program Manager if a review of the actual licensing file would further the progress of the assessment. The ICPS FCM will request to review the licensing file if it is decided that information in the file will further the progress of the assessment. In situations when an institution will not release information without a subpoena or formal request from DCS, the ICPS FCM and his or her Supervisor and/or Program Manager will take necessary steps to obtain information or evidence that would further the progress of the assessment.

Child Caregiver

[IC 31-9-2-16.4](#) defines a child caregiver as a person who provides, or is responsible for providing, care and supervision of a child (other than a child of whom the person is a parent, stepparent, grandparent, aunt, uncle, sibling, legal guardian or custodian with whom the person resides) at a residential property that is not the child's place of residence, if the person:

1. Is not required to be licensed as the operator of:
 - a. A child care home under [IC 12-17.2-5](#), or
 - b. A foster family home under [IC 31-27-4](#), and
2. Provides care and supervision of a child while unattended by the child's:
 - a. Parent,
 - b. Guardian, or
 - c. Custodian with whom the child resides, and
3. Receives more than \$2,000 in annual compensation for providing care and supervision of a child or children.

All of these requirements must be met in order for DCS ICPS to assess a child caregiver.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 31: Child Fatality and Near Fatality Assessments	
	Effective Date: February 1, 2022	Version: 10

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When there is reason to believe that Child Abuse and/or Neglect (CA/N) may have been a factor in the fatality or near fatality of a child, the Indiana Department of Child Services (DCS) will complete an assessment. Assessments are also completed on reports of a child fatality or a near fatality when it is sudden, unexpected, and unexplained and the child is under three (3) years of age. The assessment is completed to identify and evaluate the circumstances surrounding the child fatality or near fatality, which will help to determine if CA/N was a factor. The safety and any potential risks for any other children in the home are also assessed.

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PROCEDURE

DCS will coordinate child fatality and/or near fatality assessments with a Law Enforcement Agency (LEA) and will coordinate and confer with the Coroner as necessary and appropriate. A DCS assessment shall not interfere with or duplicate the LEA investigation. The DCS local office shall complete an assessment that includes information obtained from the LEA or complete a joint DCS/LEA assessment. If DCS was not involved in a joint assessment, the information from the Law Enforcement Officer and the LEA report are resources for completion of the Assessment of Alleged Child Abuse or Neglect Report (311). For example, interview dates and birth dates may be found in LEA reports. If the information obtained from LEA is insufficient for DCS to make a determination of whether CA/N occurred, DCS will attempt to clarify any missing or insufficient information with the family. The findings of the DCS assessment may differ from the findings of the LEA assessment.

The DCS local office will confer and coordinate with the Institutional Child Protection Services (ICPS) Unit, as appropriate and needed, when it is determined a fatality or near fatality has occurred in an institutional setting.

The DCS Child Abuse Hotline (Hotline) and either the local child fatality review team or the statewide child fatality review committee will be notified by the Coroner of the death of a person who is less than 18 years of age, or appears to be less than 18 years of age, and who has died in a sudden, unexpected, or unexplained manner.

In the event of a child fatality and/or near fatality, if DCS has reason to believe a parent, guardian, or custodian was impaired, intoxicated, or under the influence of drugs or alcohol immediately before or at the time of death, DCS or LEA may request the parent, guardian, or custodian submit to an alcohol/drug screen. The request must be made within three (3) hours of

the near fatality or death of the child in order for a failure to screen to be considered as the equivalent of a positive screen for purposes of assessment (see policy 4.40 Drug Screening in Assessments). If DCS is unable to request a screen within the three (3) hour window and the parent, guardian, or custodian declines to screen, it may only be treated as a refusal, and not as the equivalent of a positive test, but the request should still be made and documented. DCS must document any noted or suspected impairment of the parent, guardian, or custodian observed at any time during the course of the assessment. If DCS is not on the scene of the fatality and/or near fatality, the Family Case Manager (FCM) should interview those professionals who were there (e.g., LEA and Emergency Medical Services [EMS]), and obtain any documentation regarding impairment or lack thereof, if applicable.

For **fatality** and **near fatality** assessments, the FCM will:

1. Initiate the assessment by seeing the child (in the case of near fatalities) (see policy 4.38 Assessment Initiation for further guidance);

Note: If the child was deceased at the time of the initial report or the child died prior to contact by DCS, the FCM may create an “exception” for the initiation in the case management system that says “child was deceased prior to DCS making contact with child”.

2. Complete a face-to-face interview with other children who live in the home or were present at the time of the fatality or near fatality to assess their safety and risks (see policy 4.09 Interviewing Children). Document any safety concerns, risks, and Child Advocacy Center (CAC) interviews (if applicable) in the safety section of the 311;
3. Assist LEA with conducting interviews of family members as requested;
4. Provide each parent, guardian, custodian, and alleged perpetrator with a copy of the Notice of Availability of Completed Report and Information and document in the 311 that the form was provided. If the alleged perpetrator is a child, provide the notice to the child’s parent, guardian, or custodian. If the parent is a minor parent, provide the notice to both the minor parent and the minor parent’s parent, guardian, or custodian;
5. Complete the Child Death Review in the case management system;
6. Collect LEA records, hospital reports, Coroner’s report, final autopsy report, and the state-issued Death Certificate so that a 311 may be prepared. Also, collect EMS records, local fire department records, Department of Natural Resources (DNR) reports, and the Sudden Unexplained Infant Death Investigation (SUIDI) Reporting Form, if applicable;

Note: The Coroner’s report, final autopsy report, and state-issued Death Certificate may take some time to obtain, depending on various circumstances. Once available, a copy of the Coroner’s report and final autopsy report will be collected by the DCS local office. If the DCS local office is unable to obtain a state-issued Death Certificate, contact the Central Office Fatality Unit to request assistance in obtaining the document. Submission of the 311 to the Central Office Fatality Unit should not be delayed if only the state-issued Death Certificate is needed.

7. Ensure other actions are completed to conduct an appropriately thorough CA/N assessment in coordination with any LEA assessment (see policies 4.03 Conducting the Assessment and 4.04 Required Interviews);
8. Refer the family members to support services and document service referrals, if applicable (see policy 4.26 Determining Service Levels and Transitioning to Permanency Services);

9. Participate in consultation with a member of the Central Office Fatality Unit at approximately 45 days post-initiation of the assessment and determine if further consultation is needed;

Note: This step is only for fatality assessments, and the Central Office Fatality Unit team member will contact the FCM. For near fatality assessments, the FCM may contact the Central Office Fatality Unit if assistance is needed.

10. Make an assessment finding (see policy 4.22 Making an Assessment Finding) and submit for approval to the FCM Supervisor.

Note: For all fatalities and near fatalities, per IC 31-33-18-1.5(i) the 311 must include the following:

- a. A summary of the report of CA/N and a factual description of the contents of the report;
- b. The date of birth and gender of the child;
- c. The cause of the fatality or near fatality if the cause has been determined; and
- d. Whether DCS had any contact with the child or the perpetrator before the fatality or near fatality occurred. If DCS had contact, include the following information:
 - i. The frequency of the contact or communication with the child or a member of the child's family or household before the fatality or near fatality and the date on which the last contact or communication occurred before the fatality or near fatality,
 - ii. Any prior assessments and whether each assessment was substantiated or unsubstantiated, and
 - iii. A summary of the child's most up-to-date case status at the time the fatality or near fatality assessment is closed, including:
 1. Whether the child's case was closed by DCS before the fatality or near fatality;
 2. Reasons the case was closed if closure occurred prior to the near fatality or fatality; and
 3. Date of case closure.

When a near fatality results in a fatality, the FCM must, as soon as possible but no later than 24 hours after learning of the fatality, complete the following:

1. Send an e-mail to a member of the Central Office Fatality Unit team to provide notification of the death; and
2. Update the allegations and add the fatality tag in the case management system.

Procedure for Management for Assessments of Child Fatalities

For Assessments of **Child Fatalities**, the FCM Supervisor will:

1. Engage with the FCM to discuss assessment details and offer guidance as needed;

Note: IC 16-49-3-3 outlines the child fatality records that may be reviewed by the local child fatality review team.

2. Send one (1) hard copy of the assessment file to the Central Office Fatality Unit within 180 days following the Preliminary Report of Alleged Child Abuse or Neglect (310)_date. Use the Child Fatality/Near Fatality Assessment Checklist to arrange the file. The assessment file should include:
 - a. Completed and approved 310,

- b. Substantiated and unsubstantiated history with DCS including 310s, 311s, and contact notes,
- c. Completed and thoroughly documented assessment notes (add printed contacts from the case management system),
- d. All drug screen results,
- e. Copy of the Notice of Availability of Completed Reports and Information,
- f. Completed but unapproved 311,
- g. Hospital report,

Note: This refers to any relevant medical information relating to the fatality.

- h. Emergency Medical Services (EMS), local Fire Department records, and/or Department of Natural Resources (DNR) reports, if applicable,
- i. Copies of available newspaper clippings showing any information related to the assessment including, if applicable, criminal investigations, arrests, and trials,
- j. LEA report, any information about charges filed, and/or arrests made,
- k. Coroner and autopsy report, if applicable,

Note: If there was no autopsy, this needs to be documented in the narrative of the 311. There may be delays in obtaining Coroner reports and/or autopsy reports. For delayed receipt of the Coroner or autopsy reports, the FCM will document in the case management system the inability to obtain the report, and the FCM Supervisor will notify the Central Office Fatality Unit of the missing reports and the reason for delay. Upon receipt of the delayed report, the FCM Supervisor will complete and transmit the 311 as soon as reasonably possible.

- l. State-issued Death Certificate, and

Note: A delay in obtaining the State issued Death Certificate is not a justification for delay in sending the assessment file to the Central Office Fatality Unit. The assessment file should be submitted to the Central Office Fatality Unit without the state-issued Death Certificate when the file is otherwise ready for submission. The DCS local office may request the Central Office Fatality Unit assist them in obtaining the state-issued Death Certificate.

- m. Any and all other relevant documents or information.

3. Complete the 311.
4. Send the 311 (or request that it be sent) to the following persons, if substantiated, and follow-up by 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 Incident Response Team (CIRT) is needed to assist local staff (see policy GA-17 Critical Incident Response).

For Assessments of **Child Fatalities**, the DCS LOD or DM (if applicable) will:

1. Assess to determine if a referral to the DCS CIRT is needed to assist local staff (see policy GA-17 Critical Incident Response);
2. Review the assessment file to ensure it includes all required documents; and

3. Ensure the Child Death Review is completed in the case management system.

For Assessments of **Child Fatalities**, the RM will:

1. Assess to determine if a referral to the DCS CIRT is needed to assist local staff (see policy GA-17 Critical Incident Response); and
2. Review and sign the assessment file to verify it includes all required documents.

Procedure for Management for Assessments of Near Fatalities

For Assessments of **Near Fatalities**, the FCM Supervisor will:

1. Ensure the assessment is completed within 90 days and the case file contains:
 - a. Completed and approved 310,
 - b. Copies of any history the family may have had with DCS,
 - c. Completed but unapproved 311,
 - d. Completed and thoroughly documented assessment notes (add printed contacts from the case management system),
 - e. Hospital report,

Note: This refers to any relevant medical information relating to the near fatality.

- f. LEA report, any information about charges filed, and/or arrests made,
 - g. Emergency Medical Services (EMS) or local Fire Department records, if applicable,
 - h. Copies of available newspaper clippings showing any information related to the assessment including, if applicable, criminal investigations, arrests and trials.
2. Notify the Central Office Fatality Unit when the near fatality assessment is ready to be Approved;
 3. Provide the Central Office Fatality Unit with detailed findings of substantiation or unsubstantiation on any alleged perpetrator;

Note: The Central Office Fatality Unit will be tracking near fatalities, but will not be responsible for the review or approval of the assessments.

5. Notify the Central Office Fatality Team that the assessment is ready for approval in the case management system;
6. Ensure a copy of the completed 311 is sent to the following persons, if substantiated, and follow-up via phone to confirm receipt:
 - a. County Prosecutor, and
 - b. Investigating LEA.
7. Assess to determine if a referral to the DCS CIRT is needed to assist local staff (see policy GA-17 Critical Incident Response).

For Assessments of **Near Fatalities**, the DCS LOD or DM (if applicable) will:

1. Assess to determine if a referral to the DCS CIRT is needed to assist local staff (see policy GA-17 Critical Incident Response); and
2. Review the assessment file to ensure it includes all required documents.

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RELEVANT INFORMATION

Definitions

Coroner's Report

A Coroner's report is a document issued by an elected official (Coroner), usually based on the findings in an autopsy report.

Near Fatality

A near fatality is defined by Indiana Code as a severe childhood injury or condition that is certified by a physician as being life threatening. Life threatening is further defined as an injury or condition that is categorized as "serious" or "critical" in patient hospital records.

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

- [4.B Tool: Assessment Narrative](#)
- [Assessment of Alleged Child Abuse or Neglect Report \(SF 113\) \(311\)](#)
- [Child Fatality/Near Fatality Assessment Checklist- available in hard copy](#)
- Child Death Review - available in the case management system
- [Notice of Availability of Completed Report and Information \(SF 48201\)](#)
- [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#)
- Sudden Unexplained Infant Death Investigation (SUIDI)- available in Apps at Work and at <https://www.cdc.gov/sids/SUIDRF.htm>

Related Policies

- [GA-17 Critical Incident Response](#)
- [4.03 Conducting the Assessment- Overview](#)
- [4.04 Required Interviews](#)
- [4.09 Interviewing Children](#)
- [4.22 Making an Assessment Finding](#)
- [4.26 Determining Service Levels and Transitioning to Permanency Services](#)
- [4.38 Assessment Initiation](#)
- [4.40 Drug Screening in Assessments](#)

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LEGAL REFERENCES

- [IC 16-49: Child Fatality Reviews](#)
- [IC 16-49-3-3: Review; records and information; not subject to subpoena or discovery or admissible as evidence](#)
- [IC 31-9-2-13: "Child"](#)
- [IC 31-33-8: Investigation of Reports of Suspected Child Abuse or Neglect](#)
- [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](#)
- [IC 31-34-12-7: Failure to submit to drug or alcohol test](#)

- [IC 36-2-14-6.3: Coroner notification of child deaths; coroner consultation with child death pathologist; suspicious, unexpected, or unexplained child deaths; autopsy](#)
- [IC 36-2-14-18: Public inspection and copying of information; investigatory records; copies of autopsy; availability of report](#)
- [42 USC Chapter 67 Child Abuse Prevention and Treatment and Adoption Reform](#)

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PRACTICE GUIDANCE- DCS POLICY 4.31

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

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.

Autopsy Report

An autopsy report is a clinical report issued by a medical doctor/pathologist.

According to IC 36-2-14-18, a coroner shall make available, upon written request, a full copy of an autopsy report, including photographs, a video recording, or an audio recording of the autopsy to:

1. DCS, including the DCS local office where the death occurred;
2. The statewide child fatality review committee; and/or
3. The local child fatality review team where the death occurred.

Note: One (1) and three (3) above are for purposes of conducting a review or an investigation of the circumstances surrounding the death of a child (as defined in IC 31-9-2-13(d)(1) and making a determination as to whether the death of the child was a result of abuse, abandonment, or neglect. **An autopsy report made available under this subsection is confidential and shall not be disclosed to another individual or agency, unless otherwise authorized or required by law.**

Documenting a Fatality or Near Fatality


If a child death occurs due to substantiated CA/N, the assessment worker must check the allegation of "death due to abuse" or "death due to neglect" in the findings section for Fatality or Near Fatality assessments in the case management system. The type of maltreatment which led to the death of the child must also be checked. A bathtub drowning, for example, might be marked "death due to neglect" (from the list of neglect maltreatment types) **and** "lack of supervision" or "environment life/health endangering," depending upon the circumstances.

Near Fatality

Once the criteria for near fatality is met (see Definitions above), the allegation of "near fatality" should be marked along with any other type of maltreatment if the allegations are substantiated.

Note: Near fatality and fatality cannot be designated for the same originating injury. If a child dies as a result of the near fatality injury, the assessment is to be considered as a fatality only. The FCM Supervisor should add a mandated reason of fatality in the case management system.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2011
	Section 33: Standby Guardianship	Version: 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will consider the Standby Guardian or Alternate Standby Guardian as defined in [IC 29-3-3-7: Declaration of standby guardians; required information; duration of the guardianship](#) for purposes of determining the placement of a child who is the subject of:

1. An allegation of Child Abuse or Neglect (CAN) under [IC 31-33. Juvenile Law: Reporting an Investigation of Child Abuse and Neglect](#);
2. An open Child In Need of Services (CHINIS) case under [IC 31-34. JUVENILE LAW: CHILDREN IN NEED OF SERVICES](#); or
3. An open delinquency case under [IC 31-37. Juvenile Law: Delinquency](#).

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 policy, [8.1 Selecting a Placement Option](#).

The Standby Guardianship can be effective for 90 days upon death or incapacity of the parent of a minor or guardian.

When the parent or guardian of a minor names a Standby Guardian or Alternate Standby Guardian, or the alleged perpetrator is a Standby Guardian or Alternate Standby Guardian, then the Family Case Manager (FCM) will staff with the Supervisor, DCS Local Office Director (LOD) or designee, and a DCS Staff Attorney.

Code References

1. [IC 31-33. Juvenile Law: Reporting an Investigation of Child Abuse and Neglect](#)
2. [IC 31-34. JUVENILE LAW: CHILDREN IN NEED OF SERVICES](#)
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 Staff Attorney regarding the possible Standby Guardianship situation;
3. Consider the Standby Guardian or Alternate Standby Guardian for purposes of determining a placement if applicable; and
4. Document in the case management 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


[Family Network Diagram](#)

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
7. because of insanity, mental illness, mental deficiency, physical illness, infirmity, habitual drunkenness, excessive use of drugs, incarceration confinement, detention, duress, fraud, undue influences of others on the individual, or other incapacity (as defined in [IC 29-3-1-7.5: Incapacitated Person](#) or having a developmental disability (as defined in [IC 12-7-2-61: Developmental Disability](#)).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2017
	Section 34: Safe Haven and Abandoned Infants	Version: 5

STATEMENTS OF PURPOSE

Safe Haven

The Indiana Department of Child Services (DCS) will assume the care, control, and custody of a child¹ immediately after receiving notice that the parent:

1. Has knowingly and intentionally left the child with an emergency medical services provider or in a newborn safety device; and
2. Did not express an intent to return for the child.

The Safe Haven Law allows a parent to surrender their newborn child to an [emergency medical services provider](#). The [emergency medical services provider](#) will, without a court order:

1. Take custody of a child from any person who voluntarily leaves their child with them;
2. Perform any act necessary to protect the child's physical health or safety; and
3. Notify DCS that the child has been taken into temporary custody.

The parent's identity is protected and he or she will not be prosecuted for abandonment or neglect if he or she acts within 30 days of the birth, and the child is not harmed. The [emergency medical services provider](#) is not obligated to disclose their name or the parent's name.

No later than 48 hours after taking custody of the child, DCS will contact the [Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults](#) to determine if the child has been reported missing.

DCS will file a petition alleging that the child is a Child in Need of Services (CHINS), and ask the court to hold an Initial Hearing no later than the next business day after the child is taken into custody.

DCS will place the child in emergency foster care. This initial placement may not be considered as a long-term or adoptive placement for the child. ([See Practice Guidance](#)).

Abandoned Infants

DCS will assume the care, control, and custody of a 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 and Missing Endangered Adults](#) to determine if the child has been reported missing.

¹ Who is or who appears to be no more than 30 days old. (Safe Haven)

² Who is less than 12 months of age. (Abandoned Infants)

DCS will place the child in emergency foster care, file a petition alleging that the child is a CHINS, and petition the court for an Initial Hearing to be held no later than the next business day after the child is taken into custody.

Code References

1. [IC 31-34-2.5: Emergency custody of certain abandoned children](#)
2. [IC 10-13-5: Indiana Clearinghouse for Information on Missing Children](#)
3. [IC 16-41-10-1 "Emergency services provider" defined](#)

PROCEDURE

For Safe Haven infants, the Family Case Manager (FCM) will:

1. Arrange for emergency placement of the child. (See [Practice Guidance](#) for Emergency Placement of Safe Haven babies);
2. Submit an [Preliminary Inquiry](#) and a Probable Cause Affidavit;
3. Attend the scheduled hearing;
4. Convene a committee within five (5) business days to determine the appropriate placement and permanency plan for the child. The committee should consist of the following members:
 - a. Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL),
 - b. DCS Local Office Director (LOD) or designee,
 - c. Regional Manager (RM),
 - d. FCM Supervisor,
 - e. Adoption Liaison (if appropriate),
 - f. FCM, and
 - g. Regional Foster Care Specialist.
5. Contact the [Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults](#) within 48 hours.

For Abandoned infants, the FCM will:

1. Arrange for emergency placement of the child. (See [Related Information](#) for Emergency Placement of Abandoned Infants);
2. Contact the [Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults](#) within 48 hours.
3. Conduct a diligent search [Affidavit of Diligent Inquiry \(SF 54778\) \(ADI\)](#) 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 [ADI](#) or an update as to the progress toward completion of the [Affidavit of Diligent Inquiry \(SF 54778\)](#) to the court at the time of the Detention/Initial Hearing. See separate policy [5.6 Locating Absent Parents](#).

5. Work with the DCS Staff Attorney to complete and file all documents necessary for court proceedings. See separate policy, [6.4 Providing Notice](#); and
6. Forward a copy of the report to the FCM Supervisor for review and approval.

The FCM Supervisor will:

1. Assist the FCM, when necessary, with completing the required CHINS documents;

2. Ensure the FCM or designated staff contacts the [Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults](#) within 48 hours; and
3. Attend the placement staffing.

PRACTICE GUIDANCE

Emergency Placement of Safe Haven

The FCM will initially place the child in emergency foster care if the team cannot convene prior to the child's need for out-of-home care. The recommendation for prospective adoptive placement cannot be the emergency foster care home, unless otherwise approved by the Deputy Director or ordered by the court.

In order to determine the final recommendation of placement for the child, the FCM will convene a multi-disciplinary team comprised of the following team members:

1. CASA or GAL;
2. DCS LOD or designee;
3. RM;
4. FCM Supervisor;
5. Adoption Liaison (if appropriate); and
6. Regional Foster Care Specialist.

The team will make a recommendation for placement documenting the best interests of the child and the reasoning used to determine the most appropriate placement for the child. This recommendation and report shall first be submitted to the DCS LOD, then to the juvenile court for review.

FORMS AND TOOLS

1. [Service Request Intake Report](#)– Available in the case management system
2. [Preliminary Inquiry](#) – Available in the case management system
3. [Affidavit of Diligent Inquiry \(SF 54778\)](#) – Available in the case management system

RELATED INFORMATION

Emergency Medical Services Provider

[IC 16-41-10-1](#) defines Emergency Medical Services Provider as:

1. Firefighter;
2. Law Enforcement Officer;
3. Paramedic;
4. Emergency Medical Technician;
5. Physician;
6. Nurse; or
7. Other person who provides emergency medical services in the course of the other person's employment.

Indiana Missing Children Clearinghouse

Indiana State Police Indiana Missing Children
Clearinghouse 100 North Senate Avenue
Third Floor


Indianapolis, IN 46204-2259

(317) 232-8310 / (800) 831-8953 (nationwide)

FAX: (317) 233-3057

www.state.in.us/isp

[Indiana Clearinghouse for Missing Children and Missing Endangered Adults](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2019
	Section 35: Transferring Intercounty Child Abuse and/or Neglect (CA/N) Intake Reports	Version: 3

STATEMENTS OF PURPOSE

When an Indiana Department of Child Services (DCS) local office receives the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\)](#) from the Child Abuse Hotline (Hotline) and the alleged incident took place in another Indiana county, the local office will:

1. Notify the DCS local office in the county where the allegations occurred; and
2. Transfer the report to that DCS local office.

If a CA/N Intake Report is received after hours and it is determined that the receiving county is the incorrect county, that Local Office Supervisor will immediately inform the Hotline and the Hotline will call the correct county and advise them of the report.

Note: The local office is only contacted after hours by the Hotline for reports with a response time of 24 hours or less, except on holidays. Calls on holidays will be sent according to the response times during normal business hours.

If during the course of an assessment the Family Case Manager (FCM) discovers that the assessment should be transferred to another county, the FCM will ensure the safety of the child. Once safety has been ensured, the FCM will staff the case with the Supervisor to determine if the case should be transferred. If transfer is appropriate, the Supervisor will verbally contact the receiving county by telephone and transfer the case within one (1) business day.

When a DCS local office receives allegations of CA/N that may pose a conflict of interest due to relationships between subjects of the report and local office staff, the office may transfer the report to another county for assessment upon the agreement of each Local Office Director (LOD).

Code References

N/A

PROCEDURE

The FCM will:

1. Ensure the child's safety after an assigned report has been initiated; and
2. Contact the supervisor if it is believed the CA/N Report has been assigned to the wrong county.

The Local Office Supervisor will:

1. Verify that the FCM has ensured the safety of the child regardless of whether the report belongs to that county or not;

2. Staff with appropriate agency personnel to determine if the report should be transferred to another county within one business day;

Note: The Hotline does not have access to the county's specific Unassigned Caseload, therefore transferring CA/N Intake Reports from one county to another is a local office supervisor function.

3. Verbally contact the county during business hours where it is believed that the CA/N Intake Report incident has occurred, if applicable; and
4. Contact the Hotline during non-business hours if it is believed that their local office has received a CA/N Intake Report for another county in error;

Note: If during non-business hours a county receives a CA/N Intake Report with a two (2) hour or 24 hour response time that does not belong to them, the Hotline will contact the correct county and advise them of the report.

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

[Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\)](#)– Available in the case management system

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 POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2019
	Section 36: Linking Child Abuse and/or Neglect (CA/N) Reports to Open Assessments	Version: 5

STATEMENTS OF PURPOSE

When appropriate, the Indiana Department of Child Services (DCS) may electronically link a new [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#), henceforth referred to as a [310](#), to an assessment that:

1. Has been open 14 days or less;

Note: A new [310](#) shall not be linked to a closed assessment.

2. Involves the same alleged perpetrator **and** the same alleged child victim; and

Exception: The new [310](#) may include new household member(s) (including an alleged perpetrator or alleged child victim) that were not listed in the open assessment. These household members will need to be added to the open assessment.

3. Has a similar allegation type (i.e., Neglect, Physical Abuse, and Sexual Abuse).

Note: If a new [310](#) is received with the same allegation and no additional information than what is currently being assessed is reported, the new assessment generated from the [310](#) may be withdrawn for duplicate.

When a new [310](#) is linked to an existing assessment, the linked [310](#) may still have an initiation timeframe. A separate assessment may not be conducted, but appropriate steps must be taken to ensure the safety and well-being of the child (see [Practice Guidance](#)).

DCS will not link a [310](#) to an existing assessment when it is necessary to conduct a separate, thorough assessment in order to ensure the safety and well-being of a child. In the event a [310](#) is linked to an existing assessment with different allegations, DCS will ensure all allegations are assessed which may require opening a new assessment.

Note: Once a new [310](#) is linked to an existing assessment it may not be unlinked.

Code References

1. [IC 31-33-7-4: Written Reports](#)
2. [IC 31-33-8-1 Investigations by the department of child services; time of initiation; investigations of child care ministries](#)

PROCEDURE

Upon receipt of a new [310](#) involving a family for which there is an open assessment, the Family Case Manager (FCM) Supervisor will:

1. Check the case management system to see if the existing assessment has been open 14 days or less, if the new [310](#) involves the same alleged perpetrator and the same alleged child victim with the same, similar, or unrelated allegations;
2. Staff any new [310](#) with the FCM assigned the existing assessment to review the progress of the existing assessment, the information provided in the new [310](#), and the safety and well-being of the alleged child victim;
3. Make a final decision as to whether linking the new [310](#) with the existing assessment is in the best interest of the alleged child victim, and determine what appropriate actions must be taken; (see [Practice Guidance](#))
4. Complete the supervisory approval to screen in and assign the assessment. If linking the assessment is determined to be appropriate, complete the approval process to link the new [310](#) to the existing assessment;
5. Notify the FCM of the linked [310](#), if approved to link, and confirm receipt of the linked report; and

Note: If the [310](#) is not approved to link to an existing assessment, the [310](#) should be assigned, when possible, to the FCM completing the existing assessment.

6. Ensure the FCM takes all appropriate actions, including but not limited to, contacting the family, conducting a new [Safety Assessment](#), [Risk Assessment](#), [Safety Plan \(SF 53243\)](#), and [Plan of Safe Care \(SF56565\)](#) when appropriate.

Upon receipt of the linked report, the FCM will:

1. Review the response time and the allegation(s) in the linked report;
2. Ensure all allegations are assessed within the appropriate timeframe; (see policy, [4.38 Assessment Initiation](#));
3. Document whether each linked report was initiated timely, the method of initiation, and any extenuating circumstances for each linked report in the Assessment Initiation Tracking Tool;
4. Staff any concerns with the FCM Supervisor; and
5. Ensure all allegations are addressed in the [Assessment of Alleged Child Abuse or Neglect \(311\) \(SF113\)](#). (see policy, [4.25 Completing the Assessment Report](#)).

PRACTICE GUIDANCE

Linking a New CA/N Report

A new [310](#) may be linked when DCS is able to address the allegations via the existing assessment to ensure the safety and well-being of the child. When used appropriately, duplication of effort may be avoided through linking. However, linking should **never** occur at the expense of child safety and well-being. When in doubt, do not link.

Linking an assessment to an existing assessment may eliminate the ability to automatically generate each [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) in case management system. If more than one (1) report is received by DCS from the agencies listed in policy [4.21 Forty-five \(45\) Day Report of Assessment](#), it is the responsibility of the FCM to generate a [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#) for each applicable report source and include

the statutorily required information outlined in policy [4.21 Forty-five \(45\) Day Report of Assessment](#).

Linking Criteria

When determining whether to link a new [310](#) to an existing assessment, first determine if all the following criteria has been met.

1. The existing assessment has been open 14 days or less;
2. The new [310](#) involves the same alleged perpetrator **and** the same alleged child victim identifies in the existing assessment; and

Note: The new [310](#) may include new household member(s) an alleged perpetrator or alleged child victim that were not listed in the open assessment. These household members will need to be added to the open assessment.

3. The new [310](#) has similar allegation as the existing assessment.

If the [310](#) has the same allegations as an existing assessment, and a decision has been made to link the assessments, the FCM Supervisor and FCM should review all the information gathered during the existing assessment to determine if additional face-to-face contact or other assessments are needed to ensure child safety and/or make an assessment finding. When it is determined that a face-to-face contact is not required, the FCM should contact the family to notify them of the receipt of a new [310](#).

If the [310](#) has similar allegations as an existing assessment, and a decision has been made to link the assessment because the existing assessment has not been initiated, the FCM Supervisor and FCM should review the initiation timeframes and determine the appropriate action to take to ensure the safety of the child.

Note: The method of initiation for all linked reports must be documented in the Assessment Initiation Tracking Tool.

If the [310](#) has similar allegations as an existing assessment, but the existing assessment has been open more then 14 days, the FCM Supervisor should not link the new [310](#) to the existing assessment. The new [310](#) should be assigned, when possible, to the same FCM completing the existing assessment.

If the [310](#) has unrelated allegations as an existing assessment, the FCM Supervisor should not link the new [310](#) to the existing assessment. The new [310](#) should be assigned, when possible, to the same FCM completing the existing assessment.

Withdrawals

The DCS Local Office may withdraw assessments after receipt from the DCS Hotline for the following reasons:


1. Withdrawal for Screen-out: The information provided in the [310](#) does not meet statutory requirements; or
2. Withdrawal for Duplicate: The [310](#), which generated the new assessment has the same allegation with no additional information than what has already been reported in an open assessment.

FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) – Available in the case management system
2. [Initial Safety Assessment](#)- Available in the case management system
3. [Initial Family Risk Assessment](#)- Available in the case management system
4. [Safety Plan \(SF 53243\)](#)- Available in the case management system
5. [Plan of Safe Care \(SF56565\)](#) – Available in the case management system
6. [Assessment of Alleged Child Abuse or Neglect \(SF 113\)\(311\)](#)
7. [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#)- Available in the case management system

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: May 1, 2014
	Section 37: Change in Household Composition	Version: 2

STATEMENTS OF PURPOSE

If it is determined by DCS that a temporary change in household composition will provide the family with an opportunity to address the safety and risk issues present during the time of the assessment; a change in the household can occur if it is in the best interest of the child.

The Family and Family Case Manager (FCM) will:

1. Consider the family’s protective factors (nurturing and attachment to the child, knowledge of parenting and of child and youth development, parental resilience, social connections and concrete supports for parents) when evaluating their ability to ensure the safety of their child;
2. Assist the family in identifying resources and/or informal supports that will help them address the concern so that the child can be maintained safely in the home; and
3. Ask the family what their plan is to remedy the immediate concerns and how the plan demonstrates the parent or caregiver’s intent and ability to ensure the safety of the child.

Circumstances resulting in the temporary change of household shall be rectified within five (5) business days or court action will be initiated. At any time during an assessment when there is a restriction placed by DCS on any parent regarding contact with his/her child, a CHINS Petition will be filed. See policies [5.9 Informal Adjustment](#) and [6.2 Filing a CHINS Petition](#) for additional information.

Code References

N/A

PROCEDURE

The FCM will:

1. Ensure the safety of the child;
2. Ensure that the family’s plan demonstrates their intent and ability to maintain the safety of the child;
3. Meet with the family to identify their family strengths, concrete supports and informal supports who can assist them in ensuring the safety of the child;
4. Suggest a Child and Family Team (CFT) Meeting to include their informal supports, as a tool to allow the family to address the safety issues that led to DCS involvement;
5. Document the family’s agreed-upon plan by using the [Safety Plan \(SF 53243\)](#) or outlining the plan in the CFTM notes. This should include a family discussion regarding the recommended course of action that will correct the situation including, but not limited to, the child and/or parent moving to a safe location (See separate policy [4.19 Family Support/Community Services for Conditionally Safe Children](#));
6. Perform a home visit if the plan is to move the child to a safer location;

7. Perform a CPS Check and Sex Offender Check on all possible temporary caregivers;
8. Work with the family to identify resources to immediately assist the family, if needed;
9. Partner with the family to develop a plan for the timely return of the child to the family's household; and
10. Complete a subsequent Safety Assessment in the case management system

If the child or the child and parent temporarily move to an alternative location, the FCM will:

1. Ensure the location is safe for the child;
2. Ensure other caregivers for the child identified are in agreement to provide a safe environment for the child; and
3. Ensure the issues causing a change in household composition are remedied within five (5) days.

Note: Court action will be initiated if issues are not remedied within the five (5) day timeframe. At any time during an assessment when there is a restriction placed by DCS on any parent regarding contact with his or her child, a CHINS Petition will be filed.

PRACTICE GUIDANCE

If there is a restriction regarding contact with a child placed on an adult in the household (other than a parent), for example a boyfriend or girlfriend of a parent, the FCM will ensure that contact will not occur between that person and the child until the safety circumstance has been remedied. The non-biological household member does not have the same right of access to a child as the biological parent/guardian.

Parents have the primary responsibility for the care and safety of their children. This may be accomplished by empowering parents to have a significant role, voice and influence in decisions made about child/family change strategies.

FORMS AND TOOLS

[Safety Plan \(SF 53243\)](#) – Available in the case management system

RELATED INFORMATION

General

The [Safety Plan \(SF 53243\)](#) is a written agreement between DCS and the parent(s), guardian, or custodian(s) specifying what extended family supports or community services will be utilized and how those will ensure the immediate safety of the child. The plan should contain action steps and these action steps should have deadlines for completion that do not extend beyond the end of the assessment. All actions should relate directly to the child's immediate safety. The extended [Safety Plan \(SF 53243\)](#) is a voluntary, non-legally binding agreement with the family that cannot contradict any existing court orders including, but not limited to, child support and child custody orders.


Parental Involvement in Family Support/Community Services Plan Development

Involvement of the family in the development of a [Safety Plan \(SF 53243\)](#) is imperative. The greater the family's participation in this process, the more ownership they will have in a successful outcome. For this reason, it is critical that the FCM focus the discussion on the safety

of the child and not on the allegation(s). When developing the plan with the family, the FCM should speak in such a way as to develop a common understanding that the safety of the child is contingent on their ability and willingness to follow the terms of the plan. If the family is hesitant or unwilling to create a plan and/or commit to abiding by the plan's terms, remind the parent that the child may not be safe under present circumstances.

Temporary Caregiver

A temporary caregiver is defined as someone providing short-term care (not to exceed 5 business days) for a child who is the alleged victim in a CA/N report. Temporary care for the child is arranged by the custodial parent and should provide a safe, nurturing, stable environment for a child who must be out of their own home for the brief period of time needed by the parents to remedy risky conditions (i.e. living conditions that would do not meet legal sufficiency) that would prevent the child from continuing to safely reside in their own home.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: July 1, 2019
	Section 38: Assessment Initiation	Version: 9

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will initiate every Child Abuse and/or Neglect (CA/N) assessment within the appropriate timeframe as determined by Indiana Law. In order to ensure the safety of a child and meet appropriate timeframes, assessments will be initiated regardless of the time of day or night, weekends, or holidays. **A CA/N assessment will be considered initiated upon face-to-face contact with all alleged child victims.** The parent, guardian, or custodian will be notified in person or by phone of the face-to-face contact with the alleged victim. See policies [4.5 Consent to Interview Child](#) and [4.6 Exigent Circumstances](#) for additional information.

Note: There may be times when extenuating circumstances ([see Practice Guidance](#)) affect timely initiation. In these situations, contact with a person (other than the alleged perpetrator) who is able to provide information about the condition and safety of the alleged child victim should be attempted. **Face-to-face contact with the alleged child victim is still required to successfully initiate the assessment. Contact with any other individual will not be valid for timely initiation.**

DCS will measure the assessment response time from the time of local office notification of the intake report. Assessments will be initiated within the following timeframes: ([see Practice Guidance](#)):

1. Within two (2) hours if the allegations would cause a reasonable person to believe the child is in imminent danger of serious bodily harm;

Note: Law Enforcement Agency (LEA) assistance should be requested on all reports that require a two (2) hour response time ([see Practice Guidance](#)).

2. Within 24 hours if the allegations involve abuse, but the conditions in item one (1) above do not apply; or
3. Within five (5) days if the allegations involve neglect, and none of the conditions in items one (1) or two (2) above apply.

For reports involving alleged domestic violence:

1. DCS will initiate the assessment within 24 hours if the parent, guardian, custodian, or child calls to report alleged domestic violence and the allegations would not cause a reasonable person to believe the child is in imminent danger of serious bodily harm; or
2. DCS will initiate the assessment within 24 hours if the alleged domestic violence occurred in the past 48 hours (regardless of the report source) and the allegations would not cause a reasonable person to believe the child is in imminent danger of serious bodily harm.

DCS will respond within two (2) hours of receiving a report from a hospital when the alleged child victim is currently in the hospital and same-day release is anticipated. A two (2) hour report requesting Authorization for Hospital Release may not require LEA assistance. DCS will provide the requesting hospital with the [Hospital Release Authorization \(SF 54337\)](#).

When there are extenuating circumstances preventing DCS from initiating an assessment timely (e.g., dangerous weather conditions), LEA assistance will be requested to initiate two (2) hour assessments on behalf of DCS.

Note: In situations where LEA is on the scene and remains on the scene with all alleged child victims until DCS arrives, as part of a two (2) hour assessment, the assessment will be considered initiated timely.

DCS must conduct an assessment within 48 hours of receiving a report concerning a child who voluntarily enters an emergency shelter or a shelter care facility without the presence or consent of a parent, guardian, or custodian, unless the allegations would cause a reasonable person to believe the child is in imminent danger of serious bodily harm, requiring a one hour response. DCS must notify the parent, guardian or custodian that the child is at an emergency shelter or shelter care facility within 72 hours of the child entering the facility. However, if DCS has reason to believe that the child is a victim of CA/N, the child's parent, guardian, or custodian may not be informed of the specific shelter or facility the child has entered.

DCS will ensure new allegations of CA/N observed by or reported directly to a DCS employee who is on the scene and immediately initiates an assessment (by ensuring safety through face-to-face contact with all alleged child victims), are reported to the DCS Child Abuse Hotline (Hotline) within 24 hours of leaving the scene ([see Practice Guidance](#)).

Code References

1. [IC 31-33-8-1: Investigations by local child protection service; time of initiation](#)
2. [IC 31-33-8-6: Investigatory duties of local child protection service; purpose](#)
3. [IC 31-36-3-3: Notification to department; investigation of a child; notification to parents](#)
4. [IC 34-6-2-34.5: Domestic or family violence](#)

PROCEDURE

The assigned FCM will:

1. Consider all known information about the CA/N allegations;
2. Request LEA assistance on all reports that require a two (2) hour response time and document LEA's response in the Case Management System; and

Note: If LEA agrees to respond within two (2) hours with DCS, the FCM will make contact with the responding officer to advise of the allegations and obtain any information LEA may have regarding the child or family before attempting to make initial contact with the child or family. See policy [4.28 Removals from Parents, Guardians, or Custodians](#) if a decision is made to remove the child.

3. Ensure the assessment has been initiated by making face-to-face contact with all alleged child victim(s);

Note: If an [extenuating circumstance](#) exists, make contact with a person (other than the alleged perpetrator) who is able to provide information about the condition and safety of the alleged victim(s). Document the [extenuating circumstance](#) in the Assessment Initiation Tracking Tool and make face-to-face contact with the alleged child victim(s) as soon as possible.

4. Notify the parent, guardian, or custodian of the face-to-face contact with the alleged victim(s). See policies [4.6 Exigent Circumstances](#) and [4.5 Consent to Interview Child](#) for additional information;
5. Document the face-to-face contact with each alleged child victim and notification of the parent, guardian, or custodian in Case Management System; and
6. Document whether the assessment was initiated timely and any extenuating circumstances in the Assessment Initiation Tracking Tool. See policy [4.36 Linking CAN Reports](#) if any reports are linked to the assessment.

The FCM Supervisor will:

1. Discuss details of the assessment during safety staffing and [clinical supervision](#); and
2. Guide the FCM as necessary to ensure that all duties are completed.

PRACTICE GUIDANCE

Extenuating Circumstances

Extenuating circumstances are events that prevent the FCM from completing face-to-face contact with a child victim within the initiation timeframe. Extenuating circumstances which may be approved are:

1. Child victim is not at the location stated on the report (e.g., school trip, out of town/state);
2. Unknown victim or child does not exist;
3. Inclement weather emergency;
4. Traffic accident or delay;
5. New child victim added to the report after initial family contact;
6. Child is deceased;
7. Parent refused to allow access to child (motion to compel is needed);
8. Report is linked to an open assessment and additional face-to-face contact is not required; or
9. Report is assigned after the initiation timeframe.
10. Child is in a hospital setting and not available due to critical illness or a traumatic incident.

Note: Contact with a child who is in the hospital should occur within the initiation timeframe unless the child is unavailable due to current medical intervention.

In situations where LEA is on the scene and remains on the scene with all alleged child victims until DCS arrives, as part of a two (2) hour assessment, the assessment will be considered initiated timely. The presence of LEA should be documented in the contact.

Response and Initiation Timeframes

It is important to make the distinction between initiating an assessment and response times. If an FCM has responded in the appropriate timeframe, it does not necessarily mean that the assessment has been initiated. **When an FCM responds within the initiation timeframe, but**

is unsuccessful in making face-to-face contact with all alleged child victim(s) the assessment has not been initiated.

Response times are measured from the time of local office notification of the intake report. This means for two (2) hour assessments, the FCM must make face-to-face contact with all alleged child victim(s) within two (2) hours of notification. The parent, guardian, or custodian will be notified in person or via phone, of the face-to-face contact with the alleged victim.

A two (2) hour response time is assigned to a report when the allegations would cause a reasonable person to believe that the child is in imminent danger of serious bodily harm. These responses may include, but are not limited to, allegations regarding:

1. Child Fatality & Near Fatality;
2. Shaken infants;
3. A child who has suffered from serious physical injury to any part of the body due to suspected CA/N, such as fractures, broken bones, head injuries, extensive and serious bruising, or internal injuries;
4. A child is intentionally burned or scalded;
5. A child too young or disabled to ensure his or her own safety is actively unsupervised. Disabilities include but are not limited to sight or hearing impairments, limited mental capabilities, or other severe debilitating conditions;
6. A child who has been abandoned or deserted;
7. A child has failure to thrive resulting in immediate need for medical attention;
8. A child is sexually abused or human trafficking is suspected and the alleged perpetrator has access to the child;
9. A child, parent, guardian, or custodian is actively attempting suicide;
10. An active domestic violence situation in the home or a child has been injured as a result of domestic violence;
11. The presence of an active contaminating controlled substance; and/or
12. Specific allegations that a parent, guardian, or custodian is actively using illicit drugs or abusing prescription medications.

Note: FCMs should evaluate the case when there are allegations of drug use and staff with his/her supervisor to determine whether LEA assistance should be requested or if the contact should be for the purpose of notification.

Twenty-four (24) hour responses may include, but are not limited to, allegations regarding:

1. Reported bruising, scratches, and/or welts;
2. Suspected inflicted injury to a child;
3. Serious injury is threatened; and/or
4. A child, parent, guardian, or custodian has previously attempted suicide.

Five (5) day responses may include, but are not limited to, allegations regarding:

1. Supervision concerns;
2. Insufficient food, shelter, or clothing;
3. Unsanitary living conditions; and/or
4. Educational Neglect.

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

When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to

the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with **all** alleged child victims.

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

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See policy [4.36 Linking Child Abuse and/or Neglect \(CA/N\) Reports to Open Assessments](#) for more information regarding the receipt of the additional [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) during an open assessment.

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

FORMS AND TOOLS

1. [Hospital Release Authorization \(SF 54337\)](#)
2. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) - Available in the case management system

RELATED INFORMATION

Notification to department; investigation of a child; notification to parents

According to [IC 31-36-3-3: Notification to department; investigation of a child; notification to parents \(Sec.3\)](#):

(a) Except as provided in subsection (d), if a child voluntarily enters an emergency shelter or a shelter care facility, the shelter or facility shall notify the department, not later than twenty-four (24) hours after the child enters the shelter or facility, of the following:

- (1) The name of the child.
- (2) The location of the shelter or facility.
- (3) Whether the child alleges that the child is the subject of abuse or neglect.

(b) The department shall conduct an investigation concerning the child not later than forty-eight (48) hours after receiving notification from the emergency shelter or shelter care facility under subsection (a).


(c) The department shall notify the child's parent, guardian, or custodian that the child is in an emergency shelter or a shelter care facility not later than seventy-two (72) hours after the child enters the shelter or facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department may not notify the child's parent, guardian, or custodian as to the specific shelter or facility the child has entered.

(d) An emergency shelter or a shelter care facility is not required to notify the department of a child who is an emancipated minor.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: August 1, 2014
	Section 39: Restricting Assessments in Management Gateway for Indiana's Kids (MaGIK)	Version: 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will restrict access to assessments in the case management system to ensure confidentiality is maintained at all times. Assessments will only be restricted with permission from the DCS management team: (Family Case Manager (FCM) Supervisor, Division Manager (DM), Local Office Director (LOD), Regional Manager (RM), Assistant Deputy Director of Field Operations or Deputy Director of Field Operations).

Assessments will be restricted when:

1. The assessment pertains to DCS employees or immediate family members of DCS employees;
2. The assessment pertains to or contains information that could be a conflict of interest for DCS employees; and/or
3. Other situations arise and the DCS management team believes it is in the best interest to restrict the assessment for reasons not listed.

Note: Assessments can be restricted at any time while they are open.

The case management system users will follow guidelines set forth in the [Information Resources User Agreement \(IRUA\)](#) when using the case management system.

Code References

[IC 31-33-26-5: Establish access restrictions; maintain confidentiality; read only access by child services ombudsman](#)

PROCEDURE

The FCM Supervisor will:

1. Assign the assessment to self to restrict;
2. Enter a contact into the case management system documenting the reason the assessment has been restricted;
3. Reassign the assessment to an FCM and advise him or her that the assessment restriction should not be modified without permission from a member of the DCS management team;
4. Advise the FCM which individuals should be invited throughout the assessment to view the assessment in the case management system; and
5. Ensure the FCM has invited the appropriate people to view the assessment in the case management system.

The FCM will:

1. Refrain from modifying restrictions placed on an assessment by his or her supervisor without permission from a member of the DCS management team; and
2. Allow individual members of the DCS management team to view a restricted assessment when requested.

PRACTICE GUIDANCE

If questions arise regarding whether or not an assessment should be restricted or how to proceed, the situation should be immediately staffed with the FCM Supervisor and LOD, if appropriate.


Utilize the Help Resource Site within the case management system for additional information about restricting assessments.

FORMS AND TOOLS

[Information Resources User Agreement \(IRUA\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: January 1, 2018
	Section 40: Drug Screening in Assessments	Version: 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will consider using drug screening as a component of a comprehensive assessment of the family when there is an allegation of substance abuse or an indication that substance abuse may be a factor in the report of child abuse or neglect. Substance use or abuse may be a factor in assessments involving 1) the use of drugs during pregnancy; or 2) the use of drugs that results in a child’s physical or mental condition being seriously impaired or seriously endangered. The child’s safety as well as the family’s strengths, needs, and protective capacities will be assessed. Any indication of substance use or misuse (as evidenced by self-disclosure or drug screening results) will be assessed to determine if the use/misuse contributed to the maltreatment of the child. .

Note: With the exception of [IC 31-34-1-10](#), the decision to substantiate or unsubstantiate an allegation of Child Abuse or Neglect (CA/N) should not be based solely on the existence or absence of substance use. Drug screen results alone should not be used to make an assessment decision, as these results capture only a snapshot of information. Credible evidence must be present, in addition to drug screen results, to determine assessment finding.

Code References

1. [IC 31-34-1-1: Inability, refusal, or neglect of parent, guardian, or custodian to supply child with necessary food, clothing, shelter, medical care, education, or supervision](#)
2. [IC 31-34-1-2: Act or omission of parent, guardian, or custodian seriously endangering child's physical or mental health; victim of specified offense](#)
3. [IC 31-34-1-10: Child born with fetal alcohol syndrome, neonatal abstinence syndrome, or drugs in the child's body](#)
4. [IC 31-34-1-11: Risks or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Inquire about any current or prior substance use by the parent, guardian, or custodian, as well as, any current or prior participation in substance abuse treatment;
2. Obtain information on any prescription medications taken by the parent, guardian, or custodian and request verification of these prescriptions, **if there is any indication or allegation of substance use and or abuse;**
3. Utilize the [UNCOPE](#) questionnaire to assess the client’s need for a substance abuse assessment;
4. Inform the parent, guardian, or custodian of the purpose of the drug screening and how the results will be used to address the family’s need for a substance abuse assessment

or treatment. See policy [4.26 Determining Service Levels and Transitioning to Permanency Services](#) for additional information;

5. Provide parent, guardian, or custodian an opportunity to voluntarily submit to drug screening. Ensure the consent for the drug screen is signed, on the drug screen chain of custody form, **prior to** performing the screen;
6. Administer an oral swab or refer for drug screening, if the chain of custody form has been signed or the screen has been ordered by the court, in assessments when child maltreatment appears to be a direct result of substance use or a connection can be made between the drug use and child maltreatment;

Note: For assessments involving a fatality or near fatality, see policy [4.31 Child Fatality and Near Fatality Assessments](#).

7. Obtain medical records to support substance use or abuse, **if there is any indication or allegation of substance use and or abuse**; and
8. Document all relevant factors of the assessment that indicate a drug screen is needed or indicated. If the parent, guardian or custodian refuses to submit to a drug screen a request may be made to the court to order the parent, guardian or custodian to submit to a drug screen.

Note: In situations where it is not clear if a drug screen is necessary to complete an assessment, the FCM should staff the case with an FCM Supervisor or DCS Local Office Director (LOD). Drug screening may not be appropriate if the parent, guardian, or custodian is actively involved in a substance abuse treatment program that already requires frequent random drug screening. Refusal to voluntarily consent to drug screening, without other child safety and risk factors, is not a sufficient basis for removal of a child from parents.

PRACTICE GUIDANCE

Deciding to Request a Drug Screen

During a home visit, the FCM should gather information regarding the need to drug screen a parent, guardian or custodian.

Note: Observations from various sources can show a picture of how a person is functioning on a day to day basis and provide justification for requesting a drug screen.

When there are observable facts and circumstances of substance use consistent with child abuse and neglect, the FCM should request that the parent, guardian, or custodian voluntarily submit to a drug screen and sign the consent for the drug screen on the drug screen chain of custody form **prior to** performing the screen. If he/she declines to consent to the drug screen, the FCM should continue thoroughly assessing the situation. If there are no indications of CA/N, the FCM should staff the assessment with the FCM Supervisor to determine the next step.

Note: DCS Local Office Staff Attorney should be consulted concerning the need to seek a Court order for the parent, guardian, or custodian to submit to a drug screen as part of the assessment.

Instant Drug Screens and the Confirmation Process

Instant drug screen results are considered only presumptive positive until going through a confirmation process. The lab based mouth swabs, through the current provider, automatically go through a confirmation process when sent in to the lab if the screen is presumptive positive. Drug screens completed by outside providers and medical facilities may or may not be confirmed screens. FCMs should inquire about the validity of such screens prior to using the screen to inform an assessment decision.

The Assessment Decision Involving Substance Use

Parental drug use or abuse constitutes child abuse or neglect when a child is seriously impaired or seriously endangered. Factors that should be considered in the comprehensive assessment along with drug screen results include, but are not limited to:

1. Parent, guardian, or custodian substantiated DCS history and/or criminal history pertaining to possession of substances or substance use;
2. Evidence that the parent is a chronic drug user including a lengthy history of drug or alcohol abuse;
3. Evidence of the illegal manufacture of a drug or controlled substances on the property where the child resides;
4. Whether the parent has an addiction that renders the parent unable to provide appropriate care and supervision to the child;
5. The parents' willingness and ability to remain sober when caring for the child;
6. Parent, guardian or custodian behavior indicating use such as extreme lethargy, hyperactivity, slurred speech, poor balance, inability to focus and, visible needle track marks, etc.);
7. One or more children living in the home discloses detailed knowledge or first-hand observations of parent's, guardian's, or custodian's drug use or impaired behavior;
8. Evidence that the parent exposed the child to an environment of illegal drug use which results in endangering the child's physical or mental condition including the presence of drug paraphernalia (syringes, pipes, charred spoons, foils, alcohol bottles, etc.) found in the home;
9. The drugs or drug paraphernalia present in the home was or could have been accessed by one or more children living in the home;
10. The condition of the home (odors commonly associated with drugs or alcohol);
11. The presence of additional allegations;
12. Input from the Child and Family Team (CFT);
13. Factors that support or eliminate that substance use directly endangers child safety; and
14. Any other pertinent information obtained by DCS in the assessment phase.

Assessment Involving Drug Exposed Infants

A pregnant woman's drug abuse may constitute child abuse and neglect and may be legally sufficient for a finding of CHINS which requires the coercive intervention of the Court to ensure the family receives the necessary services. Factors that should be considered in the comprehensive assessment along with drug screen results include, but are not limited to:

1. Evidence that the child is born with fetal alcohol syndrome
2. Evidence that the child is born with neonatal abstinence syndrome
3. Evidence that the child is born with any amount of controlled substance, legend drug, or metabolite of a controlled substance or legend drug in child's body including blood, urine, umbilical cord tissue, or meconium absent a prescription or medical supervision.
4. Evidence that child has an injury, abnormal physical or psychological development, symptoms of neonatal intoxication or withdrawal that arises or is aggravated as a result of

the mother of the child use of alcohol, a controlled substance or legend drug during pregnancy absent a prescription or medical supervision.

5. Evidence that a child is at substantial risk of a life threatening condition that arises or is substantially aggravated because of the mother of the child use of alcohol a controlled substance or legend drug during pregnancy absent a prescription or medical supervision.

Parental Disclosure of Drug Use

Any admissions by parents, guardian, or custodian that is a party to the case may be admissible as evidence in court proceedings. Best practice would include documenting discussions with parents, guardians, or custodians regarding drug use including such admissions and any specific reasons why such a discussion was necessary.

Drug Screening Frequency

The number of drug screens administered during the assessment phase will depend on several factors such as if a parent, guardian or custodian appears to be immediately impaired (slurred speech, poor balance, etc.), child reports witnessing drug use, a substance abuse counselor reports concerns, drug paraphernalia is located in home, or Law Enforcement Agency (LEA) is involved or an arrest is made regarding drug involvement.

If a client provides a negative drug screen and no other indicators of substance use are identified in the assessment process, additional drug screens are likely unwarranted.

If a situation arises and the FCM is unsure as to if it warrants a drug screen, the situation should be staffed with an FCM Supervisor. If parents refuse to voluntarily consent to a drug screen, the Local Office Staff Attorney should be consulted in regards to a legal basis for requesting a court order.

UNCOPE Questionnaire

The UNCOPE is a six question verbal screening tool used to identify risk for alcohol and drug abuse. Answering yes to two or more of the UNCOPE questions indicates possible substance abuse or dependency and the need for further substance abuse assessment and evaluation.

The UNCOPE questions include:

U – Have you continued to **use** alcohol or drugs longer than you intended? Or, have you spent more time drinking or using than you intended?

N – Have you ever **neglected** some of your usual responsibilities because of alcohol or drug use?

C – Have you ever wanted to stop using alcohol or drugs but couldn't? (**cut down**)

O – Has your family, a friend, or anyone else ever told you they **objected** to your alcohol or drug use?

P – Have you ever found yourself **preoccupied** with wanting to use alcohol or drugs? Or, have you frequently found yourself thinking about a drink or getting high?

E – Have you ever used alcohol or drugs to relieve **emotional discomfort**, such as sadness, anger, or boredom?

(UNCOPE assessment is obtained from Evince Clinical Assessments at

http://www.evinceassessment.com/UNCOPE_for_web.pdf)

Medication-Assisted Treatment (MAT)

The use of medication-assisted treatment (MAT), in conjunction with psychosocial support and treatment, is considered best practice for the treatment of opioid use disorders. Clients should not be discouraged from using MAT as part of a substance abuse treatment plan. If a parent, guardian, or custodian indicates the use of MAT (such as the use of Methadone,

Buprenorphine, or Naltrexone), the FCM should attempt to collect the following information and documentation:

1. A statement from the parent, guardian, or custodian regarding any current or prior history of substance abuse that has led to the current use of MAT;
2. A statement from the parent, guardian, or custodian, regarding the details of the MAT program (including the name of the physician or agency prescribing the medication and the name of the provider of any associated therapy or substance abuse treatment services) and any other associated therapy or substance abuse treatment; and
3. A Release of Information to obtain verification of the parent's, guardian's or custodian's participation in MAT and other associated therapy or substance abuse treatment.

Note: If a Release of Information is signed, the FCM should share any positive drug screen results, as well as any other information pertinent to treatment, with the MAT provider so that the provider may make the most appropriate decisions regarding the treatment of the parent, guardian, or custodian.

FORMS AND TOOLS

[UNCOPE](#)

[Oral Swab](#) - Available in the Local Office

[Referral for Drug Screening](#) - Available in the case management system

RELATED INFORMATION

The Law and Drug Screening

A single occurrence of drug use outside the presence of the child without additional evidence of child abuse or neglect is legally insufficient to support the filing of a CHINS petition.

Good cause for the court to order a drug screen when parents, guardians, or custodians deny consent requires evidence beyond a report of child abuse or neglect from an undisclosed source. Admissions of drug use by a parent, guardian, or custodian is admissible to the court. The evidence must be specific to the case being investigated.

Types of Drug Screens

Oral (Saliva): Research indicates oral test can most precisely indicate recent drug use, as substances appear in saliva only minutes after use. However, the detection window for oral (saliva) screens is narrow, as some substances remain in the saliva from hours to a few days.

Urine: Urine is the most accurate testing to assist in determining on-going drug use by clients. Urine has a longer detection window for substances and randomizing the testing dates and times increases the likelihood of substances being detected. As a caution, a urine test will not detect some substances for several hours past use.

Hair Follicle: Hair follicle drug screens should be requested very rarely and only in specific circumstances. These screens may be used on children to detect exposure to methamphetamines or if an oral/urine screen is uncollectable. The use of hair follicle testing should be limited to investigation of past usage or exposure to substances and in assisting in the determination of services to be provided to the client. The decision to utilize hair follicle screening should be approved by the Local Office Director (LOD)/Division Manager (DM) or designee or the hair follicle screen is court ordered.


Drug Screening Detection Windows

The timeframe for drug screening is critical in detecting drug use. The amount of time a particular drug remains in the body depends on several factors such as the frequency of use, how much of the drug was taken as well as the metabolism of the individual. Levels that are under the cutoff are considered negative.

Substance	Saliva (Forensic Fluids)	Saliva (Redwood)	Urine (Redwood)	Hair Follicle
Alcohol	Not listed	Not listed	1 hour after absorption	Not on panel
Amphetamine	Up to 2 days	Up to 48 hours	24 to 96 hours	7 to 90 days
Barbiturates	Up to 1 day (short acting) Up to 2-3 weeks (long acting)	Up to 48 hours	3 days to 3 weeks (varies significantly by substance)	Not on panel
Benzodiazepines	Up to 5 days (longer if prolonged use)	Up to 48 hours	1 to 7 days (varies significantly by substance)	Not on panel
Cannabinoids (light or acute use)	Up to 3 days	Up to 24 hours	1 to 3 days	7 to 90 days
Cannabinoids (habitual use)	Up to 3 days	Up to 24 hours	3 to 5 days (Use 4 times/week) 10 to 21+ Days (daily use) 10 to 30+ days (5+ joints/day) 1 to 5 days (oral ingestion)	7 to 90 days
Synthetic Cannabinoids (single use)	Up to 3 days	Up to 48 hours	36 to 27 hours	Not on Panel
Synthetic Cannabinoids (chronic use)	Up to 3 days	Up to 48 hours	Up to 6 weeks	Not on Panel
Cocaine	Up to 4 days	Up to 48 hours	24 to 96 hours	7 to 90 days
Opioids (inclusive of but not limited to Tramadol, Oxycodone, and Fentanyl)	Up to 3 days	Up to 48 hours	24 to 72 hours	7 to 90 days
Heroin	Up to 3 days	Up to 48 hours	24 hours	7 to 90 days
Methamphetamine	Up to 2 days	Up to 48 hours	24 to 96 hours	7 to 90 days

Buprenorphine	Up to 3 days	Up to 48 hours	Up to 72 hours (low dose) Up to 6 days (high dose) Up to 10-14 days (extended therapeutic administration)	Not on panel
Methadone	Up to 4 days	Up to 48 hours	72 hours	Not on panel

* Chart adapted from multiple sources

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4 : Assessment	Effective Date: August 1, 2019
	Section 41: Safety Staffing	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a daily safety staffing for each open assessment until the following requirements are met:

1. Each alleged child victim has been interviewed. See policies [4.04 Required Interviews](#), [4.09 Interviewing Children](#) and [Related Information](#) for further guidance;

Note: When consent of the parent, guardian, or custodian is not obtained prior to interviewing the child due to exigent circumstances, contact with the parent, guardian, or custodian should occur as soon as possible following the interview, but no later than the same day on which the interview occurred. See policy [4.6 Exigent Circumstances](#) for further guidance.

2. The parent, guardian, or custodian has been interviewed. See policies [4.04 Required Interviews](#), [4.10 Interviewing the Parent, Guardian, or Custodian](#) and [Related Information](#) for further guidance;

Note: Daily safety staffing will continue until the assessment is closed when an alleged child victim or parent, guardian, or custodian is unable to be located. The assessment may not be closed with a reason of unable to locate without Family Case Manager (FCM) Supervisor approval.

3. A [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) are developed (if needed) and approved by the FCM Supervisor. See policy [4.19 Safety Planning](#) for further information;
4. Contact notes, which establish safety, are entered in the case management system; and
5. [The Initial Safety Assessment](#) is completed in the case management system.

Note: Daily safety staffing of an assessment may continue beyond completion of the above requirements when deemed appropriate for ensuring safety.

The facilitation of a daily safety staffing is in addition to the regular assessment review during [clinical supervision](#) to ensure needed actions are addressed timely, including continual evaluation of the [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#).

Code References

N/A

PROCEDURE

The FCM will:

1. Initiate each assigned assessment within the appropriate timeframe. See policy [4.38 Assessment Initiation](#) for additional guidance;
2. Update the case management system to reflect all contacts and actions taken, prior to each daily safety staffing;
3. Ensure each open assessment is discussed daily during the safety staffing until the following criteria are met:
 - a. Each child listed as an alleged victim has been interviewed. See policies [4.04 Required Interviews](#), [4.09 Interviewing Children](#) and [Related Information](#) for further guidance.

Note: When consent of the parent, guardian, or custodian is not obtained prior to interviewing the child due to exigent circumstances, contact with the parent, guardian, or custodian should occur as soon as possible following the interview, but no later than the same day on which the interview occurred. See policy [4.06 Exigent Circumstances](#) for further guidance.

- b. The parent, guardian, or custodian has been interviewed. See policies, [4.04 Required Interviews](#), [4.10 Interviewing the Parent, Guardian, or Custodian](#) and [Related Information](#) for further guidance,

Note: The FCM should complete a Permanency and Practice Support (PPS) Investigator referral when an alleged child victim or parent, guardian, or custodian is not able to be located. Daily safety staffing must continue until assessment closure or until all required parties are located and contact is successful. The assessment may not be closed with a reason of unable to locate without FCM Supervisor approval.

- c. A [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) are developed (if needed) and approved by the FCM Supervisor. See policy [4.19 Safety Planning](#) for further information,
 - d. Contact notes, which establish safety, are entered in case management system,
 - e. The [Initial Safety Assessment](#) is completed in case management system, **and**
 - f. The FCM Supervisor determines that daily safety staffing is no longer warranted.

Note: Unless the daily safety staffing is rescheduled due to other work duties, the FCM must staff with the FCM Supervisor, Division Manager (DM), or Local Office Director (LOD) before the end of the business day.

4. Upload each approved [Safety Plan \(SF43243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) directly into the case management system; and
5. Continue to staff the assessment during [clinical supervision](#) until it is closed or transfers to a permanency worker. See policy [4.26 Determining Service Levels and Transitioning to Permanency Services](#) for further guidance.

The FCM Supervisor will:

1. Schedule a daily safety staffing and ensure FCMs understand expectations and preparation requirements for the meeting;
2. Staff each open assessment for which the requirements to ensure safety have not been met;

3. Review, discuss, and update the [Initial Safety Staffing \(SF56567\)](#) form during each Safety Staffing to:
 - a. Document and track actions taken to ensure safety for each assessment, and
 - b. Plan for ensuring safety.
4. Review the [Safety Plan \(SF43243\)](#) and/or [Plan of Safe Care \(SF56565\)](#), discuss any needed revisions to ensure the child's safety, and sign the approved plan. See policy [4.19 Safety Planning](#) for further guidance;
5. Ensure each approved [Safety Plan \(SF43243\)](#) or [Plan of Safe Care \(SF56565\)](#) and all contacts and actions taken are entered in case management system;
6. Ensure the [Initial Safety Staffing \(SF56567\)](#) form is completed in the case management system prior to discontinuing the daily safety staffing for an assessment;
7. Make a determination regarding whether daily safety staffing should continue following the completion of all requirements and notify the FCM of the decision; and

Note: The FCM Supervisor should consider the safety of all alleged child victims, as well as, all household children and other children who were present when the incident occurred prior to making a determination regarding the continuation of daily safety staffing.

8. Continue to staff the assessment during [clinical supervision](#) until it is closed or transfers to a permanency worker.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Plan of Safe Care \(SF56565\)](#) – Available in the case management system
2. [Safety Plan \(SF53243\)](#) – Available in the case management system
3. [Initial Safety Staffing \(SF56567\)](#) – Available in the case management system

RELATED INFORMATION


Contact vs. Interview

A contact may be any communication or an in-person observation. An interview occurs when a person is individually questioned about the allegations of a CA/N report not in the presence of family members or witnesses. A contact is not always considered an interview.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: November 1, 2021
	Section 42: Plan of Safe Care	Version: 3

POLICY OVERVIEW

A Plan of Safe Care (POSC) is designed to ensure the safety and well-being of an infant under the age of one (1) with prenatal substance exposure by addressing the mental and physical health and substance use treatment needs of the infant and infant’s parents and caregivers. A POSC is created with input from the parents, caregivers, and in collaboration with healthcare providers and other professionals working with the infant and family.

PROCEDURE

The Indiana Department of Child Services (DCS) will complete a POSC or review and update an existing POSC regularly throughout DCS involvement until the infant turns one (1) year of age for an infant who is:

1. Identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal);
2. Experiencing symptoms of withdrawal;
3. Diagnosed with Neonatal Abstinence Syndrome; and/or
4. Diagnosed with Fetal Alcohol Spectrum Disorder (FASD).

Note: A POSC will be completed regardless of the decision to substantiate or unsubstantiate the assessment. See policy 4.22 Making an Assessment Finding for further guidance.

The Family Case Manager (FCM) will:

1. Observe and assess the needs of each child, parent, household member, or caregiver;
2. Collaborate with each parent, household member, caregiver, Child and Family Team (CFT) member, and other professional partners and agencies involved in providing services for the infant, parents, household members, and caregivers to develop a POSC. A POSC should include the following:
 - a. The treatment needs of the parents, household members, caregivers, and infant;
 - b. Other identified needs that are not determined to be immediate safety concerns;
 - c. Utilization of community resources and extended family support systems; and
 - d. A plan for continued family support beyond DCS involvement.
3. Speak with the parents, guardians, and caregivers about safe sleep and document the discussion in the case management system;
4. Ensure the plan addresses the mental and physical health and substance use treatment needs of the infant and each parent, household member, and/or caregiver;
5. Create a Safety Plan, if needed, to address immediate safety needs of the infant (see policy 4.19 Safety Planning for additional guidance). A Safety Plan must be developed when:

- a. A plan is needed to ensure safety prior to, or in addition to, the development of the POSC, or
 - b. The infant's siblings have differing safety needs.
6. Obtain signatures on the POSC for each parent, adult household member, and caregiver who is listed on the POSC as participating and provide them with a copy of the plan;

Note: If a parent refuses or is unable to sign the POSC, information regarding that parent may not be shared with other individuals, professionals, or agencies. A separate POSC should be created for the other parent.

7. Review the POSC with the FCM Supervisor during clinical supervision and regular staffing;
8. Provide a copy of the POSC to each individual, professional, or agency included in the plan and authorized by the parents to receive a copy;

Note: When there is court involvement, the POSC should also be provided to the court.

9. Upload each completed POSC to the case management system;
10. Review and adjust the POSC regularly throughout DCS involvement until the infant turns one (1) year of age. Examples of when revisions should be made to the POSC include:
 - a. Changes in the household,
 - b. Changes in the identified needs of the infant, parent, household member, or caregiver, or
 - c. Changes in risk or protective factors.
11. Ensure the POSC is provided to the permanency FCM if further DCS involvement is planned.

The FCM Supervisor will:

1. Guide the FCM in engaging the parents, household members, caregivers, CFT members, professional partners, and agencies to create or update the POSC, as needed; and
2. Ensure the POSC:
 - a. Addresses the needs of each individual, as required,
 - b. Is uploaded to the case management system and provided to the listed parties, and
 - c. Is provided to the permanency FCM, if further DCS involvement is planned.

LEGAL REFERENCES

- [PL 114-198: Comprehensive Addiction and Recovery Act of 2016](#)
- [42 USC 67: Child Abuse Prevention and Treatment and Adoption Reform](#)

RELEVANT INFORMATION

Definitions

Clinical Supervision


Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Forms and Tools

- [Plan of Safe Care \(SF 56565\)](#)
- [Safe Sleep Documentation Tip Sheet and Informational Resources](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [4.19 Safety Planning](#)
- [4.22 Making an Assessment Finding](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: April 1, 2021
	Section 45: Assessment and Review of DCS Staff Alleged Perpetrators	Version: 9

POLICY OVERVIEW

When the alleged perpetrator of Child Abuse and/or Neglect (CA/N) is a Department of Child Services (DCS) employee, due process is ensured through the completion of a timely assessment and administrative review process.

PROCEDURE

Assessments involving a DCS employee as an alleged perpetrator must be conducted by DCS local office staff from a different DCS local office than which the employee is based. Assessments involving Central Office, Child Abuse Hotline (Hotline), and Child Support Bureau (CSB) employees as an alleged perpetrator will be conducted in the county in which the complaint was filed unless there is a conflict of interest. DCS will restrict any records pertaining to the DCS employee except to appropriate personnel. See policy 4.39 Restricting Assessments in Management Gateway for Indiana’s Kids (MaGIK) for additional information. DCS will also not allow an employee, who is an alleged perpetrator of CA/N, to have direct contact with children and families (including resource parents) that DCS serves until the Administrative Review process has been completed.

DCS reserves the right to take disciplinary action, up to and including dismissal, upon completion of the Administrative Review if the substantiation is affirmed, regardless of whether the allegations involve actions taken in the scope of DCS employment. See Code of Conduct for the Indiana Department of Child Services and State Personnel Department (SPD) Standard Policies on Discipline Policy Statement and Responsibilities and Procedures for more information.

Any DCS employee being assessed as an alleged perpetrator of CA/N will notify the following within **one (1) business day** of learning of the assessment:

1. The employee’s Local Office Director (LOD) for field employees who work in a local office; or
2. The employee’s Work Unit Manager if the employee works in Central Office, the Hotline, other employees who work in a local office, or CSB.

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

Upon receipt of an assessment in which a DCS employee is the alleged perpetrator of abuse or neglect, or upon becoming aware of evidence indicating that a DCS employee may be a perpetrator, the FCM will:

1. Notify the following individuals and document that notification was given to the following individuals immediately or **no later than one (1) business day** after receipt of the assessment:
 - a. Employee alleged perpetrator's direct supervisor,
 - b. All individuals in the direct chain of command above the employee's direct supervisor up to and including the RM, Division Deputy Director, or Deputy General Counsel over field attorneys, and
 - c. Human Resources Deputy Director.
2. Ensure timely completion of the assessment. Refer to policy 4.25 Completing the Assessment Report for additional guidance; and
3. Send the 311 to the FCM Supervisor for approval.

The FCM Supervisor will:

1. Review the 311 for accuracy and completeness and approve the FCM recommendations, if appropriate;

Note: If a DCS employee who is an alleged perpetrator is also a Child Care Worker (CCW), a Child Care Worker Administrative Review (CCWAR) should be conducted prior to any 311 approval. Per 465 IAC 3-2-2 and IAC 3-2-3 any DCS employee who is also a CCW is entitled to both a CCWAR and a DCS employee administrative review (if the outcome of the CCWAR is a decision to substantiate CA/N against the employee). See policy 2.03 Child Care Worker Assessment Review Process;

2. Prior to the Administrative Review provide the Notice of Assessment Outcome for a Department of Child Services Employee form and a copy of the redacted 311 to the employee via certified mail **within two (2) business days** following approval of the substantiated 311; and

Note: DCS will provide the date of the Administrative Review on the notice. The Notice of Assessment Outcome for a Department of Child Services Employee form must arrive to the employee at **least 10 calendar days** prior to the scheduled review. Therefore, the date of the Administrative Review must be known before the notice may be properly completed and delivered to the alleged perpetrator.

3. Notify the following individuals regarding the conclusion of the assessment and document in the case management system that notification was given to the following individuals immediately or **no later than one (1) business day**:
 - a. Employee alleged perpetrator's direct supervisor,
 - b. All individuals in the direct chain of command above the employee's direct supervisor up to and including the RM, Division Deputy Director, or Deputy General Counsel over field attorneys, and
 - c. Human Resources Deputy Director.

If a DCS employee is an alleged perpetrator and a CCW, the individual authorized to conduct the CCWAR will notify the DCS employee if the allegations are unsubstantiated following the CCWAR. If allegations are substantiated, the 311 will be approved and forwarded to the Administrative Review Team for an additional Administrative Review, specifically a DCS employee administrative review. The Notice of Substantiation will be completed by the Administrative Review Team, not the CCWAR reviewer.

The DCS RM or Division Deputy Director of the DCS employee who is an alleged perpetrator will:

1. Submit a request of notification to restrict access to the case management system records pertaining to the DCS employee upon notification of an assessment identifying a DCS employee as an alleged perpetrator. Any records pertaining to the DCS employee who is an alleged perpetrator will be restricted except to appropriate personnel. See policy 4.39 Restricting Assessments in Management Gateway for Indiana's Kids (MaGIK) for additional information;
2. Coordinate with appropriate staff to place the employee on desk duty or reassign the employee;
3. Contact the DCS Human Resources Deputy Director in the event that emergency suspension is considered;
4. Ensure the assessment is assigned to a DCS local office other than the DCS local office in which the employee is employed;
5. Notify the DCS LOD and FCM Supervisor (for Field Operations) or Work Unit Manager (for Central Office, Hotline, or CSB) of the Administrative Review Team's decision; and
6. Ensure the DCS employee is notified within **one (1) business day** of the decision.

The DCS Deputy Director of Field Operations or designee will:

1. Coordinate the Administrative Review process by convening the Administrative Review Team members, which includes:
 - a. An RM,
 - b. The Deputy Director of Field Operations or Designee, and
 - c. The DCS General Counsel Designee.
2. Complete the Administrative Review within **fifteen (15) business days** following approval of the substantiation; and
3. Notify the employee's DCS RM or Division Deputy Director of the Administrative Review Team's findings and whether any additional actions should be taken.

The Administrative Review Team will:

1. Review the complete DCS assessment file and any documentation submitted by the DCS employee to be considered in the review;
2. Decide which of the following actions will be taken:
 - a. Uphold substantiation determination, or
 - b. Overturn the substantiation determination and reclassify as unsubstantiated, or
 - c. Return the assessment case to the FCM assessor for further assessment of the report, and
3. Notify the DCS employee of the Administrative Review Team's decision within five (5) business days and:
 - a. Provide the Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination form **if the substantiation is upheld**. Also, provide the Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation form; **or**
 - b. Provide the Notice of Administrative Review Outcome for a Department of Child Services (DCS) Employee form **if the allegations are unsubstantiated or returned for further assessment** and notify the assessing office of the decision.

LEGAL REFERENCES

- [465 IAC 3-2-2 Administrative review procedure for childcare workers and licensed foster parents](#)
- [IC 31-33-26-8 Notification after index entry; Notice to perpetrators; request for administrative hearing](#)
- [IC 31-33-26-13 Adoption of rules](#)

RELEVANT INFORMATION

Definitions

Child Care Worker

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

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


Forms and Tools

- [Assessment of Alleged Child Abuse and/or Neglect \(SF 113\) \(311\)](#)
- [Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination \(SF 55148\)](#)
- [Notice of Administrative Review Outcome for a Department of Child Services Employee \(SF 54317\)](#)
- [Notice of Assessment Outcome for a Department of Child Services Employee \(SF 54318\)](#)
- [Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation \(SF 54776\)](#)

Related Policies

- [2.03 Child Care Worker Assessment Review Process](#)
- [2.05 Administrative Appeal Hearings](#)
- [4.25 Completing the Assessment Report](#)

- [4.39 Restricting Assessments in Management Gateway for Indiana's Kids \(MaGIK\)](#)
- [Code of Conduct for the Indiana Department of Child Services](#)
- [State Personnel Department \(SPD\) Standard Policies on Discipline](#)
- [State Personnel Department \(SPD Standard Policy- Responsibilities and Procedures](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	Effective Date: January 1, 2022
	Section 48: Professional Service Request (PSR)	Version: 1

POLICY OVERVIEW
This policy does not apply to Family Evaluations. For information regarding Family Evaluations, send inquiry to family.evaluation@dcs.in.gov. For information regarding the completion of a courtesy interview by another DCS local office, see policy 4.12 Courtesy Interviews Between local DCS Offices. For information regarding the handling of Safe Haven Intake Reports, see policy 4.34 Safe Haven and Abandoned Infants.

Professional Service Requests (PSRs) are used to effectively utilize resources while facilitating cooperation between the Indiana Department of Child Services (DCS) and community professionals or DCS and out-of-state child services agencies.

PROCEDURE

DCS shall cooperate with a PSR from designated professionals (e.g., a law enforcement agency [LEA], the court, or a prosecutor) when there are no allegations of Child Abuse and/or Neglect (CA/N) or allegations do not meet legal sufficiency of CA/N. A PSR is not an assessment. During a PSR, DCS will provide immediate assistance when LEA requests a Family Case Manager (FCM) on the scene or immediate face-to-face contact with the family. If allegations of CA/N are identified at any point during the PSR process, the allegations of CA/N must be reported to the DCS Child Abuse Hotline (Hotline). DCS staff making a report should consider sending the report to the Hotline via email.

PSRs also include a request for information from an out-of-state child service agency. See policies 3.01 Receiving Calls and 3.03 Professional Service Request (PSR) Intake for additional information.

Note: This does not include a request through the Interstate Compact on the Placement of Children (ICPC). See policies in Chapter 9: Interstate Compact (ICPC) for additional information.

Upon assignment of a PSR, the FCM will:

1. Review the PSR;
2. Contact the Requestor within five (5) calendar days to discuss the purpose of the PSR and ensure a mutual understanding if not already contacted due to immediate need;
3. Document all contacts in the case management system;
4. Complete the PSR Report within 14 calendar days;

Note: Collateral contacts are not required, but the FCM may contact any other person, including the child, necessary to complete the PSR. If a child is contacted, a signed Consent of Parent, Guardian, or Custodian to Interview Child(ren) form must be obtained

prior to the contact. The FCM may view the home, take photographs, and utilize other resources as appropriate to complete the request.

5. Staff the PSR with the FCM Supervisor;
6. Upload the PSR Report to the case management system upon completion;
7. Submit the PSR to the FCM Supervisor for approval; and

Note: Exceptions in the case management system may apply for non-required portions of a PSR.

8. Notify the Requestor/Report Source of the findings.

The FCM Supervisor will:

1. Review the PSR;
2. Assign the PSR to an FCM;
3. Discuss the PSR with the FCM during regular staffing and clinical supervision; and
4. Review and approve the completed PSR Report, if appropriate, and close the PSR.

LEGAL REFERENCES

- [IC 31-25-2-14 Cooperation with public and private agencies](#)

RELEVANT INFORMATION

Definitions

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Professional Service Request


A Professional Service Request is a request from a designated professional such as LEA, the court, or a prosecutor where there is no allegation of CA/N, including a request for information from an out-of-state child service agencies.

Forms and Tools

- [DCS Child Abuse Hotline Email](#)
- DCS Child Abuse Hotline – 1-800-800-5556
- [Family Evaluations Email](#)
- Professional Service Request (PSR) – Available in the case management system
- [Professional Service Request \(PSR\) Report \(SF 57089\)](#)

Related Policies

- [3.01 Receiving Calls](#)
- [3.03 Professional Service Request \(PSR\) Intake](#)
- [4.12 Courtesy Interviews Between DCS Local Offices](#)
- [4.34 Safe Haven and Abandoned Infants](#)
- [Chapter 9: Interstate Compact \(ICPC\)](#)


	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Tips for Child Interviews	Effective Date: October 1, 2007
	Reference: 4.A (4.9 – Interviewing Children)	Version: 1

Tips for a Successful Interview

1. Greeting the child. It is important to ask the child directly what name they prefer to be called. You may also ask someone who knows the child (e.g. parent, guardian, custodian, teacher, social worker, etc.) what name the child prefers. The purpose of this interaction is to build a rapport with the child, allowing him or her some sense of control. Take time to get to know the child and make the child as comfortable as possible. The initial focus should be on the child and not on the allegation.
2. Introduce everyone present. The Family Case Manager (FCM) should always tell the child his or her name. You may introduce everyone by title or full name, but reassure the child that they may call them by their first name. Ideally, there should only be one (1), at the most two (2), individuals (professionals involved in the assessment) present when the child is being interviewed.
3. Attempt to accommodate any size differentials. The FCM may sit on the floor, be either at eye level or below the child’s eye level. Attempt to interview in a private area, as space may allow.
4. Explain why the FCM is there. Tell the child it is your job to help and protect children; to find out if they are okay; and if they are not, to find ways to protect them. The choice of words should meet the developmental level of the child.
5. Explain in general terms the purpose for the interview. An appropriate response might be, “Remember how I said earlier my job is to find out if kids are okay? Someone asked me to talk to you because they were worried that you might not be okay.” Do not offer rewards to the child or incentives.
6. Affirm the reason for the visit. Acknowledge the accuracy of the response if the child indicates that he or she knows the reason for the visit.
7. Address any feelings expressed by the child. It is helpful to acknowledge children’s feelings and assure them that all children have different feelings. An example of a statement a FCM may use in assuring the child, “I know this subject is hard to talk about, but I talk to a lot of kids about the same thing, so there is nothing that you can say that I haven’t heard before,” and “In this room you can say anything as long as it is the truth. If I say something that isn’t right then it is okay to tell me that it isn’t right, because I want to make sure I understand everything that you are telling me and want me to know.”
8. Gather information and make a behavioral observation. Everyone reacts differently to stressful situations. In addition to gathering information, the FCM must document the observed behavior of the child, (e.g. – whether the child’s behavior is consistent with what is expected for his or her age. Document thoroughly any inconsistencies in behavioral expectations for the child’s age and development). Do not show any signs of disbelief or disgust during the interview, as this may shut the child down. The FCM needs to be aware of their own body language as well as the child’s. More than likely, the child is reading the FCM’s body language too. While gathering information, it is of utmost importance not to encourage right answers that you are looking for or respond to or “discourage” wrong answers. Be as neutral as possible but encouraging to the actual answering of questions. Using “What happened next?” is a very good way to get details

from children, and promotes active listening on your part, expressing to the child that you are listening and interested. Be aware of the child's level of comfort, and if he or she becomes distracted or fidgety, use critical thinking skills on how to proceed (e.g. – continue interview or allow for a short break before continuing the interview). Don't utilize the interview time to determine if the child is telling the truth. Results of the FCM's interviews will assist in assessment determination.

9. Determine whether the child can make a differentiation between the truth and a lie. It is essential that the FCM establish whether the child knows the difference between the truth and a lie and documentation must describe the child's ability to discern. The FCM should also assure the child understands that it is okay to "not know the answer" to a question. An example of determining this would be, "If you (the child) were wearing a blue shirt, and I stated that your shirt was yellow, would that be a truth or a lie?" When using this kind of example it is essential to make sure that the child knows their colors. Also, you may ask the child "What happens if you tell a lie? What happens when you tell the truth?"
10. Allow the child to name the alleged perpetrator. Do not disclose the name of the alleged perpetrator until after the child says the name. It is important that the child discloses the name of the perpetrator without prompting. Also, keep in mind if assessing sexual abuse, the FCM should not call any body part by any name until the child identifies that particular body part. The FCM should then refer to that particular body part using the same name as the child. Depending on availability and resources, have the child identify the particular body part on a picture or by what that specific body part is used for.
11. Determine how the incident happened. When possible use a statement or directive, rather than a question. Use non-leading and open ended questions (e.g. – Tell me, Describe, How did, What, When, etc.). A statement such as, "I need to find out how you got the bruises on your back" or a directive such as, "Tell me about the bruises on your back" gives the child greater latitude to respond. You can determine time frames by the season, night time, day time, what was on television, etc. Keep in mind the developmental level of each child during your assessment.
12. Summarize the Interview. It is important to summarize what was said during the interview in the child's own words to verify that the FCM has understood the child and to clear up any misunderstanding. Summarizing can also provide the FCM the opportunity to identify additional areas that have not been discussed. After summarizing, ask the child if there is anything else he or she would like to tell you. Ask them if you understood correctly what they told you or if there was something they wanted to change that the FCM had stated incorrectly. Again, it is important not to offer the child any rewards or incentives.
13. Assure/affirm the child. Assure the child that he or she has done the right thing by telling the truth. It is important for this to be said to the child in simple, unconditional terms to counteract what may have been told to the child or what the child may think. Most children are understandably concerned about "telling on" an adult caretaker. Thank the child for talking to you.
14. Provide the child an opportunity for questions. Provide the child the opportunity to ask any questions or explore any issues not previously discussed in the interview.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Assessment Narrative	Effective Date: November 1, 2011
	Reference: 4.B (4.25 – Completing the Assessment Report)	Version: 4

This tool provides guidance to Indiana Department of Child Services (DCS) Family Case Managers (FCM) in preparing a complete assessment narrative. Each assessment narrative should include a summary of the [Preliminary Report of Alleged Abuse or Neglect \(SF 114\) \(310\)](#), the scope of the assessment, a conclusion statement for each allegation assessed, an assessment of the safety of the child(ren), and a notice section. Additional guidance is also provided for assessments that involve near fatality/fatality and Institutional assessments.

When completing an assessment narrative, the FCM should follow these general guidelines:

- Write the narrative in paragraph format, using complete sentences, proper grammar and punctuation;
- Use appropriate wording (e.g., no slang, no abbreviations unless previously identified, use quotes when quoting other sources or statements).
- Avoid overusing pronouns;
- Do not cut and paste contact logs into the narrative;
- Do not use all capital letters; and
- Utilize spell-check prior to submitting for supervisory approval.

The FCM should be mindful of the purposes that the assessment may be used as the [Assessment of Alleged Abuse or Neglect Report \(SF 113\) \(311\)](#) is completed. The report may be used by DCS for the following purposes, including, but not limited to:

- Notification of the assessment conclusions to the substantiated alleged perpetrator or parent, guardian or custodian of the alleged child victim.
- Monitoring of assessments by management staff to ensure consistent compliance with DCS Policy requirements and for clinical supervision purposes to ensure best practices are being followed.
- Approvals of relative placement for wards, pre-adoptive placements and consents and Foster Family Home license applications/revocations, including appropriate waivers.
- Waivers of Child Protection Service (CPS) History by DCS.
- Evidence in a DCS administrative hearing or Child in Need of Services (CHINS) or Termination of the Parent Child Relationship (TPR) Court case.

Note: Others also use the assessment report in discovery requests, law enforcement investigations, as evidence in criminal or juvenile delinquency cases, divorce or paternity actions and in administrative hearings or other civil matters. The assessment report may also be requested by the public and media in fatalities through an information request.

The assessment narrative should be a summary of the events, interviews and relevant facts that result in assessment findings, not a step-by-step detailed account of the assessment. The following information is an outline of what is to be included in each assessment narrative:

Summary of the Preliminary Report of Alleged Abuse or Neglect (SF 114) (310)

1. The report date and the incident date (or time frame), if available, and a summary of all allegations;
2. The name and age of the alleged child victim(s);
3. The name and age (approximate if not known) of the alleged perpetrator(s);
4. The perpetrator(s)' relationship to the child victim(s); and
5. The name and title of the assessing FCM.

Example:

On January 1, 2011, the Indiana Department of Child Services Central Intake Unit received a report alleging Joey Smith (age 0) is a victim of Neglect, in the maltreatment type of drug positive infant. The alleged perpetrator is Jane Smith (age 25), mother of victim. The Report Source (RS) stated that his meconium screen came back positive for Methadone and Opiates. Family Case Manager (FCM) Jones was assigned this assessment on January 1, 2011.

Scope of the Assessment

1. Include a summary of the facts gathered during the assessment that assisted the FCM in reaching the decision to substantiate or unsubstantiate the allegations.
2. Identify all required interviews and relevant collateral interviews that were conducted as a part of the assessment by stating the person's name and the date and place of the interview. Provide an explanation if a required interview is not conducted. State the relevant information obtained from each interview. In some instances, documenting that a visit was unannounced may be relevant. In some instances, the date or time frame of an alleged incident is critical information necessary to reach an informed conclusion and should be included. See policies [4.3 Conducting an Assessment](#); and [4.11 Interviewing the Alleged Perpetrator](#) for additional information.

Example 1:

On January 1, 2011, FCM Jones interviewed Julie Smith (Mother) the mother of the alleged child victim Joey Smith (Joey) in a home visit. Mother stated that Joey had no bruising when Mother left for work on December 31, 2010, at 8:00 AM. At that time, she left Joey in the care of Joey's father who was supposed to take Joey to his regular daycare. Mother stated that she picked Joey up from the daycare on December 31, 2010, at 3:30 PM and saw scratches and bruising on Joey's face near his left eye and bruising on his left upper arm. Mother stated that she confronted the daycare owner, Nanny Lee, who told her that Joey had the injuries when he arrived at the daycare and that he was "just fine." Mother said she had not yet discussed the injuries with Joey's father.

Example 2:

On January 3, 2011, FCM Jones obtained a copy of an interview with the child's father, Jack Smith (Father), conducted by the Johnson County Sheriff's Department on January 1, 2011. In the interview, Father denied that he caused injury to Joey on December 31, 2010. FCM Jones was unable to interview Father because Father's attorney informed the FCM that he would not allow his client to participate in a DCS interview.

3. Either as a part of an interview or separately if no interview is conducted, record relevant observations, including whether the FCM's observations were documented by photographs of injury or household conditions. See policy [4.14 Examining and Photographing a Child and/or Trauma](#) for additional information;

4. Document relevant information obtained through records and reports that the FCM reviewed (police reports, medical records, court pleadings and orders, etc). Documentation in this area could also include DCS history for the family, if it is relevant to the conclusion to substantiate the allegations or not;
5. If applicable, state the date of any PEDS Referral and the outcome. For additional information see policy [4.16 Medical Examinations, Psychological Testing, Drug Screens and Substance Abuse Evaluations](#).

Conclusion Statement

For each individual allegation (whether substantiated or unsubstantiated), include a brief synopsis of how relevant facts found during the scope of the assessment led to the assessment finding(s). See policy [4.22 Making an Assessment Finding](#): Include:

1. Neglect or Abuse;
2. Abuse or Neglect Maltreatment Type: Environment life/health endangering, drowning, sexual misconduct with a minor, etc.;
3. Substantiated/unsubstantiated;
4. Alleged perpetrator's name;
5. Alleged perpetrator's relationship to child (i.e. parent, guardian or custodian);
6. Alleged child victim's name;
7. The relevant act or omission of the alleged perpetrator; and
8. How the act or omission impacted the alleged child victim.

Example 1:

Abuse (bone fracture) is substantiated against custodian, John Boyfriend, as to the child Jane Doe. John Boyfriend is custodian to the child because John Boyfriend and the child live in the same home. The decision to substantiate is based on the FCM's interviews with the child, the child's mother and the child's physician as well as the FCM's review of the medical reports obtained during the assessment. The child's left arm had a spiral fracture consistent with non-accidental trauma. John Boyfriend was the sole caregiver for the child during the time period in which the injury could have occurred and was unable to provide an explanation consistent with the injuries. The child was seriously endangered by her injuries.

Example 2:

Neglect (lack of supervision) is unsubstantiated against John Foster as to the child, Johnny Doe. John Foster was the Resource Parent to Johnny Doe during the time he was found by law enforcement, without adult supervision. John Foster had no reason to believe that the child would leave the home. During the time that the incident occurred, John Foster was at work and the child was in the care of Mr. Foster's wife.

Initial and Subsequent Safety of the Child(ren)

1. Include a brief statement indicating how the safety of the victim(s), or in the case of fatality assessments, surviving child(ren) was ensured;
2. If the alleged victim was removed from the home, include the date of removal, original placement type, and measures utilized to prevent the removal (safety plan, CFTM, etc.) or reasons the child(ren) was left in the home; and
3. If any child(ren) was removed from his/her home environment, and returned home before the completion of the assessment, state the date and reason for the child's return.
4. Provide a brief description of any services referrals, including the identity of the agency or service provider;

5. Identify any arrests made related to the alleged abuse or neglect incident. If charges are filed, state the charges and the court case number;
6. Identify any court action taken by DCS (e.g., Informal Adjustment (IA), Child in Need of Services (CHINS));
7. Describe any casework plan that has been developed (e.g., [Family Support/Community Services/Safety Plan \(SF 53243\)](#), etc.); and
8. Include the date of any Child and Family Team Meetings (CFTM) and include information relevant to the conclusions reached by the FCM.

Example for an unsubstantiated assessment:

On January 15, 2011, a Child and Family Team Meeting (CFTM) was held. The safety of the child, Joey Smith, was assured as part of the CFTM through the development of a [Safety Plan \(SF 53243\)](#). The plan included the mother Jane Smith having family support, including parents, aunts and uncles; Jane continuing to work with her chosen service provider to get back on her medications and her participation in parenting education. On January 17, 2011, FCM Jones conducted an unannounced home visit and found the home had been cleaned, was above minimal standards, appropriate for children, and had adequate food and working utilities.

Example for a substantiated assessment:

The safety of Joey Smith and Bonny Smith could not be ensured in the home of parents, John and Jane Smith, due to the severity of the injuries inflicted on Infant Smith, by John and Jane Smith. All three children were removed from the home on June 1, 2011, and placed with relatives. A detention hearing was held on June 2, 2011 and the court approved continued detention of the children and set the matter for Fact Finding.

Notice Section

1. State the names of persons provided with the [Notice of Availability of Completed Reports and Information \(SF 48201\)](#), and the dates the notices were provided; and
2. Include a statement indicating that the Child Abuse Prevention and Treatment Act (CAPTA) forms will be sent or hand delivered after the approval of the assessment. For Child Care Worker/Resource Parent assessments, add the date the [Notice of Intent to Substantiate Allegations of Abuse and/or Neglect by a Child Care Worker/Resource Parent \(CAPTA081003ICW\)](#) was sent or hand delivered as well as the Child Care Worker Assessment Review (CCWAR) meeting date and the outcome of the CCWAR, if applicable.
3. Include a statement indicating that the ongoing FCM was notified of the conclusion of the assessment, if the child is a ward of DCS.

Example:

Notice of Availability was provided and verbally explained to Jane Doe and John Doe on February 1, 2011. Notice of Outcome will be mailed to Jane Doe and John Doe upon supervisor approval. The ongoing FCM for the child victim was notified of the assessment conclusion.

Post Assessment Approval Reversal Information

If, upon review in a Child Care Worker Assessment Review, the classification of allegations is reversed on one (1) or more allegations, the Conclusion should reflect the final decision by DCS. If any reversal of the classification of the allegations occurs after the original approval of the [311](#), the body of the narrative should remain intact. If the allegations in an approved [311](#) are reversed, after the original narrative, state the following information; the date of the reversal, the

name and title of the person who authorized the reversal (such as the Local Office Director, Administrative Law Judge, court, etc.) and what procedure occurred that resulted in the reversal (administrative review, administrative hearing, expungement, Judicial Review, etc.). If the reversal is authorized through administrative review, the basis of the reversal should also be identified.

Example:

On March 10, 2011, Regional Manager John Henry, conducted an administrative review and reversed the decision to substantiate allegations of Neglect (environment life/health endangering) by Jane Doe as to Joey Smith, a minor child, because he determined that Jane Doe was not a parent, guardian or custodian to Joey Smith.

Additional Information for Fatality/Near Fatality Assessments

1. Always list both the cause and manner of death identified in the autopsy reports and the State issued death certificate. Document the reason for not having an autopsy report if one is not available and include additional documentation related to the death (coroner's report, coroner's inquest, etc).
2. For near fatalities, provide a brief statement stating that the child was placed on a vent/intubated and was admitted to ICU/NICU.
3. Indiana law requires documentation of all "prior contact" for assessments with a substantiated fatality/near fatality allegation. Prior contact includes any intake, assessment or case with regard to all household members and non custodial parent or guardian that were in the case management system at the time of the fatality or near fatality. Documentation for any incident of prior contact must include:
 - a. Frequency of contact with the family—this does not just include face-to-face visits with the child, but any contact (face-to-face, telephonic, written correspondence, etc);
 - b. Date of the last contact with the family;
 - c. For any report, assessment, or case that was closed at the time of the fatality/near fatality, provide a detailed reason for the closure; and
 - d. Closure date


Note: Any unsubstantiated fatality/near fatality should include a detailed description of any substantiated history of all victims, perpetrators, parents, guardians, custodians and household members, including the case management assessment or case number, substantiation date, allegation and finding

4. Include a statement addressing any impairment, or lack of, on the part of parents/caregivers/alleged perpetrators at the time of the incident resulting in the fatality/near fatality.
5. Include a statement indicating whether drug/alcohol screens were conducted on parents/caregivers/alleged perpetrators and the results of said screens.
6. For sleep-related deaths, state: who placed child to sleep, the environment where child was placed (adult bed, couch, crib, bedding, etc), who last saw the child alive and who found the child unresponsive.
7. For ingestion fatalities/near fatalities, provide a statement that prescription info was verified by the assessing FCM for all household members/caregivers.

8. Include an update on the DCS (CHINS or IA) case, including closure date and reason for closure, if applicable.
9. No CAPTA forms should be provided without prior approval from the fatality unit. See policies [2.2 Administrative Review Process](#) and [4.31 Fatality and Near Fatality Assessments](#) for more information.

Additional Information for Institutional Assessments

1. If the institution is a residential treatment facility (or a Resource Parent), include the Resource Number of the facility (or the Licensed Child Placement Agency (LCPA)) at the beginning of the assessment narrative;
2. Identify whether the child victim (and alleged perpetrator, if appropriate) was a private or agency placement. Agency placement may include DCS, Probation, Department of Education (DOE), Division of Disability, Aging, and Rehabilitative Services (DDARS). If Agency placement, state which agency; and
3. State the last three (3) residential placements for the child victim, if applicable. See policy [4.30 Institutional Child Protection Services \(ICPS\) Unit Assessments](#) for more information.
4. State that the DCS licensing unit was notified of the assessment conclusion.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Suggested Interview Questions for the Non-Offending Parent	Effective Date: May 1, 2009
	Reference: 4.C (4.10 - Interviewing the Parent, Guardian, or Custodian)	Version: 1

Suggested Interview Questions for the Non-Offending Parent

Always interview the non-offending parent alone. Prior to beginning the interview it is important to:

1. Explain the process of the child protection service (CPS) assessment.
2. Provide assurance that the children's safety (as well as that of the non-offending parent's) is the goal of the assessment.
3. Provide assurance that the alleged domestic violence offender will not be confronted with the source of information, or any information concerning his or her safety that he or she has shared.
4. Explain that he or she will be provided with referral information regarding safety for him or her and the children.
5. Explain the limits of confidentiality.

Below are suggested questions to utilize while interviewing the non-offending parent in a domestic violence relationship.

Note: If the non-offending parent of domestic violence is believed to be the alleged perpetrator of Child Abuse and/or Neglect (CA/N), see policy, [4.11 – Interviewing the Alleged Perpetrator](#).

1. Do you ever worry about the safety of your children? If yes, tell me more about that.
2. Where are the children when the fighting happens?
3. Has your partner ever hurt you in front of the children?
4. How has the child been exposed to the violence: heard it happen, saw it happen, told about it by siblings or others, or saw the aftermath (broken bones, bruises on parent or other family members or stitches)?
5. Have the children ever been hurt, either accidentally or on purpose during an incident? Tell me about this.
6. How are you able to keep your children safe?
7. Has your partner:
 - a. Called your child degrading names?
 - b. Threatened to take the children from your care?
 - c. Accused you of being an unfit parent?
 - d. Threatened to hurt or kill you in front of the children?
 - e. Touched your children in a way that made you or them feel uncomfortable?
 - f. Asked your children to report on what you do during the day?
 - g. Had your children spy on you?
8. Has your child:

- a. Overheard the yelling and/or violence?
 - b. Behaved in ways that remind you of your partner?
 - c. Physically hurt you or other family members?
 - d. Tried to protect you?
 - e. Tried to stop the violence?
 - f. Hurt him/herself?
 - g. Hurt family pets?
 - h. Been fearful of leaving you?
 - i. Exhibited emotional/behavioral problems at home or school?
9. Describe how the children respond to the violence. Have you noticed any effects?
10. How do you believe your children understand the violence?
11. When I interview your children, will they tell your partner what I ask them?
12. On a scale of 1-10 (where 10 is very safe all the time and 1 is not safe at all), how safe do you feel?
13. What does safety mean for you and your child(ren)?
14. What do you believe would help keep you and/or your children safe? What can be done to make this happen?
15. Tell me about your relationship. What is good about it and what is not so good about it?
16. How do decisions about things such as discipline and money get made?
17. Do you have family or friends you can talk to about your problems?
18. Who are some of the people you turn to for support?
19. Do you feel free to do, think, believe what you want?
20. Do you have any current injuries or health problems?
21. Has your partner ever:
- a. Isolated you from your family or friends or going someplace you wanted to go?
 - b. Followed you to see where you go?
 - c. Accused you of being unfaithful?
 - d. Controlled your money?
 - e. Called you degrading names?
 - f. Made threats to hurt you or the children?
 - g. Made threats to kill you if you ever attempt to leave or divorce?
 - h. Hurt household pets, or threatened to hurt them?
 - i. Been violent to people outside the family?
 - j. Threatened to report you to DCS or take away the children?
22. Does your partner ever act jealous or possessive? If yes, tell me more about that.
23. Have you ever felt afraid of your partner? In what ways?
24. Has your partner ever physically used force on you (e.g., pushed, pulled, slapped, punched, hit, strangled/choked or kicked you)? If so, tell me about the worst episode. What was the most recent episode?
25. How frequently does this happen?
26. How dangerous do you think your partner is?

Note: The more types of abuse there are, the more dangerous the situation is likely to be for the adult victim and the children. If the abuse is happening more frequently and/or getting more severe, the risk for the adult victim and children is high.


27. Does your partner do reckless things that scare you, such as driving too fast with the children in the car? Tell me about that.
28. Has your partner ever been depressed?
29. Has your partner ever abused over the counter medications, prescriptions, illegal drugs and/or alcohol?
30. Does your partner have any weapons? Does he or she have access to weapons owned by others?
31. Has your partner ever threatened to commit suicide? If yes, when and what was the plan?
32. How often do you get hurt by accident?
33. Are you afraid at home?
34. Were you ever assaulted while you were pregnant?
35. Have you been exposed to domestic violence in a previous relationship(s)?
36. Do you have/have you had a domestic violence advocate?

Note: If they have not contacted a domestic violence advocate, recommend that they do.

37. Have you ever used a domestic violence shelter or group? Was it helpful?
38. Have you ever called the police? What happened?
39. Have you filed a protective order? What happened? (e.g., did your partner respect the order)?
40. Have you:
 - a. Told anyone about the abuse? What happened?
 - b. Seen a counselor or therapist? What happened?
 - c. Left home as a result of the abuse? What happened?
41. What do you think will happen when I leave?
42. Will it increase the risk of harm to you or the children if I ask your partner some questions?

Note: If the victim is fearful of the consequences of questioning the offender, then it should not be done until safety can be achieved. Safety always comes first.

43. How do you think he or she will react when he or she finds out we talked to you?
44. How do you think he or she will react when he or she finds out we talked to the children?
45. How do you think he or she will react when we talk to him or her?


	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Suggested Interview Questions for the Child	Effective Date: May 1, 2009
	Reference: 4.D (4.9 – Interviewing Children)	Version: 1

Suggested Interview Questions for the Child

Sometimes when parents fight they get angry. Sometimes this is scary for children. I want to ask you a few questions about when your parents fight and what you think about it.

1. Arguments happen in all families. What happens when your mom and dad (boyfriend, partner, etc.) argue? What do they argue about?
2. What do you do when mom and dad (boyfriend, partner, etc.) are fighting?
 - a. Stay in the room.
 - b. Go to a sibling.
 - c. Leave or hide.
 - d. Ask parents to stop.
 - e. Phone someone.
 - f. Go for help.
 - g. Other.
3. What do you think about when this is happening?
4. When mom and dad (boyfriend, partner, etc.) are fighting, what do you worry about the most?
5. Do they ever get hurt?
6. Have you ever gotten hurt when they were fighting?
7. Have you ever tried to stop the fighting? What happened?
8. Do you find that you think about your parents fighting a lot?
 - a. When do you think about it?
 - b. What do you think about?
 - c. Do these thoughts ever come in school or while you are playing?
9. Do you ever have trouble sleeping at night? Why? Do you have nightmares?
10. Have you talked to any other grownups about this problem? What happened?
11. Does your mom or dad (boyfriend, partner, etc.) own any weapons? Do you know where they keep them at?
12. What would you like them to do to make it better?
13. In an emergency, who would you call?
 - a. Their phone number is: _____.
 - b. What would you say?


If children don't have some idea of whom to call, give them basic information or help them think of where they could go if their parents are fighting. Information gathered in this interview should always be shared with the adult victim to help them understand the effects of domestic violence on the children, as long as the children's safety will not be compromised.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Suggested Interview Questions for the Alleged Domestic Violence Offender	Effective Date: July 1, 2019
	Reference: 4.E (4.11 – Interviewing the Alleged Perpetrator)	Version: 2

Suggested Interview Questions for the Alleged Domestic Violence Offender

The purpose of interviewing the alleged perpetrator is to assess dangerousness, not to elicit a confession. Do not confront the alleged perpetrator with information obtained from the child or non-offending parent. If at any point during the interview you feel that the alleged perpetrator is too dangerous, close the interview and consult with a Supervisor regarding next steps.

1. Tell me about your relationship with your family or household members.
2. Describe your relationship with your children.
3. There are disagreements in all relationships. What happens when you and your household members disagree?
4. How do decisions get made?
5. What do you do when you do not get your own way?
6. Have you ever been so angry that you wanted to hurt someone? Have you ever tried to hurt someone?
7. Do you or any of your household members use alcohol or drugs? How often?
8. Do you own or have access to weapons?
9. Have you ever been told that violence/fighting is a problem for you? By whom?
10. Have you ever pushed, pulled, hit, kicked, slapped or punched anyone in your family or a household member? In what way?
11. Does your partner ever seem afraid of you? Do your children or household members ever seem afraid of you?
12. On a scale of 1-10 (where 10 is very safe all the time and 1 is not safe at all), how safe do you feel in your family? How safe do you think your partner feels? Your children or household members?
13. If you could change one thing about your partner, what would it be?
14. If we could offer you or your partner any services or information to help strengthen your family what would those be? To make one or both of you better parents?
15. If we could offer your family or household members any services or information, what would they be?
16. The worker should also note their observations of alleged perpetrator's behavior during the interview.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Tips for Photographing a Child and/or Trauma	Effective Date: September 1, 2014
	Reference: 4.F (4.14 Examining and Photographing a Child and/or Trauma)	Version: 1

General Tips for Photographing a Child and/or Trauma¹

1. Ensure an identifying picture is taken of the child's face.
2. Label each photograph with the child's name, date of birth, date the picture was taken and who took the photograph.
3. Ensure there is enough light in the room. If needed, turn on additional light or move toward a window. Take more than one (1) photograph if there are concerns that lighting or flash may cause issues with the photographs.
4. If possible, use an uncluttered neutral background. Skin is best photographed against a blue background. Do not be afraid to shoot from different perspectives, which will enhance revealing shadows or eliminate flash glare.
5. Take a photo of the injury, including an anatomical landmark such as an elbow, belly button or knee to identify the location of the injury.
6. If possible, use a measuring device directly above or below the injury in one (1) of the photos. Examples of measuring devices can be but not limited to: rulers, coins or business cards.
7. Take photographs of the object allegedly used to inflict the injury or other pertinent objects.
8. If injury is related to a fall, take photographs of what the child fell from and where the child landed, if possible.
9. Scene Photos: Always take a picture of the entire room in which the incident allegedly occurred.
10. If sending photographs to be reviewed by a health care professional expert or Law Enforcement Agency, ensure they are transmitted via a secure email or secure website.


¹ Botash, A. S. (n.d.). *DOCUMENTATION: Photographic Documentation* . Retrieved October 23, 2013, from Child Abuse Evaluation & Treatment for Medical Providers:

<http://www.childabuseemd.com/documentation/documenting-photographic.shtml>

Specific Injury Documentation²

1. **Bruises:** All bruises should be photographed whether they are old or new.
 - a. **Note:** Areas of swelling sometimes have strong reflection caused by the flash bouncing off the injured site, this may obscure a photograph. In order to reduce flash reflection, take photographs from several different angles.
2. **Punctures, Bite Marks, Slashes, Rope Burns and Pressure Injuries:** Take photographs straight on or at a slight angle. Take close-up photographs of patterned injuries or marks of restraint so photos can later be compared to object used to inflict the injury.
3. **Burns:** Take photographs of dirty abrasions and burns before cleaning and after. Photograph from all angles and prior to any cream being applied. If possible, photograph after medical treatment.
4. **Neglect:** Take photographs of child's general appearance, signs of neglect such as splinters, or blisters on feet, hair loss, extreme diaper rash, prominent ribs, and/or swollen belly.
5. **Facial:** Ask a health care provider to assist in mouth injury documentation. For eye injuries, distract child to look in opposite direction to photograph the extent of the injury to the eye.
6. **Sexual Abuse:** If possible, during a medical examination for sexual abuse have a medical professional take all photographs of alleged sexual trauma or injuries. If a medical professional refuses to take photographs but expresses the need for photographs to be taken after a medical examination, DCS is permitted to take photographs with a witness present in the room.

² Ricci, L. R., & Smistek, B. S. (2000, March). *Photodocumentation in the Investigation of Child Abuse* .
<https://www.ncjrs.gov/pdffiles1/ojdp/160939.pdf>

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: March 1, 2015
	Section 01: Transitioning a Case Between Family Case Managers	Version: 6

STATEMENTS OF PURPOSE *This policy does not apply to Collaborative Care (see Policy [11.21 Collaborative Care \(CC\) Case Transfers](#))*

The Indiana Department of Child Services (DCS) will ensure transitioning of cases, from one Family Case Manager (FCM) to another, is a smooth and informative process. Cases must be transitioned to ensure continuity of care for children and families. Families must be informed of a change in FCM, and any actions taken in the case. All pertinent case information will be shared with the Child and Family Team (CFT).

Code References

N/A

PROCEDURE

Refer to local office management for assistance if needed.

Local office management will ensure a written checklist/protocol is developed regarding the transitioning of a case and submitted to the Deputy Director of Field Operations and the Deputy Director of Permanency and Practice Support.

PRACTICE GUIDANCE

Successful transition of a case should ensure that all pertinent information is understood by the new FCM and the CFT.

Pertinent Family Information

All parties, especially the family, should have the opportunity to review and discuss all pertinent family information with the FCM and CFT (e.g., family strengths, values, support systems, family composition, behavioral management, mental health, developmental and/or medical needs, domestic violence concerns, immediate needs, substance abuse, truancy, review of the [Safety Plan \(SF 53243\)](#) and/or the [Plan of Safe Care \(SF 56565\)](#), etc. Depending upon the dynamics of the case, it may be necessary to have more than one (1) CFT to discuss all pertinent information (e.g., when there is a no contact order between parent, guardian, or custodian and the child or each other). If there are safety concerns, the FCM may also need to keep the location of the resource home confidential.

Safety Plans and Domestic Violence

The primary goal of a [Safety Plan \(SF 53243\)](#)/[Plan of Safe Care \(SF 56565\)](#) created by DCS is to ensure the safety of the child. The purpose of the plan is to:

1. Achieve immediate and long-term safety for the child and non-offending parent; and
2. Provide safety options for the child and non-offending parent.

The plan should include strategies to reduce the risk of physical violence and/or harm by the alleged domestic violence offender and enhance the protection of the non-offending parent and child. Planning for the safety of the child 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 safe, including what has been tried before;
2. Exploring the benefits and disadvantages of specific options and creating individualized solutions for each family;
3. Utilizing the criminal justice and civil court systems to hold the alleged perpetrator accountable; and
4. Writing down a list of phone numbers of neighbors, friends, family, and community service providers that the non-offending parent can contact for safety, resources, and services. This requires FCMs to stay current about resources, contacts, and legal options.

The [Safety Plan \(SF 53243\)](#)/[Plan of Safe Care \(SF56565\)](#) of the non-offending parent and child should not be shared with the alleged domestic violence offender. The FCM will attempt to engage the alleged domestic violence offender to develop a separate [Safety Plan \(SF 53243\)](#)/[Plan of Safe Care \(SF56565\)](#), which holds him or her accountable for the abusive behavior and responsible for stopping the violence. Both plans should also address any other safety concerns that have been identified for the child.

Purpose of Transitioning a Case

A Child and Family Team (CFT) Meeting should be utilized to accomplish a case transition. Timing of this meeting is critical to the actual transfer of the case so initiating the transfer as soon as possible may be beneficial. During the meeting, all parties should receive information about the status of the case, current services, along with identified additional needs to plan for services and appropriate placement.

Examples of information to be shared and discussed with the parties include, but are not limited to:

1. The family's strengths and underlying needs;
2. Needs that may arise in the near future;
3. The efforts that have been taken to meet those needs;
4. Clarification of expectations about what happens next;
5. The name and contact information of the new FCM and FCM Supervisor;
6. Formal and informal supports for the family; and
7. Information about the membership of the CFT.

FORMS AND TOOLS

1. [Visitation Plan](#) – Available in the case management system
2. [Affidavit of Diligent Inquiry \(SF 54778\)](#) – Available in the case management system
3. [Assessment of Alleged Abuse or Neglect Report 311 \(SF 113\) \(311\)](#)– Available in the case management system
4. [Safety Plan \(SF 53243\)](#)– Available in the case management system
5. [Plan of Safe Care \(SF 56565\)](#) – Available in the case management system

6. [Notice to Relatives \(SF 55211\)](#) – Available in the case management system

RELATED INFORMATION

“Transitioned” Defined


A case is “transitioned” when the following has occurred:

1. The new FCM is assigned to the case in the case management .
2. The new FCM has received the hard copy file.

Eligibility for Federal Funding

The following should be documented in the case file and in case management system:

1. The most accurate and up-to-date information concerning household members;
2. The relationships of household members to the removed child. See policies, 15.4 Specified Relative and [15.5 Assistance Group](#) for additional information.
3. Household members income and resources in the month of removal;
4. Each parent’s place of residence in the month of removal;
5. Each parent’s employment status; and
6. Any physical or mental illnesses that would prevent either parent from providing care to the child.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: December 1, 2021
	Section 02: Gathering Case Information	Version: 5

POLICY OVERVIEW

Family members are experts of their own families and gathering accurate and complete information about the child and family is an important step in identifying the functional strengths, underlying needs, and protective factors of the family.

PROCEDURE

The Indiana Department of Child Services (DCS) will gather as much information as possible about the child and the family, including identification of child and family supports and connections. This information will be used when identifying and conducting a diligent search for all adult relatives (including adult siblings) and kin, developing the Case Plan/Prevention Plan, planning for services, and establishing eligibility for federal funding.

Note: A referral to the DCS Investigators may be considered for assistance in locating absent parents, relatives, and or other identified persons of interest to the case and/or assessment. In addition, the Incarcerated Parent Letter-Assessment, Incarcerated Parent Letter-Permanency, Incarcerated Parent Demographics, and Incarcerated Parent Information forms have been developed for use as tools for contact with the incarcerated parent and for gathering information. See Policy 2.26 Diligent Search for more information.

The Family Case Manager (FCM) will:

1. Strive to assess the functional strengths and underlying needs for each family member (including absent and incarcerated parents) in the following areas:
 - a. Safety,
 - b. Well-being,
 - c. Domestic violence,
 - d. Sexual abuse,
 - e. Living conditions, including the location of incarcerated parents,
 - f. Finances and employment,
 - g. Education,
 - h. Formal and informal supports available to caregivers,
 - i. Resources available to caregivers,
 - j. Interaction between caregivers and child,
 - k. Academic or developmental level of the child and the parent, guardian, or custodian,
 - l. Relationship between adult caregivers and child,

2. Collect pertinent information as soon as possible and throughout the life of the case. This includes information needed to assess the functional strengths and underlying

needs of each family member (including absent and incarcerated parents) and to complete necessary forms/documentation, including but not limited to:

- a. Preliminary Report of Alleged Child Abuse or Neglect (310),
 - b. Assessment of Alleged Child Abuse or Neglect Report (311),
 - c. Safety Assessments,
 - d. Risk Assessments,
 - e. Case Plan/Prevention Plan
 - f. Transition Plan for Successful Adulthood
 - g. Child and Adolescent Needs and Strengths (CANS) Assessment,
 - h. All assessment information including case notes, photographs, and recordings,
 - i. Educational information,
 - j. Services in which a parent or caregiver participates,
 - k. Provider reports,
 - l. Medical Passport,
 - m. Kinship Connection Diagram; and
 - n. Documentation for determining eligibility for federal funding. See policy 15.01 Title IV-E Eligibility Overview for Field and Legal Staff for additional information.
3. Record all pertinent contacts and information gathered pertaining to the assessment and case in the case management system within three (3) business days. See policies 4.09 Interviewing Children, 7.03 Minimum Contact and 8.10 Minimum Contact;

Note: Any new allegations of Child Abuse or Neglect (CA/N) must be reported to the DCS Child Abuse Hotline (Hotline). See policies 4.36 Linking Child Abuse and/or Neglect (CA/N) Reports to Open Assessments and 4.38 Assessment Initiation and for more information.

4. Analyze all information as it pertains to the safety, stability, permanency, and well-being of the child, and discuss the information with the FCM Supervisor during regular staffing and clinical supervision.
5. Update the Safety Plan and/or Plan of Safe Care, as needed. See policies 4.19 Safety Planning, 4.42 Plan of Safe Care, and 5.21 Safety Planning for further guidance;
6. Provide a summary of all pertinent information to the Child and Family Team (CFT), for the purpose of developing or updating the Case Plan/Prevention Plan to meet the needs of the child and family. See policies 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan for more information; and
7. Complete needed service referrals in KidTraks and ensure all relevant information is included in the referral. See policy 5.10 Family Services for more information.

The FCM Supervisor will:

1. Ensure all pertinent information is gathered and entered in the case management system;
2. Review all information as it pertains to safety, stability, permanency, and well-being during regular staffing and clinical supervision with the FCM;
3. Review the Safety Plan and/or Plan of Safe Care and discuss any changes that may be necessary to ensure the safety of the child; and
4. Ensure the family's service needs are met by reviewing the Case Plan/Prevention Plan with the FCM and discussing any changes in services that may be necessary.

LEGAL REFERENCES

- [IC 31-34-19-7 Placement of child; relative; evaluation; background checks](#)

RELEVANT INFORMATION

Definitions

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Functional Strengths

Functional strengths are ‘the buildable’ strengths of our families; they help us build toward goal achievement.

Protective Factors

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. See Protective Factors to Promote Well-Being document for additional information.

Underlying Needs

Underlying needs are the root source of an individual and/or family’s challenges. An underlying need determines the appropriate use of services or interventions.


Forms and Tools

- [Assessment of Alleged Abuse or Neglect Report \(SF 113\) \(311\)](#)
- Case Plan/Prevention Plan (SF 2956) – Available in the case management system
- [DCS Hotline email](#)
- DCS Hotline phone number: 1-800-800-5556
- [Incarcerated Parent Letter-Assessment](#)
- [Incarcerated Parent Letter-Permanency](#)
- [Incarcerated Parent Demographics \(SF 56538\)](#)
- [Incarcerated Parent Information \(SF 56539\)](#)
- Initial Family Risk Assessment – Available in the case management system
- Initial Safety Assessment – Available in the case management system
- In-Home Risk and Safety Reassessment – Available in the case management system
- [Kinship Connection Diagram](#)
- Medical Passport (DCS PAM 036) – Available in hard copy
- Out-of-Home Risk and Safety Reassessment – Available in the case management system
- [Plan of Safe Care \(SF 56565\)](#)
- [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#)
- [Protective Factors to Promote Well-Being](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [2.01 Notice of Assessment Outcome](#)
- [2.02 Administrative Review Process](#)
- [2.05 Administrative Appeal Hearings](#)
- [2.26 Diligent Search](#)

- [4.09 Interviewing Children](#)
- [4.19 Safety Planning](#)
- [4.36 Linking Child Abuse and/or Neglect \(CA/N\) Reports to Open Assessments](#)
- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)
- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.10 Family Services](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [5.21 Safety Planning](#)
- [7.01 Child at Imminent Risk of Removal](#)
- [7.03 Minimum Contact](#)
- [8.10 Minimum Contact](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [15.01 Title IV-E Eligibility Overview for Field and Legal Staff](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 03: Engaging the Family	
	Effective Date: February 1, 2022	Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Engagement between a child, family, and the Family Case Manager (FCM) is critical in creating trust-based relationships and assessing the family’s functional strengths, protective factors, and underlying needs. Demonstrating sensitivity, empathy, and cultural humility is important in developing a family-centered working relationship. When families are engaged in collaborative decision making and case planning, they understand their roles and are more empowered and motivated to make the long-lasting changes necessary to protect the child.

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PROCEDURE

The Department of Child Services (DCS) will communicate and engage in planning with the parent, guardian, or custodian regarding current events in the child’s life and will encourage parental involvement in all aspects of case planning. DCS will, to the extent possible, engage both maternal and paternal family members and kin equally in the case planning process.

Note: DCS will engage the alleged father and the alleged father’s relatives and kin even prior to paternity being established.

The FCM will:

1. Actively engage the family, beginning at the first point of intervention and throughout the life of the case. Family includes any parent, guardian, or custodian (including alleged fathers and incarcerated individuals) and extended family and kin. See policies 5.04 Noncustodial Parents and 5.05 Genetic Testing for Alleged Fathers for more information.

Note: The Incarcerated Parent Letter-Assessment, Incarcerated Parent Letter-Permanency, Incarcerated Parent Demographics, and Incarcerated Parent Information forms have been developed for use as tools for contact with the incarcerated parent and for gathering information. These forms do not replace appropriate engagement and regular contact with the parent.

2. Explain the Child and Family Team (CFT) Meeting process to the family and discuss how this process may assist the family in strengthening or building their support system. See policies 5.07 Child and Family Team Meetings for additional guidance.

3. Utilize the CFT Meeting or Case Plan Conference to discuss the family's functional strengths and protective factors and how they may be used to provide for the child's safety and well-being and to identify services the family may utilize to meet goals. See policies 5.08 Developing the Case Plan/Prevention Plan and 5.21 Safety Planning for additional guidance;

Note: In cases where domestic violence (DV) is suspected or confirmed, DCS will, to the extent possible, engage both maternal and paternal family members in the case planning process.

4. Clearly communicate DCS' expectations for the parent, guardian, or custodian to:
 - a. Actively participate in CFT Meetings,
 - b. Ensure attendance at scheduled appointments and provide notice if an appointment needs to be rescheduled,
 - c. Actively participate in recommended services, and

Note: DCS will incorporate appropriate community services and/or treatment in the Case Plan/Prevention Plan when a parent is actively participating in the service (including services available to an incarcerated parent through the facility).

- d. Communicate openly and honestly.
5. Communicate updates regarding all aspects of the case in a timely manner to the court; CFT members; parent, guardian, custodian; and service providers; and
6. Ensure contacts with the child and family are meaningful, with open communication regarding the case and/or other relevant factors pertaining to the child and family. See policies 7.05 Meaningful Contacts (In-Home) and 8.43 Meaningful Contacts (Out-of-Home) for additional information.

The FCM Supervisor will guide and assist the FCM, as needed, with engaging the child and family.

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RELEVANT INFORMATION

Definitions

Child and Family (CFT) meeting

According to The Child Welfare Policy and Practice Group (CWG), a Child and Family Team (CFT) meeting is a gathering of family members, friends, members of the family's faith community and professionals who join together to jointly develop individualized plans to strengthen family capacity, to assure safety, stability, well-being, and permanency and to build natural supports that will sustain the family over time.

Cultural Humility

Cultural humility is an ongoing process that demonstrates the ability to collaboratively work alongside the family to deliver appropriate services while promoting their specific cultural strengths and needs.

Agencies and practitioners who practice cultural humility recognize they are not the expert in their client's cultural experiences. Instead, the value is placed on the family's own cultural expressions.

Engagement

Engagement is the skill of effectively establishing a relationship with children, parents, and essential individuals, including CFT members, for the purpose of sustaining the work that is to be accomplished together.

Functional Strengths

Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement.

Protective Factors

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and may be used as a resource to learn new skills and solve problems.

Underlying Needs

Underlying needs are the root source of an individual’s and/or family’s challenges, which determines the appropriate use of services or interventions.

Forms and Tools

- Case Plan/Prevention Plan-Available in the case management system
- [Child Welfare Policy and Practice Group \(CWG\)](#)
- [Incarcerated Parent Letter-Assessment](#)
- [Incarcerated Parent Letter-Permanency](#)
- [Incarcerated Parent Demographics \(SF 56538\)](#)
- [Incarcerated Parent Information \(SF 56539\)](#)

Related Policies

- [5.04 Noncustodial Parents](#)
- [5.05 Genetic Testing for Alleged Fathers](#)
- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.21 Safety Planning](#)
- [7.05 Meaningful Contacts – In-Home Services](#)
- [8.43 Meaningful Contacts – Out-of-Home Services](#)

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LEGAL REFERENCES

- [IC 5-26.5-1-3 “Domestic Violence”](#)
- [IC 31-34-15-4: Form; contents](#)

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PRACTICE GUIDANCE- DCS POLICY 5.03

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

Meaningful Contacts with the Family

Recognize that family members may be uninformed, confused, and/or concerned due to the family's involvement with DCS. The completion of the following tasks may reduce these issues:

1. Take the time to explain the process and answer any questions asked by the family;
2. Inform the family of the possible timeline of events that may occur during the life of the case (e.g., receiving allegations pertaining to the child while in DCS care, information about the child's physical or mental health [e.g., car accident or injured while playing, or during a school activity, medical/dental/vision appointments, or prescribed psychotropic medication], extracurricular activities in which the child may participate [e.g., sports, church, scouts, etc.], filing of termination petition at 15 out of 22 months of the child being in out-of-home care);
3. Continually ask family members if there are any questions or concerns they may have and address these concerns with honesty and urgency; and
4. Recognize the value of the family members and their expertise regarding the family history.

Note: Convey the importance of each and every contact and do not rush conversations with the family.

Incarcerated Parents

DCS providers, including the fatherhood program providers, may enter Indiana Department of Corrections (DOC) facilities to provide services and meet with parents; provided that, in each case, the incarcerated parent has signed a release of information allowing DCS to share the information collected by such providers with DOC.

Potential Benefits of the CFT Meeting Process to the Child and Family

CFT Meetings are the best way for DCS to assist the family in making positive changes in the lives of the child and family members. By utilizing the CFT Meeting process, DCS will:


1. Learn what the family hopes to accomplish;
2. Set reasonable and meaningful goals;
3. Recognize and affirm family strengths;
4. Assess family needs and identify solutions; and
5. Organize tasks to accomplish goals.

According to the Child Welfare Policy & Practice Group (CWG), a CFT Meeting is a gathering of family members, friend, members of the family's faith community and professionals who join together to jointly develop individualized plans to strengthen family capacity, to assure safety, stability, well-being and permanency and to build natural supports that will sustain the family over time. Bringing a family together with a solution focused team of supports contributes to a variety of potential benefits, such as:

1. Preventing abuse and neglect and speeding up permanency;

2. Prevention removal and placement disruptions;
3. Strengthening engagement with family and older youth;
4. Improving the quality of assessments about strengths and needs;
5. Increasing the likelihood of matching the appropriate services to needs;
6. Identifying kinship placement opportunities;
7. Increasing capacity to overcome barriers; and
8. Creating a system of supports that will sustain the family over time and provide a safety net after agency involvement ends.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: April 1, 2021
	Section 04: Locating and Engaging Noncustodial Parents	Version: 5

POLICY OVERVIEW

Locating and engaging the noncustodial parent may lead to several positive outcomes for the child. It may aid in establishing a relationship or connection between a child, parent, and/or other relatives, which may lead to an expedited permanency outcome. The noncustodial parent may:

1. Be a potential permanency option and lifelong connection for the child;
2. Provide additional information about the child and/or family members' medical history;
3. Provide information regarding benefits the child may be eligible to receive (e.g., child support and health benefits);
4. Participate in the Child and Family Team (CFT) meeting or Case Plan Conference process and help in the development of a permanency plan for the child; and/or
5. Identify extended family members that support the child and family and may be:
 - a. A potential placement option (if the noncustodial parent is not),
 - b. Active participants in the CFT meeting or Case Plan Conference, and
 - c. A potential permanency option.

PROCEDURE

The Indiana Department of Child Services (DCS) will make diligent efforts, beginning in the assessment phase, to locate and engage the noncustodial parent throughout the life of the case. When it is necessary to remove a child from a custodial parent, DCS will give primary consideration to the placement with noncustodial parent prior to selecting an out-of-home placement option (see policy 8.01 Selecting a Placement Option).

Information gained from the noncustodial parent will be considered when developing the Case Plan/Prevention Plan, planning services, and establishing eligibility for federal funding. Engagement with the noncustodial parent may also assist DCS in identifying relatives that may serve as placement or support for the child.

Background checks may be conducted when moving a child to the care of the noncustodial parent if the FCM has reason to question the safety of the placement or if risk factors are present.

To engage the noncustodial parent, the FCM will:

1. Ask the parent, guardian, custodian, child, and other pertinent individuals the name and location of the noncustodial parent at the time of the initial assessment and, as necessary, throughout the life of the case;

2. Record the information in the case management system;
3. Complete a diligent search to locate the noncustodial parent if the parent's location is unknown (see policies 2.26 Diligent Search and 5.06 Locating Absent Parents).

Note: Complete a Permanency and Practice Support (PPS) Investigator referral in KidTraks for assistance in locating the noncustodial parent if the FCM is not otherwise able to make contact.

4. Notify the noncustodial parent (once identified and located) of the parent's rights and responsibilities and all pending court hearings;

Note: In the case of an involuntary removal, notify the noncustodial parent according to policy 4.28 Involuntary Removals.

5. Provide the Advisement of Legal Rights Form to the noncustodial parent. If the noncustodial parent is a minor, provide the Advisement of Legal Rights to the minor parent and the minor parent's parent, guardian, or custodian. Inform the noncustodial parent of the right to:
 - a. Request placement of the child,
 - b. Visit with the child, unless the court orders no visitation, and
 - c. Participate in case planning for the child through the Child and Family (CFT) meeting or Case Plan Conference.
6. Develop the Kinship Connection Diagram with the noncustodial parent;
7. Ensure the noncustodial parent is kept informed about the child and is included in all aspects of case planning;
8. Inform the noncustodial parent of the obligation to pay child support if ordered. Request that the court issue an order for child support if not ordered or redirect an order for child support if the child is placed in out-of-home placement (see policy 2.20 Establishment of Child Support Orders);
9. Make copies of all correspondences sent to the noncustodial parent for the case file; and
10. Document in the case management system the efforts to locate and engage the noncustodial parent (see policy 5.03 Engaging the Family).

The FCM Supervisor will:

1. Review all efforts made by the FCM to locate and engage the noncustodial parent; and
2. Provide direction and support to the FCM as needed.

LEGAL REFERENCES

- [IC 31-9-2-22.1 Concurrent Planning](#)
- [IC 31-34-19-7 Placement of child; relative evaluation; background checks](#)

RELEVANT INFORMATION

Definitions

DCS Investigator

A DCS Investigator is an employee of DCS who is responsible for assisting FCMs in locating absent parents, relative, and/or other identified persons of interest to the case and/or assessment.

Noncustodial Parent

A noncustodial parent is a mother, father, or alleged father (biological or adoptive) who does not have legal or primary physical custody of the child. For any questions regarding custody or custodial arrangements, contact the Local Office Attorney.

Forms and Tools

- [Advisement of Legal Rights Form \(SF 47114\)](#)
- Case Plan/Prevention Plan (SF 2956) – Available in the case management system
- [Incarcerated Parent Letter-Assessment](#)
- [Incarcerated Parent Letter-Permanency](#)
- [Incarcerated Parent Demographic \(SF 56538\)](#)
- [Incarcerated Parent Information \(SF 56539\)](#)
- [Kinship Connection Diagram](#)
- [Plan of Safe Care \(SF 56565\)](#)
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Related Policies

- [2.20 Establishment of Child Support Orders](#)
- [2.26 Diligent Search](#)
- [4.28 Involuntary Removals](#)
- [5.03 Engaging the Family](#)
- [5.06 Locating Absent Parents](#)
- [5.15 Concurrent Planning](#)
- [8.01 Selecting a Placement Option](#)



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 5: General Case Management

Effective Date: July 1, 2018

Section 5: Genetic Testing for Alleged Fathers

Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will facilitate genetic testing to establish paternity in cases where there is an alleged father and paternity has yet to be established. DCS will contract with a designated vendor for processing genetic tests.

Note: Genetic testing should not be done on cases where paternity has already been established. See policy [2.20 Child Support Establishment](#) for additional information.

DCS will request that the child's mother provide the first and last name of each alleged father during the detention/initial hearing. DCS will ask the mother and each alleged father to voluntarily submit to genetic testing. For those who refuse, DCS will obtain a court order stating that the mother, alleged father and the child are required to submit to genetic testing.

DCS will offer services to an alleged father while he is awaiting the establishment of paternity.

DCS may recommend placement of a child with an alleged father or the family member of an alleged father before paternity has been established.

Code References

1. [IC 31-34-15-6: Filing of paternity action by local prosecuting attorney's office](#)
2. [IC 31-14-7-1 \(1\)\(2\) Presumptions; child's biological father](#)
3. [IC 16-37-2-2\(1\) Birth Certificate and paternity affidavit; person responsible for filing or preparation; release of paternity affidavit](#)

PROCEDURE

The Family Case Manager (FCM) will conduct a search using the Indiana Support Enforcement Tracking System ([ISETS](#)) web tool to determine the status of paternity.

The FCM will:

1. Click [ISETS](#) Data on the DCS Intranet page;
2. Log-in using the following;
 - a. His/her DCS Username, and
 - b. Generic password- 'DCSgen01'.

Note: The system will prompt each user to set up a new personal password.

3. Enter the child's identifying information on the Search Data screen and click 'Search';
4. Select the appropriate child under 'Results' to expand the results;

5. Review the paternity status and funding information to determine if:
 - a. Paternity has been established,
 - b. Paternity has not been established and IV-D funding is available, or
 - c. Paternity has not been established and IV-D funding is not available.
6. Request the DCS Staff Attorney to review paternity status in Panoptic if paternity has not been established.

If paternity has been established, the FCM will select 'print screen' and submit a copy of the results to the DCS Staff Attorney. This will allow the DCS Staff Attorney to pursue the appropriate next steps. See policy [2.20 Child Support Establishment](#) for additional information.

If paternity has not been established or no paternity results are listed, the FCM will:

1. Complete the [Authorization/Request for Genetic Testing Services \(SF 54716\)](#) form by:
 - a. Selecting the case management system case type, and enter the applicable case number when paternity is not established and there is no IV-D funding available; or paternity information is not listed, or
 - b. Selecting [ISETS](#) case type and enter the applicable [ISETS](#) case number for cases when paternity has not been established and IV-D funding is available, and
 - c. Sign the [Authorization/Request for Genetic Testing Services \(SF 54716\)](#) form.
2. Utilizing the [Specimen Collection Instructions](#) to complete the [Client Identification and Consent Form/Chain of Custody](#).
 - a. Request to see photo identification for everyone being tested,
 - b. Review the form to be sure it is properly and fully completed,
 - c. Have the mother, alleged father and legal custodian of minor child sign the form,

Note: If an adult other than the mother or legal guardian signs the consent a written statement indicating that person's relationship to the child is required. If the FCM has to sign the consent form, he or she must write a statement on DCS letterhead indicating the child is a ward of DCS.

- d. Take thumbprint of each person being tested, and
 - e. Complete the collector's statement on the back of the form.
3. Ask individuals being tested to take a group picture;

Note: If anyone refuses to be included in the group picture, the FCM will take a picture of the mother and the child together and a separate picture of each alleged father. All pictures will be submitted to the designated vendor with the genetic testing kit.

4. Collect and label specimens. See [Specimen Collection Instructions](#) contained within each kit.

Note: Use Standard Precautions at all times while collecting, handling, and transporting samples. See [Related Information](#) for definition of Standard Precautions.

5. Re-package the test kit, including the required forms and photo, and mail all items to the designated vendor. See [Specimen Collection Instructions](#) contained within each kit;

Note: Return the original copy of the [Authorization/Request for Genetic Testing Services \(SF 54716\)](#) form to the genetic testing provider with the genetic test kit.

6. Place a copy of the [Authorization/Request for Genetic Testing Services \(SF 54716\)](#) form in the child's case file; and
7. Complete the following tasks once the results have been received:
 - d. File a copy with the court within five (5) business days,
 - e. Submit a copy to the DCS Staff Attorney, and
 - f. Place a copy in the child's case file.

If the paternity test results are positive, DCS will:

1. Inform all parties of the test results;
2. Ensure the father is participating in services or referred to services; and
3. Include the father in the case planning process.

If the paternity test results are negative for an alleged father, DCS will:

1. Inform all parties of the test results;
2. Consider continuing services if the individual chooses to remain involved in the child's life as an informal support. See [Related Information](#) for further details;
3. Notify the court of the test results and whether or not the individual chooses to remain involved in the case; and
4. Allow the individual to participate in case planning if he chooses to be involved and has the consent of the child's mother.

The DCS Staff Attorney will search the Panoptic database for a paternity affidavit. See [Related Information](#) and:

1. Submit a copy of the genetic test results to the IV-D Prosecutor, if it is a IV-D case; or
2. Seek adjudication of paternity through the CHINS.

PRACTICE GUIDANCE

Long arm draw

A long arm draw is a process used for a parent that lives outside of Indiana and is unable to come in to the DCS local office to submit to genetic testing. In those situations, the FCM will make arrangements for that person to submit to genetic testing at the designated vendor testing site in the area where he/she lives.

Re-ordering test kits

Each region will assign one (1) or two (2) staff members to track inventory and to place orders for additional test kits as needed.

FORMS AND TOOLS

1. [Authorization/Request for Genetic Testing Services \(SF 54716\)](#)
2. [Specimen Collection Training Video](#)
3. [State of Indiana-DCS Offices List of Specimen Collector Points to Remember](#)
4. Client Information Form/Chain of Custody- Available via genetic test kit

5. Statement of Consent and Release- Available via genetic test kit
6. Specimen Collection Instructions-Available via genetic test kit
7. [ISETS Child Support Case Inquiry Web Tool](#)
8. Panoptic Web Tool-Available to DCS legal staff

RELATED INFORMATION

Temporary Assistance for Needy Families (TANF)

If the child is placed with a specified relative and this specified relative opts to receive TANF benefits for the child instead of the foster care per diem, the child support is redirected. Federal law requires that as a condition of eligibility for TANF benefits, applicants are required to assign their rights to child support to the State of Indiana and to participate in the Title IV-D Child Support Program. This Federal law supersedes the Indiana law. The TANF child's support will automatically be assigned through the Indiana Client Eligibility System (ICES) upon application for TANF and any support paid on behalf of this child will go toward the repayment of TANF benefits received by the child.

Determining if Establishing Paternity is in the Child's Best Interests

The following circumstances are examples of when it may be contrary to the child's best interest to establish paternity, including but not limited to:

1. Adoption proceedings are pending in court;
2. The child was conceived as a result of incest or rape.

Alleged/Putative Father

An alleged (putative) father is a male who has asserted to be the father of a child, or who claims to be the father of a child but has not been adjudicated the father through a paternity action filed in court having jurisdiction, has not signed a paternity affidavit and is not presumed to be a child's father under [IC 31-14-7 \(1\)](#) or [IC 31-14-7-1\(2\)](#).

Noncustodial Parent

A mother, father, or alleged father (biological or adoptive) who does not have legal or primary physical custody of the child.

Universal Precautions


Universal precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals. Universal precautions apply to:

1. Blood;
2. All body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood;
3. Non-intact skin; and
4. Mucous membranes.

Note: Universal precautions includes the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to client's body fluids is anticipated.

Panoptic

Panoptic is a search tool used by the Indiana State Department of Health to access Paternity Affidavits. This tool is now available to DCS legal staff to quickly and easily access and print this information.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: February 1, 2020
	Section 6: Locating Absent Parents	Version: 6

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make diligent efforts to identify and locate any absent parents of all children under DCS care and custody. A diligent search to locate each parent will begin at the earliest possible time and continue throughout the life of the case or until the termination of parental rights (TPR) has been granted by the court. See policy [2.26 Diligent Search](#) for additional information.

When the identity and/or whereabouts of a parent of a child under DCS care and custody is unknown, DCS will attempt to identify and locate the parent in order to provide notification regarding court proceedings using various means, such as the Putative Father Registry and Parent Locator services. DCS will complete an [Affidavit of Diligent Inquiry \(SF 54778\)](#) to document for the court all efforts made to identify and/or locate the absent parent. Continued diligent efforts to identify and/or locate absent parents will be included in each report to the court.

Code Reference

[IC 31-34-3-2: Procedures for notice; custodial parent, guardian, or custodian who cannot be located](#)

PROCEDURE

When the identity and/or whereabouts of a parent of a child under DCS care and custody is unknown the FCM will:

1. Gather information regarding the identity of the parent of a child under DCS care from all available resources, beginning during the assessment and continuing throughout the life of the case. The information that may be gathered for each parent includes, but is not limited to the following:
 - a. Full name and any known aliases;
 - b. Social Security Number (SSN);
 - c. Date of birth;
 - d. Current and previous address and/or telephone number;
 - e. Current or past employer;
 - f. Name, address, and telephone number for any known relatives; and
 - g. Any benefits received (e.g., Social Security Disability [SSDI], and Temporary Assistance to Needy Families [TANF]).

Note: When the parent is located, gather information regarding his or her income and resources during the removal month. See policy [15.8 Financial Resources](#) for additional information.

2. Ask about a history of domestic violence (DV) in the relationship. Check police records, protective order registry, and other sources to obtain additional information about potential DV.

Note: If there is a history of DV, the search for the absent parent must still be completed. The information obtained will help the FCM be more prepared when the parent is located and while assessing permanency alternatives.

3. Ensure a request is made to the DCS staff attorney to complete a search of the Putative Father Registry;
4. Utilize the Kinship Connections Diagram to create a Genogram and Ecomap, and present a copy to the court. A hard copy of the diagram should be kept in the case file and uploaded into the case management system;
5. Obtain and review a copy of the child's birth certificate to ascertain the date of birth and the names of parents listed;
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 and with medical providers;
8. Review the child's health records for the names of the child's parents;
9. Make a referral to the [DCS Investigator](#) to assist in identifying or searching for the absent parent. For additional information see the [Permanency and Practice Support](#) website for more information;
10. Request service providers share any information obtained about the absent parent with DCS;
11. Ensure the following database and institutional searches are completed during the development of each case plan and throughout the life of the case, until the absent parent is located:
 - a. DCS case management system;
 - b. Indiana Support Enforcement Tracking System (ISETS);
 - c. White pages website at <http://www.whitepages.com/>;
 - d. Bureau of Motor Vehicles (BMV);
 - e. County jails;
 - f. Department of Corrections (DOC) at <http://www.in.gov/doc/> and click on "Offender Locator"; and
 - g. Other state offender locator services as available;
12. Continue making diligent efforts to locate the absent parent until the absent parent is located by:
 - a. Attempting to contact the absent parent at his or her last known address until there is verification that the absent parent is no longer living at the address on record;
 - b. Attempting to contact the absent parent at any new address that may be identified;
 - c. Attempting to make contact with other individuals (e.g., extended family) who may assist in locating the absent parent;
 - d. Advise the Child and Family Team (CFT) regarding the efforts to identify and locate the absent parent; and
 - e. Provide a completed and/or updated [Affidavit of Diligent Inquiry \(SF 54778\)](#) to the DCS Staff Attorney.

Note: When the identity and location of the absent or alleged parent is known, the FCM will provide the address of the parent to the DCS Staff Attorney so the parent may receive notices of court proceedings and may be considered for placement and services.

13. Document all efforts and results in the case management system.

The FCM Supervisor will:

1. Ensure all resources have been used to identify and locate absent parents and offer guidance to the FCM during [clinical supervision](#) as needed;
2. Assist with any searches that may be necessary; and
3. Ensure all efforts to locate an absent parent are documented in the case management system.

The DCS Staff Attorney will:

1. Respond to any request from the FCM to complete a search of the Putative Father Registry;
2. Review the [Affidavit of Diligent Inquiry \(SF 54778\)](#) and ensure notice of proceedings is published as to the absent parent;
3. Provide notice to the court of any established identity and locations for the absent parent so notices of court proceedings may be provided; and
4. Request the judge place the custodial parent or other individuals under oath to answer questions regarding the absent parent and extended family at the first court hearing the parent attends and any subsequent hearings, if needed.

PRACTICE GUIDANCE

DCS Investigators

DCS Investigators are employees of DCS who are responsible for assisting FCMs in locating absent parents, relatives, and/or other identified persons of interest to the case and/or assessment. FCMs may make a referral for this assistance in situations where all procedural steps have been completed and their efforts have been unsuccessful. Additional information regarding how to make a referral, when to make a referral, and other helpful information may be found on the [Permanency and Practice Support-Investigator](#) website.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

FORMS AND TOOLS


1. [Affidavit of Diligent Inquiry \(SF 54778\)](#) – available in the case management system
2. [Kinship Connections Diagram](#)

RELATED INFORMATION

Importance of Conducting a Diligent Search and Engaging Absent Parents

Failure to complete a diligent search for the absent parent may delay appropriate permanency options for a child under the care and custody of DCS. It is necessary to demonstrate to the court that a diligent search has been made to locate and engage an absent parent before a court may involuntarily terminate that person's parental rights. Locating and engaging an absent parent may lead to several positive outcomes. It may aid in establishing a relationship or

connection between a child and parent or other relatives, which may lead to expedited permanency outcome. See policy [2.26 Diligent Search](#) for additional guidance.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: September 1, 2021
	Section 07: Child and Family Team (CFT) Meetings	Version: 8

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) Practice Model is grounded in the principle that families should be primary decision makers for their future. Child and Family Team (CFT) Meetings allow for families to make positive changes in the lives of their children and family by bringing together children, family members, familial supports, community members, and providers to develop plans to expedite and achieve permanency, ensure safety, and support the child’s well-being.

PROCEDURE

DCS will utilize the CFT Meeting process to engage with the family, child, and placement (if applicable) to form the most effective team in order to create plans toward achieving goals of safety, service delivery, permanency, and residential treatment, if needed. DCS will continue efforts to engage the family and child in the CFT process throughout the life of the case. DCS will strive to meet the logistical needs of the family and child, including the time and location of the CFT Meeting. A CFT Meeting may be completed upon the request of any team member (including noncustodial and incarcerated parents), prior to case closure, and at case junctures beginning in the assessment phase (if DCS involvement will continue), and throughout the life of the case.

The Family Case Manager (FCM) will:

1. Utilize initial preparation meetings to explain the CFT process to the parent, guardian, or custodian, child (when appropriate), and other CFT members. Subsequent meetings in preparation for the CFT Meeting are used to gather information about the CFT members’ observations of the progress made by the family and/or child and to discuss any questions or concerns;
2. Utilize the Authorization to Contact Child and Family Team Meeting Members form to identify the members to be included in the CFT. Encourage the parent, guardian, or custodian to include any residential treatment staff, service providers, resource parents, formal and informal supports, and Court Appointed Special Advocate (CASA) and/or Guardian Ad Litem (GAL) as members of the CFT by explaining the benefits to case planning;

Note: With the exception of DCS staff, CFT members should be selected by the family and/or child.

3. Seek assistance from the FCM Supervisor, Peer Coach, or Peer Coach Consultant for assistance with all families who agree to have a CFT Meeting but cannot identify

informal or formal supports to form a team. If the family remains unable to identify formal or informal supports, the FCM must staff with the FCM Supervisor;

Note: In order to be considered a CFT there should be at least one (1) formal or informal support identified by the family and/or child to participate in the CFT Meeting.

4. Discuss case specifics with the FCM Supervisor to plan for safety and to overcome barriers (e.g., cases which involve domestic violence, child only CFT Meetings, incarcerated parents, and potential conflicts);
5. Actively engage the child with language the child will understand (as age and developmentally appropriate) in the CFT process to identify the child's goals and services needed;
6. Ensure youth age 14 years and older have the opportunity to attend and participate in the CFT Meeting;
7. Encourage youth age 14 years and older to select up to two (2) child representatives;

Note: Child representatives must be at least 18 years of age and are subject to the approval of DCS. A child representative may not be the foster parent or FCM. Approval may not be granted when there is cause to believe the representative may not act in the best interest of the child.

8. Send a Confirmation Notice of a Child and Family Team Meeting form to all team members to notify of any upcoming meeting;
9. Coordinate and implement the CFT Meetings following the Child and Family Team Meeting Agenda;
10. Ensure all CFT members sign a CFT Meeting Attendance and Confidentiality for Limited Use of Agreement for Access to Confidential Department of Child Services Client/Case Information form and understand the limits of the confidentiality of team members;
11. Gather essential family and community connections and contact information to document in the Family Network Diagram. See 5.B Tool Family Network Diagram Instructions for additional guidance;
12. Assist the family and the CFT to identify each family member's functional strengths and underlying needs. Ensure individualized plans based on the family's and/or child's personal goals are developed during the CFT Meeting to connect the family and/or child with the appropriate services and resources to meet identified needs;

Note: Ensure available community services (including those available to incarcerated parents) are considered. Visitation should also be discussed and included in the plan.

13. Review and update the Safety Plan and/or the Plan of Safe Care, as needed. See policies 4.19 Safety Planning, 4.42 Plan of Safe Care, and 5.21 Safety Planning for further guidance;

Note: If a new safety concern arises regarding allegations of Child Abuse and/or Neglect (CA/N), the safety concerns must be addressed, and all new allegations of CA/N must be reported to the DCS Child Abuse Hotline. The safety response must be documented in the case management system (e.g., a report was made to the DCS Child Abuse Hotline regarding new allegations).

14. Complete the CFT Meeting Notes;

Note: All CFT Meeting notes must include a current plan for safety, which includes the child's current level of safety in placement, visitation, school, age appropriate programs, and/or extracurricular activities.

15. Ensure the CFT Meeting notes are distributed to all appropriate parties, including the CASA/GAL if not present at the meeting, and entered in case management system within seven (7) calendar days of the CFT Meeting; and

Note: The CASA/GAL does not need to request the Child and Family Team Meeting Notes, the Notes must be sent automatically as the CASA/GAL is a party to the case.

16. Complete a summary of all CFT Meeting notes including significant changes that occurred in the Progress Report to the court.

For cases where a child is placed in residential treatment, the FCM will conduct a residential treatment-focused CFT Meeting within 10 days of a child being placed and every 30 days until the child is transitioned to a less restrictive option. The residential treatment-focused CFT Meeting should consist of the following individuals:

1. Child;
2. Child's parents, guardians, or custodians (if Termination of Parental Rights [TPR] has not occurred);
3. Child's informal supports (including child representatives for youth ages 14 years and older);
4. FCM or Probation Officer, whichever is applicable;
5. Clinical Consultant or Probation Consultant, whichever is applicable;
6. CASA/GAL;
7. The prospective resource family (if applicable);
8. Service providers; and
9. 30 Day Assessment Provider (for first CFTM in residential treatment only).

Note: A new referral must be completed each time a child is placed in a Qualified Residential Treatment Program (QRTP), even if the child is being moved from one (1) QRTP to another QRTP.

During each residential treatment-focused CFT Meeting, the team will review and discuss the Step-Down Planning form. The Step-Down Planning form must be updated at least every 90 days. See policy 5.24 Child-Focused Treatment Review (CFTR) for additional guidance.

The FCM Supervisor will:

1. Complete all responsibilities outlined in the Practice Model Expectations for Supervisors on the Indiana Practice Model SharePoint;
2. Discuss the CFT Meetings and the child's and/or family's progress toward the goals identified by the CFT during regular staffing and clinical supervision with the FCM; and
3. Ensure best practice for all actions related to CFT Meetings and that any deviation from best practice is documented in the case management system.

LEGAL REFERENCES

- [IC 31-28-5.8-6: Updating case plans; transitional services plan, visitation with family case manager](#)
- [IC 31-34-15-5: Cooperation in development of case plan](#)

- [IC 31-34-15-7: Consult with child; selection of child representatives; adviser](#)
- [Public Law No: 113-183 Preventing Sex Trafficking and Strengthening Families Act](#)
- [42 USC 672: Foster care maintenance payments program](#)

RELEVANT INFORMATION

2

Definitions

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Functional Strengths

Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement.

Protective Factors

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems.

Qualified Residential Treatment Program (QRTP)

A Qualified Residential Treatment Program (QRTP) is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child’s first two weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.

Underlying Needs


Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions.

Forms and Tools

- [5.A Tool: Domestic Violence and Child and Family Team \(CFT\) Meeting Considerations](#)
- [5.B Tool: Family Network Diagram Guide](#)
- [Authorization to Contact Child and Family Team Meeting \(CFTM\) Members \(SF 54341\)](#)
- Case Plan – Available in the case management system
- Child and Family Team Meeting Agenda - Available in the case management system
- [CFT Meeting Attendance and Confidentiality for Limited Use of Agreement for Access to Confidential Department of Child Services Client/Case Information \(SF 54339\)](#)
- [CFT Meeting Notes \(SF 54601\)](#)
- Child and Family Team Meeting Debrief Forms – Available on Indiana Practice Model SharePoint
- [Confirmation Notice of a Child and Family Team Meeting \(SF 54338\)](#)
- Practice Model Expectations for Supervisor – Available on the Indiana Practice Model SharePoint
- [Safety Plan \(SF 53243\)](#)
- [Step-Down Planning \(SF 57072\)](#)

Related Policies

- [4.19 Safety Planning](#)
- [4.42 Plan of Safe Care](#)
- [5.21 Safety Planning](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [11.06 Transition Plan for Successful Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: July 1, 2021
	Section 08: Developing the Case Plan/Prevention Plan	Version: 11

POLICY OVERVIEW

The Adoption Assistance and Child Welfare Act (P.L. 96-272) requires the development of a written Case Plan/Prevention Plan for any child receiving foster care maintenance payments. Case Plan/Prevention Plans are developed to identify, unify, and monitor the activities and services children and families need to achieve successful outcomes.

PROCEDURE

The Indiana Department of Child Services (DCS) will have an approved Case Plan/Prevention Plan in the case management system within 45 days of removal or disposition, whichever comes first, for the following:

1. Each child who has been adjudicated a Child in Need of Services (CHINS);
2. All children with an open case type; and

Note: For children participating in a Program of Informal Adjustment (IA), the signed IA/Prevention Plan serves as the Case Plan/Prevention Plan.

3. All children who are at imminent risk of removal. See policy 7.01 Child at Imminent Risk of Removal for additional information.

Note: Indiana Code uses the phrase “imminent risk of placement” rather than “imminent risk of removal”.

DCS will verify completion, within federal guidelines, of a Case Plan/Prevention Plan for all Juvenile Delinquent/Juvenile Status (JD/JS) cases for whom payment of the placement is ordered to DCS.

DCS will work with the child (if developmentally appropriate); parent, guardian, or custodian (including non-custodial and/or incarcerated parents); extended family; members of the Child and Family Team (CFT) to develop a purposeful and achievable Case Plan/Prevention Plan that addresses the child’s safety, stability, permanency, well-being, educational needs (if identified) and any cultural considerations. See policies 5.03 Engaging the Family, 5.04 Noncustodial Parents for additional information, 7.06 Educational Services, 8.20 Educational Services for additional information, and 8.21 Special Education Services.

Exception: DCS will not involve the parent in the case planning process if parental rights have been terminated or if the parent has not been located after diligent efforts. See policy 2.26 Diligent Search for additional guidance.

DCS will make concerted efforts to actively involve **all** children and youth in the case planning process and development of the Case Plan/Prevention Plan goals (as developmentally

appropriate). However, youth 14 years of age and older are required to participate in the development of the Case Plan/Prevention Plan.

DCS may excuse the child from the case planning process only when the child is unable to participate effectively due to a physical, mental, emotional, developmental, and/or intellectual disability. The reasons for the child's inability to participate must be documented in the Case Plan/Prevention Plan.

Note: If the child/youth refuses to participate in the development of the Case Plan/Prevention Plan, DCS must record the refusal and document efforts made to obtain the child's input and participation in the development of the Case Plan/Prevention Plan.

DCS must ensure all youth 14 years of age and older receive the Indiana DCS Bill of Rights for Youth in Care and understand the bill of rights before signing the completed Case Plan/Prevention Plan. Youth 14 years of age and older may select up to two (2) child representatives to be a part of their CFT and assist with the development of the Case Plan/Prevention Plan.

DCS will ensure the Case Plan/Prevention Plan is updated at least every 180 days from the effective date of the previous plan. The Case Plan/Prevention Plan should be updated anytime there is a significant change in the child and/or family needs.

The FCM will:

1. Seek input from professionals who may not be members of the CFT but have expertise relating to the child's and/or family's strengths and needs (e.g., physicians, mental health professionals, school personnel, and other community service providers);

Note: For all children placed out-of-home, who are school-aged and not homeschooled, school personnel must be invited to provide information and participate in the case planning process. The invitation may be made through the school principal or Every Student Succeeds Act (ESSA) Point of Contact (POC). A standing invitation is on the School Notification and Best Interest Determination (BID) form asking school personnel to contact the FCM directly to provide this information. The date the form was sent to the school must be documented in the Case Plan/Prevention Plan.

2. Schedule and convene a CFT Meeting or conduct a Case Plan Conference if all required parties are not members of the CFT. The resource parent and Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL) must be involved in developing the Case Plan/Prevention Plan if they are not already members of the CFT. See *When to Develop a Case Plan/Prevention Plan* for additional clarification.

Note: For cases with identified domestic violence (DV), staff with the FCM Supervisor prior to the CFT Meeting or Case Plan Conference to plan for the safety of the child, non-offending parent, and others in attendance. Prior to the CFT Meeting or Case Plan Conference, staff with the FCM Supervisor to plan for the safety of the child and non-offending parent for cases with identified domestic violence (DV).

3. Review and update the child's Visitation Plan, medical information, education information, Permanency Plan, and child and parent status information in the case management system (see policies 6.10 Permanency Plan and 8.12 Developing the Visitation Plan);

4. Develop the Case Plan/Prevention Plan:
 - a. Prioritize the goals and services based on the immediate safety needs of the child and risk of future Child Abuse and/or Neglect (CAN),
 - b. Determine the Permanency Plan and second Permanency Plan, if concurrent planning, that is in the best interest of the child. See When to Develop a Case Plan/Prevention Plan and policies 5.15 Concurrent Planning-An Overview and 6.10 Permanency Plan for additional information and clarification,
 - c. Utilize Specific, Measurable, Achievable, Relevant, and Timely (SMART) goals in the development of the Case Plan/Prevention Plan. See the SMART-Goals Tip Sheet for additional guidance,
 - d. Ensure all elements of the Case Plan/Prevention Plan are identified in the Case Plan/Prevention Plan, credibly related to the underlying needs of the child and family, and that all elements support the Permanency Plan,
 - e. Ensure services and any identified reasonable accommodations to address all identified risk factors for the child; parent, guardian, or custodian (including the non-custodial and/or incarcerated parent); and resource parent are in place and documented in the Case Plan/Prevention Plan. See policy 5.10 Family Services for more information,
 - f. Ensure the prevention plan and services offered to a pregnant or parenting youth (including an expectant father) to prevent removal of the minor parent's child are documented in the Case Plan/Prevention Plan, and
 - g. Recognize the importance of both formal and informal supports for the family and child.

5. Develop or update the Safety Plan and/or the Plan of Safe Care to ensure the child's safety in all settings (e.g. school, extracurricular activities, home setting, safe sleep environment, and visitation). See policies 4.19 Safety Planning, 4.42 Plan of Safe Care, and 5.21 Safety Planning for more information;

Note: Efforts to enable the child's school to provide appropriate support and protect the safety of the child will be documented in the Case Plan/Prevention Plan.

6. Ensure the following are attached to every Case Plan/Prevention Plan:
 - a. CFT Meeting notes. See policy 5.07 Child and Family Team Meetings for more information,
 - b. Safety Plan and/or the Plan of Safe Care. See policy 5.21 Safety Planning for additional information,
 - c. Visitation Plan. See policy 8.12 Developing the Visitation Plan for additional guidance;
 - d. Transition Plan for Successful Adulthood, if applicable. See policy 11.06 Transition Plan for Successful Adulthood for more information; and
 - e. The 30-Day Assessment Determination Report and the Step-Down Planning form, for any child receiving treatment in a residential facility. See policy 5.24 CFTR for more information.

7. Obtain signatures on the approved Case Plan/Prevention Plan from all required parties;

Note: The FCM must ensure youth 14 years of age and older understand that by signing the Case Plan/Prevention Plan, they are also acknowledging the receipt of the Indiana

DCS Bill of Rights for Youth in Care and that the bill of rights was explained in a manner they were able to understand.

8. Mail or hand deliver a copy of the signed Case Plan/Prevention Plan, within 10 calendar days of completion, to the required parties as well as the following:
 - a. Additional persons specifically identified in the plan who will play a role in implementing the Case Plan/Prevention Plan, and
 - b. Service providers outlined in the Case Plan/Prevention Plan.
9. Upload the signed copy of the Case Plan/Prevention Plan into the case management system; and
10. Ensure a copy of the signed Case Plan/Prevention Plan is provided to the court.

The FCM Supervisor will:

1. Provide input when developing the Case Plan/Prevention Plan;
2. Discuss with the FCM how best to protect the safety of the child and the non-offending parent when writing the Case Plan/Prevention Plan for cases with identified DV;
3. Ensure the Case Plan/Prevention Plan is completed within the timeframes identified in this policy;
4. Review the Safety Plan and/or Plan of Safe Care to confirm it is appropriate to address the child's safety needs; and
5. Review and approve the Case Plan/Prevention Plan prior to its distribution.

The DCS Staff Attorney will file the signed Case Plan/Prevention Plan and any necessary attachments as part of the court report prior to the court hearing.

LEGAL REFERENCES

- [IC 31-9-2-22.1: Concurrent Planning](#)
- [IC 31-34-15: Case Plan](#)
- [IC 31-34-15-4: Form: Contents](#)
- [IC 31-34-15-7: Consult with child; selection of child representatives; adviser](#)
- [IC 31-37-19-1.5 Completion of case plan; copies of case plan; contents; review and update](#)
- [42 USC 675\(1\) and \(5\): Public Health and Welfare](#)
- [42 USC 671 \(16\)](#)
- [42 USC 672: Foster care maintenance payment program](#)
- [42 USC 12102: Definition of disability](#)
- [45 CFR 1356.21\(g\): Case plan requirements](#)

RELEVANT INFORMATION

Definitions

Actively Involve

Active involvement is the process in which the FCM will engage the child/youth in an age and developmentally appropriate manner to discuss the child's goals and services, explain the plan and terms using language they understand, and include youth (14 years of age and older) in all case planning meetings.

Note: If the youth refuses to participate in the development of the Case Plan/Prevention Plan, DCS must record the refusal and document efforts made to obtain the child's input or participation in the development of the Case Plan/Prevention Plan.

Change in Child or Parent's Status

The Case Plan/Prevention Plan should document changes regarding the parent's income, employment status, and place of residence. These changes may affect the child's Title IV-E Eligibility. See policy 15.1 Eligibility Overview for Field and Legal Staff for more information.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

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. See policy 6.10 Permanency Plan for additional information regarding each permanency goal:

1. Reunification;
2. Adoption;
3. Legal Guardianship;
4. Another Planned Permanent Living Arrangement (APPLA) (only applicable for youth 16 years of age and older); or
5. Placement with a fit and willing relative.

Regional Permanency Teams

Regional Permanency Teams (RPT) are designed to ensure all children live in a permanent, safe, sustainable, and supportive environment to help achieve case closure. The RPT assists in identifying permanency options and planning to achieve permanency for each child. Cases reviewed by the team are specifically selected based on the length of stay in care, time of involvement, and severity of needs identified. The team must also review and approve changing a child's permanency plan to APPLA. See policy 8.51 Regional Permanency Team for more information.


Forms and Tools

- Case Plan/Prevention Plan (SF 2956) – Available in the case management system
- [Indiana DCS Bill of Rights for Youth in Care](#)
- Plan of Safe Care (SF 56565) – Available in the case management system
- Program of Informal Adjustment/Prevention Plan – Available in the case management system
- Safety Plan (SF 54243) - Available in the case management system
- [SMART-Goals Tip Sheet](#)
- [Step-Down Planning \(SF 57072\)](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)
- Visitation Plan – Available in the case management system
- [When to Develop a Case Plan/Prevention Plan](#)

Related Policies

- [2.26 Diligent Search](#)
- [4.19 Safety Planning](#)

- [4.42 Plan of Safe Care](#)
- [5.03 Engaging the Family](#)
- [5.04 Noncustodial Parents](#)
- [5.07 Child and Family Team Meetings](#)
- [5.10 Family Services](#)
- [5.15 Concurrent Planning-An Overview](#)
- [5.21 Safety Planning](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [6.10 Permanency Plan](#)
- [7.01 Imminent Risk](#)
- [7.06 Educational Services](#)
- [8.12 Developing the Visitation Plan](#)
- [8.20 Educational Services](#)
- [8.21 Special Education Services](#)
- [8.51 Regional Permanency Team](#)
- [11.06 Transition Plan for Successful Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: September 1, 2021
	Section 09: Informal Adjustment/Prevention Plan (IA)	Version: 9

POLICY OVERVIEW

The Informal Adjustment/Prevention Plan (hereafter referred to as IA) is a written agreement that is filed with the court, which outlines the steps the parent, guardian, or custodian must complete to ensure the safety and well-being of the child. An IA may be offered to a family to provide the parent, guardian, or custodian with an opportunity to keep the child safe in the home when there is probable cause to believe Child Abuse and/or Neglect (CA/N) exists.

PROCEDURE

The Indiana Department of Child Services (DCS) will initiate a Program of IA when:

1. An allegation of CA/N is substantiated;
2. Voluntary participation in family and/or rehabilitative services is the most appropriate course of action to protect the safety and well-being of the child;
3. The parent, guardian, or custodian consents to an IA; and
4. Juvenile court approval is requested and obtained.

Exception: An IA is deemed approved if the court does not approve the IA, deny the IA, or set a hearing within 10 calendar days of filing. An IA is also deemed approved if the hearing is set within 10 days, but not held, and action is not taken to approve or deny the IA within 30 days of submission to the court.

The beginning date of the IA is the date of court approval. If the court does not approve or deny the IA, the beginning date is 10 calendar days after filing. The duration of the IA will be no longer than six (6) months. An IA extension may be requested for no longer than three (3) months.

DCS will utilize the Progress Report on Program of Informal Adjustment/Prevention Plan (IA) form to:

1. Discharge the IA if the family has complied with the terms of the IA;
2. Extend the IA past the initial six (6) months (an IA may have one [1] three [3] month extension);
3. Dismiss the IA if:
 - a. The family has not complied with the terms of the IA and DCS is not requesting an extension; or

Note: The following scenarios are examples of situations when an IA may be dismissed when the family has not complied with/completed the terms of the IA and DCS is not requesting an extension:

- i. The family is moving out of state;

- ii. DCS is involved due to truancy issues and probation becomes involved; and/or
 - iii. During the course of the IA/Prevention Plan, custody changed, and the child is no longer living in the home where the IA/Prevention Plan was initiated
- b. DCS has obtained court approval to file a CHINS petition.
4. Notify the court that DCS will be filing a subsequent report because:
- a. The family has not substantially complied with the terms of the IA, and DCS is reviewing the situation to determine appropriate action, or
 - b. Services have not been successful to allow the child to remain at home, and a petition requesting court approval to file a CHINS has been filed.

DCS may file a petition for compliance if a parent, guardian, or custodian fails to comply with the services outlined in the IA.

DCS will consider filing a CHINS petition if the parent, guardian, or custodian does not comply with the terms of the IA or the best interest of the child requires additional services for which court intervention is needed.

Note: If the child turns 18 years of age during the term of the IA, the 18-year-old cannot be adjudicated a CHINS.

If the parent, guardian, or custodian has initiated an Administrative Appeal of the substantiation determination, consideration of the appeal will be delayed until after completion of the IA. See policies 2.01 Notice of Assessment Outcome, 2.02 Administrative Review Process, and 2.05 Administrative Appeal Hearings for more information.

The Family Case Manager (FCM) will:

1. Review or develop the Safety Plan and/or Plan of Safe Care to ensure the child's safety in all daily settings and seek supervisory approval of the plan;

Note: Regularly review the Safety Plan and/or Plan of Safe Care and make necessary revisions to ensure the child's safety. See policies 4.19 Safety Planning, 4.42 Plan of Safe Care, and 5.21 Safety Planning for additional information.

2. Gather information necessary and complete the Child and Adolescent Needs and Strength (CANS) assessment within five (5) calendar days of the CA/N assessment finding. For additional information. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional information.
3. Convene a Child and Family Team (CFT) Meeting or case plan conference to assist the family identifying goals to be met through the IA. For additional information. See policy 5.07 Child and Family Team Meetings for additional guidance;

Note: Identify potential barriers to obtaining and/or participating in services (e.g., transportation, childcare, and work schedules) with the family, and develop a plan to overcome these barriers. DCS will not discriminate against a parent, guardian, or custodian based on a disability. Reasonable accommodations will be considered when determining services and goals for the individual with a disability.

4. Review and discuss the Initial Safety Assessment, Initial Family Risk Assessment, and CANS with the family. See policies 4.18 Initial Safety Planning, 4.23 Initial Family Risk

Assessment, and 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional guidance.

5. Develop the IA with the family, outlining the activities or actions to be completed by each person and the deadline for completion. All activities and actions should directly relate to the safety and well-being of the child;
6. Review the IA with the family to ensure each person understands and agrees to the identified responsibilities;
7. Ensure the parent, guardian, or custodian and other participants named in the IA understand the consequences of noncompliance with the terms of the IA before requesting signatures;
8. Provide each person who is named in the IA with a copy of the signed agreement within 10 calendar days;
9. Submit the IA and Preliminary Inquiry (PI) to the DCS Staff Attorney;
10. Track the filing of the IA to determine whether it is approved;
11. Utilize the CFT to support the family in completing the terms of the IA;
12. Monitor the family's progress, and complete and submit to the court the Progress Report on Program of Informal Adjustment/Prevention Plan no later than five (5) months after court approval of the IA.

Note: DCS will ensure any new allegations of CA/N are reported to the DCS Child Abuse Hotline (Hotline). New allegations, observed by or reported directly to a DCS employee who is on the scene and immediately initiates an assessment (through face-to-face contact with all alleged victims), are reported to the Hotline within one (1) hour of leaving the scene.

13. Re-determine whether the child continues to be at imminent risk of removal and if reasonable efforts are continuing to be made to safely maintain the child at home. See policy 7.01 Child at Imminent Risk of Removal for more information;

Note: Indiana Code uses the phrase "imminent risk of placement" rather than "imminent risk of removal".

14. Staff with the FCM Supervisor and DCS Staff Attorney in regard to requesting an extension from the court, or approval to file a CHINS petition using the Progress Report on Program of Informal Adjustment/Prevention Plan if the family is not making progress toward the terms of the IA. If the court approves an extension, file a supplemental report no later than eight (8) months after court approval of the IA; and

Note: A CHINS petition should only be filed if safety concerns arise because the parent, guardian, or custodian has not complied with the terms of the IA or the best interest of the child requires additional services for which court intervention is needed.

15. Use the Progress Report on Program of Informal Adjustment/Prevention Plan to notify the court of DCS' intent to let the IA expire at six (6) months if no further DCS involvement is required.

The FCM Supervisor will guide and assist the FCM in completing required steps and ensure any deviation from best practice is documented.

The DCS Staff Attorney will:

1. Prepare and file a Request for Approval of the IA utilizing the PI and IA attachments/exhibits, or discuss the legal insufficiency with the DCS Local Office Director (LOD) or designee;
2. Notify the FCM of the filing date of the PI and the IA;
3. Staff with the FCM and FCM Supervisor as needed regarding the need for requesting compliance, an extension, discharge of the IA, or filing a CHINS.
4. Prepare and file appropriate pleadings.

LEGAL REFERENCES

- [IC 31-34-8-1 Implementation of program; statement by court of reasons for denial; program considered approved in certain circumstances](#)
- [42 USC 672: Foster care maintenance payments program](#)
- [42 USC 12102: Definition of disability](#)

RELEVANT INFORMATION

Definitions

Petition for Compliance

A petition for compliance is a document that may be filed with the court by the local DCS office if the parent, guardian, or custodian has not substantially complied with the terms of the IA.

Preliminary Inquiry (PI)

A PI is a written report prepared by DCS, which includes the child's background, current status, and school performance. The report relates the facts and circumstances that establish the reason for DCS involvement in both CHINS and IA cases.

Qualified Residential Treatment Program (QRTP)

A Qualified Residential Treatment Program (QRTP) is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child's first two weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.


Forms and Tools

- Initial Family Risk Assessment- Available in the case management system
- Initial Safety Assessment - Available in the case management system
- [Plan of Safe Care \(SF 56565\)](#)
- Preliminary Inquiry (PI) - Available in the case management system
- [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\)](#)
- Program of Informal Adjustment (IA)/Prevention Plan– Available in the case management system
- Progress Report on Program of Informal Adjustment/Prevention Plan (SF 54336) – Available in the case management system
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [2.01 Notice of Assessment Outcome](#)

- [2.02 Administrative Review Process](#)
- [2.05 Administrative Appeal Hearings](#)
- [4.18 Initial Safety Assessment](#)
- [4.19 Safety Planning](#)
- [4.23 Initial Family Risk Assessment](#)
- [4.42 Plan of Safe Care](#)
- [5.07 Child and Family Team Meetings](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [5.21 Safety Planning](#)
- [7.01 Child at Imminent Risk of Removal](#)
- [10.09 Preplacement Visits/Adoption Transition Plan](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: October 1, 2021
	Section 10: Family Services	Version: 10

POLICY OVERVIEW

Family services are provided to all children and families with an open case to address identified needs.

PROCEDURE

The Indiana Department of Child Services (DCS) will engage the Child and Family Team (CFT) to identify services to meet the needs of the child and family and develop a Program of Informal Adjustment/Prevention Plan or a Case Plan/Prevention Plan (see policies 5.07 Child and Family Team Meetings, 5.08 Developing the Case Plan, and 5.09 Informal Adjustment/Prevention Plan).

Note: An incarcerated parent may have access to and receive services and/or treatment while incarcerated. DCS will discuss and document any services and/or treatment available to the incarcerated parent, including visitation, in the Case Plan/Prevention Plan.

DCS will reassess the strengths and needs of the child and family throughout the life of the case and will adjust services, if necessary, to meet identified needs. DCS will continue to offer services to the child and/or family regardless of participation, until the court closes the Program of Informal Adjustment case, dismisses the Child in Need of Service (CHINS) case, or rules that reasonable efforts to reunify the family are not required. DCS will provide reasonable accommodations for a parent who has a disability. DCS will also provide services to children and families regardless of their immigration status.

All services for parents, including visitation, should cease when Termination of Parental Rights (TPR) is filed. The Family Case Manager (FCM) should continue to maintain regular contact with the child’s parent until TPR is finalized (see policy 8.10 Minimum Contact). DCS will obtain a court order finding no continued reasonable efforts to reunify prior to terminating services.

Note: The right of a person with a disability to parent the person’s child may not be denied or restricted solely because the person has a disability.

The FCM will:

1. Utilize the family’s Risk and Safety Reassessment, Child and Adolescent Needs and Strengths (CANS) Assessment, and the Family Functional Assessment Field Guide as tools to assist the FCM, family, and CFT to mutually determine family strengths and needs (see policies 4.18 Initial Safety Assessment, 4.23 Initial Risk Assessment, 5.19

Child and Adolescent Needs and Strengths [CANS] Assessment, 7.11 In-Home Risk and Safety Reassessments, and 8.44 Out-of-Home Risk and Safety Reassessments).

2. Identify any challenges to the family's basic survival (e.g., food, adequate housing, employment, transportation, and childcare), and if assistance is required:
 - a. Refer the family to the Division of Family Resources and other services available in the community, and/or
 - b. Request emergency funds when other resources are not immediately available by submitting the Request for Additional Funding (see policy 16.03 Assistance for a Family's Basic Needs).
3. Ask the parent, guardian, or custodian and resource parent, if applicable, if they or the child need a reasonable accommodation due to a disability;
4. Collaborate with the family and the CFT to identify needed services and reasonable accommodations, if necessary, based on the family's functional strengths and underlying needs (see policy 5.07 Child and Family Team Meetings);
5. Collaborate with the CFT to make an initial determination regarding the appropriateness of remote child and family services. In making this determination, the following **may** be taken into consideration:
 - a. The child's:
 - i. CANS assessment;
 - ii. Case plan; and
 - iii. Safety plan.
 - b. The child's and family's:
 - i. Initial safety assessment;
 - ii. Initial family risk assessment; and
 - iii. Preferences regarding the manner of receiving services.
6. Obtain releases to collaborate with any community service providers who are working with the parent and are not contracted with DCS;
7. Complete appropriate provider referrals in KidTraks for the family within 10 business days of identifying the service needed. Indicate on the referral if the option for remote child and family services is allowed for the first 14 days or until a CFT Meeting determines if the remote services are appropriate (if not already determined by the CFT). At any time during the course of a case, the CFT may redetermine the appropriateness of remote services without creating a new referral;

Note: The FCM may access information on SharePoint: Service Standards Summaries and Comparisons about available services, how to create a referral, and contact information for Regional Service Coordinators.

8. Consult with the service provider, if requested, to discuss the appropriateness of remote services;

Note: A service provider's first meeting with a family, or with a child who lives with the child's family, must be conducted in person unless a declared health emergency makes an in-person meeting unsafe. After the first meeting with the family or with the child who lives with the child's family, or for purposes of providing services to a child who does not live with the child's family, a service provider has the discretion to provide services to the child or family remotely for up to 14 days after the initial request for consultation if providing services remotely is in the best interests of the child and family, unless:

- a. A decision is reached on the use of remote services at a CFT Meeting less than 14 days after the request for consultation (if a decision was not already made by the CFT); or
- b. DCS communicates to the child, family, and service provider a preliminary determination as to the role of remote services pending the CFT Meeting (if the CFT has not already made this determination).

The service provider shall continue to meet with the child and family in person at least once a week as DCS deems necessary.

9. Document services, including visitation, in the Case Plan/Prevention Plan (see policy 5.08 Developing the Case Plan/Prevention Plan);
10. Monitor the family's progress by:
 - a. Maintaining regular contact with service providers to assess the family's level of participation in services, and
 - b. Review the family's progress at each face-to-face contact and during CFT meetings and/or case conferences (see policies 5.07 Child and Family Team Meetings, 7.03 Minimum Contact, 7.05 Meaningful Contacts, 8.10 Minimum Contact, and 8.43 Meaningful Contact);
11. Update the court regularly regarding the family's participation and progress including any violation of the dispositional order (see policy 6.08 Three Month Progress Report);

Note: A modification of the disposition decree is required prior to modifying services ordered in the dispositional decree.

12. Reassess the child and family's needs utilizing the Risk and Safety Reassessments and the CANS Assessment at least every 180 days;

Note: Risk and Safety Reassessments are completed when the Case Plan/Prevention Plan is revised (see policy 5.08 Developing the Case Plan/Prevention Plan). Risk Reassessments should be completed more often if new circumstances or information arise that would affect risk.

13. Discuss the family's participation and progress regarding case goals and results of any new assessments with the CFT and FCM Supervisor and adjust services and/or service levels as necessary; and

Note: Referrals should be cancelled in KidTraks when services are no longer active.

14. Document in the case management system the family's progress, reasons for service type or intensity changes, and if applicable, reasons why services were not offered or were stopped.

The FCM Supervisor will:

1. Ensure services are appropriate for the identified risk and needs of the child and/or family, including the appropriateness of remote services as indicated on the referral;
2. Ensure referrals for services have been made within 10 business days of needs being identified; and
3. Review and approve services in KidTraks for the child and/or family and ongoing service adjustments as needed.

Adjusting and/or Discontinuing Services

The FCM will:

1. Notify the child's parent, resource parent (if applicable), service providers, and the CFT of the decision to adjust and/or discontinue one (1) or more services;

Note: DCS will request court approval prior to discontinuing any services ordered through the Dispositional Decree.

2. Work with the CFT to develop a plan for a change in services and/or the gradual removal of the services as appropriate;
3. Follow up with service providers to evaluate the family's response to the change and/or removal of services and, if applicable, to determine if the reasonable accommodations provided to the parent are appropriate;
4. Modify the service withdrawal plan, if necessary;
5. Notify the service provider of the last allowable service date;
6. Cancel the referral in KidTraks; and

Note: Ensure information is documented in KidTraks to explain why the referral is being adjusted and/or terminated.

7. Continue to maintain regular contact with the family until case closure is complete.

The FCM Supervisor will:

1. Confirm service interventions are modified and/or discontinued as needed to address service provisions;
2. Ensure the FCM has notified the child, family, resource parents, and service providers of modification and/or discontinuation of services; and
3. Provide adequate and consistent supervision in order to ensure service level need is appropriate.

LEGAL REFERENCES

- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-25-2-7.5: Remote child and family services](#)
- [IC 31-34-15-4: Form: contents](#)
- [IC 31-34-20-1: Entry of dispositional decree; placement in home or facility outside Indiana: findings and conclusions](#)
- [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)
- [42 USC 671\(a\)\(15\)\(B\): State plan for foster care and adoption assistance](#)
- [42 USC 12102: Definition of disability](#)

RELEVANT INFORMATION

Definitions

Functional Strengths

Functional strengths are "the buildable" strengths of our families, which help build toward goal achievement.

Underlying Needs


Underlying needs are the root source of an individual's and/or family's challenges, which determines the appropriate use of services or interventions.

Forms and Tools

- [Case Plan/Prevention Plan \(SF 2956\)](#)- Available in the case management system
- [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)- Available in KidTraks
- [Division of Family Resources](#)
- [Family Functional Assessment Field Guide](#)- Available on the [Indiana Practice Model SharePoint](#)
- [In-Home Risk and Safety Reassessment](#)- Available in the case management system
- [Out-of-Home Risk and Safety Assessment](#)- Available in the case management system
- [Program of Informal Adjustment](#)- Available in the case management system
- [Provider Referral](#)- Available in KidTraks
- [Request for Additional Funding \(SF 54870\)](#)
- [SharePoint: Service Standards Summaries and Comparisons](#)

Related Policies

- [4.18 Initial Safety Assessment](#)
- [4.23 Initial Risk Assessment](#)
- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan](#)
- [5.09 Informal Adjustment/Prevention Plan](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [6.08 Three-Month Progress Report](#)
- [7.03 Minimum Contact](#)
- [7.05 Meaningful Contacts](#)
- [7.11 In-Home Risk and Safety Reassessments](#)
- [8.10 Minimum Contact](#)
- [8.43 Meaningful Contact](#)
- [8.44 Out-of-Home Risk and Safety Reassessments](#)
- [16.03 Assistance for a Family's Basic Needs](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: September 1, 2021
	Section 12: Closing a CHINS Case	Version: 7

POLICY OVERVIEW

The most desirable place for children to grow up is with their own family when the family is able to provide a safe and stable home environment. Therefore, as a family makes progress toward reaching their permanency goals and involvement with the Indiana Department of Child Services (DCS) is no longer necessary, it is essential to plan for safe, sustainable case closure.

PROCEDURE

The determination to close a case should be discussed jointly between DCS, the Child and Family Team (CFT), and the family.

The Family Case Manager (FCM) will:

1. Thoroughly review the Case Plan/Prevention Plan, family progress, child safety, all assessment and case information;
2. Complete and review the results of a current In-Home Risk and Safety Reassessment or the Structured Decision Making (SDM) Reunification Assessment less than 30 days prior to the anticipated date of case closure. See policies 7.11 In-Home Risk and Safety Reassessments and 8.44 Out-of-Home Risk and Safety Reassessment for additional information;

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 family, the child (if age and developmentally appropriate), service providers, Court Appointed Special Advocate (CASA)/Guardian Ad Litem (GAL) and other child and/or family supports;
4. Discuss the appropriateness of case closure with the FCM Supervisor and the DCS staff attorney;
5. Facilitate a CFT Meeting to determine the appropriateness of case closure and develop an aftercare plan. See policy 5.07 Child and Family Team Meetings for additional information;
6. Use the Inventory of Personal Items to identify personal items the child has accumulated during placement in out-of-home care and ensure those items are returned to the child and/or permanent caregiver;
7. Ensure any applicable benefits (e.g., Medicaid, Social Security Income [SSI]) have been transferred to the caregiver;
8. Ensure the permanent caregiver (or child, if being emancipated) is provided with necessary documentation (see policy 8.41 Transitioning from Out-of-Home Care), including, but not limited to:
 - a. A copy of the child’s Medical Passport,

- b. A copy of the child's birth certificate (if available),
- c. Child's insurance records,
- d. Child's individual medical records, and
- e. Child's driver's license or state identification card, if applicable.

Note: A youth 16 years of age and older at the time of case closure must be provided all documents listed on the Transition Plan for Successful Adulthood, including the Foster Care Verification. See policy 11.06 Transition Plan for Successful Adulthood for more information.

- 9. Seek supervisory approval prior to discontinuing any services for the child and/or family;
- 10. Conduct a final visit with the child and family to provide closure to the FCM's relationship with the family, reinforce the family's ability and responsibility to keep the child safe, remind them of available aftercare resources, and discuss plans to handle new situations as they arise;
- 11. Continue monitoring the case and meeting minimum contact requirements until the CHINS case is dismissed or closed by the court;

Note: The court may specify in the court order who must receive notification of case closure and may send a copy of the order to the persons specified.

- 12. Submit a referral to the Education Services Team to complete the School Notification and Best Interest Determination form; and
- 13. Review and, if necessary, update the child's placement, Case Plan/Prevention Plan, Child and Adolescent Needs and Strengths (CANS), court hearings, income, and resources in the case management system prior to case closure. See policy 5.19 Child and Adolescent Needs Assessment (CANS) for additional information.

The FCM Supervisor will:

- 1. Consult with the FCM regarding discontinuation of services, case closure, and the aftercare plan;
- 2. Support the FCM in providing closure between the child and/or family and DCS;
- 3. Confirm the court order that returns legal custody of the child to the parent has been received, if applicable;
- 4. Review and confirm case documentation and referrals are complete prior to case closure; and
- 5. Close the case in the case management system.

The DCS Staff Attorney will:

- 1. Discuss case closure with the FCM and/or FCM Supervisor when appropriate;
- 2. Provide legal advice regarding appropriateness of determination to request case closure;
- 3. Advise the FCM on any documentation that may be needed to move the court for case closure; and
- 4. File any necessary motions for case closure or move for case closure with the court.

LEGAL REFERENCES

- [IC 31-34-21-7.6: Documents provided to individual leaving foster care](#)
- [42 USC 675 \(5\)\(l\) Definitions](#)

RELEVANT INFORMATION

Definitions

Aftercare Plan

An Aftercare Plan is a plan which recognizes that services may continue to be needed to further support the family during the transition to case closure.

Risk Reassessment


The Risk Reassessment is an assessment tool used by the FCM throughout the life of the case to determine the presence of risk factors that indicate the likelihood of future child maltreatment. The Risk Reassessment also assists FCMs in evaluating whether risk levels have increased, decreased, or remained the same since the completion of the initial Risk Assessment.

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) - Available in the case management system
- Closing an Involvement Type- Casebook Help site
- Closing/Ending Removal Episode- Casebook Help site
- [Family Functional Assessment \(FFA\) Field Guide](#)
- [Foster Care Verification \(SF 56571\)](#)
- In-Home Risk and Safety Reassessment- Available in case management system
- [Inventory of Personal Items \(SF 54315\)](#)
- [Medical Passport \(DCS Pamphlet 036\)](#)
- Out-of-Home Risk and Safety Reassessment -available from forms section of the case management system
- Plan of Safe Care (SF 56565)- Available in the case management system
- Safety Plan (SF 53243)- Available in the case management system
- [School Notification and Best Interest Determination \(SF 47412\)](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [7.11 In-Home Risk and Safety Reassessments](#)
- [8.41 Transitioning from Out-of-Home Care](#)
- [8.44 Out-of-Home Risk and Safety Reassessment](#)
- [11.06 Transition Plan for Successful Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: July 1, 2017
	Section 13: Transferring a Case Between DCS Local Offices	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure that when any case is transferred from one county to another, a child’s safety will be maintained. Decisions to transfer cases will be guided by principles of child safety, permanency, and well-being while focusing on meeting the needs of the family. In order to provide the most consistent service possible, cases for families moving less than 50 miles away from the DCS local office will not be transferred; rather, the original Family Case Manager (FCM) will continue to manage the case.

Exception: If the family moves less than 50 miles away from the DCS local office and the court decides to transfer the court case, the DCS case may also be transferred.

DCS will facilitate a Child and Family Team (CFT) meeting or Case Conference any time a transfer request is received or DCS learns that a family has moved out of the jurisdiction of a DCS local office.

DCS will consider transferring a case when:

1. A family with an Informal Adjustment (IA) moves out of the jurisdiction of a DCS local office;
2. The family of an in-home Child in Need of Services (CHINS) moves out of the jurisdiction of a DCS local office; or
3. The family of an out-of-home CHINS moves out of the jurisdiction of a DCS local office.

DCS will not recommend that the court transfer a case if the safety and well-being of the child cannot be assured. All decisions regarding recommendations to accept or deny a request for case transfer must be approved by the DCS Local Office Director (LOD). DCS will not transfer any cases unless the court transfers its case as well. If the court does not accept the request to transfer, the original FCM will continue to manage the case.

Code References

1. [IC 31-32-7-1: Venue of proceedings](#)
2. [IC 31-32-7-2: Change of Venue](#)
3. [IC 31-32-7-3: Assignment of case or supervision of child to county of child’s residence](#)
4. [IC 31-9-2-22.1 Concurrent planning](#)

PROCEDURE

In-Home CHINS or IA Case

Upon receiving notification from a parent, guardian, or custodian that they are planning to move; receiving a request from the parent, guardian, or custodian to transfer a case; or learning that the family has moved out of the jurisdiction of the local court; the FCM will:

1. Confirm with the family the date of the planned move and the new address where the family will be residing or present address if they have already moved. If the family has already moved, inspect the condition of the new residence. See policy [4.13 Assessing Home Conditions](#) for additional guidance.

Note: If the family's new residence is less than 50 miles away from the DCS local office, the case may not be transferred between local offices and the original FCM will be required to continue to provide case management unless the court transfers the case. Cases where a family is moving more than 50 miles away from the DCS local office may be transferred, if doing so would be in the best interests of the child and family.

2. Notify the DCS Staff Attorney and child's Court Appointed Special Advocate (CASA) / Guardian ad Litem (GAL) (if applicable) of the request to transfer;
3. Thoroughly review the [Case Plan](#) family progress, all assessment information, and the most recent [Risk Assessment](#) and [Safety Assessment](#);
4. Staff the case with his or her FCM Supervisor to determine if a transfer of the case is appropriate;
5. Convene a CFT meeting or Case Conference (if applicable) to determine the appropriateness of a case transfer and develop a plan for a smooth transition; and
6. Work with the DCS Staff Attorney to submit a request to the court with jurisdiction to contact the court in the family's new county of residence to determine if the case can be transferred by the agreement of the courts.

Note: The final decision to transfer jurisdiction of a case must be made by the agreement of the two juvenile court judges. The juvenile court of origin will facilitate all contact with the court in the family's new county of residence.

The FCM Supervisor will:

1. Staff with FCM to determine if case transfer is appropriate for the family;
2. Work with the DCS LOD to contact the DCS LOD or designee in receiving county to determine if case transfer is in the best interest of the family and If a case transfer is appropriate;

Note: The LOD will determine whether or not to request that the court with jurisdiction consider the transfer.

3. Seek approval from the DCS LOD prior to recommending to others that the case not be transferred If case transfer is not appropriate, seek approval;
4. Assist DCS Staff Attorney and FCM in communicating with the court regarding the possible case transfer; and
5. Ensure continuity of DCS case management services.

If the juvenile court approves the case transfer:

The FCM in the original county of residence will:

1. Ensure that the [case file](#) in the case management system is current;
2. Complete and fax a [Case Transfer Summary Form \(SF 54340\)](#) to the DCS Local Office Director of the receiving county;
3. Confirm the family's new residence address via phone or email with the new FCM within five (5) business days of court's approval of the transfer; and
4. Attend the CFT or transfer meeting in the family's new county of residence whenever possible to ensure a smooth transition of the case and required services.

The FCM Supervisor in the original county of residence will:

1. Transfer the [case file](#) in the case management system; and
2. Transfer the hard [case file](#) to the new county of residence within 10 business days of case transfer.

The FCM for the new county of residence will:

1. Confirm, in person, the family's new residence within five (5) business days of the assignment of the new case number by the receiving court. Utilize the [Face-To-Face Contact \(SF 53557\)](#) when meeting with the parent, guardian, custodian, or child. See policy [7.3 Minimum Contact](#) and [5.C Tool: Face-to-Face Contact Guide](#) for more information.
2. Inform the DCS Staff Attorney who may then request that the court appoint a new CASA/GAL (if applicable) for the child;
3. Notify the original FCM of the date, time, and location of the CFT or transfer meeting;
4. Coordinate the CFT or transfer meeting within 10 business days of the case transfer; and
5. Ensure that DCS continues to meet the identified needs of the family in the new county of residence.

If the juvenile court does not approve the transfer:

The FCM in the original county of residence will:

1. Work together with the FCM Supervisor, the child's family, and CFT to continue to meet the family's needs and assure that the family has access to needed interventions, supports, and services; and
2. Continue to provide case management even if the family has moved further than 50 miles away from the DCS local office.

Out-of-Home CHINS

Upon receiving notification from a parent, guardian, or custodian that they are planning to move; receiving a request from the parent, guardian, or custodian to transfer a case; or learning that a family has moved out of the jurisdiction of the local court; the FCM will:

1. Confirm with the parent(s) the date of the planned move and the new address where the parent(s) will be residing or present address if they have already moved. If the family has already moved, inspect the condition of the new residence. See policy [4.13 Assessing Home Conditions](#) for additional guidance.

Note: If the new residence is less than 50 miles away from the DCS local office, the case may not be transferred between local offices and the original FCM will be required to continue to provide case management unless the court transfers the case. Cases where a family is moving more than 50 miles away from the DCS local office may be transferred, if doing so would be in the best interest of the child and family.

2. Notify the DCS Staff Attorney and child's CASA/ GAL (if applicable) of the request to transfer;
3. Thoroughly review the [Case Plan](#) family progress, all assessment information, and the most recent [Risk Assessment](#) and [Safety Assessment](#);
4. Staff the case with his or her Supervisor to determine if a transfer of the case is appropriate;
5. Convene a CFT meeting or Case Conference to determine the appropriateness of a case transfer and develop a plan for a smooth transition; and

Note: If both parents or custodians are participating in services with DCS, but only one (1) is moving, the CFT should carefully consider whether it is in the best interest of the child to transfer the case. See [Related Information](#) for further guidance.

6. Work with the DCS Staff Attorney to submit a request to the court to contact the court in the family's new county of residence to determine if the case can be transferred by the agreement of the courts.

Note: The final decision to transfer jurisdiction of a case must be made by the agreement of the two (2) juvenile court judges. The juvenile court of origin will facilitate all contact with the court in the family's new county of residence.

The FCM Supervisor will:

1. Staff with FCM to determine if case transfer is appropriate for the family;
2. Work with the DCS Local Office Director to contact the DCS LOD in receiving county to determine if case transfer is in the best interest of the family If case transfer is appropriate;

Note: DCS LOD will determine whether or not to request that the court with jurisdiction consider the transfer.

3. Seek approval from the DCS LOD prior to recommending to the court that the case not be transferred If case transfer is not appropriate; and
4. Assist the DCS Staff Attorney and FCM in communicating with the court regarding the possible case transfer.

If the juvenile court approves the case transfer:

The FCM in the original county of residence will:

1. Ensure that the [case file](#) in the case management system is current;
2. Complete and fax a [Case Transfer Summary Form \(SF 54340\)](#) to the DCS LOD of the receiving county;
3. Confirm via phone or email with the new FCM the family's new residence within five (5) business days of the family's move or the court's approval of the transfer; and
4. Attend the CFT or transfer meeting in the family's new county of residence whenever possible to ensure a smooth transition of the case and required services.

The FCM Supervisor in the original county of residence will:

1. Transfer the case in case management system; and
2. Transfer the hard case file to the new county of residence within 10 business days of the case transfer.

The FCM in the new county of residence will:

1. Confirm, in person, the parent, guardian, or custodian's new residence within five (5) business days of the transfer. Utilize the [Face-To-Face Contact \(SF 53557\)](#) when meeting with parent, guardian, custodian or child. See policy [8.10 Minimum Contact](#) for more information.
2. Inform the DCS Staff Attorney who may then request the court appoint a new CASA/GAL (if applicable) for the child;
3. Notify the original FCM of the parent, guardian, or custodian's new residence and date, time, and location of the CFT or case [transfer meeting](#);

4. Coordinate the CFT or transfer meeting within 10 business days of the case transfer; and
5. Ensure that DCS continues to meet the identified needs of the family in the new county of residence.

If the juvenile court does not approve the transfer:

The FCM in the original county of residence will:

1. Work together with the FCM Supervisor, the child's family, and CFT to continue to meet the family's needs and assure that the family has access to needed interventions, supports, and services; and
2. Continue to provide case management even if the family has moved further than 50 miles away from the DCS local office.

PRACTICE GUIDANCE

Cases Appropriate for Transfer

When determining whether a family is appropriate for a case transfer the FCM and FCM Supervisor should consider:

1. Level of service need of the family. See policy, [4.26 Determining Service Levels and Transitioning to Ongoing Services](#) for more information.
2. The opinion of the CFT about the transfer;

Note: There may be cases where a family is moving more than 50 miles away from the DCS local office, and the CFT feels it is more appropriate for the FCM in the original county of residence to continue providing supervision.

3. The compliance level of the family throughout the life of the case;
4. The amount of time remaining in the case, if an IA (if there are 1-2 months remaining, consider if transfer would be a disservice to the family); and
5. Whether the family will have access to the same or comparable interventions, supports, services, and resources after moving.

Preparing a Family for Case Transfer

In any case transfer, ensuring a child's safety is given the highest priority. The best way to ensure this safety is to maintain consistent services for the family. Through the transfer meeting, the family will begin developing a relationship with their new FCM and will begin to identify informal supports in their new community. Immediately after transferring a case, a family may need a higher level of support from the FCM because they will be adjusting to his/her new surroundings and may not have access to the same services, formal and informal support system(s) as before.

Concerns when Considering a Case Transfer

It is not intended that a case will be transferred multiple times during a family's involvement with DCS. Case transfer requests should only be considered when a family's move will ultimately facilitate permanency. DCS staff should carefully consider the potential positive and negative effects of transferring a case before making a decision regarding the transfer.

Special Circumstances in Out-of-Home CHINS Case Transfers

In some instances, both parents may be engaged with DCS, and only one may be moving. The CFT will play a crucial role in determining whether to make a recommendation to the court to

consider transferring the case to another county. For example, the children were removed from their custodial parent. The noncustodial parent becomes engaged with DCS after the removal. Now, the custodial parent is planning on moving more than 50 miles away. The CFT should consider the involvement of both parents throughout the life of the case and determine which parent is most likely to receive custody of the child when the CHINS case is closed.

When an out-of-home CHINS case is transferred, the placement of the child is not expected to be disrupted unless all parties agree that it would be in the best interest of the child and the placement change will facilitate permanency. When making a decision about changing a child's placement, the CFT should take into account the child's permanency goal(s), as well as, the level of parental involvement with DCS prior to the transfer, and the child's opinion (if age appropriate). The county in which the parent resides will have jurisdiction over the case and the new FCM will be responsible for ensuring that minimum contacts with the child and parent, guardian, or custodian occur. The FCM will also be responsible for assuring that the visitation plan continues to be implemented. See policy [8.10 Minimum Contact](#) for additional information.

FORMS AND TOOLS

1. [Case Transfer Summary Form \(SF 54340\)](#)
2. [5.C Tool: Face-to-Face Contact Guide](#)
3. [Face-To-Face Contact \(SF 53557\)](#)
4. [Risk Assessment](#) – Available in the case management system
5. [Safety Assessment](#) – Available in the case management system
6. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) – Available in the case management system
7. [Case Plan \(SF 2956\)](#) – Available in the case management system
8. [Assessment of Alleged Child Abuse and Neglect \(SF 113\) \(311\)](#) – Available in the case management system
9. [Affidavit of Diligent Inquiry \(SF 54778\)](#) – Available in the case management system

RELATED INFORMATION

Underlying Needs

Underlying needs are the root source of an individual and/or family's challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family's outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

Transfer Meetings

A CFT Meeting should be used to accomplish a transfer meeting, and both the original and new FCMs must be 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

¹ If still employed by DCS.

parties with as much information as possible about the status of the case, and partner with the family in the process to ensure a smooth transfer of services.

The original FCM must participate in the CFT or transfer meeting held immediately after the family moves. If attending the meeting in person is not possible, the FCM may participate via phone. It is essential that both FCMs work together to ensure that the family's service plan remains intact and child safety is being assured throughout the case transfer process.

Examples of information that should be shared and discussed at the transfer meeting include but are not limited to:

1. The family's identified strengths and [underlying needs](#);
2. Needs that may arrive in the near future, especially with the family's move;
3. What efforts have been taken to meet those needs;
4. Clarify expectations about what happens next;
5. The name and contact information of the new FCM and FCM Supervisor;
6. The family's new address and contact information;
7. Formal and informal supports for the family that will be utilized after moving (this may include supports that were present prior to moving);
8. Information about membership in the CFT (membership may or may not remain the same after relocating); and
9. Visitation arrangements (specifically if the child's placement has changed).

IA Extensions

Each IA may be granted one three (3) month extension. If this extension is granted prior to case transfer an additional extension may not be granted after case transfer. If an FCM decides to request an extension from the court, the petition must be filed in the county which has jurisdiction over the case. An IA may not be extended as a direct result of the family's move or request to transfer.

Filing a CHINS Petition After Transferring an IA

If a family has moved, the IA was transferred, and a CHINS petition needs to be filed, the FCM in the new county of residence should file the petition in the county which has jurisdiction over the case (the county in which the family currently resides). A CHINS petition should only be filed if safety concerns arise because the parent, guardian or custodian has not complied with the terms of the IA or the best interests of the child requires additional services for which court intervention is needed.


If a CHINS petition needs to be filed and a family has moved or the IA was not transferred, staff from the original county of residence and new county of residence will need to communicate to ensure that there is no break in services for the family. Each family situation will need to be carefully evaluated by the FCM and Supervisor to determine which county should file the CHINS petition.

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 \(SF 114\)\(310\)](#) should be filed in the family's new county of residence. The original county should close their IA and the new county should file the CHINS petition if appropriate. Two (2) cases should not be open in two (2) different counties at the same time.

Case File

Prior to transferring the hard case file or the case management system, the FCM is responsible for ensuring that all information is current and accurate. The county where the family originally resided is not required to keep a copy of the case file. The data entry must be complete for each of the following:

1. Hearings;
2. Placement;
3. Services;
4. Visitation Plan;
5. [Assessment of Alleged Child Abuse and Neglect \(SF 113\) \(311\)](#);
6. [Case Plan](#);
7. Demographic information;
8. Contacts;
9. School information and other related education information (e.g. Individualized Education Plan);
10. Medicaid number;
11. Health Information (e.g. medical and dental health issues, current treatment);
12. Indiana Support Enforcement Tracking System (ISETS) interface;
13. [Affidavit of Diligent Inquiry \(SF 54778\)](#);
14. Court Reports;
15. Notices;
16. Mental Health Screen; and
17. Immunization records.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: September 1, 2018
	Section 14: End of Life Care	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will notify the juvenile court when a physician or hospital determines a child under the jurisdiction of the Court is at imminent risk of death or has a chronic disease that will result in the child’s death in the near future and the physician is recommending a Do Not Resuscitate (DNR) order or other end-of-life care.

DCS staff, resource parents, and Guardian ad 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 final decision must be made by the juvenile court based on the recommendations of a qualified physician and the decisions of the child’s parents.**

Situations involving the removal of life support, issuance of DNR Orders, or organ donation of children under the care and placement of DCS require thoughtful, sensitive, and thorough communication among all persons involved including the child’s parents or individuals authorized by statute to make such decisions, parent attorney (if applicable), DCS staff, medical personnel, hospital ethics committee, and the court. DCS staff members are not permitted to share personal opinions or give recommendations to families, medical personnel, and/or attorneys in situations regarding the removal of life support or the issuance of a DNR Order and shall rely on the expertise of the medical care providers and the decisions of the child’s parents or other individuals authorized by statute to make such decisions.

The child’s legal parents are to be involved in the decision-making process regarding the removal of life support, the issuance of a DNR Order, or organ donation regardless of the status of the case. The child’s parents will be excluded from the decision-making process only when a court finds and orders that neither parent is physically and/or emotionally available to make the necessary informed decision when needed and proceeding without the parents’ consent is in the best interests of the child.

The decision to donate the organs of a deceased child in the care and placement of DCS should be made by the child’s parents. If Termination of Parental Rights (TPR) has occurred, the individuals authorized to make the decision are identified in [IC 29-2-16.1-8](#). See [Related Information](#) for a listing of these individuals.

Note: If an older youth has an [advanced directive](#), it should be reviewed and discussed during decision making.

Code References

1. [IC 29-2-16.1-8 Revised Uniform Anatomical Gift Act](#)
2. [IC 29-2-16.1-1\(8\) Definition of Donor](#)
3. [IC 29-2-16.1-1\(12\) Definition of Guardian](#)

4. [IC 31-25-2-21 Transitional services plan; participation by child representatives](#)
5. [IC 1-1-4-3 Uniform Determination of a Death Act](#)
6. [465 IAC 2-14-2 Voluntary Transitional Services](#)

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 the FCM Supervisor and DCS Local Office Director (LOD) of the physician's request to remove life support or issue a DNR Order;
2. Obtain a written statement from the child's attending physician recommending the removal of life support or the issuance of a DNR Order and the supporting documentation for this recommendation. The statement must include:
 - a. A brief medical history for the child,
 - b. The child's current condition and diagnosis,
 - c. The supporting documentation for the recommendation, and
 - d. Compliance with the hospital's ethics protocol, if applicable.
3. Notify the child's parent, DCS Staff Attorney, resource parent, 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 **must be notified** regarding the medical recommendation unless they cannot be located.

4. If the parents' of the child cannot be located, document efforts made to locate the parent in the case management system. See policy [5.6 Locating Absent Parents](#) for guidance. If possible and appropriate, notify a grandparent, other relative, or other adult who exhibited special care and concern for the child;
5. Discuss the physician's recommendation with DCS Staff Attorney and work with the attorney to prepare and submit a written report to the court outlining the child's medical situation within one (1) business day of receiving the physician's written statement. This report must include the recommendation from the child's attending physician.

Note: If TPR has not occurred, the FCM must include the parent(s) opinions and recommendations when preparing the report to submit to the court, unless the parents cannot be located.

6. Make available to the court any information about the child including but not limited to: child's medical history, [advanced directive](#), family and resource parent information, recommendation of the attending physician, parent(s)' recommendation (if known), and any additional information requested by the court. Specifically note whether or not the child expressed an opinion or 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 the DCS Staff Attorney to request that the juvenile court hold a hearing to make a determination regarding the appropriate medical treatment for the child;
8. Confirm whether the child has a CASA/GAL. If not, collaborate with the DCS Staff Attorney to request that the court appoint a CASA/GAL for the child immediately; and

9. Notify and inform all interested persons, including the child's CASA/GAL, regarding the recommendation from the physician, and discuss any provisions needed for assistance and support to the child's family (both biological and resource).

When a recommendation is made for the removal of life support or issuance of a DNR Order for a child under the care and placement of DCS by a child's attending physician **the FCM**

Supervisor will:

1. Ensure that timely notification of all required persons occurs; and
2. Attend all relevant court hearings and meetings with the FCM.

When a recommendation is made for the removal of life support or issuance of a DNR Order for a child under the care and placement of DCS whose parental rights have been terminated, DCS must request that the juvenile court hold a hearing to make a determination regarding the appropriate medical treatment for the child, and follow the above listed procedures. **DCS may not consent to, or make recommendations regarding the appropriateness of the removal of life support.**

Organ Donation

If a family member or a representative of an Independent Organ Procurement Agency (IOPA) contacts DCS regarding potential [organ donation](#), the FCM will:

1. If TPR has not occurred, notify and be available to the child's parent(s) during the decision making process; or
2. If TPR has occurred for both parents, notify other individuals authorized to make a decision about [organ donation](#) as identified by [IC 29-2-16.1-8](#);
3. If TPR has occurred for both parents and no other authorized individual is able to make a decision, collaborate with FCM Supervisor, DCS LOD, RM, DCS Staff Attorney, and DCS Central Office general counsel to determine if [organ donation](#) is appropriate. This team must consider the following factors prior to making a decision:
 - a. Statement on the child's driver's license (if any),
 - b. Possible need for an autopsy of the child,
 - c. Concerns of any involved extended family,
 - d. Previous statements by the child regarding organ donation (if any), and
 - e. Cultural and/or religious preferences of the family regarding organ donation.

PRACTICE GUIDANCE

Children Not in the Care or Supervision of DCS

If a child has not been detained or is not currently in the custody of DCS and the removal of life support or the issuance of a DNR Order is recommended by the child's physician, DCS may be available as an extended support system for the family. DCS staff members will not provide guidance or advice to family in this situation. The ultimate decision in this situation lies with the parent, guardian, or custodian of the child.

Child's Wishes Regarding Removal of Life Support, DNR, and/or Organ Donation

Previous statements or opinions of a child regarding the removal of life support, issuance of a DNR Order, or [organ donation](#) should be considered in all situations. Although this opinion may not necessarily be followed it is important for all members of the team (including the court) to be aware of previous statements made by the child regarding any of end of life care issues.

Brain Death Situations

According to [IC 1-1-4-3](#), an individual who has sustained “irreversible cessation of all functions of the entire brain, including the brain stem is dead.” If an individual meets this definition for brain death, they may be declared dead by a physician per the hospital’s brain death protocol. This declaration of death by a physician is a medical determination which does not need to be perfected by a court order. When an individual is declared dead per this protocol, the medical team will determine the appropriateness of disconnecting any and all medical equipment connected to the individual. However, a court order must be obtained if the parent, guardian, or CASA/GAL objects; the hospital seeks DCS consent or input; or the physician or hospital is unwilling or unable to make a declaration of death.

FORMS AND TOOLS

[Older Youth Initiatives](#)

RELATED INFORMATION

Advanced Directives

“Advance directives” is a term that refers to spoken and written instructions about an individual’s future medical care and treatment. By stating health care choices in an advance directive, this allows family members and physicians to understand the individual’s wishes about medical care. Indiana law pays special attention to advance directives.

Advance directives are normally one (1) or more documents that list the individual’s health care instructions. An advance directive may name a person of choice to make health care choices for when the individual is unable to make the choices. The individual may also use an advance directive to prevent certain people from making health care decisions on one’s behalf. For more information go to the [Indiana State Department of Health](#) or [Older Youth Initiatives](#) websites.

Do Not Resuscitate (DNR) Order

A medical order to provide no resuscitation to individuals for whom resuscitation is judged to be of no medical benefit. This specifically refers to Cardiopulmonary Resuscitation (CPR). There are circumstances when CPR might seem to lack benefit for a child whose quality of life is so poor that no meaningful survival is expected even if CPR were successful in restoring circulatory stability. A DNR Order may also be used to withhold life-sustaining treatment (to refrain from using life support to artificially prolong a child’s life).

Removal of Life Support

The removal of all medical procedures or interventions that serve only to prolong the process of dying or maintain the individual in a condition of persistent unconsciousness. This does not include the administration of medication or performance of medical treatments deemed necessary to alleviate pain or provide for the normal consumption of food and water.

Organ Donation

The decision to make an anatomical gift of a deceased individual’s body or parts of the body. This gift may be made for the purpose of transplantation, therapy, research, or education.


DCS staff shall never sign consent forms for organ donation on behalf of a child’s family member who has made a decision to donate the child’s organs. DCS may only make a decision regarding organ donation for a child under the care and placement of DCS if TPR has occurred,

the priority order of persons authorized to donate the child's organs has been followed, and a court order has named DCS as the child's guardian as defined in [IC 29-2-16.1-1\(12\)](#). *DCS does not meet the definition of guardian under [IC 29-2-16.1-1\(12\)](#). Instead under these circumstances the court will need to appoint a legal guardian. The definition also does not include a GAL.*

Persons Authorized to Donate a Deceased Individual's Organs

According to [IC 29-2-16.1-8](#) the priority of persons authorized to make an anatomical gift of a decedent's body or parts are as follows:

1. An agent of the decedent at the time of death who could have made an anatomical gift under section 3(2) of this chapter immediately before the decedent's death;
2. The spouse of the decedent;
3. Adult children of the decedent;
4. Parents of the decedent;
5. Adult siblings of the decedent;
6. Adult grandchildren of the decedent;
7. Grandparents of the decedent;
8. An adult who exhibited special care and concern for the decedent;
9. A person acting as the guardian of the decedent at the time of death; and
10. Any other person having the authority to dispose of the decedent's body.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: July 1, 2019
	Section 15: Concurrent Planning – An Overview	Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) is committed to ensuring all children in DCS care achieve permanency in a timely manner. DCS will evaluate each case to determine the appropriateness of Concurrent Planning and make a recommendation to the court. The use of Concurrent Planning may be the most effective way to ensure children in out-of-home and in-home care achieve timely permanency.

Concurrent planning requires the identification of two (2) permanency plan goals and simultaneous reasonable efforts toward both goals with all participants. Permanency plan goals include the following:

1. Reunification (Return to or continuation of existing custodial care within the home of the child’s parents, guardian, or custodian or placement of the child with the child’s noncustodial parent);
2. Placement of the child for adoption;
3. Placement of the child with a fit and willing relative who is able and willing to act as the child’s permanent custodian and carry out the responsibilities required by the permanency plan;
4. Appointment of a legal guardian; and
5. Supervised independent living arrangement or foster care, for a child with a permanency plan of Another Planned, Permanent Living Arrangement (APPLA). However, a child less than 16 years of age may not have APPLA as the child’s permanency plan.

Note: DCS must document compelling reasons why it is in the best interest of the youth to have APPLA as a permanency plan and why alternative permanency plans such as Reunification, Adoption, Legal Guardianship, or Placement with a Fit and Willing Relative are not in the best interest of the child.

DCS will ensure the parent, guardian, or custodian and members of the Child and Family Team (CFT) are informed about Concurrent Planning and collaborate with the parent, guardian, or custodian and the CFT to develop two (2) permanency plan goals when appropriate. The CFT will address the “what could go wrong” with the identified permanency plans and will discuss any changes in the permanency plans at each CFT meeting. See policy [5.7 Child and Family Team Meeting](#) for additional information.

DCS **will** develop a [Case Plan](#) with two (2) permanency plan goals **at the onset of the case** for a child in out-of-home or in-home care that meets at least one (1) of the following mandatory Concurrent Planning Indicators:

1. Either parent has a history of Termination of Parental Rights (TPR);

2. The parent, guardian, or custodian has been diagnosed with a mental illness or substance abuse problem that renders him or her unable to provide for or protect the child and, upon assessment, indicates:
 - a. A history of treatment without response, or
 - b. The parent, guardian, or custodian in treatment has a pattern of noncompliance with medication or treatment intervention.
3. The parent, guardian, or custodian has asked to relinquish the child on more than one (1) occasion following initial intervention; or
4. The minor parent is under the age of 16, without a support system, and placement of the child and parent together has previously failed due to the behavior of the minor parent.

Note: A proposed change to the permanency plan goal of reunification should be considered and recommended to the court, if little or no progress is made at six (6) months post disposition.

DCS **may** develop a [Case Plan](#) with two (2) permanency plan goals for a child in out-of-home or in-home care that meets at least one (1) of the following indicators:

1. There has been a single, severe incident of Child Abuse and/or Neglect (CA/N), such as a near fatality of the child or a sibling or a fatality of a sibling;
2. The family has a history of repeated, failed attempts to correct the conditions which resulted in child maltreatment;
3. Child or siblings have been in out-of-home care on at least one (1) other occasion for a period of six (6) months or more or have had two (2) or more prior placements with DCS involvement;
4. There has been an ongoing pattern of documented domestic violence lasting at least one (1) year in the household; or
5. The parent, guardian, or custodian has a developmental disability or emotional impairment, which upon assessment, indicates that the parent may be unable to provide for, protect, or nurture the child; and the parent, guardian, or custodian does not have relatives or social supports able or willing to assist in parenting.

Note: If any of the above indicators are present, the case should be staffed with the supervisor and/or the Regional Permanency Team to determine the appropriateness of Concurrent Planning.

DCS may consider Concurrent Planning for other children in DCS care when appropriate.

Code References

1. [IC 31-34-15-4 Form; consents](#)
2. [IC 31-34-21-5.6 Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
3. [IC 31-9-2-22.1 Concurrent Planning](#)

PROCEDURE

The FCM will:

1. Engage the family during the Child Protective Services (CPS) assessment to determine how the family's strengths and needs impact the safety, permanency, and well-being of the child;

2. Utilize the [Family Functional Assessment \(FFA\) Field Guide](#) to assist in identification of the family's [functional strengths](#) and [underlying needs](#);
3. Determine whether any of the mandatory or potential Concurrent Planning Indicators are present within five (5) business days of removal or opening a case;
 - a. Continue with regular case procedure if there are no indicators present, or
 - b. Follow the Concurrent Planning procedures outlined below if one (1) or more mandatory indicators are present, or
 - c. Staff the case with the FCM Supervisor if one (1) or more potential indicators are present to determine the appropriateness of Concurrent Planning for the child and family, and
 - d. Conduct a CFT Meeting or Case Plan Conference no later than 30 calendar days following removal or the decision to create two (2) permanency plan goals. See policies [5.07 Child and Family Team Meetings](#) and [5.08 Developing the Case Plan](#) for more information.

Note: If a CFT Meeting is not convened, a Case Conference must be held. See policy [5.08 Developing the Case Plan](#) for additional clarification.

4. Ensure all parties to the case are informed about Concurrent Planning. See Practice Guidance for more information regarding [full disclosure](#).
5. Explain the process of Concurrent Planning to all CFT members and address the following:
 - a. The detrimental effects on out-of-home placement and the child's need to obtain permanency as quickly as possible,
 - b. Parental rights and responsibilities and outcomes that may occur as a result of parental action or inaction with respect to the [Case Plan](#),
 - c. Services and supports available to the family, including the role of the CFT. See policies [5.7 Child and Family Team Meetings](#) and [5.10 Family Services](#) for additional information.

Note: Services available to an incarcerated parent should be considered as part of the [Case Plan](#).

- d. Permanency plan options and the time limits to achieve permanency.
6. Identify the following at the CFT Meeting:
 - a. Two (2) Permanency Plan goals for each child's [Case Plan](#). See policies [6.10 Permanency Plan](#) and [5.7 Child and Family Team Meetings](#) for more information;
 - i. One (1) permanency plan goal will be for reunification through services with measurable outcomes and timeframes, and
 - ii. The other permanency plan goal, if Concurrent Planning, will be adoption, placement with a fit and willing relative, appointment of a legal guardian, or APPLA, if the child is age 16 or older.
 - b. Services necessary to obtain desired outcomes;
 - c. Defined outcome measures; and
 - d. Develop the [Visitation Plan](#) for children in out-of-home care, with parent and child visitation occurring a minimum of one (1) time per week. See policy [8.12 Developing the Visitation](#) for more information.

Note: Ensure the child is afforded visitation opportunities with the incarcerated parent (if applicable), unless visitation with the parent is not in the best interest of the child. See policy [8.13 Implementing the Visitation Plan](#) for additional guidance.

7. Utilize the 'Concurrent Planning' dropdown menu in the case management system to code the case as Concurrent Planning;
8. Make referrals for services to work toward the outcomes for both permanency plans within 10 business days of identifying a need for services. See policy [5.10 Family Services](#) for additional clarification;
9. Complete the [Case Plan](#) in the case management system, obtain supervisory approval, and secure all signatures within 45 calendar days of removal;
10. Complete a comprehensive search for absent parents and all adult relatives of the child. See policy [5.6 Locating Absent Parents](#);

Note: Continue diligent efforts to identify and locate all adult relatives of a child until the child has been placed out-of-home for at least 12 months.

11. Create a [Family Network Diagram](#) by utilizing GenoPro to identify extended family members and support the search for potential relative resources. See [5.B Tool: Family Network Diagram Guide](#) for more information;
12. Facilitate a CFT Meeting to discuss continuing the plan of reunification as the identified permanency plan goal if little or no progress has been made at six (6) months following disposition and make a recommendation to the court; and
13. The case should be unmarked as a 'Concurrent Planning' case in the case management system and return to regular case planning procedures if the goal of reunification is unsuccessful and the other identified permanency plan is pursued as the only permanency plan approved by the court.

The FCM Supervisor will:

1. Staff the case with the assigned FCM and make recommendations as needed;

Note: The FCM Supervisor should refer to Regional Permanency Team if additional discussion is necessary.

2. Approve 'Concurrent Planning' in the case management system;
3. Review and approve the child's placement needs as recommended by the FCM and CFT if necessary;
4. Approve the [Case Plan](#) in the case management system once completed; and
5. Assist the FCM in transitioning back to regular case planning procedures and ensure the FCM unmarks the case as a 'Concurrent Planning' case in the case management system if the goal of reunification is unsuccessful and the other identified permanency plan is pursued as the only permanency plan.

The DCS Staff Attorney will:

1. Consult with FCM and FCM Supervisor; and
2. Review the two (2) permanency plan goals prior to submitting to the court.

PRACTICE GUIDANCE

Concurrent Planning offers parents the opportunity to make critical decisions on behalf of the child and in the child's best interests. Although the other identified permanency plan will be implemented if reunification cannot be achieved, it should not be presented as a punishment.

Full Disclosure

DCS will ensure all parties to the case (i.e., CASA/GAL; child; parent, guardian, or custodian; and their attorneys) are informed about Concurrent Planning. Information may also be shared with all approved participants of the CFT. This process includes sharing of information, establishing expectations, clarifying roles, and addressing barriers.

Note: In order to share confidential information with relatives, service providers, extended family members, foster parents, and any other non-party participants, parental consent or a court order is necessary.

Key items to address during a full disclosure discussion include:

1. Rights of the parent, guardian, or custodian;
2. Responsibilities of:
 - a. DCS,
 - b. Parent, guardian, or custodian,
 - c. Resource parent, and/or
 - d. Relative placement.
3. The effect of out-of-home placement on a child. When children remain in foster care for long periods of time, they may experience multiple moves, often making them unable to form normal attachments. Children need permanent families as quickly as possible for their emotional well-being; and
4. The options a parent, guardian, or custodian may choose, which may include:
 - a. Actively working with DCS,
 - b. Withdrawing, avoiding, missing, or only sporadically participating in the case, making it difficult to effectively implement a service plan,
 - c. Acting in a resistant manner toward all services, or
 - d. Choosing Voluntary TPR.

Visitation and Concurrent Planning

Frequent visitation is a foundation of Concurrent Planning. Utilizing frequent visitation between the parent, guardian, or custodian and the child may:

1. Decrease anxiety for the child during out-of-home care;
2. Secure relationships and maintain bonds between the parent and child;
3. Motivate the parent, guardian, or custodian to work toward [Case Plan](#) outcomes;
4. Decrease the amount of time children remain in out-of-home care;
5. Offer opportunities for the parent, guardian, or custodian to engage in learning and growing; and
6. Provide an opportunity to evaluate the parent and child relationship.

Note: See policies [8.12 Developing the Visitation Plan](#) and [8.13 Implementing the Visitation Plan](#) for additional guidance.

Changing from the Primary Plan to the other Permanency Plan

The CFT should discuss when it is appropriate for the permanency plan to transition from the plan of reunification to the other identified permanency plan and make recommendations to the court. If the other identified permanency plan is pursued as the only permanency plan, with court approval, the case will return to regular case procedures and will no longer be considered a 'Concurrent Planning' case.

FORMS AND TOOLS

1. [Family Functional Assessment \(FFA\) Field Guide](#) - Available on the Indiana Practice Model SharePoint
2. [5.B Tool: Family Network Diagram Instruction Guide](#)
3. [Visitation Plan](#) – Available in the case management system
4. [Case Plan \(SF 2956\)](#) – Available in the case management system

RELATED INFORMATION

Functional Strengths

Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader, and work toward a clear goal, are strengths that may be utilized to meet the family’s goals.

Underlying Needs


Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

Benefits of Concurrent Planning

The [Adoption and Safe Families Act \(ASFA\) of 1997](#) encourages states to engage in Concurrent Planning. This same Act requires states to file termination of parental rights at 15 of 22 months that the child is in out-of-home placement. It also specifies that reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to reunite the family, which is the primary goal of Concurrent Planning. Other possible benefits of Concurrent Planning include:

1. Achieving permanency earlier for children, either within or outside of the birth family;
2. Maintaining family relationships;
3. Reduction in the number of placements;
4. Reducing the length of time in care; and
5. Increase in voluntary TPR.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: October 1, 2021
	Section 19: Child and Adolescent Needs and Strengths (CANS) Assessment	Version: 3

POLICY OVERVIEW

The Child and Adolescent Needs and Strengths Assessment (CANS) is the basis for planning individualized services for a child, based on the child’s identified strengths and needs. The CANS is used to document and communicate the strengths and needs of the child to determine the appropriate level of behavioral health services. The CANS also plays a critical role in assisting the Child and Family Team (CFT) in determining the appropriate category of placement to support a child’s individual needs.

PROCEDURE

DCS will complete an initial CANS Assessment for each child in the home within five (5) calendar days of a substantiated Child Abuse and/or Neglect (CA/N) finding when DCS involvement will continue through an open case. DCS will only complete an initial CANS Assessment for children in the home under the age of three (3) when DCS substantiates CA/N but does not open a case. For a child placed out-of-home, a CANS Assessment will be completed prior to placement (or within five [5] calendar days following an emergency removal).

A new CANS Assessment will be completed prior to the development of the Informal Adjustment (IA)/Prevention Plan or Case Plan/Prevention Plan; prior to any placement change; and within five (5) days of each case juncture which may impact the Case Plan/Prevention Plan, Safety Plan, and/or Plan of Safe Care throughout DCS involvement. At a minimum, a CANS Assessment will be completed every 180 days and at case closure, unless an assessment has been completed in the 30 days prior to case closure.

DCS will engage the Child and Family Team (CFT) to review the Safety and Risk Assessments to assist in identifying the strengths and needs of the child and family. The CANS ratings and recommendations will be used as guidance to determine and update the appropriate level of services and to plan for the placement category of placement, if appropriate. See policies 4.26 Determining Service Levels and Transitioning to Ongoing Services, 5.10 Family Services, and 8.50 Determining and Reviewing Categories of Supervision for more information.

Initial CANS Assessment

DCS will complete the appropriate initial CANS Assessment for each child in the home when:

1. The child is age three (3) or younger and the substantiated CA/N Assessment will be closed without opening a case;

Note: A CANS Assessment is not required for children over the age of three (3) when DCS substantiates but does not open a case. When this occurs, an **exception** must be created in the case management system.

2. A program of IA has been initiated;
3. An In-Home CHINS has been initiated;
4. The child is placed in out-of-home care during a CA/N Assessment; and/or
5. The child is adjudicated a CHINS and placed by DCS in out-of-home care during a Mental Health or Developmental Disability Family Evaluation.

Note: A CANS Assessment must be completed prior to making a service referral unless emergency services are necessary.

The FCM will:

1. Gather information from the child, family, Court Appointed Special Advocate (CASA)/Guardian Ad Litem (GAL), resource parent, service providers, school, and other members of the Child and Family (CFT) to complete a CANS assessment;
2. Review and discuss the appropriateness of the CANS Assessment recommendations with the parent, guardian, or custodian during the CFT prep meeting;
3. Complete the appropriate CANS Assessment in KidTraks;

Note: KidTraks includes two (2) versions of the comprehensive CANS Assessment; Birth to 5 and 5 to 17. DCS will use the Birth to 5 Assessment or the 5 to 17 year old Assessment, as indicated based on the age of the child and developmental level as follows:

- a. The version that will best address the child's developmental needs should be used for children who are age five (5). If the child is in school (kindergarten through grade 12), use the CANS 5 to 17 Assessment,
 - b. Youth age 17 ½ or older, who do not have a caregiver, should be rated on their ability to fulfill the following caregiver functions/items: Supervision, Knowledge, Organization, and Residential Stability in the CANS Caregiver Strengths and Needs Domain. Mark remaining items not applicable (N/A) (they are reflected in other items). If the youth has family or an unpaid caregiver, rate the family's or unpaid caregiver's ability to fulfill the caregiver functions, and
 - c. Use the CANS 5 to 17 Assessment for youth who are age 18 or older.
4. Distribute copies of the CANS Assessment to the CFT members and encourage discussion of the ratings and recommendations with the CFT to ensure accurate ratings on each CANS item. If the CFT members significantly disagree on any of the item ratings, behavioral health recommendations, or placement recommendations, those disagreements may be further addressed in the CFT meeting or other team meeting in order to build consensus among team members;

Note: If the resource parent is not a part of the CFT, the FCM will ensure the resource parent receives a copy of the CANS Assessment recommendations and has the opportunity to discuss any questions or concerns.

5. Complete a CANS Reassessment if it is determined by the CFT that any individual item on the CANS Assessment was rated inaccurately;
6. Complete a CANS Reassessment prior to the development of the Case Plan/Prevention Plan or IA/Prevention Plan as additional information may become available throughout the assessment;

Note: All needs items rated a 2 or 3 on the CANS Assessment should be addressed in the IA/Prevention Plan or Case Plan/Prevention Plan. Strengths rated a 0 or 1 on the CANS Assessment are also useful.

7. Provide the child's parent, guardian, or custodian with information regarding community services and make referrals, as appropriate, for the CANS Behavioral Health Recommendation;
8. Review the CANS Assessment recommendations with the CFT to determine the most appropriate placement for the child. See policy 8.01 Selecting a Placement Option.

Note: Seek approval from the Local Office Director (LOD) or designee prior to placement if it is determined that the child should be placed at a category higher or lower than the CANS Assessment recommendation. Document the reasons for and approval of the placement level change in the case management system;

9. Document all behavioral health recommendations and decisions in the Case Plan/Prevention Plan. For all IA/Prevention Plans, document the behavioral health recommendations and decisions in the Progress Report on Program of Informal Adjustment/Prevention Plan;

Note: Identified needs rated as 2 and 3, as well as, the identified strengths rated 0 and 1 should be incorporated into the IA/Prevention Plan or the CHINS Case Plan/Prevention Plan and should be tied to outcomes and activities.

10. Print a hard copy of the CANS Assessment and recommendations and place in the child's file;
11. Complete a CANS Assessment at least every 180 days, at case junctures, when updating the Case Plan/Prevention Plan, and/or when developing an IA/Prevention Plan;

Note: An Individual Child Placement Referral (ICPR) must be completed in KidTraks if the child's category of supervision increases or when two (2) consecutive CANS Assessments completed six (6) months apart show the need for a lower category of supervision and DCS concurs with the change. See policy 8.50 Determining and Reviewing Categories of Supervision for further guidance.

12. Evaluate the family services and update services based on the CANS results and needs of the family;
13. Modify the Case Plan/Prevention Plan or IA/Prevention Plan based on the progress and changing needs of the youth and family. This is not applicable when CA/N has been substantiated and the Assessment has been closed: and
14. Complete a CANS Assessment no more than 30 days prior to case closure.

The FCM Supervisor will:

1. Discuss any questions or concerns the FCM may have regarding the CANS Assessment ratings and/or recommendations;
2. Ensure the FCM maintains CANS certification, and
3. Monitor the quality of the FCM's CANS Assessments on an ongoing basis.

The LOD or designee will:

1. Discuss any questions or concerns the FCM Supervisor and FCM may have regarding a child's placement at a higher or lower category of care than the CANS recommendation and any recommendations for placement in residential treatment facilities;
2. Make a final decision regarding requests to place a child in a higher or lower category of care than the CANS recommends and any requests to admit a child to a residential treatment facility; and
3. Inform the FCM Supervisor and the FCM of the decision to place a child in a different category of care than the CANS recommendation.

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions

Case Junctures

A case juncture is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the Case Plan, Safety Plan and/or Plan of Safe Care. Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement;
2. Formal or informal supports;
3. Family involvement;
4. Visitation;
5. Behavior;
6. Diagnosis (mental or physical);
7. Sobriety;
8. Skills acquisition; or
9. Education.

Resource Parent

For the purpose of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver.


Forms and Tools

- [CANS Friendly Interview Guide](#)
- [CANS MyShare](#)
- [Case Plan/Prevention Plan](#) – Available in the case management system
- [DCS Praed Foundation KidTraks DARMHA User Guide](#)
- [In-Home Risk and Safety Reassessment](#) – Available in the case management system
- [Initial Safety Assessment](#) - Available in the case management system
- [Initial Family Risk Assessment](#) - Available in the case management system
- [Plan of Safe Care](#) – Available in case management system
- [Praed Foundation](#)
- [Program of Informal Adjustment \(IA\)](#) – Available in the case management system
- [Progress Report on Program of Informal Adjustment](#)
- [Safety Plan](#) – Available in case management system

- [SDM Reunification Assessment](#)

Related Policies

- [4.26 Determining Service Levels and Transitioning to Ongoing Services](#)
- [5.10 Family Services](#)
- [8.01 Selecting a Placement Option](#)
- [8.04 Emergency Shelter and Urgent Residential Placement and Approval](#)
- [8.50 Determining and Reviewing Categories of Supervision](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: January 1, 2018
	Section 20: Drug Screening in Permanency Case Management	Version: 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will consider drug screening and results as only one (1) component in the identification of safety threats, strengths, protective capacities and needs of a family. DCS will develop a therapeutic treatment approach with the family to continually address substance use as it relates to child maltreatment throughout a permanency case.

Decisions about permanency case management should be approached in a comprehensive manner allowing for all factors to be considered in addition to drug screen results.

DCS will not make decisions regarding the disposition or permanency of a case based solely on drug screen results. DCS will not cancel, withhold or restrict visitation based exclusively on drug screen results unless there are immediate safety risks or unless otherwise ordered by the court.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Request written reports from substance use disorder service providers regarding the parent, guardian, or custodian’s participation in, and compliance with, substance abuse treatment program;
2. Obtain information on any prescription medications taken by the parent, guardian, or custodian and request verification of these prescriptions **if there is any indication or allegation of substance use and or abuse;**

Note: The FCM should inquire about prescription medications each time a drug screen is given to ensure accurate documentation of the parent, guardian, or custodian’s current prescriptions.

3. Complete the [DCS Drug Use Information Form](#), when appropriate. This form should only be utilized after a baseline of screens have been completed with a client;
4. Consider all relevant factors when a drug screen is needed or indicated prior to requesting the parent, guardian, or custodian submit to a drug screen or submitting a referral for a drug screen;

Note: In situations where it is not clear if a drug screen should be administered immediately or referred at a later date, the FCM should staff the case with a FCM supervisor or DCS Local Office Director (LOD).

5. Inform the parent, guardian or custodian of the purpose of the drug screen and how the results will be used to address family's progress in treatment or address the family's need for assessments for services. See policy [5.10 Family Services](#) for additional information;
6. Provide parent, guardian, or custodian an opportunity to voluntarily submit to drug screening. Ensure the consent for the drug screen is signed, on the drug screen chain of custody form, **prior to** performing the screen; and
7. Administer an oral swab or refer for drug screens, if the chain of custody form has been signed or the screen has been ordered by the court, when concerns of child maltreatment, child safety, risks, or substance use appears to exist.

Note: Oral swabs or drug screens may also be used to track parent, guardian, or custodian progress in maintaining sobriety and complying with the dispositional orders of the court.

8. Document drug screen result(s) in the case management system, case file, and court reports.

PRACTICE GUIDANCE

Parental Disclosure of Drug Use

Any admissions by parents, guardian, or custodian that is a party to the case may be admissible as evidence in court proceedings. Best practice would include documenting discussions with parents, guardians, or custodians regarding drug use including such admissions and any specific reasons why such a discussion was necessary.

Verifying Prescriptions (Pill Counts)

As part of verifying prescriptions, FCMs may conduct a "pill count" in-cases involving substance use or abuse related to child abuse or neglect. If conducting a pill count, FCMs should have the parent, guardian, or custodian count the pills in front of the FCM and ensure the pills match the description on the prescription bottle. **FCMs should never directly touch a client's medication.**

Deciding to Drug Screen in Permanency Case Management

During a home visit, the FCM should gather information regarding the need to drug screen a parent, guardian or custodian. It may also be beneficial to talk with service providers that are involved with the family to determine if there are any noticeable concerning behaviors related to substance use.

Note: Observations from various sources can show a picture of how a person is functioning on a day to day basis and provide justification for continuing to administer court ordered drug screens.

Factors that should be considered in deciding to administer or refer for a drug screen if authorized by consent or court order or when evaluating drug screen results in permanency case management include, but are not limited to:

1. Parent, guardian, or custodian substantiated DCS history and/or criminal history pertaining to possession of substance or substance use;

2. The presence of [protective factors](#) to mitigate potential safety concerns (nurturing, attachment, knowledge of parenting skills, knowledge of youth development, family functioning, family resilience, social connections, and concrete supports for parents);
3. The parent, guardian or custodians level of compliance and progress in substance use treatment;
4. Reports from a service provider, Law Enforcement Agency (LEA), or other collateral contact that the parent, guardian, or custodian has used or is suspected to have used substances;
5. Parent, guardian or custodian behavior indicating use such as extreme lethargy, hyperactivity, slurred speech, poor balance, inability to focus and, visible needle track marks, etc.);
6. One or more children living in the home discloses detailed knowledge or first-hand observations of parent's, guardian's, or custodian's drug use or impaired behavior;
7. The presence of drug paraphernalia (syringes, pipes, charred spoons, foils, alcohol bottles, etc.) found in the home;
8. The condition of the home (odors commonly associated with drugs or alcohol);
9. The presence of additional allegations;
10. Factors that support or eliminate that substance use directly endangers child safety;
11. Input from the Child, Family Team (CFT); and
12. Any other pertinent information obtained by DCS throughout the permanency case.

Note: If a situation arises and the FCM is unsure as to if it warrants a drug screen, the situation should be staffed with an FCM Supervisor. The DCS Staff Attorney should be consulted if the parents refuse to consent to the drug screen and there is no court order authorizing drug screens.

Instant Drug Screens and the Confirmation Process

Instant drug screen results are considered only presumptive positive until going through a confirmation process. The lab based mouth swabs, through the current provider, automatically go through a confirmation process when sent in to the lab if the screen is presumptive positive. Drug screens completed by outside providers and medical facilities may or may not be confirmed screens. FCMs should inquire about the validity of such screens prior to using the screen to inform an assessment decision.

Utilizing the Drug Use Information Form

Drug screens utilized in the permanency case management phase may be performed by the FCM or a service provider. The [DCS Drug Use Information Form](#) gives the parent, guardian or custodian the opportunity to be open and honest about substance abuse or use. This form should only be utilized after a baseline of screens have been completed with a client. It can be used as an engagement tool when discussing drug use with the parent, guardian or custodian. In some situations, the parent, guardian, or custodian may openly admit to drug use and acknowledges the need for additional treatment. This form would allow the parent, guardian or custodian to disclose the substance(s) used and document if he or she is current seeking or participating in treatment.

Utilizing Random Screens

DCS should not duplicate drug screens by administering an oral swab, when the parent, guardian or custodian is actively involved in services performing the number of random screens ordered by the court. DCS should request written reports from service providers regarding compliance with treatment programs including any admissions by parents, guardians, or custodians regarding their drug use.

Frequency of Drug Screening

There is no set standard of drug screening frequency that will apply to every situation. The FCM, in conjunction with the supervisor, treatment providers, and Child and Family Team (CFT), should consider the following factors in deciding how frequently to drug screen a parent, guardian, or custodian:

1. The type of drug use and how long it can be detected;
2. The parent's, guardian's, or custodian's clinical diagnosis, including the severity of use, historical patterns of use, and changes in affect or physical appearance;
3. The participation of the parent, guardian, or custodian in substance abuse treatment and other recovery-support activities and overall level of compliance with the case plan;
4. The denial or minimization of substance use or its consequences by the parent, guardian, or custodian; and
5. The parent's, guardian's, or custodian's relapse-prevention plan, including the development and utilization of coping skills and whether the parent, guardian, or custodian has made changes in the people, places, and things associated with substance use.
6. The amount of time the parent, guardian, or custodian has remained stable and free of substance use. If a parent, guardian, or custodian has recently relapsed after a period of sobriety, frequency of screening should likely increase.

The table below contains suggested frequency of random drug screening based on the amount of time the client has been free of substance use and engaged in treatment.

Timeframe	Suggested Frequency
0 - 30 days	Twice Weekly
31 - 60 days	Weekly
61 - 120 days	Twice Monthly
120+ days	Monthly (until behavior indicates no further use)

*Adapted from: Center for Substance Abuse Treatment, Drug Testing in Child Welfare: Practice and Policy Considerations. HHS Pub. No. (SMA) 10-4556; Rockville, MD: Substance Abuse and Mental Health Services Administration, 2010.

Note: If a parent, guardian, or custodian is regularly screening positive or regularly admitting to substance use, it may be appropriate for screening to occur less frequently than twice each week due to continued substance use being clearly established.

Positive Drug Screen Results

Positive drug screen results may indicate a one-time lapse or signal a return to chronic use. Positive drug screen results should be viewed as an indicator that the substance abuse treatment plan needs to be adjusted. FCMs should engage the parent, guardian, or custodian in the following steps after receiving positive drug screen results:

1. Discuss the results in a timely manner (preferably within 1-2 business days of receiving positive results) and give the parent, guardian, or custodian the opportunity to explain the results;
2. Obtain an assessment by a substance abuse professional if the parent, guardian, or custodian is not receiving substance abuse treatment services;
3. Consult with the substance abuse treatment provider if services are already in place. This consultation should include a review of the relapse prevention plan and

- reassessment of the services in which the parent, guardian, or custodian is currently participating; and
4. Consider modifying the current frequency of drug screening.

Medication-Assisted Treatment (MAT)

The use of medication-assisted treatment (MAT), in conjunction with psychosocial support and treatment, is considered best practice for the treatment of opioid use disorders. Clients should not be discouraged from using MAT as part of a substance abuse treatment plan. If a parent, guardian, or custodian indicates the use of MAT (such as the use of Methadone, Buprenorphine, or Naltrexone), the FCM will collect the following information and documentation:

1. A statement from the parent, guardian, or custodian regarding any current or prior history of substance abuse that has led to the current use of MAT;
2. A statement from the parent, guardian, or custodian, regarding the details of the MAT program (including the name of the physician or agency prescribing the medication and the name of the provider of any associated therapy or substance abuse treatment services) and any other associated therapy or substance abuse treatment; and
3. A Release of Information to obtain verification of the parent, guardian, or custodian's participation in MAT and other associated therapy or substance abuse treatment.

Note: If a Release of Information is signed, the FCM should share any positive drug screen results, as well as any other information pertinent to treatment, with the MAT provider so that the provider may make the most appropriate decisions regarding the treatment of the parent, guardian, or custodian.

FORMS AND TOOLS

[DCS Drug Use Information Form](#)

[Oral Swab](#) available in the Local Office

[Referral for Drug Screening](#) available in KidTraks

RELATED INFORMATION

Protective Factors

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:

1. Nurturing and attachment;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports for the parents; and
6. Social and emotional competence of children.

See <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/> for additional information.

Types of Drug Screens

Oral (Saliva): Research indicates oral screen can most precisely indicate recent drug use, as substances appear in saliva only minutes after use. However, the detection window for oral (saliva) screens is narrow, as some substances remain in the saliva from hours to a few days.

Urine: Urine is the most accurate screening to assist in determining on-going drug use by clients. Urine has a longer detection window for substances and randomizing the screening dates and times increases the likelihood of substances being detected. As a caution, a urine screen will not detect some substances for several hours past use.

Hair Follicle: Hair follicle drug screens should be requested very rarely and only in specific circumstances. These screens may be used on children to detect exposure to methamphetamines or if an oral/urine screen is uncollectable. The use of hair follicle testing should be limited to investigation of past usage or exposure to substances and in assisting in the determination of services to be provided to the client. The decision to utilize hair follicle screening should be approved by the Local Office Director (LOD)/Division Manager (DM) or designee or the hair follicle screen is court ordered.


Drug Screening Detection Windows

The timeframe for drug screening is critical in detecting drug use. The amount of time a particular drug remains in the body depends on several factors such as the frequency of use, how much of the drug was taken as well as the metabolism of the individual. Levels that are under the cutoff are considered negative.

Substance	Saliva (Forensic Fluids)	Saliva (Redwood)	Urine (Redwood)	Hair Follicle
Alcohol	Not listed	Not listed	1 hour after absorption	Not on panel
Amphetamine	Up to 2 days	Up to 48 hours	24 to 96 hours	7 to 90 days
Barbiturates	Up to 1 day (short acting) Up to 2-3 weeks (long acting)	Up to 48 hours	3 days to 3 weeks (varies significantly by substance)	Not on panel
Benzodiazepines	Up to 5 days (longer if prolonged use)	Up to 48 hours	1 to 7 days (varies significantly by substance)	Not on panel
Cannabinoids (light or acute use)	Up to 3 days	Up to 24 hours	1 to 3 days	7 to 90 days
Cannabinoids (habitual use)	Up to 3 days	Up to 24 hours	3 to 5 days (Use 4 times/week) 10 to 21+ Days (daily use) 10 to 30+ days (5+ joints/day) 1 to 5 days (oral ingestion)	7 to 90 days

Synthetic Cannabinoids (single use)	Up to 3 days	Up to 48 hours	36 to 27 hours	Not on Panel
Synthetic Cannabinoids (chronic use)	Up to 3 days	Up to 48 hours	Up to 6 weeks	Not on Panel
Cocaine	Up to 4 days	Up to 48 hours	24 to 96 hours	7 to 90 days
Opioids (inclusive of but not limited to Tramadol, Oxycodone, and Fentanyl)	Up to 3 days	Up to 48 hours	24 to 72 hours	7 to 90 days
Heroin	Up to 3 days	Up to 48 hours	24 hours	7 to 90 days
Methamphetamine	Up to 2 days	Up to 48 hours	24 to 96 hours	7 to 90 days
Buprenorphine	Up to 3 days	Up to 48 hours	Up to 72 hours (low dose) Up to 6 days (high dose) Up to 10-14 days (extended therapeutic administration)	Not on panel
Methadone	Up to 4 days	Up to 48 hours	72 hours	Not on panel

*Chart adapted from multiple sources

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: August 1, 2019
	Section 21: Safety Planning	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will collaborate with the child’s family, the Child and Family Team (CFT), and other caregivers to develop a [Safety Plan \(SF 53243\)](#) when a child’s safety is dependent on defined actions. Child safety will be reassessed regularly and the [Safety Plan \(SF 53243\)](#) and/or [Plan of Safe Care \(SF 56565\)](#) (if applicable) will be reviewed and modified as needed throughout DCS involvement. See [Practice Guidance](#) and policy, [4.42 Plan of Safe Care](#) for additional information. Review will occur at minimum:

1. At each [Case Juncture](#);
2. Upon any new allegation of Child Abuse or Neglect (CA/N);
3. During each Child and Family Team (CFT) Meeting and Case Plan Conference. See policies, [5.7 Child and Family Team Meetings](#) and [5.8 Developing the Case Plan](#)) for more information;
4. Following the completion of each Safety and Risk Assessment (e.g., [In-Home Risk and Safety Reassessment](#) and [Out-of-Home Risk and Safety Reassessment](#)). See policies, [7.11 In-Home Risk and Safety Reassessments](#) and [8.44 Out-of-Home Risk and Safety Assessment](#) for more information; and
5. In conjunction with each court hearing and any new court orders.

When domestic violence is present or suspected, DCS will create a [Safety Plan \(SF 53243\)](#) which addresses the safety of the child and all family members. See [Practice Guidance](#) for further assistance. The purpose of this plan is to:

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

Note: The [Safety Plan \(SF 53243\)](#) for the non-offending parent and child should not be shared with the alleged domestic violence offender. DCS should work with the alleged domestic violence offender to develop a separate [Safety Plan \(SF 53243\)](#).

Code References

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

PROCEDURE

The Family Case Manager (FCM) will:

1. Collaborate with the family, CFT, and other caregivers to develop a [Safety Plan \(SF 53243\)](#). Efforts to ensure the child’s safety in all settings must be considered (e.g., school, extracurricular activities, out-of-home placement, in-home placement, [safe sleep](#)

environments, and parental/relative visitation) and the plan should describe in detail how, when, and by whom each intervention will be implemented;

2. Discuss in detail with the family and other caregivers the implementation of any of the interventions below that were chosen as part of the safety response:
 - a. The family and/or caregiver uses extended family resources, neighbors, or other individuals in the community to ensure the child's safety,
 - b. The family and/or caregiver receives services through community providers, and/or
 - c. The family and/or caregiver is referred for services through a contracted DCS service provider. See policies [5.10 Family Services](#) and [8.15 Services for the Resource Family](#) for additional information;

Note: DCS Service Providers will not be included on a [Safety Plan \(SF 53243\)](#) created when DCS involvement will not continue (i.e., case closure), unless there is a plan for the service to continue without DCS involvement.

3. Specify how the FCM will monitor and support the family and/or caregiver's compliance with the plan until the completion of the assessment and identify the consequences if an intervention is not followed;
4. Have the parent, guardian, or custodian sign the [Safety Plan \(SF 53243\)](#) and provide them with a copy;
5. Review the [Safety Plan \(SF 53243\)](#) and/or the [Plan of Safe Care \(SF 56565\)](#) (if applicable) with the FCM Supervisor and obtain approval of the plan during regular [clinical supervision](#). The plan must be reviewed at minimum:
 - a. At each [Case Juncture](#);
 - b. Upon any new allegation of Child Abuse or Neglect (CA/N);
 - c. During each Child and Family Team Meeting and Case Plan Conference (see policies [5.7 Child and Family Team Meetings](#) and [5.8 Developing the Case Plan](#));

Note: Efforts to ensure the child's safety must also be documented in the [Case Plan \(SF2956\)](#).

- d. Following the completion of each Safety and Risk Assessment (e.g., [In-Home Risk and Safety Reassessment](#) and [Out-of-Home Risk and Safety Reassessment](#)). See policies [7.11 In-Home Risk and Safety Reassessments](#) and [8.44 Out-of-Home Risk and Safety Assessment](#) for more information; and
- e. In conjunction with each court hearing and any new court orders.

Note: When updates to the [Safety Plan \(SF 53243\)](#) are identified during review, the FCM must engage the family and CFT to create an updated plan and obtain supervisory approval of the new plan.

6. Provide a copy of the approved [Safety Plan \(SF 53243\)](#) to all listed responsible parties and the court;
7. Upload the [Safety Plan \(SF 53243\)](#) to the case management system;
8. Re-assess the child's safety and risk regularly and prior to closing the case. See policies [7.11 In-Home Risk and Safety Reassessment](#) and [8.44 Out-of-Home Risk and Safety Assessment](#); and
9. Ensure the [Safety Plan \(SF 53243\)](#) and/or the [Plan of Safe Care \(SF 56565\)](#) (if applicable) are discussed with the new FCM if the case is transferred.

The FCM Supervisor will:

1. Review case details, Safety and Risk Assessments, the [Safety Plan \(SF 53243\)](#), and the [Plan of Safe Care \(SF 56565\)](#) (if applicable) regularly during [clinical supervision](#);
2. Ensure each identified safety concern is addressed in the [Safety Plan \(SF 53243\)](#) and/or [Plan of Safe Care \(SF 56565\)](#);
3. Guide the FCM in engaging the family, CFT, and other caregivers to create or update the [Safety Plan \(SF 53243\)](#) and/or [Plan of Safe Care \(SF 56565\)](#) (if applicable) as needed;
4. Sign the approved [Safety Plan \(SF 53243\)](#) and/or the [Plan of Safe Care \(SF 56565\)](#) following each review;
5. Ensure the [Safety Plan \(SF 53243\)](#) is uploaded to the case management system and provided to the family and listed responsible parties; and
6. Ensure the [Safety Plan \(SF 53243\)](#) and/or the [Plan of Safe Care \(SF 56565\)](#) (if applicable) are discussed with the new FCM if the case is transferred.

PRACTICE GUIDANCE

Parental Involvement in Development

Involvement of the family in the development of a [Safety Plan \(SF 53243\)](#) is imperative. The greater the family's participation in this process, the more ownership they will have in a successful outcome. When developing the plan with the family, the FCM should speak in such a way as to develop a common understanding that the safety of the child is contingent on their ability and willingness to follow the terms of the plan.

Safe Sleep

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

1. Always place babies alone, on their backs, and in a crib (The ABC's) to sleep. The back sleep position is the safest¹. Keep other caregivers informed of these safe sleep guidelines.
2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision. See the following link for a picture of the new crib: <http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/>;
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, care seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of the baby's sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;
5. Keep baby's sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on a surface with adults or other children. They may sleep in the same room as the caregiver;
6. Consider using a clean dry pacifier when placing the infant down to sleep, but do not force the baby to take it.

¹ Riley Children's Health: <https://www.rileychildrens.org/health-info/sleep-safety>

7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;
8. Reduce the chance that flat spots will develop on the baby's head by providing "tummy time" when the baby is awake and someone is watching. Also, change the direction that the baby lies in the crib to avoid excessive time in car seats, carriers, bouncers, and swings. These items should be placed/used on appropriate surfaces and should not be utilized in place of a crib; and
9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.²

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

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

Plan of Safe Care

A [Plan of Safe Care \(SF 56565\)](#) must be completed for each infant under the age of one (1) year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal), experiencing symptoms of withdrawal, diagnosed with Neonatal Abstinence Syndrome (NAS), and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD). The plan must address the mental and physical health and substance use treatment needs of the infant, affected parents, household members, and the infant's caregivers. A [Plan of Safe Care \(SF 56565\)](#) must be completed regardless of the decision to substantiate or unsubstantiate the assessment. A separate [Safety Plan \(SF 53243\)](#) must be completed when the [Plan of Safe Care \(SF 56565\)](#) does not address all safety concerns for each child included in the case. See policies [4.42 Plan of Safe Care](#) and [4.22 Making an Assessment Finding](#) for further guidance.

Consider Protective Factors When Ensuring Safety

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. When completing a [Safety Plan \(SF 53243\)](#), consider the following protective factors as part of an evaluation of the family's ability to ensure the safety of the child:

1. Nurturing and attachment to the child;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports; and
6. Social and emotional competence of the child.

See <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/> for additional information.

² Riley Children's Health: <https://www.rileychildrens.org/health-info/sleep-safety>

Safety Planning when Domestic Violence is Present or Suspected

DCS will partner with the non-offending parent and child to create a [Safety Plan \(SF 53243\)](#) in all cases where domestic violence has been identified. If the non-offending parent has met with a domestic violence service provider to create a domestic violence Safety/Survival Plan, the [Safety Plan \(SF 53243\)](#) may be revised to incorporate the Safety/Survival Plan that was created.

Note: DCS will not create a Safety/Survival Plan with the non-offending parent and child. Domestic violence Safety/Survival Plans may best be created by referring the non-offending parent to a domestic violence program in the community.

This [Safety Plan \(SF 53243\)](#) should address the following:

1. Safety for the non-offending parent and child until he or she can meet with a domestic violence advocate;
2. Referrals to domestic violence programs;
3. Financial assistance;
4. Other community services available; and
5. What will happen after the FCM leaves and/or DCS is no longer involved.

The plan should include strategies to reduce the risk of physical violence and harm by the alleged domestic violence offender and enhance the protection of the child and non-offending parent. The [Safety Plan \(SF 53243\)](#) 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 \(SF 53243\)](#). If the child is unable to identify who they would call or where they would go in an emergency, work with them to develop a basic plan for safety.

Examples include, but are not limited to:

1. Find a safe adult and ask for help whenever they experience violence. This may involve calling supportive family members, friends, or community agencies for help;
2. Escape from the house if an assault is imminent or in progress and where to meet an identified safe adult. If they cannot escape, discuss where they can go to be safe in the house;
3. Avoid being in the middle of the domestic violence;
4. Find a place to go in an emergency and the steps to take to find safety; and
5. Call the police or 911 when the violence begins.

FORMS AND TOOLS

1. [Safety Plan \(SF 53243\)](#)
2. [Plan of Safe Care \(SF 56565\)](#)
3. [Case Plan \(SF 2956\)](#) – Available in the case management system
4. [In-Home Risk and Safety Reassessment](#) – Available in the case management system
5. [Out-of-Home Risk and Safety Reassessment](#) – Available in the case management system

RELATED INFORMATION

Case Juncture

A case juncture is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the [Case Plan \(SF 2956\)](#) and/or [Safety Plan \(SF 53243\)](#). Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement;
2. Formal or informal supports;
3. Family involvement;
4. Visitation;
5. Behavior;
6. Diagnosis (mental or physical);
7. Sobriety;
8. Skills acquisition; or
9. Education.

Extended Family Support

Extended family members are often the most resourceful and most effective as resources for support and their interventions are least disruptive for the child involved. Family support services may consist of childcare, transportation, home management assistance and teaching of skills, and financial assistance for housing, food, or clothing on a short term basis.

Referring the Family to Community Services

Community services are an appropriate intervention if they help the family control or mitigate the identified safety factors. Examples include, but are not limited to, routine or emergency medical or mental health care (outpatient), alcohol or substance abuse services, in-home health care, day care, respite care, child-oriented activities (e.g., Brownies and Boy Scouts), home management and/or life skills, parenting skills, individual or family crisis counseling, financial services, housing services, transportation services, and food and clothing assistance.

Clinical Supervision


Clinical supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision is on the practice that directly impacts outcomes for families.

Domestic Violence Advocates and Confidentiality

According to [IC 35-37-6-1](#) communications between victims of domestic violence and victim advocates are confidential, even if certain third parties are present when information is

exchanged. Victim advocates cannot give testimony without victim consent in Child in Need of Services (CHINS) proceedings.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 23: Diligent Search for Relatives/Kin and Case Participants	
	Effective Date: February 1, 2022	Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) conducts a diligent search for parents, adult relatives, non-relative kin, and case participants in order to notify them of the child's removal; gather information about the child and family for a thorough assessment, locate family members, engage in services and/or the case planning process, and determine if the relatives/kin are possible supports for the child or a potential placement option.

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PROCEDURE

DCS shall conduct a diligent search of all potential resources, including efforts that utilize search technology, beginning upon the child's first contact with DCS and continuing throughout the life of the case to locate the following:

1. Absent and non-custodial parents, for the purposes of notifying them of an assessment, a Detention and Initial Hearing, other Juvenile Court proceedings (including Termination of Parental Rights [TPR] or adoption) and engaging them in case planning and services unless:
 - a. A parent is deceased (certified by a Death Certificate),
 - b. A parent has signed a Consent to Adoption for the child,
 - c. A parent has surrendered the child for adoption,
 - d. TPR has been finalized with respect to the child who is the subject of the Juvenile Court proceeding, or
 - e. DCS has confirmed a parent's home address by visiting the home within the last month.
2. All individuals named on a Preliminary Report of Alleged Child Abuse or Neglect (310) 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 the child's parent, guardian, or custodian (see policy 4.28 Removals from Parents, Guardians, or Custodians for additional information);
4. All adult relatives/kin and other individuals who have an established and significant relationship with a child in DCS custody, for the purpose of finding the best and earliest placement for a child that may result in permanency, childcare, or other assistance to support the family (see policy 8.01 Selecting a Placement Option);
5. Siblings of a child in DCS custody, for the purpose of placing the siblings together or to facilitate regular visitation (see policy 8.12 Developing the Visitation Plan);

6. Individuals who have been identified by the child and/or family as potential informal supports; and
7. Any child absent from placement, including any child for whom DCS is legally responsible, who is absent from the child's approved/authorized placement without the consent of the child's caregiver or DCS. This also includes a child who is placed in protective custody and the child is abducted or the child's whereabouts become unknown during a pending assessment or pending case (see policy 2.24 Missing and Runaway Children).

Assessments

During an assessment, the Family Case Manager (FCM) will:

1. Attempt to locate the subjects of all required interviews by consulting a variety of resources (see policy 4.04 Required Interviews). These resources include, but are not limited to:
 - a. Relatives/kin who may have recent information concerning the subjects' whereabouts,
 - b. Law enforcement (e.g., requests for a search on a license plate number and social security numbers),
 - c. Local branch of the United States Postal Service (USPS).
 - d. Local utility companies,
 - e. Bureau of Motor Vehicles (BMV),
 - f. School records,
 - g. Internet search engines,
 - h. Public Assistance records, and
 - i. Telephone directories and information, such as 411.

Note: Diligent efforts should be made in requesting information pertaining to any absent parent of a child who is alleged to be a victim of Child Abuse/Neglect (CAN). See policy 5.06 Locating Absent Parents for additional guidance.

2. Document the inability to locate and interview any required contact, along with the efforts made in the case management system. This includes documenting extenuating circumstances that prevent the completion of a component of the assessment or within the deadline;
3. Seek guidance from the FCM Supervisor if there is a deadline that cannot be met and/or a component of the assessment cannot be completed; and
4. Document the following information in the case management system:
 - a. The inability to locate and interview any required contact, along with the efforts made in the case management system. This includes documenting extenuating circumstances that prevent the completion of a component of the assessment or within the deadline, and
 - b. The decision (including the reason for the decision) to reach an assessment finding based on the available evidence and close the assessment without completion of one (1) or more required components of the assessments, upon approval by the FCM Supervisor (see policy 4.22 Making an Assessment Finding).

During an assessment, the FCM Supervisor will:

1. 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 component of the assessment; and

2. Review the FCM's documentation and discuss the circumstances with the FCM to make a final determination about whether good faith efforts have been made and if the assessment may be closed without completion of one (1) or more components of the assessment.

Removals

In the event of a child's removal from the parent, guardian, or custodian, the FCM will:

1. Identify all adult relatives/kin, and conduct a diligent search, including a search for those individuals required to be notified of the removal. Per IC 31-34-3-4.5, the following individuals must be notified of a child's removal within 30 calendar days of the removal:
 - a. Maternal and paternal grandparents;
 - b. Adult aunts and uncles;
 - c. A parent of a child's sibling if the parent has legal custody of the sibling;
 - d. All of the child's siblings who are at least 18 years of age; and
 - e. Any other adult relatives suggested by either parent or the child.

Note: When provided notice that a child has been removed from the child's parent, guardian, or custodian, each relative must be provided the Notice to Relatives form, which outlines the information which, by law, must be provided. DCS staff members are only permitted to share the information outlined on the form. If these relatives contact the FCM to request additional information about the case, the FCM should work with the child's parent to engage the relative in the CFT Meeting process and development of the Visitation Plan, as appropriate (see policy 2.06 Sharing Confidential Information).

2. Record in the case management system:
 - a. The name, relationship to the child, and contact information of each person for whom this information is available, and document each successful contact, and
 - b. The name, relationship to the child, and diligent efforts made to locate and contact each adult relative and sibling who has not been located for purposes of the written notice of removal (per IC 31-34-3-4.5).
3. Contact the located individuals as soon as possible to consider them for participation in CFT Meetings, placement for the child, and as informal supports for the child and/or family;
4. Ensure each individual receives a written notice of the removal using Notice to Relatives within 30 calendar days of the removal;

Note: When it is known or suspected that a relative has caused family violence or DV, DCS may not notify that relative of the child's removal. The decision not to provide notice to any of the required relatives must be made jointly with the FCM Supervisor and documented in the case management system.

5. Follow all confidentiality requirements when communicating with relatives/kin; and
6. Include diligent search efforts, including all adult relatives/kin and those named on the petition, in each progress report to the court.

Life of the Case

Throughout the life of the case, the FCM will:

1. Ask the child's parent where DCS may find the other parent if the other parent's whereabouts are unknown;

2. Contact the child's parent, guardian, or custodian, and request to be notified when the child appears if the child's whereabouts are unknown;
3. Gather information during conversations with each parent, the child, any known relatives/kin, other supports, and the current caregiver (if applicable). This information may be used to conduct a diligent search for the child's siblings, all adult relatives/kin, or friends who may be a possible placement option for the child (if applicable), Child and Family Team (CFT) member, and/or informal support for the child and/or family;

Note: The information the FCM will obtain includes addresses; telephone numbers; aliases; veteran status; present or previous employers; the last school the child attended; doctors; educational information for the child including school name, child's grade, and teacher's name; tribal affiliation (if applicable); and any other information that would be helpful in locating relatives/kin and resources for the child.

4. Visit the parent's last known address if there is reason to believe the parent may be at that location (see policy 5.06 Locating Absent Parents);
5. Contact the landlord, if applicable, ensuring the identified individual's confidentiality is maintained (see policy 2.06 Sharing Confidential Information);
6. Consider completing a DCS Investigator referral for assistance in situations where all procedural steps have been completed but efforts have been unsuccessful in locating individuals (see Investigation Services on the DCS Community Services/Referrals webpage for additional information);
7. Document all diligent search efforts and the results of each search effort in a contact in the case management system within 24 hours of completion of each respective search;

Note: These efforts must also be captured in the Kinship Connection Diagram.

8. Advise the CFT regarding the identity, or lack thereof, of each parent and all adult relatives/kin, efforts made to locate and contact the parent and identified relatives/kin, and the identity and location of other persons contacted as requested by the child or the child's parent;
9. Continue to pursue diligent efforts to locate absent parents, alleged parents, all adult relatives/kin, and siblings, as necessary, throughout the life of the case, and discuss progress made during regular staffing and clinical supervision (see policies 5.04 Noncustodial Parents and 5.06 Locating Absent Parents); and
10. Include diligent search efforts in each progress report to the court. Ensure an Affidavit of Diligent Inquiry (ADI) is completed on individuals named on the Petition, if applicable.

The FCM Supervisor will:

1. Ensure the FCM has conducted a diligent search for all adult relatives/kin, including those individuals required by IC 31-34-3-4.5 to be notified of the removal;
2. Assist the FCM, as necessary, by using creative problem-solving techniques to help locate case participants throughout the life of the case;
3. Review the continued progress of the FCM to pursue diligent efforts to locate absent parents, alleged parents, all adult relatives/kin, siblings, and those named on the petition throughout the life of the case, and discuss progress made during regular staffing and clinical supervision (see policies 5.04 Noncustodial Parents and 5.06 Locating Absent Parents). Also, review and discuss with the; and
4. Ensure all diligent search efforts are completed on all adult relatives/kin and those individuals named on the petition, when necessary, documented in the case management system, and included in progress reports to the court.

RELEVANT INFORMATION

Definitions

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Sibling

A sibling is defined as:

1. A brother or sister including biological, half, step, and adopted; and
2. Any other individual who would be considered a sibling if parental rights had not been terminated.

Forms and Tools

- [4.A Tool – Interviewing Children](#)
- [Affidavit of Diligent Inquiry \(SF 54778\)](#)
- [Consent to Adoption \(SF 12582\)](#)
- [Investigation Services](#)
- [Kinship Connection Diagram](#)
- [Notice to Relatives \(SF 55211\)](#)- Available in the case management system
- [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#)
- [Visitation Plan](#)- Available in the case management system

Related Policies

- [2.06 Sharing Confidential Information](#)
- [2.24 Missing and Runaway Children](#)
- [4.04 Required Interviews](#)
- [4.22 Making an Assessment Finding](#)
- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [4.41 Safety Staffing](#)
- [5.04 Locating and Engaging Noncustodial Parents](#)
- [5.06 Locating Absent Parents](#)
- [8.01 Selecting a Placement Option](#)
- [8.12 Developing the Visitation Plan](#)

LEGAL REFERENCES

- [IC 31-9-2-107: "Relative"](#)
- [IC 31-34-3-4.5: Procedures for notices to adult relatives and siblings: content](#)
- [IC 31-34-18-2: Predispositional report; participation by parent, guardian, or custodian; out-of-home placement with blood or adoptive relative caretaker](#)
- [42 USC 671 \(a\)\(29\): notification of parents of siblings](#)

PRACTICE GUIDANCE- DCS POLICY 5.23

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

Accessing DCS Investigators

DCS Investigators are employees of DCS who are responsible for assisting FCMs in locating absent parents, relatives, and/or other identified persons of interest to the case and/or assessment. FCMs may make a referral for this assistance in situations where all procedural steps have been completed and their efforts have been unsuccessful. Additional information regarding how to make a referral, when to make a referral, and other helpful information may be found under Investigation Services on the DCS Community Services and Referrals webpage.

Building Trust with Relatives

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

Suggested strategies to build trust with relatives include:

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

Good Faith Efforts to Locate

Upon arriving at the last known address for a child who is the subject of a CA/N report, and the FCM learns that the family has fled or is no longer at that address, the FCM will make good faith efforts to locate the family. These good faith efforts may include, but are not limited to, the FCM:

1. Consulting local phone directories and information, school records, BMV records, utility company records, and public assistance records in search of additional information that may help identify the family's new location.
2. Returning to the last known address, if the records search yields no new information, and making inquiries with several neighbors about where the family moved or if a forwarding address was left.
3. Leaving the FCM's contact information with the neighbors and asking them to call should the family reappear. At no point should the FCM reveal or indicate that the FCM works for DCS, as this would violate the confidentiality rights of the family. The FCM may state the FCM works for the State of Indiana.
4. Documenting all efforts to locate and discussing these efforts with the FCM Supervisor in order to determine if good faith efforts have been made and the assessment may be closed.

Parental Resistance


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

1. Informing the parent about the benefits of the child having a relationship with the absent parent and permanent connections with relatives and other caring adults, and the potentially harmful effects on the child who does not have these supports;
2. Being persistent and recognizing that sometimes the parent (and others) are not ready to provide information when first asked. The parent's resistance may lessen as they see other family members are concerned for the child and participate in family preservation services, reunification services, and/or CFT Meetings;
3. Asking the child to identify important individuals in the child's life with whom they would like to have contact. See 4.A Tool: Interviewing Children for some helpful techniques for interviewing the child;
4. Seeking individuals who may be resources to provide support to the child and parent; 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. If necessary, request the parent be put under oath and instructed to provide testimony regarding identifying relatives and their contact information.

Respecting Family and Community Culture

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

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: Out-of-Home Services	Effective Date: September 1, 2021
	Section 24: Child-Focused Treatment Review (CFTR)	Version: 1

POLICY OVERVIEW
 See policy 8.04 Emergency Shelter Care and Urgent Residential Treatment for urgent placement in residential treatment and policy 8.53 Out-of-State Residential Treatment Review and Approval for out-of-state residential treatment.

Residential treatment should only be used when a child demonstrates such care is needed. Admission of a child to residential treatment must be viewed as a short-term, time-limited service, whenever possible. The Child-Focused Treatment Review (CFTR) process has been established to review the request to admit a child to residential treatment. The CFTR will evaluate the child’s needs, determine if admission to residential treatment is appropriate, and, if determined appropriate, identify which residential treatment facility will best meet the needs of the child and family.

PROCEDURE

The CFTR will consist of the following:

1. Family Case Manager (FCM) and FCM Supervisor for the Indiana Department of Child Services (DCS) child;
2. The child (when deemed appropriate);

Note: The child’s age, maturity, developmental level, and behavioral needs should be considered when determining a child’s attendance at CFTRs. The Child and Family Team (CFT) should discuss the CFTR process with the child, if appropriate, to assess the child’s understanding of and ability or willingness to participate in the meeting and determine which portions of the meeting the child should attend. If it is not appropriate for the child to attend the CFTR, ensure the child’s voice is presented to the team.

3. The child’s family (if Termination of Parental Rights [TPR] has not occurred);
4. The resource parent, if applicable;
5. Field Leadership or Designee;
6. Clinical Services Consultant (Clinical Consultant) or Probation Services Consultant (PSC), for dual status youth, when requested by leadership;
7. Regional Foster Care Specialist (RFCS) or Kinship/Relative Support Specialist (RSS);
8. Guardian Ad Litem (GAL) and/or Court Appointed Special Advocate (CASA);
9. Service providers; and
10. Other DCS support staff relevant to the case (e.g., Educational Liaison [EL], Adoption Consultant, and Regional Services Consultant).

When a child requires 24-hour supervision or the child is not able to function on a daily basis in a family home environment, the FCM will:

1. Discuss the child's needs, reason for requesting residential treatment, and verify there is no alternative to residential treatment with the FCM Supervisor and LOD. See policy 8.01 Selecting a Placement Option to ensure all steps are completed;

Note: RM approval must be sought prior to the CFTR if requesting admission of a child under the age of 10 to residential treatment.

2. Seek consultation from the Clinical Consultant via phone or email concerning the behavioral, service, placement and treatment needs of the child, if needed,
3. Ensure the CFTR is scheduled and facilitated within one (1) week of determining a CFTR is needed. The CFTR should be scheduled at a time that works best for required parties;
4. Inform the CFT members of the CFTR process;

Note: Ensure the youth's Probation Officer (PO) is invited to participate in the CFTR for dual status youth.

5. Notify the CFTR participants of the date and time upon confirmation of the scheduled CFTR. The CFTR may be held in-person, via phone, or using virtual technology;

Note: The Integrated Care Manager and the Deputy Director of Juvenile Justice Initiatives and Support or designee must be present at the CFTR if residential out-of-state treatment is being considered. See policy 8.53 Out-of-State Residential Treatment Review and Approval for additional guidance.

6. Be prepared to present the following information for DCS or dual status youth to the CFTR to obtain placement approval and begin completion of the Step-Down Planning form:
 - a. Child and Adolescent Needs and Strengths Assessment (CANS) and/or Indiana Youth Assessment System (IYAS) score and recommendations,
 - b. Case Plan/Prevention Plan, and
 - c. Any other documentation available to support the proposed level of care (e.g., current psychological evaluation, current social history, or current list of medications).
7. Participate in the CFTR (held in person or virtual);
8. Ensure all team members are aware of the CFTR Confidentiality Agreement and document adherence to the CFTR Confidentiality Agreement in the case management system;

Note: Confidentiality of all members must still be ensured when the CFTR is held virtually.

9. Ensure completion of the 30-Day Assessment referral during the CFTR, if possible, or no later than 24 hours after the CFTR. The referral must include names and contact information for all CFT members and family supports, such as biological family members (if deemed appropriate), relatives and kin, and professionals who are a resource for the child, such as teachers, medical or mental health providers, or clergy. For a child age 14 years and older, include child representatives (age 18 years and older) who have been identified by the child;

Note: A new referral must be completed each time a child is placed in a Qualified Residential Treatment Program (QRTP), even if the child is being moved from one (1) QRTP to another QRTP.

10. Upload the completed Step-Down Planning form to the case management system if it is determined the child will be placed in residential treatment;
11. Seek assistance from the Clinical Consultant and/or PSC, for dual status youth, to secure placement for the child in one (1) of the identified residential treatment facilities, if needed. See policy 8.53 Out-of-State Residential Treatment Review and Approval if out-of-state residential treatment is being considered for the child;
12. Work with the DCS Staff Attorney to request court approval prior to the child's admission to residential treatment;
13. Ensure the child is admitted to the recommended residential treatment facility;
14. Document the child's admission in the case management system within 24 hours of the admission;
15. Develop a plan for more frequent contact than the required monthly face-to-face contact with the child in the residential facility. See policy 8.10 Minimum Contact for more information;
16. Submit a referral to the DCS Education Services team to begin determination of best interest regarding educational setting placement (in accordance with the Every Student Succeeds Act [ESSA]). See policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement for further information;

Note: The FCM must notify the child's school within 72 hours when the child is admitted to residential treatment. A determination of the child's best interests regarding educational placement will be determined in collaboration with the local education agency.

17. Schedule a Residential Treatment Focused CFT meeting within five (5) to 10 business days of admission and invite the 30-Day Assessment contracted provider to attend the meeting. See policy 5.07 Child and Family Team Meetings for additional information;

Note: A Residential Treatment Focused CFT Meeting should occur every 30 days until the child is discharged from residential treatment. The Step-Down Planning form must be reviewed every 90 days during the Residential Treatment Focused CFT and provided to the court with the Child and Family Team Meeting Notes.

18. Complete the following upon electronic notification and receipt of the QRTP Determination Report:
 - a. Review and staff the QRTP Determination Report with the FCM Supervisor and RM, as needed,

Note: A Residential Treatment Focused CFT Meeting may be re-convened, if needed, to review the outcome with the CFT members.

- b. Email Indiana QRTP Referrals if the assessment determines that placement in residential treatment is **not** appropriate for the child, but there may be information that **warrants a reconsideration**. A reconsideration should be requested when additional information is identified that was not available or reported during the assessment or when significant changes in the child's status have occurred within 14 business days of the denial. Include the following information in the email:

- i. The child's name;
- ii. Specific and detailed information about the child's new or updated needs and circumstances; and
- iii. Any documentation that provides additional details, if available.

Note: If more than 14 business days have passed, a new 30-Day Assessment referral should be submitted in the case management system for a new QRTP Determination Report.

- c. Ensure the QRTP Determination Report is attached to the child's Case Plan/Prevention Plan.

Note: For dual status youth, the QRTP Determination Report should also be reviewed with the PO and the PO Supervisor. See policy 2.25 Dual Status for additional guidance.

- 19. Refer the child for a Permanency Roundtable (PRT) if the child remains in residential treatment for more than five (5) months. See policy 8.47 Permanency Roundtables for additional guidance;
- 20. Refer the child for a 30-Day Assessment upon notification from the contracted provider that the child needs to be reassessed due to the child's age and/or length of time in residential treatment;

Note: The reassessment requirements depend on the following criteria:

- a. Six (6) months (consecutive or nonconsecutive) for a child 12 years of age and younger, or
- b. Twelve (12) consecutive months or 18 nonconsecutive months for a child 13 years of age and older.

- 21. Notify FCMS after the QRTP Determination Report is received;
- 22. Ensure all QRTP Determination Reports and the Case Plan/Prevention Plan, which includes the Step-Down Planning form, are provided to the DCS Staff Attorney for submission to the court; and
- 23. Document all recommendations, approvals, denials, and actions taken in the case management system.

The FCM Supervisor will:

- 1. Review with the FCM the child's needs and any information to support the recommendation for residential treatment;
- 2. Assist the FCM with preparation for each CFTR;
- 3. Ensure the RM is notified in advance if the child is under 10 years of age and admission to residential treatment is being requested;
- 4. Assist the FCM in presenting the case information during the CFTR;
- 5. Verify the completion of the 30-Day Assessment referral and ensure all required information is included;
- 6. Staff with the FCM if questions arise from the QRTP Determination Report;
- 7. Ensure the FCM manages all aspects of the residential treatment process, including, but not limited to:
 - a. The DCS Staff Attorney receiving the QRTP Determination Report and the Case Plan/Prevention Plan, which includes the Step-Down Planning form,
 - b. Step-Down Plan updates,
 - c. Monthly Residential Treatment-Focused CFT Meetings, and

- d. More frequent contact with the child.
8. Ensure all recommendations, approvals, and actions taken are documented in the case management system.

The LOD will:

1. Assist the FCM and FCM Supervisor, as needed, when a child is recommended for admission to residential treatment;
2. Assist the FCM and FCM Supervisor, as needed, when the outcome of the 30-Day Assessment is a denial of QRTP or a reassessment is being considered; and
3. Attend scheduled CFTRs, when available or designated.

The RM will:

1. Ensure reviews by the CFTR take place timely;
2. Review and approve or deny all recommendations for a child placed in residential treatment prior to the CFTR for children under 10 years of age;
3. Assist with making decisions about placement and any discrepancies in the choice of the treatment facility;
4. Attend scheduled CFTRs, when available or designated; and
5. Assist the DCS local office, as needed, when the outcome of a 30-Day Assessment is a denial of QRTP.

The Clinical Consultant will:

1. Respond to request to review the child's needs, including needed services, with the FCM in person, or via phone or email prior to the CFTR, if needed. See policy 5.10 Family Services for additional information;
2. Attend CFTRs for DCS youth upon request by field leadership;
3. Provide guidance, upon request, if the FCM experiences difficulty admitting the child to the residential treatment facility identified at the CFTR; and
4. Assist the FCM, as necessary, throughout the process of admitting the child to residential treatment, if requested.

When probation is the lead agency for Dual Status youth, the PSC will:

1. Review the child's needs, including needed services, and provide a preliminary recommendation to the PO in person, via phone, or via email prior to the CFTR if applicable or continuation with current process for approval for residential treatment;
2. Ensure the PO is aware of all steps necessary to prepare for and participate in the CFTR, if appropriate, and all additional steps necessary prior to the youth's discharge;
3. Attend all CFTRs when appropriate;
4. Provide guidance on the residential treatment facilities found on the Residential Treatment Facility Search and assist with prioritizing the most appropriate option for the child; and
5. Assist the PO, as necessary, throughout the process of admitting a youth to residential treatment.

The DCS Staff Attorney will:

1. Request court authorization prior to the child being admitted in residential treatment;
2. Provide notice to the court and request a court hearing if the child has been detained by DCS and/or the detention is included in a post-dispositional modification;

3. Ensure the QRTP Determination Report and the Case Plan/Prevention Plan, which includes the Step-Down Planning form, are submitted to the court for the 60-day review and approval; and
4. Ensure the child's progress in residential treatment is provided to the court at each subsequent hearing and provide the Step-Down Planning form.

LEGAL REFERENCES

- [IC 31-25-2-23: Permanency roundtable duties: residential placement committee](#)
- [42 USC 672: Foster care maintenance payments program](#)

RELEVANT INFORMATION

Definitions

Qualified Residential Treatment Program (QRTP)


A Qualified Residential Treatment Program (QRTP) is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child's first two weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.

Forms and Tools

- Case Plan/Prevention Plan – available in the case management system
- [Child-Focused Treatment Review \(CFTR\) Confidentiality Agreement \(SF 57114\)](#)
- [Continued Qualified Residential Treatment Program \(QRTP\) Approval for Title IV-E \(SF 57138\)](#)
- [Indiana QRTP Referrals Email](#)
- [Probation Service Consultants Map](#)
- [Residential Treatment Facility Search](#)
- [Step-Down Planning \(SF 57072\)](#)

Related Policies

- [2.25 Dual Status](#)
- [5.07 Child and Family Team Meetings](#)
- [5.10 Family Services](#)
- [8.01 Selecting a Placement Option](#)
- [8.04 Emergency Shelter Care and Urgent Residential Placement](#)
- [8.10 Minimum Contact](#)
- [8.20 Educational Services](#)
- [8.22 School Notifications and Legal Settlement](#)
- [8.47 Permanency Roundtables](#)
- [8.53 Out-of-State Residential Treatment Review and Approval](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of QRTP Designation](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Domestic Violence and Child and Family Team (CFT) Meeting Considerations	Effective Date: April 1, 2012
Reference: 5.A (Chapter 5 – General Case Management)	Version: 2	

Domestic Violence and Child and Family Team (CFT) Meeting Considerations¹

DCS will carefully assess the appropriateness of holding a CFT Meeting with both the non-offending parent and alleged domestic violence offender present. Reasons why holding a joint meeting would **not** be appropriate include, but are not limited to:

1. The non-offending parent does not want a meeting because he or she feels that they or the children would be in danger or because he or she feels intimidated and therefore unable to represent what they feel is in the child's best interest;
2. The non-offending parent has secured a "no contact order" and the meeting would be a violation of the order;

Note: DCS may request that the court lift the "no contact order" for the time of the meeting if holding a joint CFT Meeting is in the best interest of the family.

3. The FCM believes the non-offending parent or the child could be in danger if the meeting took place;
4. The family of the non-offending parent or the alleged domestic violence offender either denies or enables the abuse;
5. The FCM believes the parent alleged to be the victim of domestic violence or the child could be placed in danger if the meeting took place; or
6. The alleged domestic violence offender denies that domestic violence is an issue or that domestic violence has not occurred when evidence states otherwise (i.e. police reports, visible bruises, etc.).

Note: It may initially be inappropriate to have the parent alleged to 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 the victim of domestic violence and alleged domestic violence offender attend the same CFT Meeting. Other options may be considered, such as a conference call with the alleged domestic violence offender. If there is a court order in place, permission can be sought from the court for the alleged domestic violence offender to be on the phone for a CFT Meeting.

Questions to determine if a CFT Meeting should be held with both the non-offending parent and alleged domestic violence offender present:

1. Is the non-offending parent afraid of the alleged domestic violence offender?
2. Is the alleged domestic violence offender threatening to harm the non-offending parent, the children, or himself?
3. Are the severity and frequency of the violent incidents escalating?

¹ Adapted from the Indiana Department of Child Services (DCS) *Creating Solutions and Planning for Change* training curriculum

4. Have the children been used to threaten the non-offending parent or keep the alleged domestic violence offender from inflicting further violence? How?
5. Does either parent have access to weapons?
6. Have weapons been involved in prior assaults?
7. Has the criminal justice system been involved? If so, are there pending charges or is there a probation or parole officer assigned to the case?
8. If the alleged domestic violence offender has participated in some type of education or treatment program, how has he responded to that intervention?
9. What has been the extent of the non-offending parent's injuries? Have there been injuries requiring hospitalizations?
10. Is either parent chemically dependent?
11. Is there a history of mental illness?
12. How safe does the non-offending parent feel having the alleged domestic violence offender physically present during the meeting?

Prior to deciding to hold a CFT Meeting, the Family Case Manager (FCM) should answer:

1. Are there orders prohibiting contact (protective order, restraining order, no contact order)?
2. Do they live together?
3. Is domestic violence a topic that has been addressed publicly with him², the police, a judge, the FCM, or other family members? If yes, how did the alleged domestic violence offender react?
4. What are her goals for having him present? Goals for not having him present?
5. What is the biggest fear if he does participate?
6. What is the hope if he is there?
7. Is he involved in any services? For how long?
8. Are there any current stressors in his life that might make him more violent?

If it is not appropriate for the alleged domestic violence offender to be present at a CFT Meeting with the non-offending parent, consider for him to still be involved in the process. Options include, but are not limited to:

1. Videotape responses to the questions being asked in the meeting, and inform the participants of his desires and/or wishes;
2. Allow him to participate in some or all of the meeting via telephone;
3. A criminal justice representative, a domestic violence perpetrator specialist, and/or a substance abuse counselor may attend the CFT Meeting as his representative;
4. Write a letter containing responses to the questions being asked in the meeting to be read by a representative; and/or
5. Holding two (2) separate meetings.

If the non-offending parent and alleged domestic violence offender will be attending the same CFT Meeting:

To prepare the non-offending parent for the CFT Meeting:

1. Are there any specific topics to avoid during the meeting?
2. Are there safety concerns about anyone else who might attending the meeting?
3. Does she want to discuss the domestic violence in the meeting?
4. How safe does she feel discussing the domestic violence with him present? Without him present?
5. If the children will be present, does she want to discuss the violence?

² For the purposes of this tool, the alleged perpetrator will be referred to as 'him' or 'he' and the non-offending parent will be referred to as 'she' or 'her.'

6. What if the child or other parties bring it up?
7. What has she already discussed with the children regarding the violence?
8. How have the children been impacted by the violence?
9. What will the impact be on the children if the violence is discussed in the meeting without the alleged domestic violence offender present? With him present?
10. How will he react if his violence is brought up?
11. What has happened in the past when his violence has been discussed? Afterward?
12. Are there community or family members he will know at the meeting? How will others feel about that?
13. Does the non-offending parent want someone who is an expert in dealing with domestic violence present at the meeting? Someone she is working with? How will he react to that?
14. Does the non-offending parent feel that she can safely speak out about her wishes and concerns if they are different from those of the alleged domestic violence offender?
15. How will the facilitator know if she begins to feel afraid during the meeting? Can they plan to signal each other if she begins to feel afraid?
16. Of all the people she wants to invite to the CFT Meeting, whom has she discussed the domestic violence? What have their reactions been? Have they been supportive?
17. What does she think the reaction at the CFT Meeting will be to the disclosure of the violence? Will they support her need to be safe and his need to be nonviolent?
18. What does the non-offending parent fear could go wrong at the meeting? What would be the consequences?
19. To avoid surprises, what else does the facilitator need to know about her and her family? If, for example, an aunt is invited, what might she tell the group that might be a surprise?

To prepare the alleged domestic violence offender for the CFT Meeting:

1. Are there any specific topics to avoid during the meeting?
2. Would it be helpful if a service provider could attend the meeting?
3. If the non-offending parent wants to discuss the domestic violence, during the meeting, how will he handle that?
4. Are there community or family members that he wants at the meeting? How does he think she will react to that? Will these other people support her need to be safe and his need to be nonviolent?
5. Have any of the people attending the meeting seen his behavior escalate when disagreements arose in the past? Will this be a fear or concern of others at the meeting? How can those issues be addressed?
6. How can the alleged domestic violence offender let the facilitator know if he needs a break during the meeting because of the topics being discussed?
7. If it has been agreed that he domestic violence will not be discussed, how will he respond if another party brings it up during the meeting?
8. What has happened in the past when the violence has been discussed?
9. What has he discussed with the children regarding his violence?
10. How have the children been affected by his violence?
11. What might the impact on the children be if the violence is discussed in their presence during the meeting?
12. How can he convey to the non-offending parent that she can safely speak out her wishes and concerns if they are different from his?
13. What does he fear could go wrong with the meeting? What might the consequences be of that?
14. To avoid surprises what else does the facilitator need to know about him and his family?

To prepare team members for the CFT Meeting:

1. What might go wrong if both the alleged domestic violence offender and the non-offending parent are present in the meeting?
2. Ask questions about their safety so that they can fully participate in the meeting.

Considerations for involving children in the CFT Meeting:

1. Are they developmentally capable of participating?
2. Will they benefit from the meeting?
3. Will the meeting cause further trauma to the child?
4. Can they help achieve the desired outcomes for the meeting?
5. Consider how the children's presence may inhibit honest conversation by the adults.
6. Consider how the children will feel about discussing the violence in front of the alleged domestic violence offender, if they are present.
7. Consider how the children are likely aware of the violence.
8. Consider how the children may want to be heard about how the violence has impacted them and they may be concerned for everyone's safety.

Note: An option may be to have children participate in only parts of the meeting.

During the CFT Meeting:

1. The facilitator has the difficult task of finding a balance between what family members want to talk about and ensuring that issues impacting family safety are adequately addressed;
2. Be observant of the verbal and non-verbal interactions between team members; and
3. Be observant of signals established ahead of time with the non-offending parent and/or alleged domestic violence offender that conflict is escalating or there is a threat during the meeting.

If conflict escalates during the meeting:

1. Implement the predetermined safety plan.
2. Consider safety first, you may need to stop the meeting immediately and call the police.
3. Call a break to allow de-escalation.
4. Have the person who is getting angry or escalating the conflict leave the meeting with someone who can help them manage their emotions or stop the meeting.
5. Empathize with the fear or pain the key players are expressing; do not confront the abuse directly; remind them that the meeting participants are there to provide them with support and resources.
6. Without discounting harm the past violence has caused, focus on solutions for the future.
7. If you perceive that tensions are escalating to the point of danger, check with the non-offending parent using the prearranged signal.
8. Often the meeting does not necessarily need to be stopped, however, you will need to use your skills or the skills of others on the team to manage the emotions and de-escalate the conflict.
9. It may be necessary to call a break to allow for everyone to calm down. During the break, take the opportunity to assess with the non-offending parent and alleged domestic violence offender, separately, to determine whether or not the meeting can safely continue.
10. It may be beneficial to have prescheduled breaks during each meeting to allow an opportunity for the facilitator to check-in with both parents individually to see if they are feeling safe enough to continue the meeting.

Continue the meeting if:


1. The non-offending parent says she wants to continue and she feels safe doing so.
2. The facilitator believes that reconvening will not jeopardize anyone's safety.
3. It appears that the alleged domestic violence offender is constructively managing his emotions.
4. The facilitator and non-offending parent believe continuation of the meeting will be productive and the safety of her and the child will not be compromised.

After the CFT Meeting:

The FCM and FCM Supervisor should be aware that when the alleged domestic violence offender feels that his authority or control over the non-offending parent has been threatened, the violence may escalate. This may be caused by any domestic violence intervention, including a CFT Meeting. It is crucial that follow-up occur with the non-offending parent as soon as possible after holding a CFT Meeting. This will allow the FCM to assess any impact the CFT Meeting may have had on the non-offending parent and child.

The FCM should contact the non-offending parent within 24 hours after the CFT Meeting and ask questions such as:

1. Have you been afraid of the alleged domestic violence offender since the CFT Meeting?
2. Has he been or threatened to be violent since the CFT Meeting?
3. What was the impact of the disclosure on you, on him, and on the child?
4. Did you discuss the CFT Meeting with him?

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court	Effective Date: July 1, 2021
	Section 01: Detention/Initial Hearing	Version: 7

POLICY OVERVIEW

The purpose of the Detention/Initial Hearing is for the court to determine whether Indiana Department of Child Services (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. The purpose of an Initial Hearing is to advise the parent, guardian, or custodian of rights, present the allegations in the CHINS Petition, and provide the opportunity to admit or deny the allegations. A Detention Hearing and Initial Hearing are separate hearings, with separate purposes, but are often as a Detention/Initial Hearing. The hearings must be held within required timeframes, per Indiana statute.

PROCEDURE

DCS will ensure a Detention Hearing or a combined Detention/Initial Hearing is held no later than 48 hours (excluding Saturdays, Sundays, and certain legal holidays) following a child's removal from the child's parent, guardian, or custodian. If the Detention Hearing is not held within 48 hours (excluding Saturdays, Sundays, and certain legal holidays) after the removal, to determine if DCS has continued authority to detain the child, then DCS will return the child to the child's parent, guardian, or custodian. If the child's removal was ordered by the court at a Detention Hearing, then an additional Detention Hearing is not necessary, only an Initial Hearing is required.

Exception: If a child is taken into custody as a safe haven or abandoned infant, DCS will ensure a Detention/Initial Hearing is held no later than the next business day after the child is taken into custody (see policy 4.34 Safe Haven and Abandoned Infants).

DCS will request the court hold an Initial Hearing within 10 business days after filing a Child In Need of Services (CHINS) Petition when an In-Home CHINS is being pursued. If the court chooses to schedule an additional Initial Hearing on a CHINS Petition, this hearing must be held within 30 calendar days of the date of the Detention/Initial Hearing or Initial Hearing. The court may issue an order granting an extension for documented extraordinary circumstances.

During the Initial Hearing, if the parent, guardian, or custodian admits to the allegations, the court will either take the admission under advisement or issue an order adjudicating the child to be a CHINS. However, if the court adjudicates the child to be a CHINS, a Dispositional Hearing will be set. If the parent, guardian, or custodian denies the allegations, the court will set the matter for further hearings, as appropriate. Alternatively, the court may dismiss the proceedings if the court does not find that there is probable cause to support the filing of the CHINS Petition (see policy 6.07 Dispositional Hearing).

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 the child has a Guardian Ad Litem (GAL), Court Appointed Special Advocate (CASA), or an attorney, the child may 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 resource parent will be served. In any event, if the child is 14 years of age or older, the child will be directly served with notice.

2. The child’s parent (including noncustodial, absent, and alleged), guardian, or custodian, if able to be located. See policies 5.04 Locating and Engaging Noncustodial Parents and 5.06 Locating Absent Parents for further guidance;
3. The child’s CASA or GAL, if assigned;
4. The resource parent with whom the child has been placed; and
5. Any other person necessary for the proceedings.

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 Staff Attorney detailing any special circumstances (e.g., physical or mental challenges) that may inhibit the child’s ability to communicate with the court.

The Family Case Manager (FCM) will:

1. Ensure the following forms are completed (if applicable):
 - a. Taking Custody of a Child Without a Verbal Consent or Written Court Order: Description of Circumstances, if the child was removed without a court order,
 - b. Assessment of Alleged Child Abuse or Neglect (311), when the assessment is completed,
 - c. Preliminary Inquiry (PI), and
 - d. Any other required forms or notices.
2. Discuss the removal with the DCS Staff Attorney and request a Detention/Initial Hearing be scheduled;

Note: DCS will request separate hearings be held for the child’s parent, guardian, or custodian if safety concerns exist or if there is an active protective order that does not allow the individuals to attend hearings together.

3. Ensure visitation between the child and the child’s parent, guardian, or custodian and siblings is arranged timely (see policy 8.12 Developing the Visitation Plan);
4. Ensure appropriate referrals for services are made for the family (see policy 4.26 Determining Service Levels and Transitioning to Permanency Services), and ask if the parent, guardian, custodian or the child needs a reasonable accommodation due to a disability;
5. Notify the DCS Staff Attorney if a foreign and/or sign language interpreter is needed for the Detention/Initial Hearing;
6. Obtain the date, time, and location of the Detention/Initial Hearing from the DCS Staff Attorney and notify all required parties (see policy 6.04 Providing Notice);

Note: Ensure a copy of the petition and notice of the Detention/Initial Hearing is personally delivered to a child alleged to be CHINS who is 14 years of age or older and has sufficient mental capacity to read and understand the contents of the document.

7. Assist the parent, guardian, or custodian and child (if appropriate) in understanding the allegations in the petition before the Detention/Initial Hearing;

Note: If the child's attendance at a hearing 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 (see policy 6.14 Children Attending Court Proceedings).

8. Ask the parent, guardian, or custodian to sign the Summons and the Advisement of Rights. If they refuse to sign, notify the DCS Staff Attorney;

Note: If the parent, guardian, or custodian does not attend the Detention/Initial Hearing, the Summons and Advisement of Rights are not required to be signed before proceeding with the Detention/Initial Hearing.

9. Attend the scheduled Detention/Initial Hearing; and

Note: The parent, guardian, or custodian will be given the opportunity to admit or deny the allegations of the petition at the Detention/Initial Hearing (see Tool 6.B: Statutory Definition of CHINS).

10. Enter court hearing details, the outcome, and future scheduled hearings in the case management system.

The FCM Supervisor will:

1. Determine if it is appropriate for the child to be detained;
2. Assist the FCM, as necessary, to ensure all Detention/Initial Hearing requirements have been met (see policy 6.04 Providing Notice);
3. Review the PI for approval;
4. Ensure visitation between the child and the child's parent, guardian, or custodian and siblings has been arranged timely (see policy 8.12 Developing the Visitation Plan); and
5. Ensure appropriate referrals for services and any necessary reasonable accommodations are made for the family (see policy 4.26 Determining Service Levels and Transitioning to Permanency Services).

The DCS Staff Attorney will:

1. Staff with the FCM regarding the removal at the earliest possible time;
2. Review the PI for legal sufficiency;
3. File the PI and the Request for Filing of Petition;
4. Prepare and file the CHINS Petition in a timely manner;
5. File any motion to exclude or other relevant motions in a timely manner;
6. Request that court hearings are scheduled timely;
7. Request a foreign and/or sign language interpreter (if applicable); and

Note: 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 (excluding Saturdays, Sundays, and certain legal holidays) of removal. If this occurs, ask the court to set it for a continued Initial Hearing so an interpreter may be present. DCS also has the option of

petitioning for the use of telephonic interpretation. See policy GA-3 Language Services for more information.

8. Refer to the Juvenile CHINS Bench Book and ensure required court order findings of Contrary to the Welfare or Best Interest (CTW/BI), Reasonable Efforts to Prevent Removal (RE), and Responsibility for Placement and Care (PC) are issued; and

Note: If the court fails to issue RE and PC 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 Foster Care Funding (Title IV-E) (see policy 15.01 Eligibility Overview for Field and Legal Staff).

9. Ensure a summons is issued by the clerk of the court for subsequent hearings.

Note: For the Initial Hearing only, a copy of the CHINS Petition must accompany each summons.

RELEVANT INFORMATION

Definitions

Agreed Entry

An agreed entry is an agreement by a child's parent, based on factual information that a child is a CHINS. An agreed entry should not indicate an agreement that a child needs services without a factual basis.

CHINS Petition

A CHINS petition is a written document that alleges a child is a CHINS and requests the court to adjudicate the child as such.

Detention

A Detention is an action taken by DCS that:

1. Restricts a parent's access to his or her child;
2. Removes a child from his or her parent, guardian or custodian; or
3. Alters the composition household of a child for more than five (5) days.

Preliminary Inquiry (PI)

A PI is a written report prepared by DCS, which includes the child's background, current status, and school performance. The report relates the facts and circumstances that establish the reason for DCS involvement in both CHINS and Informal Adjustment (IA) cases.

Reasonable Efforts - Detention/Initial Hearing

Reasonable Efforts is the exercise of ordinary diligence and care by DCS to utilize all family preservation services available to enable the child to live at home safely.

Summons

A summons is a document notifying a person of the filing of a court case against the person. In CHINS cases, a summons is served to the parent, guardian, or custodian of the child alleged to be a CHINS if that parent, guardian, or custodian is named in the petition.

Forms and Tools


- [6.A Tool: Legal Process Overview](#)
- [6.B Tool: Statutory Definition of CHINS](#)
- [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 \(SF 47114\)](#)
- [Assessment of Alleged Child Abuse or Neglect \(311\) \(SF 113\)](#)
- [Juvenile CHINS Benchbook](#)
- Preliminary Inquiry (PI) - available in [CHINS Benchbook Forms](#)
- [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF 114\)](#)
- Request for Filing of Petition- available in [CHINS Benchbook Forms](#)
- [Taking Custody of a Child Without a Verbal Consent or Written Court Order: Description of Circumstances \(SF49584\)](#)

Related Policies

- [GA-3 Language Services](#)
- [4.26 Determining Service Levels and Transitioning to Permanency Services](#)
- [4.34 Safe Haven and Abandoned Infants](#)
- [5.04 Locating and Engaging Noncustodial Parents](#)
- [5.06 Locating Absent Parents](#)
- [6.B Tool: Statutory Definition of CHINS](#)
- [6.04 Providing Notice](#)
- [6.07 Dispositional Hearing](#)
- [6.14 Children Attending Court Proceedings](#)
- [8.12 Developing the Visitation Plan](#)
- [15.01 Eligibility Overview for Field and Legal Staff](#)

LEGAL REFERENCES

- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability": custody](#)
- [IC 31-34-2.5: Emergency Custody of Certain Abandoned Children](#)
- [IC 31-34-5: Chapter 5. Detention Hearing](#)
- [IC 31-34-6: Chapter 6. Detention of Alleged Child in Need of Services](#)
- [IC 31-34-7-1: Preliminary inquiry](#)
- [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](#)
- [IC 31-34-10-2: Initial hearing; service of copy of petition and summons; determination of referral for dual status assessment; CHINS petition; additional initial hearings](#)
- [IC 31-34-10-6: Admission or Denial of Allegations of a Petition](#)
- [IC 31-34-10-9: Dispositional Hearing; fact finding hearing; consent](#)
- [IC 31-34-2: Chapter 2. Taking a Child in Need of Services Into Custody](#)
- [42 USC 12102: Definition of disability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 6: Court	Effective Date: July 1, 2021
	Section 02: Filing a Child in Need of Services (CHINS) Petition	Version: 6

POLICY OVERVIEW

A Child in Need of Services (CHINS) case will be initiated when there is sufficient reason to believe a child is a victim of Child Abuse and/or Neglect (CA/N), meets the statutory definition of one (1) or more CHINS definitions (see Tool 6.B: Statutory Definition of CHINS), and the coercive intervention of the court is necessary.

PROCEDURE

In order to initiate a CHINS case, the Department of Child Services (DCS) must file a Request for Filing of Petition with the Preliminary Inquiry (PI) attached. If the court finds the PI contains probable cause that the child is a CHINS, the court will issue an order authorizing the filing of the CHINS petition. Once the order authorizing the filing of the CHINS petition has been issued, DCS may file the CHINS petition (if the CHINS Petition was not filed with the PI and Request for Filing of Petition).

The Family Case Manager (FCM) will:

1. Ensure the case management system Assessment Matrix supports the filing of a CHINS Petition (see policy 4.18 Initial Safety Assessment);
2. Conduct a diligent search if a child's parent is unable to be located (see policy 5.06 Locating Absent Parents);

Note: At the time of the Detention/Initial Hearing, the FCM must be prepared to provide an update to the court as to the progress toward completion of the ADI.

3. Ensure a request is made for the court to make findings of Contrary to the Welfare or Best Interest (CTW/BI), Reasonable Efforts (RE) to Prevent Removal, and Responsibility for Placement and Care (PC) to DCS if the recommendation is that the child continue to remain out-of-home or be removed from the home and placed in out-of-home care (see policy 15.01 Eligibility Overview for Field & Legal Staff);
4. Ensure the following forms are completed:
 - a. Taking Custody of a Child without Verbal Consent or Written Court Order: Description of Circumstances if the child was removed without a court order,
 - b. Preliminary Report of Alleged Child Abuse or Neglect (310),
 - c. Assessment of Alleged Child Abuse or Neglect (311) if the assessment is completed,
 - d. PI, and
 - e. Any other required forms or notices located in the case management system.

Note: In cases where domestic violence has been identified, the FCM will ensure proper redaction of “a”-“e” above occurs. All redactions should be completed in conjunction with the DCS Staff Attorney.

5. Work with the DCS Staff Attorney to complete and file all documents necessary for court proceedings (see policy 6.04 Providing Notice);
6. Ask if the parent, guardian, custodian or the child needs a reasonable accommodation due to a disability;
7. Request separate hearings be held for a parent, guardian, or custodian who is an alleged victim of domestic violence and alleged domestic violence offender, when appropriate; and
8. Staff with the FCM Supervisor to determine next steps if the request for separate hearings is denied.

The FCM Supervisor will:

1. Assist the FCM, whenever necessary, to complete the required CHINS documents;
2. Review the PI prior to submitting to the DCS Staff Attorney; 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.

The DCS Staff Attorney will:

1. Review the PI for legal sufficiency;
2. Prepare the Request for Filing of Petition;
3. Attach the PI to the Request for Filing of Petition and file with the court;

Note: The Request for Filing of Petition (with the PI attached) should request the Initial/Detention Hearing occur within the appropriate timeframe (within 48 hours of removal, or within 10 days for in-home cases) if the hearing has not already been requested or scheduled.

4. Receive the Order Authorizing Filing of CHINS Petition from the court, if the court authorizes the filing;
5. Prepare the CHINS Petition, with specific pleadings for each respondent (parent, guardian, or custodian), regarding each element of the applicable CHINS conditions located in IC 31-34-1-1 through IC 31-34-1-11;
6. Ensure all court reports, forms, and notices are appropriately redacted, when applicable; and
7. File the CHINS Petition and any relevant motions in a timely manner.

RELEVANT INFORMATION

Definitions

Coercive Intervention

Coercive intervention is an action or warning of possible action to compel a parent, guardian, or custodian to act against their own wishes as it relates to their child.

Affidavit of Diligent Inquiry (ADI)

An ADI is a sworn statement that the individual made reasonable efforts to locate someone.

In-Home Child in Need of Services (CHINS)

A child determined to be a CHINS who remains in the child's home is referred to as an "In-Home CHINS."

Out-of-Home Child in Need of Services (CHINS)

A child determined to be a CHINS placed in out-of-home placement is referred to as an “Out-of-Home CHINS.”

Preliminary Inquiry (PI)

A PI is a written report prepared by DCS, which includes the child’s background, current status, and school performance. The report relates the facts and circumstances that establish the reason for DCS involvement in both CHINS and Informal Adjustment (IA) cases.

Rebuttable Presumption

A rebuttable presumption is a conclusion as to the existence or nonexistence of a fact that a judge must draw when certain evidence has been introduced and admitted as true in a lawsuit but that can be contradicted by evidence to the contrary.

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: A standard of proof requiring the existence of a fact “to be highly probable.” This is the standard of proof used in Termination of Parental Rights cases.

Sidebar

A sidebar is a conversation held outside of the hearing of the other persons present in the court. It usually includes the attorneys for the parties, Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA), the judge, and the court reporter.

Forms and Tools

- [6.B Tool: Statutory Definition of CHINS](#)
- [Affidavit of Diligent Inquiry \(ADI\) \(SF 54778\)](#)
- [Assessment of Alleged Child Abuse or Neglect \(310\) \(SF 113\)](#)
- [Order Authorizing Filing of CHINS Petition](#)- Available in the [CHINS Benchbook Forms](#)
- Preliminary Inquiry (PI) - Available in the [CHINS Benchbook Forms](#)
- [Preliminary Report of Alleged Child Abuse or Neglect \(311\) \(SF 114\)](#)
- [Request for Filing of Petition](#)- Available in the [CHINS Benchbook Forms](#)
- [Taking Custody of a Child without Verbal Consent or Written Court Order: Description of Circumstances \(SF 49584\)](#)


Related Policies

- [4.18 Initial Safety Assessment](#)
- [5.06 Locating Absent Parents](#)
- [6.04 Providing Notice](#)
- [15.01 Eligibility Overview for Field & Legal Staff](#)

LEGAL REFERENCES

- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability": custody](#)
- [IC 31-34-1: Circumstances Under Which a Child Is a Child in Need of Services](#)

- [IC 31-34-9: Filing of Petition Alleging That Child Is Child In Need of Services](#)
- [42 USC 12102: Definition of disability](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court	Effective Date: July 1, 2021
	Section 3: Fact-Finding Hearing	Version: 6

POLICY OVERVIEW

The Fact-Finding Hearing is the setting in which the Department of Child Services (DCS) must prove that the condition of the child is as set forth in the Indiana Code (IC) under IC 31-34-1-1 through IC 31-34-1-11. A Fact-Finding Hearing will take place when either parent or another named party to a Child in Need of Services (CHINS) proceeding contests the facts alleged in the DCS CHINS Petition. DCS must show the situation meets one (1) or more of the CHINS definitions and that coercive intervention of the court is necessary to protect the child (see Tool 6.B: Statutory Definition of CHINS).

PROCEDURE

DCS will proceed to a Child in Need of Services (CHINS) Fact-Finding Hearing when either parent or another named party contests 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 policy 6.04 Providing Notice).

DCS will request separate hearings for the parents, guardians, or custodians when appropriate due to safety concerns and will protect the confidentiality of information shared during court proceedings.

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, DCS 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 each person who is required to be notified an opportunity to be heard at the Fact-Finding Hearing.

The Family Case Manager (FCM) will:

1. Ask if the parent, guardian, or custodian or the child needs a reasonable accommodation due to a disability;
2. Obtain the date, time, and location of the Fact-Finding Hearing from the DCS Staff Attorney;

3. Meet with the DCS Staff Attorney to prepare to for the Fact-Finding Hearing. (e.g., prepare to testify and assist the attorney in gathering information, exhibits, and a list of witnesses);
4. Request separate hearings be held for the alleged domestic violence victim and alleged domestic violence offender, when appropriate;
5. Attend the scheduled hearing;

Note: If Reasonable Efforts to Prevent Removal (RE) or Responsibility for Placement and Care (PC) findings are issued for the first time at this hearing, ensure the information is entered in the case management system (see policy 15.01 Eligibility Overview for Field and Legal Staff).

6. Enter court hearing data and any future hearings scheduled in the case management system; and

Note: If the court determines the child is a CHINS, the case will proceed to the appropriate hearing. If the court determines the child is not a CHINS, the case will be dismissed.

7. Consult with the DCS Staff Attorney and FCM Supervisor to determine if action is needed regarding any substantiation based on the same facts and circumstances as the Fact-Finding Hearing if the court determines the child is not a CHINS.

The FCM Supervisor will:

1. Assist the FCM, whenever necessary, to ensure all Fact-Finding Hearing requirements have been met (see policy 6.04 Providing Notice);
2. Assist the DCS Staff Attorney with hearing preparation, including ensuring the FCM is prepared to provide testimony during the Fact-Finding Hearing;
3. Consult with the DCS Staff Attorney and FCM to determine if action is needed regarding any substantiation based on the same facts and circumstances as the Fact-Finding Hearing if the court determines the child is not a CHINS; and
4. Ensure all decisions and steps taken are documented in the case management system.

The DCS Staff Attorney will:

1. Meet with the FCM to ensure all parties have a comprehensive understanding of the case and any relevant information about the case that has occurred since the filing of the Petition;

Note: The attorney is responsible for contacting the FCM to establish communication and coordinate planning for the trial.

2. Ensure notice is provided to all appropriate parties, as outlined in policy [6.04 Providing Notice](#);
3. Meet with the FCM and FCM Supervisor to review any substantiation based on the same facts as the Fact-Finding Hearing to determine if a reversal is warranted if the court determines the child is not a CHINS. If the only basis for the court's determination that the child is not a CHINS is a failure to prove coercive intervention of the court is necessary and the court clearly makes that finding in its order or on the record, then the substantiation may not need to be reversed; and

Note: Any reversal must occur within 10 business days of the fact-finding decision being issued IC 31-33-26-15.

4. Appropriately prepare for the Fact-Finding Hearing, including preparing witnesses to testify, if needed.

LEGAL REFERENCES

- IC 31-10-2-3
- IC 31-17-2-8.1
- [IC 31-33-26-15: Expungement and amendment of record procedures](#)
- [IC 31-34-1: Circumstances Under Which a Child is a Child in Need of Services](#)
- [IC 31-34-1-1: Inability, refusal, or neglect of parent, guardian, or custodian to supply child with necessary food, clothing, shelter, medical care, education, or supervision](#)
- [IC 31-34-1-11: Risks or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy](#)
- [IC 31-34-10-6: Admission or denial of allegations by parent, guardian or custodian](#)
- [IC 31-34-10-9: Dispositional hearing, factfinding hearing: consent](#)
- [IC 31-34-11-1: Hearing requirements; extension of time; notice; opportunity to be heard](#)
- [42 USC 12102: Definition of disability](#)

RELEVANT INFORMATION

Definitions

Ex Parte Communication

Ex parte communication is any written or verbal communication about the case between a judge and any persons interested in the outcome of a case, including placement and/or relatives, which occurs outside of the presence of the other parties or attorneys on a case.

Sidebar


A sidebar is a conversation held outside the hearing of the other persons present in the court. It usually includes the attorneys for the parties, Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA), judge, and court reporter.

Form and Tools

- [Tool 6.B: Statutory Definition of CHINS](#)
- [Affidavit of Diligent Inquiry \(ADI\) \(SF 54778\)](#) – Available in the case management system

Related Policies

- [6.04 Providing Notice](#)
- [15.01 Eligibility Overview for Field and Legal Staff](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court	Effective Date: September 1, 2021
	Section 4: Providing Notice of Hearings	Version: 6

POLICY OVERVIEW

Written notice of Child in Need of Services (CHINS) and Termination of Parental Rights (TPR) hearings are sent in a manner consistent with the Indiana Trial Rules to permit CHINS and TPR cases to proceed in a timely manner

PROCEDURE

The Indiana Department of Child Services (DCS) will give written notice of CHINS and TPR hearings, by mail or personal service to the following:

1. The child;

Note: If the child's attendance at the hearings would neither benefit the child nor contribute to the proceedings, DCS may 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 and/or long-term foster parent.

Note: 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. In Periodic Case Reviews and Permanency Hearings, notice must be sent to any fit and willing relative or person DCS identifies as having a significant relationship with the child. If required consent to adoption has been received or TPR filed, notice must also be sent to prospective adoptive parent.

DCS is to provide proper legal notice pursuant to the Indiana Trial Rules to permit the CHINS and TPR cases to proceed in a timely manner. In addition, notice must be provided within 10 calendar days prior to each of the following hearings:

1. Periodic Case Review Hearings;
2. Permanency Hearings; and
3. TPR proceedings.

DCS will use one (1) of the following methods for serving notice of a hearing:

1. Mail – Notice of the following may be sent by mail if the notice is deposited in the mail at least 10 calendar days prior to the scheduled hearing:
 - a. CHINS Petition,
 - b. Advisement of Rights,
 - c. Summons,

- d. Court Reports, and
- e. Notice of all hearings.

Note: Notice to incarcerated parties must be sent to the parent in care of the superintendent of the facility or designee.

2. Verbal – Verbal notice may be given if the scheduled court hearing is less than 48 hours after the time the hearing is set by the court, excluding Saturdays, Sundays, and certain legal holidays. DCS requires verbal notice (i.e., date, time, location, and purpose of the proceeding) to the person who is required to be notified. The notice cannot be left on voice mail or with other persons not a party to the proceeding. 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 was given by the court at an earlier hearing or proceeding at which the individual to be notified was present.

DCS will provide notice of a planned placement change to appropriate parties when the child has been in the same placement for at least 12 months. The appropriate parties have a right to file an objection to the placement change within 15 days.

Note: The child's placement may not be changed prior to the court's order, unless safety cannot be ensured.

The Family Case Manager (FCM) will:

1. Provide contact information for all parties to the DCS Staff Attorney;
2. Provide verbal notice of hearings to all required parties in a timely manner;
3. Notify the DCS Staff Attorney when a placement change is planned and ensure the attorney is aware if the child has been in the current placement for at least 12 months; and
4. Document verbal notice of hearings in the case management system.

The DCS Staff Attorney will:

1. Obtain contact information for all parties from the FCM;
2. Ensure the required parties are notified of each hearing via mail or verbally, as appropriate; and
3. Provide notice of placement change to the appropriate parties when the child has been in the current placement for at least 12 months.

LEGAL REFERENCES

- [IC 31-32-1-4: Hearing notices regarding CHINS or delinquent cases](#)
- [IC 31-32-1-4\(f\): Juvenile Court Procedures](#)
- [IC 31-34-5-1: Time for Hearing; notice](#)
- [IC 31-34-10-2: Initial hearing; service of copy of petition and summons](#)
- [IC 31-34-11-1: Hearing requirements; extension of time; notice; opportunity to be heard](#)
- [IC 31-34-19-1.3: Notice of disposition of hearing; duties of court](#)
- [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
- [IC 31-34-21-4.6: Long Term Foster Parent](#)

- [IC 31-34-22-2: Providing copies of reports and factual summaries of reports](#)
- [IC 31-35-2-6.5: Notice of Hearing \(Termination Cases\)](#)
- [IC 31-34-23-3: Notice and hearing requirements; temporary order for emergency change in child's residence](#)

RELEVANT INFORMATION

Definitions

Long-Term Foster Parent

A long-term foster parent is a resource parent who has provided care and supervision for a child for at least:

1. The 12 most recent months;
2. Fifteen (15) months of the most recent 22 months; or
3. Six (6) months, if the child is less than 12 months of age.

Resource Parent


For purposes of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver.

Forms and Tools

- [Indiana Trial Rules](#)

Related Policies

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court	Effective Date: August 1, 2011
	Section 5: Petition for Parental Participation (PPP)	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will file a Petition for Parental Participation (PPP) for any child that a court adjudicates as a Child in Need of Services (CHINS) case.

DCS will ensure the parent, guardian, or custodian receives a copy of the Parental Participation Decree (PPD).

Code References

1. [IC 31-32-13: Issuance of Orders](#)
2. [IC 31-32-14: Contempt of Court](#)
3. [IC 31-34-16: Petition for Parental Participation](#)
4. [IC 31-34-20-3: Order for participation by parent, guardian, or custodian in program of care, treatment, or rehabilitation for child](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Assist the DCS Staff Attorney with writing the PPP, which must allege the following:
 - a. The respondent is the child's 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 \(PDR\)](#) 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.

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

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.

should not be held in contempt with the DCS Staff Attorney by affidavit. See [Related Information](#) for further details.

The FCM Supervisor will work with the FCM to ensure that the text of the PPP is appropriate for the court case.

1. The PPP should relate to the needs of the child and family. In the event that the child is removed from the care of the parents, the PPP should require activities that, if taken, would improve the parents' ability to alleviate the condition(s) that led to the removal of the child.
2. In the event the parent, guardian, or custodian fails to comply with the PPD, the DCS Staff Attorney shall file a Motion for Rule to Show Cause with the court unless the Local Office Director gives specific instruction to the DCS Staff Attorney not to do so.

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

[Predispositional Report \(PDR\)](#) – Available in the case management 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 Staff 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 POLICY	
	Chapter 6: Court	Effective Date: September 1, 2021
	Section 06: Predispositional Report (PDR)	Version: 6

POLICY OVERVIEW

A Predispositional Report (PDR) is prepared and submitted to the court in order to provide the court with information outlined in IC 31-34-18 and IC 31-34-20-5.

PROCEDURE

The Indiana Department of Child Services (DCS) will prepare a PDR at least 10 calendar days prior to the Dispositional Hearing for any child that a court adjudicates a Child in Need of Services (CHINS).

DCS will confer with appropriate individuals who have expertise in professional areas related to the child’s needs when preparing the PDR. DCS will ensure the PDR contains the following:

1. Statement of the needs of the child for care, treatment, rehabilitation, or placement;
2. A description of the due diligence efforts made to identify all adult relatives of the child, including ongoing efforts for a child in an out-of-home placement throughout the life of the case;
3. Recommendation for the care, treatment, rehabilitation, or placement of the child;
4. Financial Report on the parent and child (see policy 2.20 Establishment of Child Support Orders and Child Support Obligation Worksheet);
5. Nature and extent of appropriate participation by the parent, guardian, or custodian, including recommended services and visitation (including alternate forms of contact) (see policies 5.10 Family Services and 8.12 Developing the Visitation Plan);
6. Legal Settlement Information (i.e., city and state of current residence of custodial parent or other caretaker when applicable);
7. Information about Child and Family Team (CFT) Meetings or Case Plan Conferences held and their outcomes, including any information about a second Permanency Plan for the child, if concurrent planning (see policy 5.15 Concurrent Planning); and
8. Information gathered from the resource parent during preparation of the report and any recommendations of the resource parent.

The following individuals may prepare an alternative report for consideration by the court (e.g., Youth Report to Court and the Indiana Relative Kinship Foster Placement Reporting Form):

1. The child, based upon age and developmental level; and
2. The child’s:
 - a. Parent, guardian, or custodian,
 - b. Resource parent, and
 - c. Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL).

The Family Case Manager (FCM) will:

1. Confer with the resource parents and other appropriate individuals who have expertise in professional areas related to the child’s needs including but not limited to:

- a. DCS,
- b. The child's school,

Note: If the child is eligible for special education services or placement, consultation with the school is mandatory.

- c. Probation Department,
 - d. A community mental health center,
 - e. A community developmental disabilities center,
 - f. CFT members, and/or
 - g. Other persons directed by the court.
2. Prepare the PDR using the form provided in the legal forms database (QUEST). The form is also available in the case management system;
 3. Consult with the FCM Supervisor and DCS Staff Attorney to ensure appropriate documentation is submitted to the court;

Note: For a child admitted to a Qualified Residential Treatment Program (QRTP):

- a. The 30 Day Assessment must be completed within 30 days of admission in the QRTP, and the QRTP Determination Report must be reviewed by the court within 60 days. The QRTP Determination Report includes the outcome of the 30 Assessment regarding (see policy 5.24 Child Focused Treatment Review [CFTR]): Submit information to indicate that the QRTP is:
 - i. The most effective and appropriate level of care for the child;
 - ii. The least restrictive environment for the child; and
 - iii. The short-term and long-term goals for the child, as specified in the Permanency Plan.
 - b. Document the specific treatment or service needs that will be met for the child in the QRTP and the length of time the child is expected to need the treatment or services, and
 - c. Document the efforts made to prepare the child to return home or be placed with a fit and willing relative, legal guardian, adoptive parent, or foster family home, and document a list of child-specific short- and long-term mental and behavioral health goals.
3. Seek Supervisor review and approval of the PDR;
 4. Sign and submit the PDR;
 5. Coordinate with the DCS Staff Attorney to file the PDR in a timely manner, according to the county's court procedure;
 6. Provide a copy of the PDR, 10 calendar days prior to the Dispositional Hearing, to:
 - a. Each attorney, GAL, or CASA representing the child, and
 - b. The attorney representing each child's parent, guardian, or custodian.

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.

7. Include information about household members living in the home of the removed child to determine the child's eligibility for Title IV-E Foster Care and/or Title IV-A/EA Emergency Assistance and document this in the case management system (see policies 15.01

Eligibility Overview for Field and Legal Staff and 15.11 Title IV-A/EA Emergency Assistance). The following information should be included:

- a. The relationship of these persons to the removed child,
 - b. Each parent's place of residence,
 - c. Sources and amounts of income and resources for each household member in the month the child was removed; and
 - d. Any diagnosed physical or mental illness of one (1) or both of the parents.
8. Attach a Case Plan/Prevention Plan to the PDR if it has been completed and was not previously submitted to the court.

The FCM Supervisor will:

1. Approve and sign the PDR; and
2. Assist the FCM, as needed, during the development of the PDR.

The DCS Staff Attorney will file the PDR in accordance with the county's court procedure. The court may incorporate the DCS PDR into its dispositional order.

LEGAL REFERENCES

- [IC 31-34-18: Predispositional Report](#)
- [IC 31-34-20-5: Determination and Reporting of legal settlement of child](#)
- [42 USC 672: Foster care maintenance payments program](#)

RELEVANT INFORMATION

Definitions

Qualified Residential Treatment Program (QRTP)

A Qualified Residential Treatment Program (QRTP) is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child's first two (2) weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.


Forms and Tools

- [Case Plan/Prevention Plan \(SF 2956\)](#) – Available in the case management system
- [Child Support Obligation Worksheet](#)
- [Indiana Relative Kinship Foster Placement Reporting Form](#)
- [Predispositional Report \(PDR\)](#) – Available in the case management system
- [Youth Report to the Court](#)

Related Policies

- [2.20 Establishment of Child Support Orders](#)
- [5.10 Family Services](#)
- [5.15 Concurrent Planning- An Overview](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [8.12 Developing the Visitation Plan](#)

- [15.01 Eligibility Overview for Field and Legal Staff](#)
- [15.11 Title-IV-A/EA \(Emergency-Assistance\)](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of QRTP Designation](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court	Effective Date: September 1, 2021
	Section 07: Dispositional Hearing	Version: 6

POLICY OVERVIEW

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 addresses the specific case and the child’s and family’s needs.

PROCEDURE

The Indiana Department of Child Services (DCS) will participate in a Dispositional Hearing for every parent, guardian, or custodian named as a Respondent for each child adjudicated as a Child in Need of Services (CHINS). 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;
4. The recommendations and report of a dual status assessment team if the child is a dual status child; and
5. Legal settlement of the child for school attendance if the child has been removed from the home.

Note: When a child is removed from the home, DCS will request that the following required federal language is included in the court order from the first hearing that authorizes the removal of the child (whichever hearing that may be):

- a. It is in the Best Interest (BI) of the child to be removed from the home environment and remaining in the home would be Contrary to the Welfare (CTW) of the child;
- b. Reasonable Efforts (RE) have been made to prevent or eliminate the need for removal of the child OR reasonable efforts to prevent removal of the child were not required because of the emergency nature of the situation; and
- c. DCS is given responsibility for the “Placement and Care (PC)” of the child.

If DCS determines to seek a No Reasonable Efforts finding, see policy 6.10 Permanency Plan.

The Family Case Manager (FCM) will:

1. Complete the following:
 - a. Follow all procedures contained in policy 6.06 Predispositional Report, and verbally review each person’s Predispositional Report with them prior to the hearing,
 - b. Follow all procedures related to providing notice in policy 6.04 Providing Notice,
 - c. Work with the DCS Staff Attorney to prepare for the Dispositional Hearing,
 - d. Attend the Dispositional Hearing, and

- e. Ensure each parent, guardian, or custodian has a copy of the Dispositional Decree/Participation Decree, review it with the parent, guardian, or custodian, and explain what services have been ordered for the parent, guardian, or custodian to complete.
2. Ensure information is entered from the court hearing in the case management system, including if the child is removed and placed in out-of-home care at the time of the Dispositional Hearing; and

Note: The court hearing data must be entered to ensure that the issuance of court order language regarding CTW/BI, RE, and PC responsibility, which is necessary for determining the child's eligibility for federal funding to cover the costs of out-of-home care, may be documented by the Central Eligibility Unit (CEU) (see policies 15.01 Eligibility Overview for Field and Legal Staff and 15.03 Judicial Determinations).

3. Complete any needed referrals for services ordered by the court.

The FCM Supervisor will:

1. Assist the FCM in preparation for the Dispositional Hearing;
2. Ensure referrals are completed for court ordered services; and
3. Ensure the court's findings are appropriately documented in the case management system.

The DCS Staff Attorney will:

1. Review reports from other parties or providers;
2. Meet with the FCM to prepare for the Dispositional Hearing, as needed;

Note: For a child receiving treatment in a Qualified Residential Treatment Program (QRTP) the DCS Staff Attorney will prepare the FCM in order to submit evidence at the Dispositional Hearing demonstrating the following:

- a. The reason for the child's admission to the QRTP, including a discussion of the following:
 - i. That the ongoing assessment of the strengths and needs of the child continues to support the determination that the needs of the child cannot be met through placement in a foster home
 - ii. That the QRTP is the most effective and appropriate level of care for the child;
 - iii. That the QRTP is the least restrictive environment for the child; and
 - iv. That the QRTP meets the short-term and long-term goals for the child, as specified in the Permanency Plan.
- b. The specific treatment or service needs the QRTP meets for the child and the length of time the child is expected to need the treatment or services, and
- c. The efforts that have been made to prepare the child to return home or be placed with a fit and willing relative, legal guardian, adoptive parent, or in a foster family home, and
- d. A description of the child-specific short-term and long-term mental and behavior health goals.

Note: For additional guidance regarding the QRTP process, see policy 6.15 Court Process for the Assessment of Admission to a Qualified Residential Treatment Program (QRTP).

3. Determine which witnesses may be needed at the hearing, send subpoenas as needed, and prepare the identified witnesses to testify;
4. Represent DCS at the Dispositional Hearing; and
5. Request all necessary findings from the court.

LEGAL REFERENCES

- [IC 31-34-5-3\(b\): Release: findings required for detention order; approval of services, programs, and placement; court order; appeal; payment of costs](#)
- [IC 31-34-19: Dispositional Hearing](#)
- [IC 31-34-20: Dispositional Decrees](#)
- [IC 31-34-20-3: Order for participation by parent, guardian, or custodian in program of care, treatment, or rehabilitation for child](#)
- [IC 31-34-20-5: Determination and reporting of legal settlement of child](#)
- [IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [42 USC 671 et. seq.: State plan for foster care and adoption assistance](#)
- [42 USC 672: Foster care maintenance payments program](#)

RELEVANT INFORMATION

Definitions

Qualified Residential Treatment Program (QRTP)


A Qualified Residential Treatment Program (QRTP) is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child's first two (2) weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.

Forms and Tools

- [Predispositional Report \(PDR\)](#) – Available in the case management system

Related Policies

- [6.04 Providing Notice](#)
- [6.06 Predispositional Report \(PDR\)](#)
- [6.10 Permanency Plan](#)
- [6.15 Court Process for the Assessment of Admission to a Qualified Residential Treatment Program \(QRTP\)](#)
- [15.01 Eligibility Overview for Field and Legal Staff](#)
- [15.03 Judicial Determinations](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of QRTP Designation](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Involvement	Effective Date: September 1, 2021
	Section 08: Three Month Progress Report	Version: 8

POLICY OVERVIEW

In order to update the court on an open Child In Need of Services (CHINS) case, the Indiana Department of Child Services (DCS) prepares and submits a Progress Report to the court regarding progress made toward implementing the Dispositional Decree and achieving permanency. The Progress Report provides an update to the court on the following areas:

1. The child's voice;
2. Services for the child and/or parent, guardian, or custodian (including health and educational information);
3. Status of the parent's, guardian's, or custodian's progress in meeting parenting tasks/responsibilities consistently;
4. Visits between the child and the child's siblings and/or parent, guardian, or custodian (including visits with noncustodial and incarcerated parents);
5. Compliance and cooperation with participation in court ordered services;
6. Child's placement;
7. Outcomes and significant changes;
8. Pertinent information and recommendations obtained from consultations with professionals, Child and Family Team (CFT) members, and other significant individuals involved in the case who are not CFT members;
9. Recommendations for treatment, rehabilitation, permanency plan, and the child's placement;
10. Diligent efforts of DCS to identify and locate all adult relatives of the child throughout the life of the case; and
11. Reasonable efforts DCS has made to finalize the permanency plan for the child.

PROCEDURE

DCS will prepare and submit to the court a Progress Report for every child with an open CHINS case under the care and supervision of DCS, as follows:

1. Every three (3) months after the Dispositional Decree; and
2. At any time after the date of an original Dispositional Decree, the court may order DCS to file a Progress Report.

DCS will submit a Progress Report to the court at least 10 calendar days prior to a Periodic Case Review Hearing or as otherwise ordered by the court.

DCS will make a copy of the Progress Report for, and provide proof of service to, the following at least 48 hours prior to the Periodic Case Review Hearing:

1. The child/youth, based upon age and developmental level;

Note: All youth 14 years of age and older, have the right to participate in court and should receive a copy of the Progress Report.

2. Each parent (including noncustodial parent), guardian, or custodian of the child;

Note: The court may also provide a factual summary of the Progress Report to each parent, guardian, or custodian, or resource parent of the child if the court has determined the report contains information that should not be released to an individual entitled to receive the report.

3. An attorney who has entered an appearance on behalf of the child's parent, guardian, or custodian;
4. Resource parent and/or long-term foster parent, if applicable;
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 person known to DCS who is currently providing care for the child and is not required to be licensed under IC 12-17.2 or IC 31-27 to provide care for the child;
7. Any other suitable relative or person who has a significant or caretaking relationship with the child; and
8. Court Appointed Special Advocate (CASA) and/or Guardian ad Litem (GAL).

Exception: If the court determines, on the record, that the Progress Report contains information that should not be released to any person who is otherwise entitled to receive a Progress Report, the court is not required to make the Progress Report available to that person. The court may provide the individual with a redacted copy of this report. However, the court will provide a copy of the Progress Report to the following:

- a. Each attorney or CASA/GAL representing the child, and
- b. Each attorney representing the child's parent, guardian, or custodian.

The Family Case Manager (FCM) will:

1. Consult with the parent, guardian, or custodian, resource parent, and any other professionals who have expertise related to the child and family's needs;
2. Prepare the Progress Report by following the prompts and completing all questions on the report;
3. Attach any additional reports to the Progress Report, including results of a drug or alcohol screen, indicating a parent, guardian, or custodian may have violated the Dispositional Decree;

Note: A summary of all significant changes that may have been addressed during a CFT Meeting is sufficient as opposed to attaching the entire Child and Family Team Meeting Notes document for the court. Youth 14 years of age and older should have a Youth Report to the Court completed and submitted to the court by the youth if the youth is unable to attend the court hearing.

4. Consult with the FCM Supervisor and DCS Staff Attorney to ensure appropriate documentation is submitted to the court;

Note: For a child admitted to a Qualified Residential Treatment Program (QRTP):

- a. The 30 Day Assessment must be completed within 30 days of admission in the QRTP, and the QRTP Determination Report must be reviewed by the court within 60 days. The QRTP Determination Report includes the outcome of the 30 Assessment regarding (see policy 5.24 Child Focused Treatment Review [CFTR]):
 - i. The most effective and appropriate level of care for the child;
 - ii. The least restrictive environment for the child; and
 - iii. The short-term and long-term goals for the child, as specified in the Permanency Plan.
 - b. Document the specific treatment or service needs that will be met for the child in the QRTP and the length of time the child is expected to need the treatment or services, and
 - c. Document the efforts made to prepare the child to return home or be placed with a fit and willing relative, legal guardian, adoptive parent, or foster family home, and document a list of child-specific short- and long-term mental and behavioral health goals.
5. Obtain supervisory approval and signature;
 6. Sign the Progress Report;
 7. Provide a properly redacted copy of the Progress Report to all appropriate parties and persons after the DCS Staff Attorney has approved the Progress Report; and
 8. Update the child's and/or family's information in the case management system as needed when changes occur regarding income and resources, parent's place of residence, and household membership.

The FCM Supervisor will:

1. Review and make any recommendations regarding the Progress Report; and
2. Approve and sign the Progress Report.

The DCS Staff Attorney will:

1. Review the Progress Report after the FCM Supervisor has reviewed it and make recommendations regarding any changes needed prior to the filing of the report; and
2. File the completed Progress Report with the court and ensure the report is served upon the appropriate parties.

LEGAL REFERENCES

- [IC 12-17.2: DAY CARE REGULATION](#)
- [IC 31-9-2-76.5: "Long term foster parent"](#)
- [IC 31-27: CHILD SERVICES: REGULATION OF RESIDENTIAL CHILD CARE](#)
- [IC 31-34-20-7: Provision of information by department of child services](#)
- [IC 31-34-21-1: Progress reports; procedure for modification of decree](#)
- [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
- [IC 31-34-22-1: Progress report; modification report](#)
- [IC 31-34-22-2: Providing copies of reports and factual summaries of reports](#)
- [42 USC 672: Foster care maintenance payments program](#)

RELEVANT INFORMATION

Definitions

Long-term Foster Parent

A long-term foster parent is a resource parent who has provided care and supervision for a child for at least:

1. The 12 most recent months;
2. Fifteen (15) months of the most recent 22 months; or
3. Six (6) months, if the child is less than 12 months of age.

Qualified Residential Treatment Program (QRTP)

A Qualified Residential Treatment Program (QRTP) is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child's first two (2) weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.

Redaction


Redaction is the process of removing or concealing confidential or sensitive information from a document prior to release of the document. Redacted documents should be thoroughly reviewed by a DCS attorney prior to disclosure.

Forms and Tools

- [Case Plan/Prevention Plan \(SF 2956\)](#) - Available in the case management system
- [Child and Family Team Meeting Notes \(SF 54601\)](#)
- [Modification Report](#) - Available in the case management system
- [Progress Report](#) - Available in the case management system
- [Youth Report to the Court](#) - Available in the case management system

Related Policies

- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of QRTP Designation](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court	Effective Date: September 1, 2021
	Section 9: Periodic Case Review Hearing	Version: 8

POLICY OVERVIEW

Periodic Case Review Hearings are held at least every six (6) months to:

1. Determine the child's future status (e.g., whether the child is to return to the child's parent, guardian, or custodian, continue in out-of-home care, be placed for adoption, with an appointed legal guardian, with a fit and willing relative, or under another planned permanent living arrangement [APPLA]).
2. Determine whether it is in the child's best interest for the juvenile court to retain jurisdiction;
3. Determine whether an existing Permanency Plan will be modified, taking into account the recommendations of individuals who have a significant relationship with the child (see policies 5.08 Developing a Case Plan and 6.10 Permanency Plan);
4. Evaluate whether continuation of the Dispositional Decree with or without modification has a reasonable chance of success;
5. Identify procedural safeguards used by DCS to protect parental rights;
6. Determine whether DCS has made Reasonable Efforts to Finalize the Permanency Plan (REPP) that is in effect;
7. Determine whether responsibility for Placement and Care (PC) of the child should remain with DCS;
8. Identify objectives of the Dispositional Decree that have not been met;
9. Provide an opportunity for the court to hear how the child feels about the current placement and Permanency Plan; and
10. Review the ongoing appropriateness of treatment if a child is admitted to a Qualified Residential Treatment Program (QRTP).

PROCEDURE

DCS will provide notice of a Periodic Case Review Hearing at least 10 calendar days before the hearing to the following:

1. The child;
2. The child's parent, guardian, or custodian;
3. An attorney who has entered an appearance on behalf of the child's parent, guardian, or custodian;
4. Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL);
5. Resource parent or long-term foster parent;
6. 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.

7. Any other person known to DCS who is currently providing care for the child and is not required to be licensed under IC 12-17.2 or IC 31-27 to provide care for the child;
8. Any other suitable relative or person who has a significant or caretaking relationship with the child; and
9. Providers or other individuals who are involved with the case and expected to attend the hearing.

The Family Case Manager (FCM) will:

1. Convene a Child and Family Team (CFT) meeting to review the Permanency Plan and develop a Case Plan;
2. Prepare a Progress Report for the Periodic Case Review Hearing (see policy 6.08 Three Month Progress Report);
3. Ensure required parties are notified of the Periodic Case Review Hearing seven (7) calendar days prior to the hearing and receive the Progress Report at least 10 calendar days prior to the hearing (see policy 6.04 Providing Notice);
4. Notify the DCS Staff Attorney of any important information that comes to the FCM's attention after the Progress Report is completed but before the Periodic Case Review Hearing;
5. Staff with the DCS Staff Attorney as necessary to prepare for the Periodic Case Review Hearing;
6. Attend and participate in the Periodic Case Review Hearing for a child:
 - a. Six (6) months after the date of the child's removal from the child's parent, guardian, or custodian or after the date of the Dispositional Decree, whichever comes first; and
 - b. Every six (6) months thereafter; or
 - c. More often if ordered by the court.

Note: Additional Periodic Case Review Hearings are encouraged and may be held upon order of the Court.

7. Enter information about the court hearing in the case management system including the court's findings related to REPP, and upload the court order to the case management system for the Central Eligibility Unit (CEU) to review the REPP language.

The FCM Supervisor will:

1. Review and approve the Case Plan and the Progress Report;
2. Assist the FCM in preparation for the Periodic Case Review Hearing; and
3. Ensure all required information and court findings are entered into the case management system.

The DCS Staff Attorney will:

1. File the Progress Report with the court, along with any additional necessary documentation (e.g., QRTP Determination Report and drug screens), and ensure parties are served with the report;
2. Meet with the FCM to prepare for the Periodic Case Review Hearing, as needed; and

Note: For a child receiving treatment in a QRTP the DCS Staff Attorney will prepare the FCM in order to submit evidence at the Periodic Case Review Hearing demonstrating the following:

- a. The reason for the child's admission to the QRTP, including a discussion of the following:

- i. That the ongoing assessment of the strengths and needs of the child continues to support the determination that the needs of the child cannot be met through placement in a foster home;
 - ii. That the QRTP is the most effective and appropriate level of care for the child;
 - iii. That the QRTP is the least restrictive environment for the child; and
 - iv. That the QRTP placement meets the short-term and long-term goals for the child, as specified in the Permanency Plan.
- b. The specific treatment or service needs the QRTP meets for the child and the length of time the child is expected to need the treatment or services, and
 - c. The efforts that have been made to prepare the child to return home or be placed with a fit and willing relative, legal guardian, adoptive parent, or in a foster family home, and
 - d. A description of the child-specific short-term and long-term mental and behavioral health goals.

Note: For additional guidance regarding the QRTP process, see policy 6.15 Court Process for the Assessment of Admission to a Qualified Residential Treatment Program (QRTP).

3. Represent the interest of DCS at the Periodic Case Review Hearing.

LEGAL REFERENCES

- [IC 31-9-2-76.5: "Long-term foster parent"](#)
- [IC 31-34-21-2: Periodic case review](#)
- [IC 31-34-21-3: Progress report required before case review](#)
- [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
- [IC 31-34-21-5: Determination; findings](#)
- [42 USC 672: Foster care maintenance payments program](#)
- [42 USC 675\(5\)\(B\)](#)

RELEVANT INFORMATION

Definitions

Long-term Foster Parent

A long-term foster parent is a resource parent who has provided care and supervision for a child for at least:

1. The 12 most recent months;
2. Fifteen (15) months of the most recent 22 months; or
3. Six (6) months, if the child is less than 12 months of age.

Qualified Residential Treatment Program (QRTP)

A Qualified Residential Treatment Program (QRTP) is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child's first two (2) weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.

Resource Parent


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

Forms and Tools

- [Case Plan \(SF 2956\)](#)- Available in the case management system
- [Notice of Periodic Case Review \(SF 48997\)](#)- Available in the case management system
- [Progress Report](#)- Available in the case management system

Related Policies

- [5.08 Developing a Case Plan](#)
- [6.04 Providing Notice](#)
- [6.08 Three Month Progress Report](#)
- [6.10 Permanency Plan](#)
- [6.15 Court Process for the Assessment of Admission to a Qualified Residential Treatment Program \(QRTP\)](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of QRTP Designation](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 10: Permanency Plan	
	Effective Date: February 1, 2022	Version: 11

- [Procedure](#)
 • [Definitions](#)
- [Forms and Tools](#)
 • [Related Policies](#)
- [Legal References](#)
 • [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) believes children have the right to permanency. Therefore, a Permanency Plan is developed for every child adjudicated as a Child in Need of Services (CHINS) in order to identify a permanent or long-term arrangement for the care and custody of the child.

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PROCEDURE

DCS will identify and recommend to the court a Permanency Plan for every child adjudicated as a CHINS. A second Permanency Plan will be identified if concurrent planning is appropriate (see policy 5.15 Concurrent Planning). All decisions made by DCS shall be made in consideration of the best interests of the child.

The initial Permanency Plan will be reviewed with the Child and Family Team (CFT) and/or at the Case Plan Conference and identified in the Case Plan/Prevention Plan, no later than 45 days after the date the child is removed from the home or date of disposition, whichever comes first. See policies 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan/Prevention Plan for additional guidance.

DCS will make reasonable efforts to reunify the child with the child's 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.

Note: The Permanency Plan of Another Planned Permanent Living Arrangement (APPLA) is **only** available to youth 16 years of age and older. DCS must also be able to document in the Case Plan/Prevention Plan and/or provide testimony, at each hearing, the unsuccessful efforts made by DCS to return the child home or secure a placement for the child with a fit and willing relative, legal guardian, or adoptive parent, including efforts to locate relatives/kin through the use of technology, such as social media, to find

biological or adoptive family members for the child. See policy 5.23 Diligent Search for additional information on completing a search for relatives/kin.

As part of the permanency and case planning process, the Family Case Manager (FCM) will:

1. Ask if the parent, guardian, or custodian and/or the child needs a reasonable accommodation due to a disability;
2. Convene a CFT Meeting and/or Case Plan conference to review the Permanency Plan, develop a Case Plan/Prevention Plan, and discuss the second Permanency Plan, if concurrent planning is appropriate (see policies 5.07 Child and Family Team Meetings and 5.15 Concurrent Planning- an Overview). Youth ages 14 years and older and their child representatives should be included in the CFT meeting and/or Case Plan Conference unless the youth is unable to participate effectively in the development of the Permanency Plan due to a physical, mental, emotional, or intellectual disability;

Note: If a CFT Meeting is not convened or the CFT does not include the Court Appointed Special Advocate (CASA)/Guardian Ad Litem (GAL) and the resource parent, a Case Plan Conference must be held (see policy 5.08 Developing the Case Plan/Prevention Plan).

3. Ensure the Permanency Plan is discussed with the child in an age-appropriate manner and that the youth's views are shared with the court;

Note: Youth 14 years of age and older should participate in the Permanency Hearing to share their views with the court, unless they have been excluded from the hearing by a court order. Youth should complete and submit a Youth Report to the Court if the Youth is unable to participate in the Permanency Hearing.

4. Discuss the Case Plan/Prevention Plan, Permanency Plan, second Permanency Plan (if a concurrent plan was recommended), and any additional recommendations of the CFT with the FCM Supervisor;
5. Request approval by the Regional Permanency Team (RPT) for any decision to change the Permanency Plan to APPLA. A Permanency Plan of APPLA must also be approved by the Regional Manager (RM) and be referred for review at a Permanency Roundtable (PRT) (see policies 8.47 Permanency Roundtables and 8.51 Regional Permanency Teams);

Note: APPLA is **only** available as a permanency option for youth 16 years of age and older and cannot be a concurrent permanency plan. DCS must document why none of the other permanency plans are appropriate for the child prior to requesting that the court approve APPLA as the child's permanency plan.

6. Ensure Reasonable Efforts are made to finalize the Permanency Plan (REPP) and document those efforts in the Progress Report- Permanency;
7. Attach the Case Plan/Prevention Plan and a summary of the CFT notes, including any significant changes, to the Progress Report- Permanency;
8. Consult with the FCM Supervisor and DCS Staff Attorney to ensure appropriate documentation is submitted to the court;

Note: For a child admitted to a Qualified Residential Treatment Program (QRTP):

- a. The 30-Day Assessment must be completed within 30 days of admission in the QRTP, and the QRTP Determination Report must be reviewed by the court within 60

- days. The QRTD Determination Report includes the outcome of the 30-Day Assessment regarding (see policy 5.24 Child Focused Treatment Review [CFTR]):
- i. The most effective and appropriate level of care for the child;
 - ii. The least restrictive environment for the child; and
 - iii. The short-term and long-term goals for the child, as specified in the Permanency Plan.
- b. Document the specific treatment or service needs that will be met for the child in the QRTD and the length of time the child is expected to need the treatment or services, and
 - c. Document the efforts made to prepare the child to return home or be placed with a fit and willing relative, legal guardian, adoptive parent, or foster family home, and document a list of child-specific short- and long-term mental and behavioral health goals.
9. Submit the Progress Report- Permanency, including the Case Plan/Prevention Plan and a summary of CFT meeting notes, to the FCM Supervisor for approval, and upon approval, submit the documents to the DCS Staff Attorney to be filed with the court;
 10. Seek court approval of the Permanency Plan or any changes to an existing Permanency Plan (see policy 6.11 Permanency Hearing); and
 11. Enter the court findings of REPP in the case management system, if applicable.

The FCM Supervisor will:

1. Ensure the Permanency Plan is documented in the Case Plan/Prevention Plan and all of the above steps are completed by the FCM;
2. Provide support to the FCM, as needed, in completing the steps; and
3. Approve the Progress Report- Permanency and submit it to the DCS Staff Attorney.

The DCS Staff Attorney will:

1. Review the Progress Report- Permanency and discuss with the FCM and/or FCM Supervisor, as needed;
2. Provide the court with the approved Progress Report- Permanency; and
3. Request that within 12 months from the child/youth's removal from the home or from the date of the original Dispositional Decree, a finding of REPP is obtained in a court order.

Note: The court must issue a finding that DCS has made REPP every 12 months. REPP is required for a child/youth to continue to be eligible for federal funding to reimburse the costs of out-of-home care and DCS's administrative expenditures.

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RELEVANT INFORMATION

Definitions

Child Representatives

Child representatives are selected by youth who are 14 years of age and older to advise the youth and advocate for/represent the child's best interests. The child representatives must be at least 18 years of age, members of the CFT, and may not be a foster parent or FCM.

Concurrent Planning

Concurrent Planning is considered for all CHINS cases and requires the identification of two (2) Permanency Plan goals that are approved by the court and simultaneous reasonable efforts are

made toward both goals with all participants. The intent of Concurrent Planning is that both plans will be pursued by making reasonable efforts toward both plans simultaneously.

Permanency Plan

The Permanency Plan is the intended permanent or long-term arrangement for care and custody of the child/youth. The Permanency Plan options are:

1. Reunification- the process by which a child returns to live with a legal parent, guardian, or custodian without continued supervision and/or intervention by DCS;
2. Adoption- the legal process when a child becomes the legal child of a person other than the child's biological parents;
3. 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 may be established with or without TPR. Transferring legal responsibility removes the child from the child welfare system, allows the caregiver to make important decisions on the child's behalf, and establishes a long-term caregiver for the child;
4. Fit and Willing Relative- a permanent placement who adequately provides 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; and
5. Another Planned Permanent Living Arrangement (APPLA)- is only an option for youth 16 years of age and older and refers to a situation in which DCS maintains care and custody responsibilities for the youth, and DCS places the youth in a setting in which the child is expected to remain until transitioning to adulthood, such as:
 - a. With resource parents who have made a commitment to care for the youth permanently, but are not moving toward adoption, or
 - b. Receiving Older Youth Services (OYS) that will lead the youth to successful adulthood living after emancipation from the child welfare system.

Qualified Residential Treatment Program (QRTP)

A Qualified Residential Treatment Program (QRTP) is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child's first two (2) weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.

Forms and Tools

- [Case Plan/Prevention Plan \(SF 2956\)](#)- Available in the case management system
- [Progress Report- Permanency](#)- Available in the case management system
- [Youth Report to the Court](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.15 Concurrent Planning- An Overview](#)
- 5.23 Diligent Search
- [5.24 Child-Focused Treatment Review](#)
- [6.10 Permanency Plan](#)
- [6.11 Permanency Hearing](#)

- [8.47 Permanency Roundtables](#)
- [8.51 Regional Permanency Teams](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of QRTP Designation](#)

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LEGAL REFERENCES

- [IC 31-9-2-22.1: "Concurrent planning"](#)
- [IC 31-10-2-2 Consideration of the best interests of the child](#)
- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [IC 31-34-21-5.7: Permanency plan; requirement; approval; reports and orders not required](#)
- [IC 31-34-21-5.8: Certain reasonable efforts required if preservation and reunification inconsistent with permanency plan; progress reports, case reviews, and postdispositional hearings not required](#)
- [IC 31-34-21-7: Permanency hearing](#)
- [IC 31-34-21-7.5: Placement prohibited in residence of individual who has committed certain acts or offenses; criminal history check, contents of permanency plans](#)
- [IC 31-34-21-7.7: Permanency plan; guardianship; requirements and terms and conditions in order; jurisdiction](#)
- [42 USC 672: Foster Care Maintenance Payments Program](#)
- [42 USC 675a: Additional case plan and case review system requirements](#)
- [42 USC 12102: Definition of disability](#)
- [45 CFR 1355.20: Definitions](#)
- [45 CFR 1356.21\(b\): Reasonable efforts](#)

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PRACTICE GUIDANCE- DCS POLICY 6.10

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

Child's/Youth's Voice in the Permanency Plan

The CFT should have a meaningful and informed discussion with the child/youth regarding the child's/youth's views on the Permanency Plan and how the child/youth feels about reunification, adoption, guardianship, APPLA, or placement with a fit and willing relative. Although the child's/youth's views may be contrary to the recommendation to the court for permanency, it is necessary to present those views during the planning process. The child's/youth's views on the Permanency Plan should be presented to the court in the Progress Report-Permanency and may be expressed by an attorney for the child/youth, the FCM, or the GAL/CASA at the Permanency Hearing.

Note: Youth 14 years of age and older are to participate in the development of the Permanency Plan. If DCS determines the youth is unable to participate effectively in the development of the Permanency Plan due to a physical, mental, emotional, or intellectual disability, DCS may excuse the youth from the planning process by documenting in the Case Plan/Prevention Plan the reason for the youth's inability to participate. If the youth refuses to participate in the Permanency Plan development, DCS must record the refusal and document efforts made to obtain the youth's input or participation in the development of the plan.

Exceptions to Youth (14 Years of Age and Older) Participation in the Permanency Plan

If DCS determines the youth is unable to participate effectively in the development of the Permanency Plan due to a physical, mental, emotional, or intellectual disability, DCS may excuse the youth from the planning process by documenting in the plan the reason for the youth's inability to participate. If the youth refuses to participate in the development of the Permanency Plan, DCS must record the refusal and document the efforts made to obtain the youth's input or participation in the development of the plan.

Preparation for the Permanency Hearing

The following are factors to discuss during the CFT Meeting and/or Case Plan Conference to Prepare for the Permanency Hearing:

1. Identify the child's/youth's Permanency Plan (e.g., reunification, continue in out-of-home care; adoption; placed with an appointed legal guardian; placed with a fit and willing relative; or under Another Planned Permanent Living Arrangement [APPLA]) and second Permanency Plan, if Concurrent Planning;
2. Determine whether it is in the child/youth's best interest for the juvenile court to retain jurisdiction;
3. Determine whether an existing Permanency Plan should be modified, taking into account the recommendations of individuals who have a significant relationship with the child/youth (see policy 5.08 Developing a Case Plan/Prevention Plan);
4. Evaluate whether continuation of the decree with or without modification has a reasonable chance of success;
5. Identify procedural safeguards used by DCS to protect parental rights;
6. Determine whether DCS has made REPP;

7. Determine whether responsibility for Placement and Care (PC) of the child/youth should remain with DCS; and
8. Identify objectives of the Dispositional Decree that have not been met.

Reasonable Efforts

In determining the extent to which Reasonable Efforts to reunify or preserve a family are appropriate, the child's/youth's health and safety are of paramount concern. DCS will exercise due diligence to identify all adult relatives and adult siblings of the child/youth and document all due diligence efforts.

DCS will make Reasonable Efforts to preserve and reunify families as follows:


1. Reasonable Efforts to prevent or eliminate the need for removing the child/youth from the child's/youth's home if a child/youth has not been removed from the child's/youth's home; or
2. Reasonable Efforts to make it possible for the child/youth to return safely to the child's/youth's home as soon as possible if a child/youth has been removed from the child's/youth's home; or
3. If a Permanency Plan has been approved, REPP is required. The court must issue a finding that DCS has made REPP every 12 months. REPP is required to assure that a child/youth continues to be eligible for federal funding to reimburse the costs of out-of-home care and DCS's administrative expenditures.

Note: The FCM should work to complete the Permanency Plan prior to the Permanency Hearing. However, the Permanency Plan may not always be complete prior to the hearing.

Selecting Child Representatives

Beginning at 14 years of age, youth may select up to two (2) child representatives. The child representatives must be at least 18 years of age, members of the CFT, and may not be a foster parent or FCM. The youth may select one (1) of the child representatives to also be an adviser, and if necessary, advocate for age-appropriate activity. Child representatives are subject to the approval of DCS, and they may be rejected if there is cause to believe that they would not act in the best interest of the child.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court	Effective Date: September 1, 2021
	Section 11: Permanency Hearing	Version: 10

POLICY OVERVIEW

A Permanency Hearing will be held 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 and every 12 months thereafter;
2. Every 12 months after the date of the original Dispositional Decree or the date the child was removed from his or her parent, guardian, or custodian, whichever comes first; or
3. More often if ordered by the court.

Note: DCS may request the court hold a Permanency Hearing at any time.

PROCEDURE

The Indiana Department of Child Services (DCS) will provide notice at least 10 calendar days before the Permanency Hearing to the following:

1. The child;
2. The child's parent, guardian, or custodian;
3. The child's representatives, if applicable;

Note: Beginning at 14 years of age, youth may select up to two (2) child representatives. The child representatives must be at least 18 years of age, members of the CFT, and may not be a foster parent or FCM.

4. An attorney who has entered an appearance on behalf of the child's/youth's parent, guardian, or custodian;
5. Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL);
6. Resource parent and/or long-term foster parent; and
7. Witnesses for the hearing.

DCS will present the child's views regarding the proposed Permanency Plan in the Progress Report- Permanency and make diligent efforts to include the child in court proceedings, if appropriate (see policy 6.14 Children Attending Court Proceedings).

DCS will make Reasonable Efforts to preserve and reunify families as follows:

1. Efforts to prevent or eliminate the need for removing the child from the home if the child has not been removed from the child's home; or
2. Efforts to make it possible for the child to return safely to the home as soon as possible if the child has been removed.

The court will issue a finding on Reasonable Efforts to Finalized the Permanency Plan (REPP) at least every 12 months. REPP is required to ensure a child continues to be eligible for federal

funding to reimburse the costs of out-of-home care and DCS's administrative expenditures (see policy 15.10 Continued Eligibility).

The Family Case Manager (FCM) will:

1. Ensure required parties are notified of the Permanency Hearing and receive the Progress Report- Permanency at least 10 calendar days prior to the hearing (see policy 6.04 Providing Notice);
2. Ask if the parent, guardian, or custodian or the child needs a reasonable accommodation due to a disability;
3. Ensure the Permanency Plan was discussed with the child in an age appropriate manner and include the child's views in the Progress Report- Permanency;
4. Make diligent efforts to include the child in court proceedings, if appropriate (see policy 6.14 Children Attending Court Proceedings);

Note: Youth age 14 years and older should participate in the Permanency Hearing. The youth should complete and submit a Youth Report to the Court if the youth is unable to attend the court hearing. If the youth refuses or is unable to complete the report, DCS must record the reasons preventing the youth from completing the report and/or document efforts made to obtain the youth's input or participation in completing the report.

5. Work with the DCS Staff Attorney to prepare for the Permanency Hearing;
6. Attend and participate in the Permanency Hearing for a child/youth:
 - a. Within 30 days after the court finds that Reasonable Efforts to reunify or preserve a child/youth's family are not required and every 12 months thereafter, or
 - b. Every 12 months after the date of the original Dispositional Decree or the date the child/youth was removed from the child/youth's parent, guardian, or custodian, whichever comes first, or
 - c. More often if ordered by the court; and
7. Enter court hearing details and outcome, as well as future hearings scheduled in the case management system, including the court's findings related to Reasonable Efforts toward the Permanency Plan.

The FCM Supervisor will:

1. Assist the FCM in preparation for the Permanency Hearing; and
2. Ensure all required data and court findings are entered into the case management system.

The DCS Staff Attorney will:

1. Provide the Progress Report- Permanency to the court, along with any additional necessary documentation (e.g., QRTP Determination Report and drug screens), and ensure it was received. See policy 6.10 Permanency Plan for additional information;
2. Assist the FCM in preparation for the Permanency Hearing, as needed;

Note: For a child receiving treatment in a Qualified Residential Treatment Program (QRTP) the DCS Staff Attorney will prepare the FCM in order to submit evidence at the Permanency Hearing demonstrating the following:

- a. The reason for the child's admission to the QRTP, including a discussion of the following:

- i. That the ongoing assessment of the strengths and needs of the child continues to support the determination that the needs of the child cannot be met through placement in a foster home
 - ii. That the QRTP is the most effective and appropriate level of care for the child;
 - iii. That the QRTP is the least restrictive environment for the child; and
 - iv. That the QRTP placement meets the short-term and long-term goals for the child, as specified in the Permanency Plan.
- b. The specific treatment or service needs the QRTP meets for the child and the length of time the child is expected to need the treatment or services, and
 - c. The efforts that have been made to prepare the child to return home or be placed with a fit and willing relative, legal guardian, adoptive parent, or in a foster family home, and
 - d. A description of the child-specific short-term and long-term mental and behavioral health goals.

Note: For additional guidance regarding the QRTP process, see policy 6.15 Court Process for the Assessment of Admission to a Qualified Residential Treatment Program (QRTP).

3. Participate in the Permanency Hearing; and
4. Request and verify that within 12 months from the child's/youth's removal from the home and every 12 months thereafter, a finding of REPP is obtained in a court order.

LEGAL REFERENCES

- [IC 31-9-2-76.5: Long-term Foster Parent](#)
- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability": custody](#)
- [IC 31-32-1-4: Hearing notices regarding CHINS or delinquent cases](#)
- [IC 31-34-21-4: Notice of Case Review; testimony in periodic case review](#)
- [IC 31-34-21-7: Permanency hearing](#)
- [IC 31-34-22: Reports required for reviewing dispositional decrees](#)
- [42 USC 672: Foster care maintenance payments program](#)
- [42 USC 675 Section 675\(5\)\(C\)\(i\)](#)
- [42 USC 12102: Definition of disability](#)

RELEVANT INFORMATION

Definitions

Long-term Foster Parent

A long-term foster parent is a resource parent who has provided care and supervision for a child/youth for at least:

1. The 12 most recent months;
2. Fifteen (15) months of the most recent 22 months; or
3. Six (6) months, if the child is less than twelve months of age.

Qualified Residential Treatment Program (QRTP)

A Qualified Residential Treatment Program (QRTP) is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child's first two (2) weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.

Resource Parent


For purposes of DCS policy, the term Resource Parent includes a pre-adoptive parent, foster parent, relative, or kinship caregiver.

Forms and Tools

- [Progress Report-Permanency](#) – available in the case management system
- [Case Plan/Prevention Plan \(SF 2956\)](#) – available in the case management system
- [Youth Report to the Court](#)

Related Policies

- [6.04 Providing Notice](#)
- [6.10 Permanency Plan](#)
- [6.14 Children Attending Court Proceedings](#)
- [6.15 Court Process for the Assessment of Admission to a Qualified Residential Treatment Program \(QRTP\)](#)
- [15.10 Continued Eligibility](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of QRTP Designation](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court	Effective Date: July 1, 2021
	Section 12: Involuntary Termination of Parental Rights (TPR)	Version: 11

POLICY OVERVIEW

Every child has the right to appropriate care and a permanent home. The ultimate goal in permanency is to provide a safe and nurturing home, and for a child to develop and sustain meaningful relationships. Involuntary Termination of Parental Rights (TPR) ends the legal parent- child relationship. Involuntary TPR is filed when it is determined to be in the child’s best interest and will help the child attain permanency or when such filing is statutorily mandated.

PROCEDURE

DCS will petition the court for Involuntary TPR when one (1) of the following occurs:

1. The child has been removed from the home 15 of the most recent 22 months;

Note: The 15 months do not have to be continuous. DCS will not count Trial Home Visits (THV) or runaway episodes when calculating the 15 months.

2. The parent, guardian, or custodian has not made significant progress toward reunification within six (6) months of removal under the Dispositional Decree; or

Note: This includes a lack of progress when reasonable accommodations have been implemented to address a parent, guardian, or custodian’s disability.

3. The court in a Child in Need of Services (CHINS) case has entered a finding that reasonable efforts for family preservation or reunification are not required.

The petition for Involuntary TPR provides an outline of the circumstances that caused the petition to be filed. In the petition and during the TPR Fact-Finding, DCS will show the following:

1. The reasons why the child’s continued 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. TPR is in the best interest of the child; and
3. There is a plan for the future care and treatment of the child.

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. If the court denies the petition for TPR, reasonable efforts for reunification and preservation must resume.

If there are compelling reasons for not filing for TPR, DCS will also file to dismiss the TPR petition. If the Permanency Plan is adoption, DCS will have legal staffing every 3 months after the filing to dismiss to determine the appropriateness of refiling the TPR petition. A petition must be filed but may be dismissed on motion of DCS for one (1) of the following reasons:

1. The child is being cared for by a parent or specified relative (e.g., stepparent, grandparent, aunt, uncle, adult sibling, or relative guardian);
2. DCS has documented in the Case Plan/Prevention 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/Prevention Plan;
4. DCS has not provided the services as stated in the Case Plan/Prevention Plan and the time for providing those services under the currently applicable Case Plan/Prevention Plan has not expired; or

Note: The clock will not start over once the 15 of 22 months 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.

5. The child does not currently have a permanency plan of adoption.

DCS will consult with the child's Probation Officer (PO) in all Juvenile Delinquency/Juvenile Status (JD/JS) cases and:

1. Consider the recommendations of the PO regarding TPR, and
2. Follow local inter-agency agreements regarding procedure.

The Family Case Manager (FCM) will:

1. Seek counsel from the FCM Supervisor and the DCS Staff Attorney regarding the decision to file and prepare for TPR;
2. Request input regarding the decision to seek TPR from the Child and Family Team (CFT) and the child's Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL), if the CASA/GAL is not a member of the CFT;
3. Ensure a diligent search for any missing parent was conducted prior to the filing of the TPR petition and that an Affidavit of Diligent Inquiry (ADI) is completed, if appropriate, and provided to the DCS Staff Attorney (see policy 5.06 Locating Absent Parents);
4. Continue to recruit and/or identify a qualified prospective adoptive family for the child, including relatives who may be willing to adopt;
5. Check the status of any pending paternity cases (see policy 5.05 Genetic Testing for Alleged Fathers);
6. Once a prospective adoptive family has been identified and the TPR petition has been filed, submit a completed Indiana Adoption Program Application Title IV-E Adoption Assistance Program (AAP) or State Adoption Subsidy (SAS) and supporting documentation for an adoption subsidy eligibility determination to the DCS Central Eligibility Unit (CEU) (see policy 10.15 Eligibility Requirements for Adoption Assistance);
7. Ask the parent, guardian, or custodian if there is a need for a reasonable accommodation due to a disability;
8. Ensure the parent, guardian, or custodian is provided with notice of the TPR Hearing (see policy 6.04 Providing Notice);
9. Staff with the DCS Staff Attorney and coordinate witnesses for the TPR Hearing; and
10. Attend the TPR Hearing.

If TPR is **not granted**, the FCM will:

1. Enter the hearing date and date of the decision in the case management system;

2. Consult with the CFT to determine the most appropriate Permanency Plan and second Permanency Plan, if engaging in Concurrent Planning (see policy 5.15 Concurrent Planning), and update the plan as appropriate;
11. Continue to manage the CHINS case and ensure services are referred for the parent, guardian, or custodian in accordance with the Dispositional Decree or any modifications thereof, and ask the parent, guardian, or custodian if there is a need for a reasonable accommodation due to a disability; and
3. Consult with the DCS Staff Attorney on next steps and document in the case management system.

If TPR is **granted**, the FCM will:

1. Enter the hearing date and date of the decision in the case management system;
2. Complete the Indiana Adoption Medical History Registry;
3. Ensure that any adoption petition, notice that an adoption has been filed, or adoption decree is provided to the DCS Staff Attorney upon receipt;
4. Update the reason for lack of parental support and care in the case management system to reflect that the parental rights have been terminated; and
5. Set up a final visit between the child and the parents, if determined to be in the child's best interest (see policy 10.02 Assessing the Child's Readiness for Adoption). If the child is participating in therapy, attempt to arrange the visit so the therapist may be present.

The FCM Supervisor will:

1. Assist the FCM in the decision to pursue the TPR; and
2. Ensure information in the case management system is updated in a timely manner.

The DCS Staff Attorney will:

1. Staff with the FCM to determine whether to file TPR;
2. Prepare and file a petition for TPR (if determined to be appropriate), including the child's court approved Permanency Plan;
3. Provide proper notice/service regarding the TPR filing and hearing;
4. Contact the FCM to establish communication and coordinate planning for the TPR hearing;
5. Prepare witnesses to testify, if appropriate;
6. Represent DCS at the TPR hearing;
7. Communicate with the FCM and FCM Supervisor regarding the outcome of the TPR hearing and next steps;
8. Meet with the FCM, FCM Supervisor, LOD, as appropriate, to determine next steps if or when DCS receives notice of an adoption petition being filed; and
9. Meet with the FCM and FCM Supervisor to discuss challenging an adoption decree if DCS did not receive notice of an adoption before the adoption was granted.

Note: Any challenge to an adoption decree in a case where DCS did not have notice of the adoption must be filed within 45 days of the date the decree was issued.

The DCS Local Office Director (LOD) or LOD's designee will:

1. Sign the Consent to Adoption for cases where a prospective adoptive parent has been identified and approved to adopt a child in DCS care, and:
 - a. The period of appeal for the TPR has passed, or
 - b. Any final appellate opinion related to the TPR has been certified and the period for appeal has passed on any issues remanded to the juvenile court, or

- c. Adoption consents have been signed by all parties with a legal or potential legal claim to the child; and
 - d. The negotiations for Adoption Subsidy have been negotiated and finalized and the Title IV-E Adoption Assistance Program (AAP) agreement or State Adoption Assistance (SAS) agreement has been signed by all parties.
2. Notify, via email, the DCS Staff Attorney assigned to the adoption case that the Consent to Adoption form has been signed.

LEGAL REFERENCES

- [42 USC 12102: Definition of disability](#)
- [45 CFR 1356.21\(i\): Foster care maintenance payments program implementation requirements: Application of the requirements for filing a petition to terminate parental rights](#)
- IC 31-10-2-3
- IC 31-17-2-8.1
- [IC 31-19-9-1: Consents required](#)
- [IC 31-34-6-2: Placement with relative or de facto custodian; evaluation; background checks](#)
- [IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [IC 31-35-2: Termination of Parent-Child Relationship Involving a Delinquent Child or a Child in Need of Services](#)
- [IC 31-35-3: Termination of Parent-Child Relationship with Individual Convicted of Criminal Offense](#)
- [IC 31-35-3.5: Termination of Parent-Child Relationship of an Individual Who Committed an Act of Rape](#)

RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Case Plan/Prevention Plan \(SF 2956\)](#) – available in the case management system
- [Consent to Adoption \(SF 12582\)](#)
- [Indiana Adoption Medical History Registry \(SF 13342\)](#)
- [Indiana Adoption Program Application Title IV-E Adoption Assistance Program \(AAP\) or State Adoption Subsidy \(SAS\) \(SF 54351\)](#)

Related Policies

- [5.05 Genetic Testing for Alleged Fathers](#)
- [5.06 Locating Absent Parents](#)
- [5.15 Concurrent Planning](#)
- [6.04 Providing Notice](#)
- [10.02 Assessing the Child's Readiness for Adoption](#)
- [10.15 Eligibility Requirements for Adoption Assistance](#)



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 6: Court

Effective Date: July 1, 2021

Section 13: Voluntary Termination of Parental Rights

Version: 7

POLICY OVERVIEW

A Petition for Voluntary Termination of Parental Rights (TPR) is filed when it is determined to be in the child's best interest, a parent(s) is in agreement, and will help the child attain permanency. The ultimate goal in permanency is to provide a safe and nurturing home, and for a child to develop and sustain meaningful relationships.

PROCEDURE

The Indiana Department of Child Services (DCS) will accept a completed Voluntary Relinquishment of Parental Rights form that has been signed from a parent or alleged parent who provides the said completed and signed form to DCS. By signing the Voluntary Relinquishment of Parental Rights, the parent or alleged parent waives the right to notice of a Voluntary TPR hearing, but the parent's rights are not actually terminated by the signing of the form. DCS will maintain contact with the parent or alleged parent unless a parent's or alleged parent's rights are terminated, which may occur at any time thereafter if a Petition to Voluntarily Terminate Parental Rights is filed with the signed form attached. DCS will evaluate and determine, on a case-by-case basis, whether it is in the best interest of the child to file a Petition for Voluntary TPR based on the parent's/alleged parent's signed Voluntary Relinquishment of Parental Rights form.

Note: A Voluntary Relinquishment of Parental Rights form or adoption consent must not be taken from a mother of a newborn within the first 48 hours after the child's birth.

The Family Case Manager (FCM) will:

1. Communicate with the parent to determine the basis of the parent's request for Voluntary TPR;

Note: DCS should not seek signatures on the Voluntary Relinquishment of Parental Rights form outside of the presence and knowledge of the parent's/alleged parent's attorney, if the parent/alleged parent is represented by counsel, as a signature on a Voluntary Relinquishment of Parental Rights form is irrevocable and cannot be set aside unless the consent was obtained under fraud or duress or the parent is deemed to have been incompetent at the time of the signature

2. Ask the parent, guardian, or custodian if there is a need for a reasonable accommodation due to a disability;
3. Consult with the FCM Supervisor, the Division Manager (DM) or DCS Local Office Director (LOD), and the DCS Staff Attorney to determine if Voluntary TPR is in the best interest of the child, and document the outcome in the case management system;
4. Develop a plan for next steps for Voluntary TPR with the FCM Supervisor, DM or LOD, and the DCS Staff Attorney, if determined to be in the child's best interest;

5. Recruit and/or identify a qualified prospective adoptive family for the child, including relatives who may be willing to adopt;
6. Once a prospective adoptive family has been identified and TPR has been initiated, submit a completed Indiana Adoption Program Application Title IV-E Adoption Assistance Program (AAP) or State Adoption Subsidy (SAS) and supporting documentation for an adoption subsidy eligibility determination to the DCS Central Eligibility Unit (CEU) (see policy 10.15 Eligibility Requirements for Adoption Assistance);
7. Enter the hearing and decree date of the petition in the case management system;
8. Request that the parent complete the Indiana Adoption Medical History Registry;
9. Ensure that any adoption petition, notice that an adoption has been filed, or adoption decree is provided to the DCS Staff Attorney upon receipt;
10. Schedule a final "goodbye visit" between the child and the parents, if determined to be appropriate (see policy 10.02 Assessing the Child's Readiness for Adoption). If the child is participating in therapy, attempt to arrange the visit so the therapist can be present; and
11. Update the reason for lack of parental support and care in the case management system to reflect that the parent's rights have been terminated.

The FCM Supervisor will:

1. Meet with the FCM, DCS Staff Attorney, and LOD or DM to determine whether it is in the child's best interest to move forward with the Voluntary TPR process and plan for next steps;
2. Assist the FCM in preparing for the Voluntary TPR process if Voluntary TPR is determined to be in the child's best interest; and
3. Ensure information is entered in the case management system in a timely manner.

The DM or LOD will:

1. Meet with the FCM, FCM Supervisor, and DCS Staff Attorney to determine whether it is in the child's best interest to move forward with the Voluntary TPR process and plan for next steps; and
2. Sign the agency's Consent to Adoption form for cases for which filing of the Voluntary TPR process is deemed appropriate and a prospective adoptive parent has been identified, and:
 - a. The negotiations for Adoption Subsidy have been negotiated and finalized (see policy 10.17 Negotiations for Adoption Assistance), and
 - b. One (1) of the following has occurred for each parent or alleged parent with a claim to the child:
 - i. The period of appeal of the final TPR order has passed,
 - ii. Any final appellate opinion related to the TPR has been certified and the period for appeal has passed on any issues remanded to the juvenile court, or
 - iii. Adoption consents have been signed by all parties with a legal or potential legal claim to the child.
3. Notify, via email, the DCS Staff Attorney assigned to the adoption case that the Consent to Adoption form has been signed.

The DCS Staff Attorney will:

1. Staff with the FCM, FCM Supervisor, DM or LOD, and any other appropriate individual to determine if Voluntary TPR is in the child's best interest and plan for next steps;
2. Appropriately store the parent's or alleged parent's signed Voluntary Relinquishment of Parental Rights form if Voluntary TPR is determined NOT to be in the child's best

interest so that it may be easily located if Voluntary TPR is determined to be in the best interest of the child in the future;

3. Prepare and file the Petition for Voluntary TPR with the signed Voluntary Relinquishment of Parental Rights form and an attached copy of the child's court approved Permanency Plan if Voluntary TPR is determined to be in the child's best interest;
4. Represent DCS at the Voluntary TPR hearing;
5. Communicate with the FCM and FCM Supervisor regarding the outcome of the Voluntary TPR hearing and next steps;
6. Meet with the FCM, FCM Supervisor, LOD, as appropriate, to determine next steps if or when DCS receives notice of an adoption petition being filed; and
7. Meet with the FCM and FCM Supervisor to discuss challenging an adoption decree if DCS did not receive notice of an adoption before the adoption was granted.

Note: Any challenge to an adoption decree in a case where DCS did not have notice of the adoption must be filed within 45 days of the date the decree was issued.

LEGAL REFERENCES

- IC 31-10-2-3
- IC 31-17-2-8.1
- [IC 31-35-1: Voluntary Termination of Parent-Child Relationship by Parents](#)
- [IC 31-35-1-6: Consent; written denial of paternity or consent to termination of relationship before birth of child bars challenge to adoptions or termination of parental rights](#)
- [IC 31-35-1-8: Advice to parents](#)
- [42 USC 12102: Definition of disability](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- [Voluntary Relinquishment of Parental Rights \(SF 12587\)](#)
- [Indiana Adoption Medical History Registry \(SF 13342\)](#)
- [Consent to Adoption \(SF 12582\)](#)

Related Policies

- [10.02 Assessing the Child's Readiness for Adoption](#)
- 10.17 Negotiations for Adoption Assistance

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court	Effective Date: June 1, 2021
	Section 14: Children Attending Court Proceedings	Version: 3

POLICY OVERVIEW

Involving a child in court proceedings allows for the court to have the opportunity to observe and interact with the child. The child's attendance may also provide an opportunity for the child's voice to be heard and for the child to present evidence to the court, which is not otherwise available to assist the court in understanding the child's view of what is happening in the child's life.

PROCEDURE

The Indiana Department of Child Services (DCS) and the court will make a determination if it is in the best interest of a child who is under the care and supervision of DCS to attend court proceedings. DCS will consult with other parties (e.g., the child's parent, guardian, or custodian; Guardian ad Litem [GAL]/Court Appointed Special Advocate [CASA], and parent's counsel) to the case in making this determination. If the court allows or orders the child to be present and it has been determined that it would be in the child's best interest to be present at court proceedings, efforts should be made to have the child present. Efforts to ensure the child's attendance at court proceedings will continue throughout the life of the case.

DCS will discuss court proceedings with the child in order to assess the child's understanding of the court process and willingness to attend court. Youth 14 years of age and older shall participate in all court proceedings unless granted an exception by the court due to a physical, mental, emotional, or intellectual disability, and the youth should have a Youth Report to the Court completed and submitted to the court by the youth if the youth is unable to attend the court hearing. It may be appropriate for youth to attend only a portion of a hearing and then wait in another area of the courthouse or return to school, place of residence, or any other previously planned appointments, if necessary. Attendance in court is mandatory for youth in Collaborative Care (see policy 11.23 Collaborative Care Court Hearings).

DCS will consider the following prior to the child attending a court proceeding:

1. The nature of the court proceeding and its potential impact on the child's emotional and educational stability and needs;
2. The child's age, maturity, and developmental level;
3. The relevancy of the child's presence; and
4. Whether the child will need to miss school to attend the proceedings. For each instance where the child will need to miss school to attend court, a separate determination should be made about whether the importance of the child attending that court hearing outweighs the importance of what the child will be missing in school.

DCS will follow any protective or no contact orders that would be violated if the child attends a court proceeding. DCS will obtain permission from the court for the child to attend the court proceeding, as needed.

When a child attends court proceedings, DCS will make efforts to provide support for the child before, during, and after the proceedings by offering seclusion or protection from harmful material, interactions, and information in order to prevent distress to the child.

The Family Case Manager (FCM) will:

1. Verify there are no protective or no contact orders that may be violated if the child attends a court proceeding and inform the DCS Staff Attorney of any concerns;
2. Discuss court proceedings with the child in order to assess the youth's understanding of the court process and willingness to attend;

Note: If it is determined the child will not be attending a court proceeding, efforts should be made to allow the child's voice to be heard by participation through alternative means (e.g., video/teleconference or writing a letter).

3. Obtain feedback as to how the court proceeding may impact the child from relevant individuals in the case (e.g., therapists, doctors, child representatives, the child's caregiver, Child and Family Team [CFT] members, GAL/ CASA, and the court);
4. Make a determination as to whether it is in the best interest of the child to attend court proceedings by considering the following prior to the child attending a court proceeding:
 - a. The nature of the court proceeding and its potential impact on the child's emotional and educational stability and needs, as determined by the CFT;
 - b. The child's age, maturity, and developmental level;
 - c. The relevancy of the child's presence; and
 - d. Whether the child will need to miss school to attend the proceedings. For each instance where the child will need to miss school to attend court, a separate determination should be made about whether the importance of the child attending that court hearing outweighs the importance of what the child will be missing in school.
5. Inform the DCS Staff Attorney if the determination is made that it is not in the child's best interest to attend Court and ask the DCS Staff Attorney to file the Motion for Exclusion of the Child with the court. Ensure the DCS Staff Attorney is aware of protective and/or no contact orders, which may be impacted by a child's court attendance;
6. Ensure permission from the court is obtained for the child to attend or be absent from the court proceeding, if required; and
7. Document in the case management system the efforts to engage the child in the court proceedings and actions taken to provide support to the child before, during, and after the hearing.

The DCS Staff Attorney will:

1. File a Motion for Exclusion of Child if a determination is made that it is not in a child's best interest to attend court; and
2. Ensure a request for permission from the court is filed for the child to attend or be absent from the court proceeding, if required.

LEGAL REFERENCES

- [IC 31-34-15-2: Time for completion](#)
- [IC 31-34-15-4: Form; contents](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- [Youth Report to the Court](#)

Related Policies

- [11.23 Collaborative Care Court Hearings](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court	Effective Date: September 1, 2021
	Section 15: Court Process for the Assessment of Admission to a Qualified Residential Treatment Program (QRTP)	Version: 1

POLICY OVERVIEW

After a decision is made to admit a child to a Qualified Residential Treatment Program (QRTP), a hearing is requested approximately 45 days after the child’s admission to allow the court to assess the suitability of and approve or disapprove of the QRTP. The court continues to assess the appropriateness of the QRTP at each subsequent hearing while the child is in the QRTP.

PROCEDURE

When the Indiana Department of Child Services (DCS) determines that a Qualified Residential Treatment Program (QRTP) is the appropriate plan of treatment for a child, the FCM will:

1. Notify the DCS Staff Attorney of the child’s plan of treatment;
2. Make a referral for the completion of the 30-Day Assessment; and

Note: If a child has already been admitted to a QRTP, a referral for the 30-Day Assessment should be made as soon as possible, as the assessment must be completed within 30 days of the child’s admission.

3. Ensure the QRTP Determination Report is attached to the child’s Case Plan/Prevention Plan, which includes the Step-Down Planning form (see policy 5.24 Child-Focused Treatment Review for further guidance).

The DCS Staff Attorney will:

1. File a motion with the court indicating that a child has been admitted to or DCS is seeking admission for child in a QRTP, and may request a:
 - a. Detention Hearing/admission to a residential treatment program,
 - b. Motion for Continued Placement,
 - c. Motion for Authorization of Placement, and
 - d. Request for a hearing on the placement.
2. File a copy of the QRTP Determination Report with the court, upon receipt, in advance of the 60-Day Hearing and serve all parties (or determine a process with the court). Ensure the QRTP Determination Report and the Case Plan/Prevention Plan, which includes the Step-Down Planning form, are submitted to the court for the 60-day review and approval;
3. Request a 60-day order on the approval/disapproval of the QRTP be set approximately 45 days from the first day of the child’s admission to the QRTP;

Note: This does not need to be an actual hearing; it may be a paper review and subsequent court order. The decision to approve the QRTP must be made by the court within 60 days of the child’s admission. In order to meet the 60-day deadline, DCS recommends requesting the hearing be held at 45 days to allow for time for a

continuance or for the order to be completed. This approval is different from the initial approval for the QRTP, as the court must assess whether or not this course of treatment is in the best interest of the child.

4. Request that the following findings be made at the 60-Day Hearing (or upon review) after the court has considered the assessment:
 - a. Whether the needs of the child may be met through placement in a foster home; or
 - b. Whether treatment at a QRTP is appropriate by assessing the if the QRTP is:
 - i. The most effective and appropriate level of care for the child;
 - ii. The least restrictive environment;
 - iii. Consistent with the short- and long-term goals for the child, as specified in the permanency plan.
 - c. Approval or disapproval of the QRTP.
5. Ensure the child's progress in residential is provided to the court at each subsequent hearing by providing the Step-Down Planning form and be prepared to submit the following, at every subsequent hearing after a child is admitted to a QRTP:
 - a. Evidence demonstrating the ongoing assessment of the strengths and needs of the child continues to support the child's needs are not able to be met in a foster family home,
 - b. Evidence demonstrating the QRTP is:
 - i. The most effective and appropriate level of care for the child,
 - ii. The least restrictive environment, and
 - iii. Consistent with the short- and long-term goals for the child, as specified in the permanency plan.
 - c. Documentation of the specific treatment or service needs that will be met for the child in the QRTP and the length of time the child is expected to need the treatment or services, and
 - d. Documentation of the efforts made to prepare the child to return home or be placed with a fit and willing relative, legal guardian, adoptive parent, or a foster family home.

Note: The DCS Director must sign the Continued Qualified Residential Treatment Program (QRTP) Approval for Title IV-E for continued treatment at the QRTP for children who are:

- i. Thirteen (13) years of age or older and remain in a specific QRTP for more than 12 consecutive months or 18 non-consecutive months; or
- ii. Twelve (12) years of age or younger and remain in a specific QRTP for six (6) consecutive or non-consecutive months.

LEGAL REFERENCES

- [42 USC 672: Foster care maintenance payments program](#)

RELEVANT INFORMATION

Definitions

Qualified Residential Treatment Program (QRTP)


A Qualified Residential Treatment Program (QRTP) is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child's first two (2) weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.

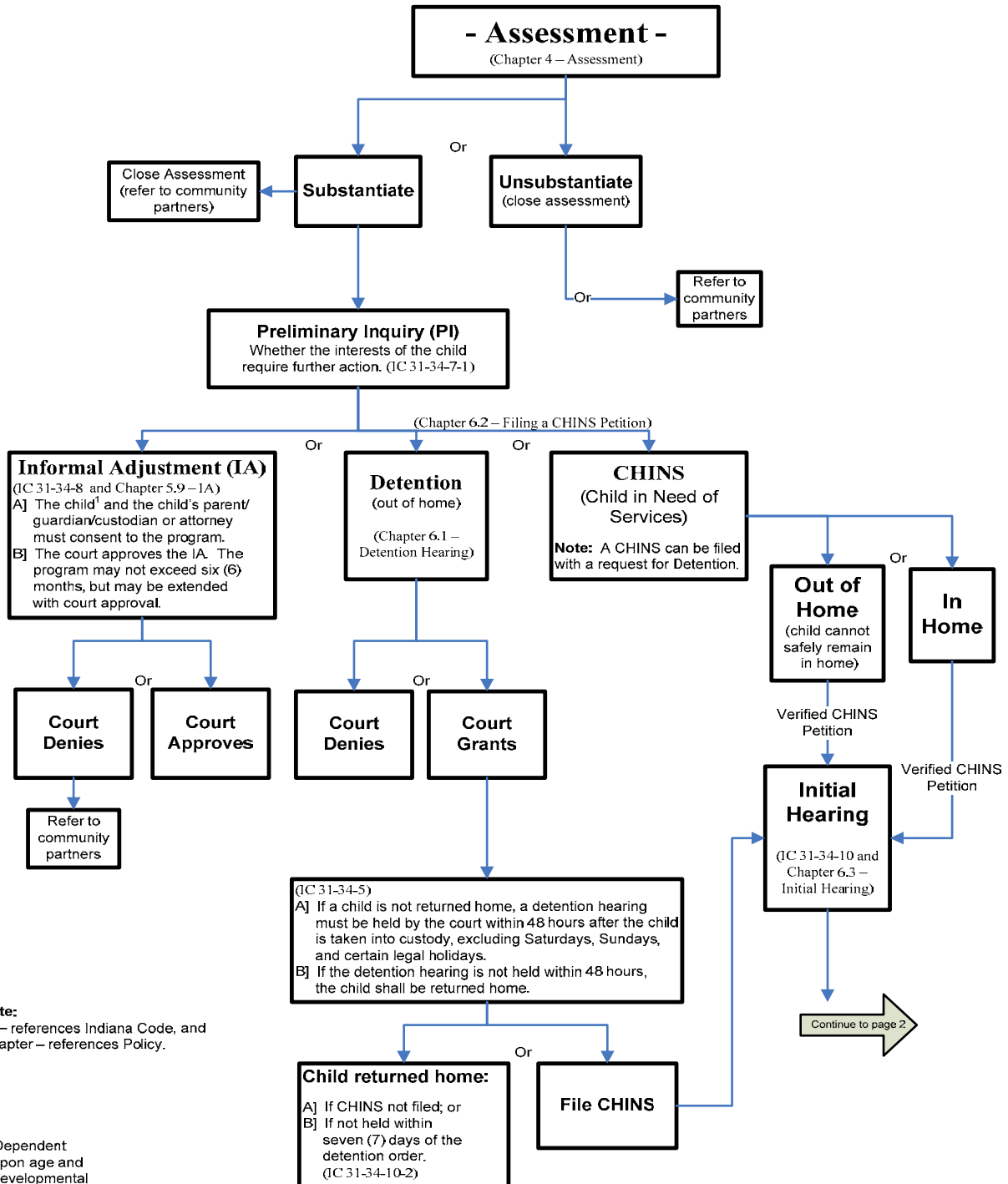
Forms and Tools

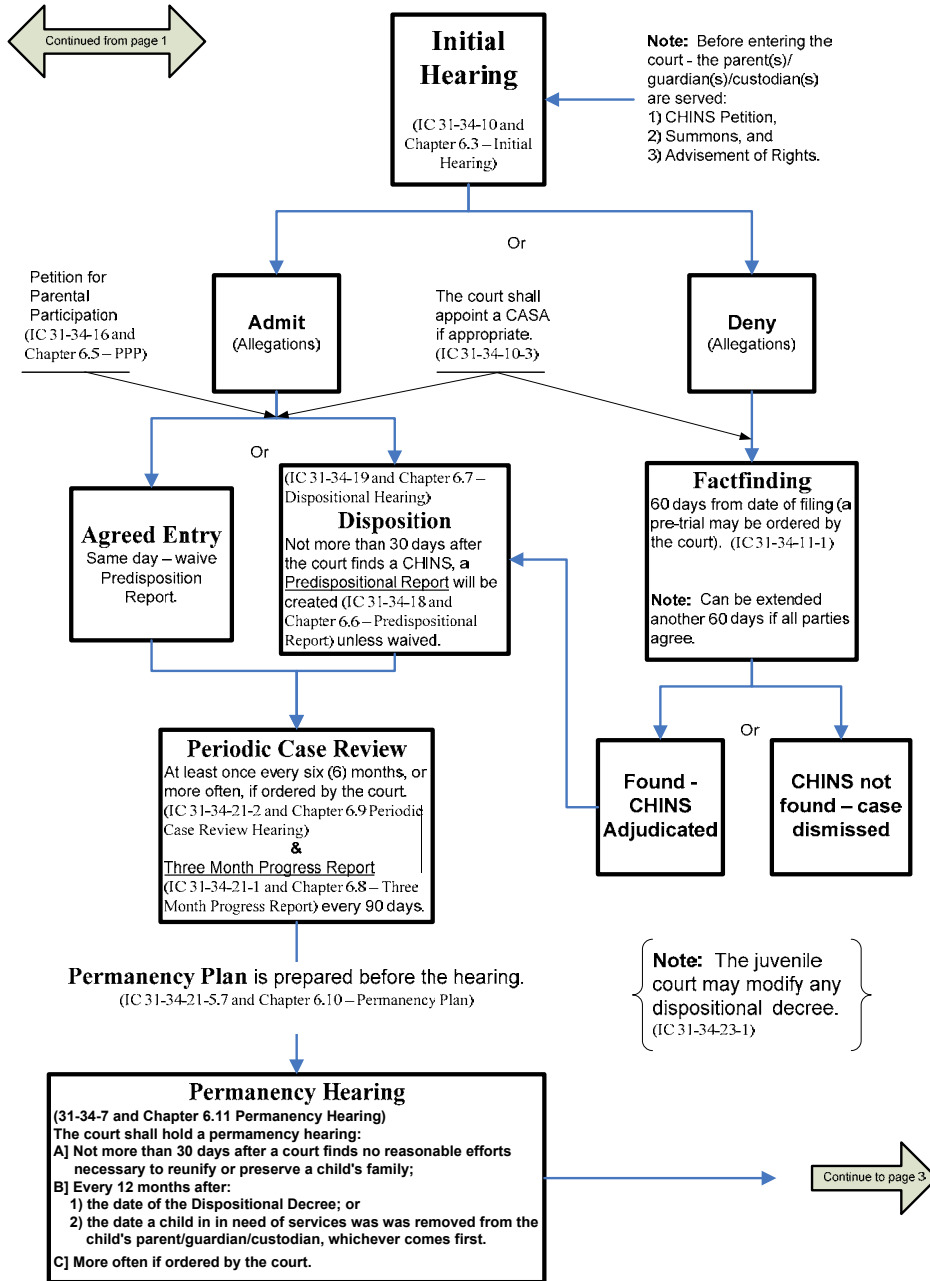
- [Case Plan/Prevention Plan](#) – available in the case management system
- [Continued Qualified Residential Treatment Program \(QRTP\) Approval for Title IV-E \(SF 57138\)](#)
- [Step-Down Planning \(SF 57072\)](#)

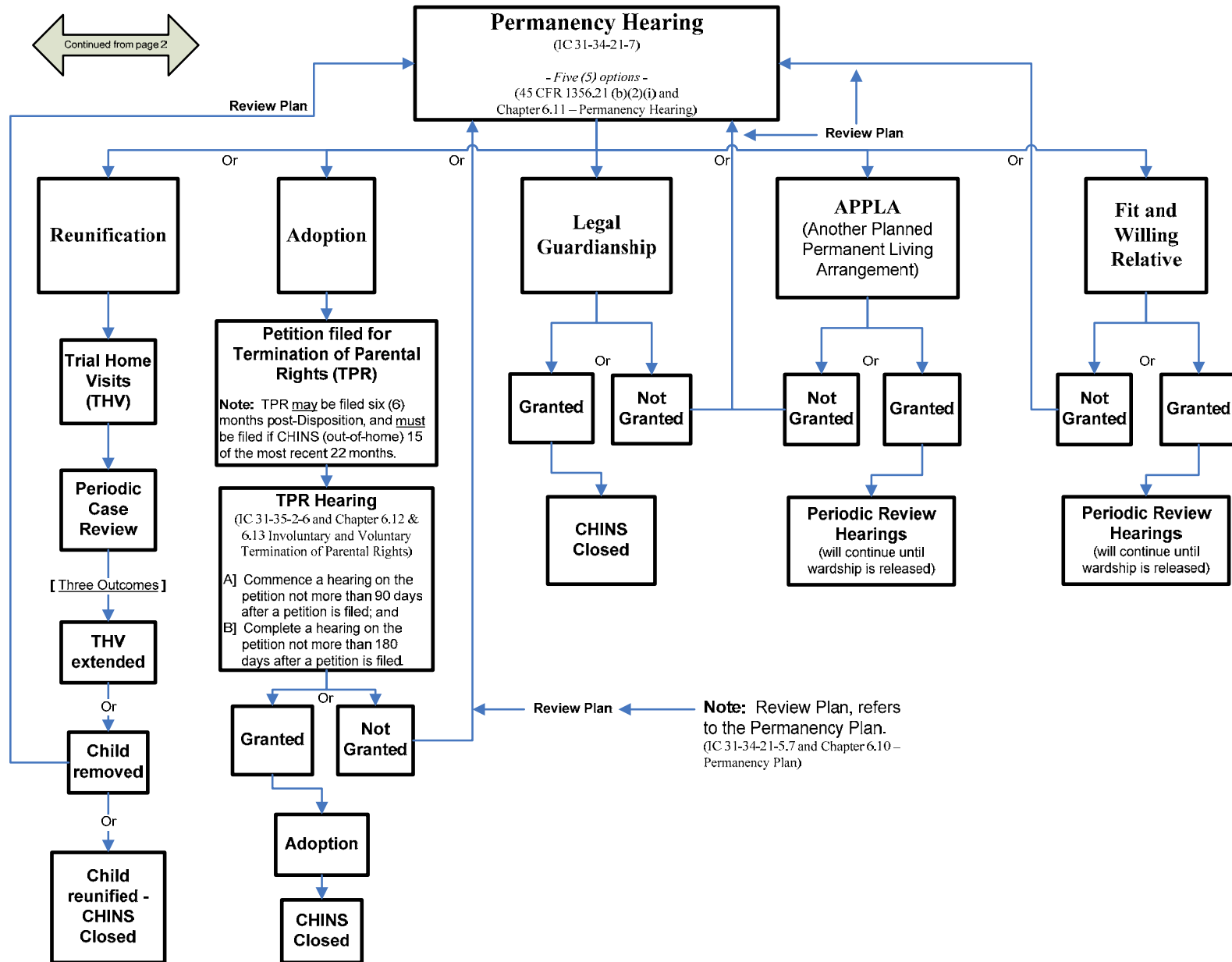
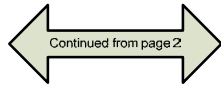
Related Policies


- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of QRTP Designation](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool Name: 6.A - Tool: Legal Process Overview	Effective Date: December 1, 2009
	Reference: Chapter 6	Version: 2







	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Statutory Definition of CHINS	Effective Date: July 1, 2021
	Reference: 6.B (Chapter 6 – Court)	Version: 9

The State of Indiana defines a Child in Need of Services (CHINS) as a child, prior to the child's 18th birthday, who is experiencing one (1) or more of the conditions outlined below **AND** the situation is unlikely to be remedied without the coercive intervention of the court.

CHINS 1: Neglect

The child's physical or mental condition is seriously impaired or seriously endangered as a result of the 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:

- (A) when the parent, guardian, or custodian is financially able to do so; or
- (B) due to the failure, refusal, or inability of the parent, guardian, or custodian to seek financial or other reasonable means to do so; and

The child needs care, treatment, or rehabilitation that:

- (A) the child is not receiving; and
- (B) is unlikely to be provided or accepted without the coercive intervention of the court.

CHINS 2: Abuse

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

- a. The child is a victim of assisting suicide ([IC 35-42-1-2.5](#)); battery ([IC 35-42-2-1](#)); domestic battery ([IC 35-42-2-1.3](#)); aggravated battery ([IC 35-42-2-1.5](#)); strangulation ([IC 35-42-2-9](#)); female genital mutilation ([IC 35-42-2-10](#)); neglect of a dependent, child selling ([IC 35-46-1-4](#)); attempt or conspiracy to commit any of the listed offenses; or attempt or conspiracy to commit murder, causing suicide, voluntary manslaughter, involuntary manslaughter, or reckless homicide ([IC 31-34-1-2](#)).
- b. The child lives in the same household as an adult who committed and has been convicted of, or has been charged with committing an offense and is awaiting trial for, any of the following offenses against another child who lives in the household: assisting suicide ([IC 35-42-1-2.5](#)); battery ([IC 35-42-2-1](#)); domestic battery ([IC 35-42-2-1.3](#)); aggravated battery ([IC 35-42-2-1.5](#)); strangulation ([IC 35-42-2-9](#)); neglect of a dependent, child selling ([IC 35-46-1-4](#)); attempt or conspiracy to commit any of the listed offenses; or attempt or conspiracy to commit murder, causing suicide, voluntary manslaughter, involuntary manslaughter, or reckless homicide ([IC 31-34-1-2](#)).
- c. Evidence that illegal manufacture of a drug or controlled substance is occurring on property where a child resides creates a rebuttable presumption that the child's physical or mental health is seriously endangered.

Note: According to [IC 31-34-12-4](#), a rebuttable presumption is raised that the child is a CHINS because of an act or omission of the child's parent, guardian, or custodian if the state introduces competent evidence of

probative value that:

- (1) The child has been injured,
- (2) At the time the child was injured, the parent, guardian, or custodian:
 - (A) had the care, custody, or control of the child; or
 - (B) the legal responsibility for the care, custody, or control of the child;
- (3) The injury would not ordinarily be sustained except for the act or omission of a parent/, guardian/, or custodian; and
- (4) There is a reasonable probability that the injury was not accidental.

Note: Evidence that the illegal manufacture of a drug or controlled substance is occurring on property where a child resides creates a rebuttable presumption that the child's physical or mental health is seriously endangered.

CHINS 3: Sexual Abuse

The child is a victim of an offense listed in [IC 31-34-1-3](#) or is living in a household with an adult who has been charged with an offense listed in [IC 31-34-1-3](#) or [IC 35-42-3.5-1](#) and is awaiting trial or resulted in a conviction or judgement under [IC 31-34-11-2](#) or [IC 35-42-3.5-1](#).

CHINS 3.5: The child is a victim of a human or sexual trafficking offense as in [IC 31-9-2-133.1](#). A child is considered a victim of human or sexual trafficking regardless of whether the child consented to the conduct as defined.

CHINS 4: The child's parent, guardian, 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.

CHINS 6: The child substantially endangers his or her own health or the health of another individual.

CHINS 7: The child's parent, guardian, or custodian fails to participate in a school disciplinary proceeding.

CHINS 8: The child is a "missing child".

Note: This is a child who is the subject of a missing person's report and has been found in Indiana.

CHINS 9: The child is disabled and deprived of necessary nutrition or medical intervention.

Note: According to [IC 31-34-1-9](#), a child in need of services CHINS under CHINS 1, 2, 3, 4, 5, 6, 7, or 8 of this tool includes a child with a disability who:

- 1) Is deprived of nutrition that is necessary to sustain life; or
- 2) Is deprived of medical or surgical intervention that is necessary to remedy or ameliorate a life-threatening medical condition; if the nutrition or medical or surgical intervention is generally provided to similarly situated children with or without disabilities.

CHINS 10: The child is born with fetal alcohol syndrome, neonatal abstinence syndrome or

with any amount of controlled substance, a legend drug, or a metabolite of a controlled substance or legend drug in the child's body, including the child's blood, urine, umbilical cord tissue, or meconium.

CHINS 11: The child has an injury, abnormal physical, or psychological development; symptoms of neonatal intoxication or withdrawal; or experiences risks or injuries from the mother's use of alcohol, controlled substance, or legend drug during pregnancy.

LEGAL REFERENCES

- [IC 10-13-5-4: Missing Child](#)
- [IC 20-33-8-26: Rules requiring participation in disciplinary action by person caring for dependent student](#)
- [IC 31-9-2-14: Child abuse or neglect](#)
- [IC 31-34-1: Chapter 1. Circumstances Under Which a Child Is a Child in Need of Services](#)
- [IC 31-34-11-2 Judgment; order of predisposition report; scheduling of dispositional hearing; dual status assessment team report and recommendations](#)
- [IC 35-42-3-3: Criminal Confinement](#)
- [IC 35-42-3-4: Interference with Custody](#)
- [IC 35-42-3.5-1 Promotion of human labor trafficking](#)
- [IC 35-42-4: Chapter 4. Sex Crimes](#)
- [IC 35-45-4: Chapter 4. Indecent Acts and Prostitution](#)
- [IC 35-46-1-3: Incest](#)
- [IC 35-49-3-2: Obscene Performance](#)
- [IC 35-49-2-2: Matter of Performance Harmful to Minors](#)

RELEVANT INFORMATION

Definitions

Coercive Intervention

Coercive intervention is the inability or unwillingness of the parent, guardian, or custodian to provide needed supervision and/or services for a child without a court order.

Legend Drug and Controlled Substance

As provided in IC 31-34-1-12 (legend drug) and IC 31-34-1-13 (controlled substance), a legend drug and controlled substance refers to a drug for which the mother possessed a valid prescription for the drug and made a good attempt to use the drug according to the prescription instructions.

Rebuttable Presumption


Rebuttable presumption is an assumption made by a court, one that is taken to be true unless someone comes forward to contest it and prove otherwise.

Forms and Tools

- [Chapter 3, Intake: Tool 3.B – Sexual Offense CAN Matrix](#)
- [Tool 6.A: Legal Process Overview](#)

Related Policies

- N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services	Effective Date: September 1, 2019
	Section 1: Child at Imminent Risk of Removal	Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make an initial determination as to whether an individual child is at [imminent risk](#) of removal and therefore a candidate for placement in out-of-home care. DCS will re-determine [imminent risk](#) of removal every 180 days. A child is at [imminent risk](#) of removal when a substantiation of abuse or neglect is made by DCS, as documented by an approved substantiated [Assessment of Alleged Child Abuse or Neglect \(311\) \(SF113\)](#), an Informal Adjustment (IA), or In-Home Child in Need of Services (CHINS) case is opened, and reasonable efforts are made to prevent the child’s removal from his or her home.

Code References

1. [IC 31-26-5-1: Child at imminent risk of placement](#)
2. [42 USC 672 \(i\)\(2\): Administrative costs associated with otherwise eligible children not in licensed foster care settings](#)
3. [42 USC 5106a: Grants for programs and projects](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Complete the [In-Home Risk and Safety Reassessment](#) within 45 days of the Disposition Hearing or during the development of the [Program of Informal Adjustment](#) to make an initial determination and at least every 180 days thereafter to make a re-determination regarding a child being at [imminent risk](#) of removal. See Policy [7.11 In-Home Risk and Safety Reassessment](#) for additional information.

Note: A determination of [imminent risk](#) will be completed on every child with an open case type of IA or In-Home CHINS;

2. Document the initial determination of [imminent risk](#) of removal within 72 hours in the following documents (see [Candidacy: Imminent Risk of Removal Fact Sheet](#) and [Related Information](#) for further guidance):
 - a. [Program of Informal Adjustment](#) for IA Cases. See policy [5.9 Informal Adjustment](#) for additional information, and
 - b. [Case Plan \(SF2956\)](#) for In-Home CHINS Cases. See policy [5.8 Developing the Case Plan](#) for additional information; and
3. Make a redetermination of [imminent risk](#) of removal within 72 hours in the following documents (see [Candidacy: Imminent Risk of Removal Fact Sheet](#) and [Related Information](#) for further guidance):
 - a. [Progress Report on the Program of Informal Adjustment \(S54336\)](#) for IA Cases. See policy [5.9 Informal Adjustment](#) for additional information; and

- b. [Case Plan \(SF2956\)](#) for In-Home CHINS Cases. See policy [5.8 Developing the Case Plan](#) for additional information; and
4. Enter any changes in placement or involvement status in the case management system within 72 hours.

The FCM Supervisor will:

1. Ensure an [imminent risk](#) determination is made within 45 days of the Disposition Hearing or during the development of the [Program of Informal Adjustment](#) to make an initial determination and at least every 180 days thereafter through appropriate completion of the [In-Home Risk and Safety Reassessment](#);
2. Ensure an [imminent risk](#) choice is appropriately documented in the following documents:
 - a. [Program of Informal Adjustment](#) and [Progress Report on Program of Informal Adjustment \(SF54336\)](#) for IA Cases, and
 - b. [Case Plan \(SF2956\)](#) for In-Home CHINS Cases; and
3. Ensure involvement status, placements, and documentation specific to [imminent risk](#) are entered in the case management system within 72 hours and approved timely.

PRACTICE GUIDANCE

Definition of Imminent Risk

DCS defines a child at imminent risk of removal as a child less than 18 years of age who reasonably may be expected to face out-of-home placement in the near future as a result of at least one (1) of the following:

1. Dependency, abuse, or neglect;
2. Emotional disturbance;
3. Family conflict so extensive that reasonable control of the child is not exercised; or
4. Delinquency adjudication.

FORMS AND TOOLS

1. [Assessment of Alleged Child Abuse or Neglect \(311\) \(SF113\)](#) – Available in the case management system
2. [Initial Family Risk Assessment](#) – Available in the case management system
3. [In-Home Risk and Safety Reassessment](#) – Available in the case management system
4. [Program of Informal Adjustment](#)
5. [Progress Report on Program of Informal Adjustment \(SF 54336\)](#)
6. [Case Plan \(SF2956\)](#) – Available in the case management system
7. [IN Guidebook](#)
8. [Family Functional Assessment \(FFA\) Field Guide](#) – Available on the Indiana Practice Model SharePoint
9. [Candidacy: Imminent Risk of Removal Fact Sheet](#)

RELATED INFORMATION

Imminent Risk of Removal Determination Criteria

The following are examples of criteria, based on federal guidance, for a child who is at [imminent risk](#) of removal and therefore a candidate for out-of-home placement:


1. Substantiated assessment of abuse or neglect;
2. Open IA or In-Home CHINS; and
3. Child and/or family will receive or is currently receiving services to prevent the need for removal while the child is living in his or her home.

The following are examples of a child who is not considered at [imminent risk](#) of removal:

1. A child in out-of-home care; and
2. A child on a Trial Home Visit (THV) for the initial three (3) months, and/or a child for whom an extension of the THV has been granted by the court.

Risk Reassessment

The Risk Reassessment is a part of the [In-Home Risk and Safety Reassessment](#) and is used by the FCM throughout the life of the child welfare case to determine the presence of risk factors that indicate the likelihood of future child maltreatment. The Risk Reassessment also assists the FCM in evaluating whether risk levels have decreased, remained the same, or have increased since the completion of the [Initial Family Risk Assessment](#). In addition to the Risk Reassessment, the FCM should reference the [Family Functional Assessment \(FFA\) Field Guide](#) when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth. Risk assessment questions that may be helpful in determining the risk factors for LGBTQ youth can be found in the [FFA Field Guide](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services	Effective Date: August 1, 2020
	Section 3: Minimum Contact	Version: 9

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will have **monthly** face-to-face contact in accordance with the [Minimum Service Level Contact Standards](#), with every child under DCS care and supervision who is identified as “at imminent risk of placement”. Face-to-face contact must include time spent alone with the child, and a photograph of the child will be taken during each face-to-face contact.

DCS will have **monthly** face-to-face contact, in accordance with the [Minimum Service Level Contact Standards](#), with each parent, guardian, or custodian of the child. The presence of domestic violence should be assessed through questioning and observation during every contact.

Exception: If the parent, guardian, or custodian is incarcerated or resides out-of-state, virtual face-to-face contact (i.e., using virtual technology) may be considered, if available.

DCS will ensure sufficient time is allowed to observe the parent-child relationship during monthly visits. The [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) must be updated as needed. All safety concerns identified must be reported immediately and any issues involving child safety must be immediately addressed. See policy [5.21 Safety Planning](#) for more information.

Note: DCS will ensure any new allegations of Child Abuse and/or Neglect (CA/N) are reported to the DCS Child Abuse Hotline (Hotline). See [Practice Guidance](#) for additional information.

DCS will initiate an emergency removal if the child is in immediate danger. See policy [4.28 Involuntary Removals](#) for further guidance.

DCS will make contact with the child and family within 24 hours of receiving notice of a critical episode involving the child and/or family (e.g., potential risk of removal, new CA/N allegations, potential runaway situations, pregnancy of the child, or lack of parental contact). DCS will monitor and evaluate the situation and convene the Child and Family Team (CFT) and/or a Case Plan Conference to assess whether the situation warrants additional services or supports for the family. See policies [5.7 Child and Family Team Meetings](#) and [4.18 Initial Safety Assessment](#) for additional guidance.

DCS will maintain contact with the noncustodial parent (including incarcerated parents) and will ensure he or she is afforded the opportunity to visit with the child and maintain involvement in the child’s life, unless the court has ruled that this is not in the child’s best interest. See policy [5.4 Noncustodial Parents](#) for more information.

Contacts, observations, assessments, photographs taken, and any new information gathered will be documented in the case management system. All safety concerns identified must be reported immediately. Issues involving child safety must always be immediately addressed.

Code References

[IC 34-6-2-34.5: Domestic or Family Violence](#)

PROCEDURE

Determining Minimum Contact

The Family Case Manager (FCM) will:

1. Determine the Minimum Service Level Contact based upon the recommendation from the [In-Home Risk and Safety Reassessment](#); and
2. Discuss with the FCM Supervisor the delegation of some face-to-face contacts to a service provider for moderate, high, or very high service level cases, and create or modify any referrals needed for this purpose. See [Practice Guidance](#) for additional information.

Contact with the Child

During each face-to-face contact with the child, the FCM will:

1. Assess the child's safety, stability, permanency, and well-being (including mental and physical health, medical care, and educational status). See policy [7.5 Meaningful Contacts](#) for additional guidance and [5.C Tool: Face-to-Face Contact Guide](#) for specific questions to consider;

Note: Any new allegations of CA/N must be reported to the DCS Hotline, per State reporting statutes, and may not be handled as part of the case. See [Practice Guidance](#) for additional information.

2. Evaluate the child for:
 - a. Any visible injuries,
 - b. Appearance of illness, and
 - c. Appearance of emotional distress (e.g., withdrawn, angry, or scared);
3. Allow sufficient time alone with the child in a setting that provides the child an opportunity to speak freely and/or express his or her thoughts and feelings;
4. Discuss, in an age and developmentally appropriate manner, any positive or negative feelings the child may have regarding the following:
 - a. Safety in the home and other locations where the child spends time,
 - b. Relationships with members of the household and others the child has regular contact with,
 - c. Any incidents that have occurred,
 - d. Services currently being offered or needed, and
 - e. The child's interests (e.g., friends, hobbies, and extracurricular activities);
5. Complete the [Face-to-Face Contact \(SF53557\)](#) and **ensure Safety, Stability, Permanency, and Well-Being of each child is considered and documented**;

Note: Each child should be assessed individually. The [5.C Tool: Face to Face Contact Guide](#) may be utilized to assist in completing the [Face-to-Face Contact \(SF53557\)](#);

6. Photograph the child.

Contact with the Child and/or Parent, Guardian, or Custodian

During each face-to face contact with the child, parent, guardian, or custodian, the FCM will:

1. Complete the [Face-to-Face Contact \(SF53557\)](#) and **ensure Safety, Stability, Permanency, and Well-Being of each child is considered and documented;**

Note: If the parent, guardian, or custodian is incarcerated or resides out-of-state, the [Face-to-Face Contact \(SF53557\)](#) is still required during the virtual face-to-face contact.

2. Evaluate the parent-child relationship;

Note: Visits must be scheduled to allow time to observe the parent-child relationship.

3. Assess family progress toward meeting goals, discuss services the family needs or is receiving, and provide assistance and support to the family as needed;
4. Observe the overall condition of the home and discuss any areas of concern with the family;
5. Assess for safety concerns, address any identified issues, and update the [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) as needed.

Note: Any new allegations of CA/N must be reported to the DCS Hotline, per State reporting statutes, and may not be handled as part of the case (see [Practice Guidance](#) for additional information). Seek supervisory approval to initiate emergency removal if the child is in immediate danger. See policy [4.28 Involuntary Removals](#) for further guidance.

6. Discuss the child's overall progress, including, but not limited to, behavioral management and school adjustment;
7. Assist the family with problem-solving and accessing community resources as needed;
8. Review progress on the concerns that brought the family to the attention of DCS; and
9. Collaborate with the child and/or parent, guardian, or custodian to prepare for the next CFT meeting.

Following each face-to-face contact with the child and/or parent, guardian, or custodian, the FCM will:

1. Clearly and accurately document in the case management system the face-to-face contact within three (3) business days. This should include, but is not limited to: new information gained; assessment of safety, risk, stability, permanency, and well-being (including physical and mental health, medical care, and educational status); photographs taken; the completed [Face-to-Face Contact \(SF53557\)](#) form; the updated [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) (if applicable); and any other documents obtained. For more details, see policy [7.5 Meaningful Contacts](#); and
2. Discuss any safety concerns and the need for any additional referrals with the FCM Supervisor and complete referrals in KidTraks, as needed, to address identified service needs for the child and/or parent, guardian, or custodian. See policy [5.10 Family Services](#) for further guidance.

Contact with Siblings

The FCM will develop a [Visitation Plan](#) with the family to ensure contact with any sibling outside of the home is maintained and strengthened. See policy [8.12 Developing the Visitation Plan](#) for further guidance.

The FCM Supervisor will:

1. Ensure face-to-face contact with each child and parent, guardian, or custodian is completed and entered in the case management system as required; and
2. Review the case during regular [clinical supervision](#) and approve any updates to the [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) and any additional service referrals.

PRACTICE GUIDANCE

Minimum Service Level Contact Standards

1. Low service level case - DCS will have a minimum of one (1) face-to-face contact per month with the child and each parent, guardian, or custodian. This visit must be in the home;
2. Moderate service level case - DCS will have a minimum of two (2) face-to-face contacts per month with the child and each parent, guardian, or custodian. At least one (1) of these contacts must occur in the home. One (1) of the two (2) contacts may be designated to a service provider;
3. High service level case - DCS will have a minimum of three (3) face-to-face contacts per month with the child and each parent, guardian, or custodian. At least one (1) of these contacts must occur in the home. Two (2) of the three (3) contacts may be designated to a service provider; and
4. Very high service level case - DCS will have a minimum of four (4) face-to-face contacts per month with the child and each parent, guardian, or custodian. At least two (2) of these contacts must occur in the home. Three (3) of the four (4) contacts may be designated to a service provider.

Note: A court order for more frequent face-to-face contact with the child and/or parent, guardian, or custodian supersedes the above Minimum Service Level Contact Standards.

Face-to-Face Contacts and Monitoring of Plans

While monthly face-to-face contacts conform to DCS policies, best practice would indicate a need to see the child on a more frequent basis early on to ensure monitoring of the progress and adherence to the terms of the Informal Adjustment (IA) or In-Home CHINS, which would include terms of the [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) as determined by the CFT Meeting process. See policy [5.21 Safety Planning](#) for more information.

Choose an Appropriate Setting

The FCM should choose a setting for the visit that allows time alone with the child and allows the child to express his or her feelings freely.

Changes in a Parent's Personal Circumstances

Within three (3) business days of each contact with the parent, guardian, or custodian, document in the case management system any changes regarding the parent, guardian, or

custodian's income, employment status, place of residence, and diagnosis of physical and/or mental illness.

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

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

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

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See policy [4.36 Linking Child Abuse or Neglect \(CA/N\) Reports to Open Assessments](#) for more information regarding the receipt of an additional [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF114\)](#) during an open assessment.

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

FORMS

1. [Face-to-Face Contact \(SF53557\)](#)
2. [5.C Tool: Face-to-Face Contact Guide](#)
3. [Safety Plan \(SF53243\)](#)
4. [In-Home Risk and Safety Reassessment](#) – Available in the case management system
5. [Preliminary Report of Alleged Child Abuse and Neglect \(310\) \(SF114\)](#)
6. [Visitation Plan](#) – Available in the case management system
7. [Plan of Safe Care \(SF56565\)](#)

RELATED INFORMATION

Regular Contact is Paramount

Regular face-to-face contact with the parent, guardian, or custodian and the child who has been identified at imminent risk of placement is the most effective way that DCS can:

1. Promote timely implementation of Case Plans or IAs for children and families served by DCS; and
2. Monitor progress and revise service plans as needed.

Regular face-to-face contact with the child allows the FCM to:


1. Assess the child's safety, well-being (including mental and physical health, medical care, and educational status), stability, and permanency status;
2. Develop and maintain a trusting and supportive relationship with the child; and
3. Assess the child's underlying needs and related behaviors, as well as, progress in services.

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

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services	Effective Date: March 1, 2021
	Section 04: Assessing Parental Interaction and Involvement	Version: 4

POLICY OVERVIEW

In order to determine if the parent (including non-custodial parent), guardian, or custodian is accomplishing the goals and objectives outlined in the current Case Plan, Informal Adjustment (IA), Child in Need of Services (CHINS) case or court orders, the Indiana Department of Child Services (DCS) assesses the interactions of the parent, guardian, or custodian with the child during monthly face-to-face contact. These observations help DCS determine if skills and techniques the parent, guardian, or custodian has learned through in-home services are appropriate to meet the needs of the family and ensure the safety and well-being of the child.

PROCEDURE

DCS will encourage and support the maximum interaction and involvement that is appropriate between the parent, guardian, or custodian and the child, given the need for child safety and well-being, unless otherwise ordered by the court.

Note: Incarcerated parents should receive services and treatment while incarcerated, including visitation with the child, unless visitation is not in the best interest of the child. The Incarcerated Parent Letter – Assessment and Incarcerated Parent Information have been developed for use as tools for contact with incarcerated parents for gathering information.

The Family Case Manager (FCM) will:

1. Convene a Child and Family Team (CFT) meeting or Case Plan Conference, for the development of the Case Plan or IA and to connect the family with the appropriate services and resources. DCS will document any services and/or treatment available to the incarcerated parent in the Case Plan (see policies 5.07 Child and Family Team Meetings, 5.08 Developing the Case Plan, and 5.09 Informal Adjustment [IA]);

Note: Reconvene the CFT, if the Case Plan 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 Case Plan or IA agreement.

2. Monitor and document the family’s progress and compliance toward goals of the Case Plan or IA Agreement;
3. Engage and establish a partnership with members of the CFT to obtain feedback regarding the skills and techniques (learned from services) they have observed the parent, guardian, or custodian implementing with the child;
4. Complete on-going In-Home Risk and Safety Reassessments and Child and Adolescent Strengths and Needs (CANS) Assessments throughout the life of the case (see policies

- 4.18 Initial Safety Assessment, 4.23 Initial Family Risk Assessment, and 5.19 Child and Adolescent Needs and Strengths [CANS] Assessment);
5. Evaluate and/or update the Safety Plan and/or Plan of Safe Care during each CFT meeting or Case Plan Conference and as needed throughout the life of the case;
6. Regularly report the family's progress, including successes and any violation of the Dispositional Order, to the court (see policies 5.09 Informal Adjustment [IA], 6.08 Three Month Progress Report and, 7.03 Minimum Contact); and
7. Encourage and empower the parent, guardian, custodian and members of the CFT to ensure safety, well-being, and stability for the child throughout the life of the case.

The FCM Supervisor will guide and assist the FCM, through regular staffing and clinical supervision, and ensure any deviation from best practice is documented in the case management system.

LEGAL REFERENCES

- [IC 31-34-15-4: Form; contents](#)

RELEVANT INFORMATION

Definitions

Clinical Supervision


Clinical Supervision is a process in which an individual with specific knowledge, expertise or skill provides support while overseeing and facilitating the learning of another individual.

Forms and Tools

- [Case Plan \(SF2956\)](#)
- [Incarcerated Parent Letter – Assessment](#)
- [Incarcerated Parent Information \(SF56539\)](#)

Related Policies

- [4.18 Initial Safety Assessment](#)
- [4.23 Initial Family Risk Assessment](#)
- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan](#)
- [5.09 Informal Adjustment \(IA\)](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [6.08 Three Month Progress Report](#)
- [7.03 Minimum Contact](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services	Effective Date: March 1, 2019
	Section 5: Meaningful Contacts	Version: 8

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will assess safety and risk during face-to-face contacts with the parent, guardian, or custodian and the child identified as a candidate at imminent risk of placement. DCS will address safety, stability, well-being (including health and medical status), and permanency with the parent, guardian, or custodian and the child during all visits (see [Practice Guidance](#) for suggested questions). Safety provisions will be developed to address identified safety concerns. The visit, findings, and implemented safety provisions must be documented in the case management system.

DCS will ensure sufficient time and opportunity is given to observe and evaluate the parent-child relationship. Child safety must always be addressed. The observation and evaluation must be documented in the case management system within 'Contacts.' All identified safety concerns must be discussed with the parent, guardian, or custodian. A [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) must be developed to address all safety concerns, and the safety concerns must be reported to the Family Case Manager (FCM) Supervisor immediately.

Note: DCS will ensure any new allegations of Child Abuse and/or Neglect (CA/N) are reported to the DCS Child Abuse Hotline (Hotline). See [Practice Guidance](#) for additional information.

DCS will provide on-going assessment of safety and risk when visiting the parent, guardian, or custodian and the child who has been identified as at imminent risk of placement. DCS will identify and document the parent, guardian, or custodian's [functional strengths](#) and [underlying needs](#). DCS will monitor and reassess to ensure the current Case Plan goals or identified activities or actions in the Informal Adjustment (IA) are meeting the underlying needs of the family. DCS will discuss any concerns with the family.

Note: The FCM should utilize the [Family Functional Assessment \(FFA\) Field Guide](#) for suggested questions to assist in gathering the parent, guardian, or custodian's [functional strengths](#) and [underlying needs](#).

DCS will utilize the family's [functional strengths](#) to assist in the identification of informal and formal supports that may decrease the possibility of future risk of CA/N. Over time, the parent, guardian, or custodian's [functional strengths](#) should increase with the inclusion of identified services and their underlying needs should decrease. Each case should be evaluated independently based upon its own unique conditions.

Code References

N/A

PROCEDURE

The FCM will:

1. Assess and address the child's safety, risks, stability, well-being, and permanency during all visits with the parent, guardian, or custodian and the child who is identified as at imminent risk of placement;
2. Assess for the presence of domestic violence during each visit with the parent, guardian, or custodian;
3. Ensure there is sufficient time to observe and evaluate the parent-child relationship during all visits;

Note: Appointments for face-to-face contact should be made with consideration of nap times for younger children. If a child is sleeping, the FCM should schedule another appointment within the next three (3) to five (5) days to accurately document the parent-child relationship.

4. Identify the parent, guardian, or custodian's [functional strengths](#) and [underlying needs](#);
5. Partner with the parent, guardian, or custodian to utilize their [functional strengths](#) and [underlying needs](#) to identify formal and informal supports;
6. Collaborate with the parent, guardian, or custodian and the child, if age appropriate, to develop a plan to identify and address any safety concerns;
7. Update the [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) as needed;
8. Report any and all safety concerns to the FCM Supervisor immediately; and

Note: Any new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See [Practice Guidance](#) for additional information.

9. Clearly and accurately, document in the case management system within three (3) business days the assessment of safety, risk, stability, permanency, and well-being (including physical and mental health, medical care, educational status, and progress toward successful adulthood transition). Observations, evaluations, and outcomes of face-to-face contacts with the parent, guardian, or custodian, and/or the child must be included in the documentation and easily identified by area (i.e., safety, risk, stability, well-being, and permanency). It is also important to reflect whether the parent, guardian, or custodian, and child were actively involved during the face-to-face contact. Document barriers identified by the parent, guardian, or custodian; child; and/or FCM to prohibit the completion of activities or objectives agreed upon by the CFT.

The FCM Supervisor will discuss with the FCM the case and contacts with the child and parent, guardian, or custodian during regular [clinical supervision](#).

PRACTICE GUIDANCE

Use of the Family Functional Assessment (FFA) Field Guide

The FCM may utilize the [FFA Field Guide](#) for suggested questions to assist in gathering the parent, guardian, or custodian's [functional strengths](#) and [underlying needs](#).

DCS will utilize the family's [functional strengths](#) along with assessed [protective factors](#) to assist in the identification of informal and formal support systems that may decrease the possibility of

future risk of CA/N. Over time, the parent, guardian, or custodian's [functional strengths](#) should increase with the completion of identified services, which address underlying needs. Each case should be evaluated independently based upon its own unique conditions.

Safety, Stability, Well-Being, and Permanency Questions

When completing a face-to-face contact, the FCM should consider the following specific questions in the areas of Safety, Stability, Well-being (including physical and mental health, medical care, and educational status), and Permanency:

1. **Safety** – Is the child free of abuse, neglect, and exploitation by others in his or her place of residence and other daily settings? Is the child's environment free from potentially harmful objects (e.g., sanitation, pests/pest control, medication, and general home maintenance items, such as running water and functioning toilets)? Is the child's care or supervision currently compromised by a pattern of domestic violence in the home? Are there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child free from harm? Have all CFT members been afforded the opportunity to provide input into the development of a Safety Plan?
2. **Stability** – Does the child have consistent routines, relationships, etc.? Has the child experienced a change in placement? Is the current placement meeting the child's needs? Has the child experienced changes in his or her school setting? Is there a shared understanding of the long-term view for the child?
3. **Well-being (including mental and physical health, medical care, and educational status)** – Does the child display age-appropriate emotional development, coping skills, and self-control, which allows him or her to adjust to changes and maintain adequate levels of behavioral functioning in daily settings and activities with others? Does the child express a sense of belonging and demonstrate an attachment to family and friends? Is the child achieving at a grade level appropriate for his or her age? Is the child able to attend both school and other social functions? Are there any concerns regarding personal hygiene practices (e.g., bathing, dental hygiene, hair care, and hand washing)? Consider the following questions when assessing the child's **health and medical status**:
 - a. Is the child achieving key physical (e.g., growth – height, weight, and head circumference) **and** developmental milestones?
 - b. Is the child achieving his or her optimal or best attainable health status?
 - c. Does the parent have the capacity and supports necessary to address any identified special medical needs (e.g., medication, medical equipment, compliance with physician and/or specialist appointments, and emergency procedures)?

Note: If the child is on a special diet, ensure there is appropriate food and/or supplement available.

- d. What is the child's physical condition (this includes visualization of the child's skin, teeth, hair, etc.)?
- e. What is the child's mobility status (e.g., mobile, limited mobility, or assisted mobility)?

Note: If the child is immobile or has limited mobility, the child must be positioned or repositioned in order to see and assess the child's entire body. Lighting may need to be adjusted and blankets removed in order to adequately visualize the child's skin condition.

- f. How does the child adapt to changes that affect his or her life?

4. **Permanency** – Safety, stability, sufficient caregiver functioning, and sustainability of relationships to adulthood are simultaneous conditions of permanency for a child or youth. Are the child’s daily living and educational environments stable and free from risk of disruption? Have there been changes to the composition of the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the past year? Are all CFT members aware of the child’s permanency plan? Does the child’s permanency plan include relationships, which will endure lifelong? Is there a concurrent and/or alternate plan in place for the child? Is the pace of achieving safe, sustainable case closure consistent with the following guidelines?¹
 - a. Reunification: 12 months
 - b. Guardianship: 18 months
 - c. Adoption: 24 months

Note: Permanency may be achieved in more or less time than the guidelines listed above due to circumstances of the individual case.

Each of the areas above must be included and easily identified within the FCM’s documentation of the face-to-face contact in the case management system.

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

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

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

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See policy [4.36 Linking Child Abuse or Neglect \(CA/N\) Reports to Open Assessments](#) for more information regarding the receipt of an additional [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF114\)](#) during an open assessment.

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

FORMS

1. [Family Functional Assessment \(FFA\) Field Guide](#)
2. [Quality Service Review \(QSR\) Protocol \(Version 5.0\)](#) – For Use by Trained QSR Reviewers
3. [Safety Plan \(SF53243\)](#)
4. [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF114\)](#)
5. [Plan of Safe Care \(SF56565\)](#)

RELATED INFORMATION

Functional Strengths

Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader, and work toward a clear goal, are strengths that may be utilized to meet the family’s goals.

Underlying Needs

Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

Protective Factors


Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:

1. Nurturing and attachment to the child;
2. Knowledge of parenting and of child and youth development;
3. Family resilience;
4. Social connections;
5. Concrete supports; and
6. Social and emotional competence of the child.

Clinical Supervision

Clinical supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on the practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services	Effective Date: July 1, 2021
	Section 06: Educational Services	Version: 6

POLICY OVERVIEW

Success in school is more likely to occur when planning for the child’s safety, stability, well-being, and permanency is fully integrated with the child’s educational plan.

PROCEDURE

The Indiana Department of Child Services (DCS) will work with the Indiana Department of Education (DOE) and the parent, guardian, or custodian to ensure all children receiving in-home services receive educational services to meet their individual needs.

Note: If a child is expelled from school, DCS will assist the parent, guardian, or custodian in identifying an alternate education plan.

Education Services for Children Receiving In-Home Services

The Family Case Manager (FCM) will:

1. Gather information regarding the child’s school attendance, academic performance records and discuss the child’s educational best interest to determine whether an Individualized Education Program (IEP) or a Section 504 Plan (504 Plan) should be considered with the following:
 - a. The child,
 - b. The parent, guardian, or custodian, and
 - c. Child and Family Team (CFT) (see policy 5.07 Child and Family Team Meetings).

Note: Recommend and encourage the child’s parent, guardian, or custodian to include the child’s teacher, school social worker, Education Services Team (if applicable), or any other identified educational supports to participate as a member of the CFT.

2. Complete the Release of Education Records form and submit to the school in which the child was last enrolled to obtain educational records.
3. Create a referral to the Education Services Team if assistance is needed regarding the child’s education;

Note: The DCS Education Services Team is available to consult with field staff as they make decisions about each child and case. The Education Services Team is also available to accompany field staff to school meetings when necessary.

4. Communicate with the school’s administration team or multidisciplinary team to discuss appropriate tutoring services for the child, if applicable;

Note: Consider a referral to an outside tutoring service for a child who has received in school tutoring and is still struggling. If a child has poor attendance at school, a tutor should not be put in place until a pattern of regular school attendance is established.

5. Assist the parent, guardian, or custodian in referring the child for testing to identify any special education needs and/or related services the child may need if the child displays signs that an educational need may be present or learning objectives are not being met. See below for “Special Education Services for Children Receiving In-Home Services”;
6. Ensure the child’s identified educational goals and needs, as well as efforts to enable the child’s school to provide appropriate support and to protect the safety of the child, are included in the child’s Case Plan/Prevention Plan and CFT Meeting notes (see policies 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan/Prevention Plan);

Note: DCS must confer with the school in preparing the Case Plan/Prevention Plan for all children in care and must reference the school contact in the Predispositional Report. If a child’s home placement has been changed from out-of-home to in-home, the School Notification and Best Interest Determination (BID) may be used to invite school personnel to provide information and participate in case planning and to identify the collaboration that occurred to determine the child’s school enrollment.

7. Encourage the parent, guardian, or custodian to complete the forms for free or reduced lunch and textbook assistance, if applicable;
8. Provide information about the 21st Century Scholar program, and encourage the parents, guardians, or custodians of eligible 7th and 8th graders to complete and submit the application for the 21st Century Scholar program by June 30th. See the 21st Century Scholars site for additional information on enrollment and creating a 21st Century ScholarTrack Student Account;
9. Provide the youth with the following information during a CFT Meeting held immediately prior to the youth’s 17th birthday (see policies 11.06 Transition Plan for Successful Adulthood and 11.15 Post-Secondary Education):
 - a. Pell grants,
 - b. Education Training Voucher (ETV) through Older Youth Services,
 - c. Chafee grants,
 - d. Federal supplemental grants,
 - e. Free Application for Federal Student Aid (FAFSA),
 - f. Individual Development Accounts (IDA),
 - g. The Indiana Commission for Higher Education – State Financial Aid, and
 - h. The Indiana Division of Student Financial Aid.

Note: This information may be provided earlier if the youth plans to complete high school, earn a High School Equivalency (HSE) Diploma, or applies to colleges prior to 17 years of age.

11. Have the youth and parent, guardian, or custodian sign an Acknowledgement of Receipt of Information about Various Educational Programs. Give the youth and caregiver a copy of this form and upload the form to the case management system; and
12. Ensure all educational information (e.g., current grade level, school name and address, and IEP or 504 Plan date and specifics), decisions, and actions taken are documented in the case management system as changes occur, or at least annually.

DCS will ensure every school-age child receiving in-home services is enrolled in school unless one (1) of the following circumstances exists:

1. The youth is eligible for and actively pursuing a HSE Diploma;

Note: Some scholarships and grants will not be available if an HSE Diploma is completed instead of obtaining a high school diploma.

2. An alternate education plan has been recommended through the child's current school of enrollment;

Note: If the education plan is included in the Dispositional Order or the child's educational needs are the primary focus of the DCS case, the alternate education plan should be submitted for approval by the court.

3. The youth has graduated from high school or has successfully completed an HSE Diploma;
4. The child is enrolled in a home school program that is providing instruction equivalent to that given in public schools for a child of the same age and grade level; or
5. The child has a physician verified medical condition, which prevents the child from attending school.

Special Education Services for Children Receiving In-Home Services

In addition to the steps outlined above, the FCM will complete the following for children receiving in-home services and special education services:

1. Attend the child's IEP or 504 Plan conferences and provide relevant input;

Note: The school is not required to notify DCS of meetings. The FCM should confer with the parent, guardian, or custodian regarding attendance at meetings related to the child's education.

2. Encourage and empower the child's parent, guardian, or custodian to attend all IEP or 504 Plan conferences, educational meetings, and reviews. The FCM should also encourage the parent, guardian, or custodian to work with the school to coordinate a transition plan for the child when deemed necessary for the child's educational development;
3. Request to see progress monitoring data to determine if the child is making adequate progress toward academic goals if the child receives special education service;.
4. Request assistance from the Education Services Team if the IEP or 504 Plan is complicated and/or support is needed;
5. Obtain a copy of the finalized IEP or 504 Plan for the child's case file; and
6. Ensure IEP or 504 Plan information is documented in the case management system.

The FCM Supervisor will provide guidance to the FCM as needed and ensure documentation is entered accurately in the case management system.

The DCS Education Services Team will:

1. Assist the FCM with the child's educational needs; and
2. Attend CFT Meetings and/or IEP or 504 Plan conferences, when applicable.

LEGAL REFERENCES

- [IC 20-33-2: Compulsory School Attendance](#)
- [IC 31-34-15-4: \(Case Plan\) Form; contents](#)
- [511 IAC 7-32 through 511 IAC 7-49: Special Education](#)
- [20 USC 1232: Regulations](#)

RELEVANT INFORMATION

Definitions

High School Equivalency (HSE) Diploma

An HSE is an exam, which measures an examinee's levels of achievement relative to that of a graduating high school senior. The HSE is equivalent to the exam or qualification which was formerly known as a General Educational Diploma (GED).

Individual Development Accounts (IDA)

An IDA is a matched savings account program designed to assist individuals in achieving self-sufficiency through financial literacy and asset generation.

Individualized Education Program (IEP)

An IEP is a written statement developed for a child that describes:

1. How a student will access the general education curriculum, if appropriate; and
2. The special education and related services needed to participate in the educational environment.

Individuals with Disabilities Education Act (IDEA)

IDEA guarantees that persons between the ages of three (3) and 22 with disabilities receive appropriate public education through the development and implementation of an IEP.

Section 504 (504 Plan)

Section 504 is a Federal law that prohibits disability discrimination by recipients of Federal financial assistance. The qualified student is entitled to receive regular or special education and related aids and services that are designed to meet their individual educational needs as adequately as the needs of students without disabilities are met. The 504 Plan requires, among other things, that a student with a disability receives an equal opportunity to participate in athletics and extracurricular activities, and to be free from bullying and harassment based on disability.

Transition Individualized Education Program (IEP)

The Transition IEP is an IEP transition plan that begins at the start of ninth (9th) grade or 14 years of age, whichever comes first; (or earlier if determined appropriate). The transition IEP identifies annual goals and services for a student. Additionally, it will help the student prepare for the transition from school to adult life.


Forms and Tools

- [21st Century Scholars](#)
- [Acknowledgement of Receipt of Information about Various Educational Programs \(SF 55743\)](#)
- Case Plan/Prevention Plan (SF 2956) – available in the case management system
- College Goal Sunday Information: [College Goal Sunday](#)

- [Indiana High School Equivalency](#)
- [Predispositional Report](#)
- [Release of Education Records \(SF 55228\)](#)
- [School Notification and Best Interest Determination \(BID\) \(SF 47412\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [11.15 Post-Secondary Education](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services	Effective Date: September 1, 2010
	Section 7: Health Care Services	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will partner with the child’s parent, guardian, or custodian and the Child and Family Team (CFT) by assisting, empowering, and advocating for health care services necessary to meet the child’s needs (e.g., physical, mental, dental, visual, auditory, and developmental). See policy [5.7 Child and Family Team Meetings](#) for further guidance.

DCS will ensure that every child receiving in-home services receives a [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#). See policy [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#).

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

1. Recommended by the child’s current physician, dentist, a qualified mental health provider, health care worker, or social worker; or
2. The child’s parent, guardian, or custodian indicates there are noticeable changes or the child is exhibiting symptoms that indicate a need for follow-up care or assessment outside of normally scheduled or recommended follow-up medical or mental health appointments.

Code References

NA

PROCEDURE

The Family Case Manager (FCM) will:

1. Ensure that the child’s parent, guardian, or custodian is responsible for the child’s ongoing medical care and treatment;

Note: The FCM will provide the child’s parent, guardian, or custodian with a [Medical Passport \(DCS Pamphlet 036\)](#) to assist in documenting the child’s health care services.

2. Include the CFT in the planning and decision making process for the child’s ongoing medical care and treatment. See [Practice Guidance](#) and policy [5.7 Child and Family Team Meetings](#) for further details;
3. Ensure the child’s physical, mental health (including substance abuse, if applicable), dental, visual, and developmental history is documented;
4. Encourage the parent, guardian, or custodian to share the child’s physical, mental health (including substance abuse, if applicable), dental, visual, and developmental history with the CFT. See policy [5.7 Child and Family Team Meetings](#);

5. Inform the child's parent, guardian, or custodian of the responsibility to:
 - a. Schedule and ensure the child is transported to health care appointments,
 - b. Document all care and treatment received in the child's [Medical Passport \(DCS Pamphlet 036\)](#),
 - c. Immediately inform the FCM of any serious injuries or illnesses experienced by the child,
 - d. Seek emergency care for the child for the following:
 - i. Serious injury or illness;
 - ii. Serious dental issues (e.g., broken teeth, bleeding gums, etc.);
 - iii. Mental health issues that place the child at risk for harming himself/herself or others; and
 - iv. Serious vision issues (i.e., the child's glasses/contacts are broken or lost).

Note: For a comprehensive list of identified Medicaid eligible providers in the child or family's region see, <http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx>.

6. Ensure that every child receiving in-home services receives a [CANS Assessment](#). If the [CANS Assessment](#) indicates that a comprehensive mental health assessment is warranted, refer the child for that assessment within 10 business days of the recommendation. See policy [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)); and
7. Encourage the child's parent, guardian, or custodian to ensure the child receives ongoing routine health care and treatment as outlined below:
 - a. Physical health check-ups, including immunizations, according to the schedule set forth by the American Academy of Pediatrics, as recommended by the child's primary care physician.
 - b. Dental exams and cleanings every six (6) months.
 - c. Visual exams every 12 months for a child with corrected vision. For all other children, the vision screening performed by the child's primary care doctor at the time of the physical health check-up or those performed at the child's school is sufficient.
 - d. Hearing exam every 12 months for a child with corrected hearing (hearing aid or tubes) or as recommended by the child's physician. For all other children, the hearing screening performed by the child's primary care doctor at the time of the physical health check-up or those performed at the child's school is sufficient.

PRACTICE GUIDANCE

Health Care Planning and Decision Making

If during the CFT meeting DCS recommends treatment for the child and the parent, guardian, or custodian does not have the financial resources to address the identified need of the child, DCS will encourage the parent, guardian, or custodian to utilize free or low cost clinics and/or apply for Medicaid, if they are not already receiving Medicaid benefits for the child. If the parent, guardian, or custodian's financial need continues to be a barrier, DCS will assess to determine if the family would qualify for a Medicaid waiver. The DCS Local Office Director (LOD) or designee will make all final decisions as to the utilization of waiver services.

Depending on the child's individual assessed needs, ensure that the child is provided/offered the following specialized care and treatment:

1. Therapy/counseling services and medication.
2. Drug and/or alcohol testing and substance abuse treatment.
3. Testing and any necessary treatment for HIV, sexually transmitted diseases (STDs), and other communicable diseases.
4. Developmental screenings and services if warning signs exist or if there was known or suspected drug use during pregnancy. Screenings are done through First Steps if child is less than three (3) years of age and through the school corporation if over three (3) years of age.
 - a. Pregnancy options counseling and prenatal care.
 - b. Education and information about hygiene, sexual development, birth control, and sexually transmitted diseases.

First Steps

The Indiana First Steps program includes professionals from education, health, and social services. The services these professionals provide are coordinated to offer the children of Indiana an extensive selection of early intervention resources. First Steps is available in every county in Indiana.

Most referrals to First Steps originate from doctors, hospital staff, or other social service agencies such as DCS. Also, a parent may become concerned about apparent delays in their child's development and initiate a "self-referral" to First Steps. For further information regarding the First Steps program, view their website <http://www.in.gov/fssa/dfr/4655.htm>.

Eligibility for First Steps includes families with children ages birth to three (3) years who:

1. Are experiencing developmental delays.
2. Have a diagnosed condition that has a high probability of resulting in a developmental delay.

FORMS

1. [Medical Passport \(DCS Pamphlet 036\)](#)
2. [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) – Available in the case management system

RELATED INFORMATION

Qualified Mental Health Provider

A QMHP is defined as a licensed psychiatrist, a licensed physician, or a licensed psychologist or a psychologist endorsed as a Health Service Provider in Psychology (HSPP).

An individual who has had at least two (2) years of clinical experience, under the supervision of a mental health professional, with persons with serious mental illness. Such experience must have occurred after the completion of a Master's Degree or Doctoral Degree or both from an accredited university, and the individual must possess one of the following credentials:

1. In nursing (plus a license as a registered nurse in Indiana),
2. In social work (from a university accredited by the Council on Social Work Education),
3. In psychology (and who meets the Indiana requirements for the practice of psychology),
4. In counseling and guidance, pastoral counseling or rehabilitation counseling, or

5. A mental health professional who has documented equivalence in education, training, and/or experience approved by the supervising physician.

Disclosure of Physical, Mental Health and Addiction History of the Parent/Guardian/Custodian


The FCM must obtain consent from the parent, guardian, or custodian prior to disclosure of information regarding the physical, mental health and addiction history of the parent, guardian, or custodian. This is distinguished from self-disclosures, (i.e., during a CFT meeting in which the parent, guardian, or custodian volunteers personal information in the presence of members of the CFT).

Developmental Delays

For more information on developmental delays, including signs to look for, contact the First Steps program at Indiana's Family and Social Services Administration by visiting: <http://www.in.gov/fssa/dfr/4655.htm> or calling (800) 545-7763.

Parent/Guardian/Custodian's Cultural Beliefs

DCS respects and values the family's cultural beliefs surrounding medicine and healing, provided the family's cultural practices do not place the child at risk or harm or preclude medical interventions deemed necessary for the child's health and safety.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services	Effective Date: July 1, 2010
	Section 9: Travel and Overnight Stays	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require notification and/or approval for travel and participation in overnight activities as follows:

In-State Travel, Activities or Events

1. Informal Adjustment (IA) - The child's FCM will engage the parent, guardian, or custodian during monthly visits to identify any upcoming in-state travel the child may be involved in that would require an overnight stay.
2. In-Home Child In Need of Services (CHINS) - For in-state travel that requires an overnight stay over 48 hours the parent, guardian, or custodian should notify the child's Family Case Manager (FCM) during their monthly scheduled visit, via phone (voice mail messages are acceptable) or e-mail, unless this is a recurring visit with the non-custodial parent.

Out-of-State Travel

1. IA - The child's FCM will engage the parent, guardian, or custodian during monthly visits to identify any upcoming out-of-state travel.
2. In-Home CHINS - For any overnight out-of-state travel, the parent, guardian, or custodian must notify the FCM at least seven (7) days in advance, whenever possible. For any out-of-state overnight travel exceeding 48 hours the parent, guardian, or custodian must have court authorization. The parent, guardian, or custodian should notify the child's FCM as early as possible in order to allow sufficient time to obtain permission from the court for out-of-state travel unless this is a recurring visit with the non-custodial parent.

Note: In the event of an emergency requiring a parent, guardian, or custodian to travel out-of-state when the stay will exceed 48 hours, and the DCS local office is closed, the parent, guardian, or custodian must call the DCS 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 [Emergency Operations Plan](#) for detailed instructions regarding ensuring the safety and security for all children under DCS care and supervision during an emergency or disaster.

Out-of-Country Travel

1. IA - The child's FCM will engage the parent, guardian, or custodian during monthly visits to identify any upcoming out-of-country travel.

2. In-Home CHINS - For all out-of-country travel, the parent, guardian, or custodian must obtain written authorization from the DCS Regional Manager (RM) and a court order. Authorization must be requested at least one (1) month in advance.

Code References

N/A

PROCEDURE

In-State Travel

IA

The FCM will:

1. Engage the parent, guardian, or custodian during scheduled monthly visits; and
2. Partner with the parent, guardian, or custodian to identify any upcoming in-state travel that the child may be involved in that would require an overnight stay.

In-Home CHINS

The FCM will:

1. Engage the parent, guardian, or custodian during scheduled monthly visits;
2. Inform the child's parent, guardian, or custodian of the responsibility to:
 - a. Collaborate with the FCM during his or her scheduled monthly visit to identify upcoming in-state travel that the child may be involved in that would require an overnight stay; and
 - b. Communicate with the FCM during his or her scheduled monthly visit or at least seven (7) days in advance, of any overnight stay over forty-eight (48) hours, unless this is a recurring visit with the non-custodial parent;
3. Partner with the parent, guardian, or custodian to identify upcoming in-state travel that the child may be involved in that would require an overnight stay; and
4. Collect during scheduled monthly visits and document in the case management system the following details if the child will be participating in any in-state travel that would require an overnight stay:
 - a. The date, duration, and location of the travel;
 - b. The purpose of the travel (e.g., vacation, extended field trip, summer camp, etc.);
 - c. The name of the adult(s) who will accompany the child; and
 - d. Contact telephone and lodging information.

Out-of-State Travel

IA

The FCM will:

1. Engage the parent, guardian, or custodian during scheduled monthly visits; and
2. Partner with the parent, guardian, or custodian to identify any upcoming out-of-state travel.

In-Home CHINS

The FCM will:

1. Engage the parent, guardian, or custodian during scheduled monthly visits;
2. Inform the parent, guardian, or custodian of the responsibility to:

- a. Collaborate with the FCM during his or her scheduled monthly visit to identify any upcoming out-of-state travel at least seven (7) days in advance whenever possible; and
 - b. Communicate with the FCM as early as possible in order to allow sufficient time to obtain permission from the court for out-of-state travel if the travel will require an overnight stay exceeding 48 hours.
3. Partner with the parent, guardian, or custodian to identify any upcoming out-of-state travel;
 4. Collect during scheduled monthly visits and document in the case management system the following details if the child will be participating in any out-of-state travel that would require an overnight stay exceeding 48 hours:
 - a. The date, duration, and location of the travel;
 - b. The purpose of the travel (e.g., vacation, extended field trip, summer camp, etc.);
 - c. The name of the adult(s) who will accompany the child;
 - d. Contact telephone and lodging information; and
 - e. Vehicle color, make/model and license plate number in which the child will be traveling; and
 5. Submit a court report to the FCM Supervisor for approval, if the travel will require an overnight stay exceeding 48 hours.

The FCM Supervisor will:

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

Out-of-Country Travel

IA

The FCM will:

1. Engage the parent, guardian, or custodian during scheduled monthly visits; and
2. Partner with the parent, guardian, or custodian to identify any upcoming out-of-country travel.

In-Home CHINS

The FCM will:

1. Engage the parent, guardian, or custodian during scheduled monthly visits;
2. Inform the parent, guardian, or custodian of the responsibility to:
 - a. Collaborate with the FCM during their scheduled monthly visit to identify any upcoming travel that the child may be involved in that would require out-of-the country travel; and
 - b. Communicate with the FCM as early as possible in order to allow sufficient time to obtain permission from the court for out-of-country travel;
3. Partner with the parent, guardian, or custodian to identify upcoming travel the child may be involved in that would require out-of-country travel;
4. Collect during scheduled monthly visits and document in the case management system the following details if the child will be participating in any travel requiring overnight stays:
 - a. The date, duration, and location of the travel;
 - b. The purpose of the travel (e.g., vacation, extended field trip, summer camp, etc.);

- c. The name of the adult(s) who will accompany the child;
 - d. Contact telephone and lodging information; and
 - e. Vehicle color, make/model and license plate number in which the child will be traveling.
5. Submit the parent, guardian, or custodian's request for out-of-country travel to the DCS RM, who will then forward their decision to the DCS Local Office Director (LOD). The request may be made by e-mail; and
 6. Submit a court report to the FCM Supervisor for approval after receiving approval from the DCS RM.

The FCM Supervisor will:

1. Partner with the FCM to ensure the family's needs are being met; and
2. Review and approve the court report.

PRACTICE GUIDANCE

DCS is legally responsible for children who are identified as In-Home CHINS. It is equally important that DCS partners with children and their families who are participating in an IA. Therefore, it is imperative that DCS knows the whereabouts of all children under their care and supervision at all times unless the terms of the IA include travel authorization and/or restrictions.

“Blanket” Travel Requests

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


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

FORMS

[Emergency Operations Plan](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services	Effective Date: August 1, 2021
	Section 10: Transition to Out-of-Home Care	Version: 6

POLICY OVERVIEW

Out-of-home care will be utilized when there is no other alternative to ensure a child’s safety and well-being in the home. To help minimize trauma, the transition to out-of-home care should be planned by the Child and Family Team (CFT), whenever possible, and should always be in the best interest of the child.

PROCEDURE

When a child is involved in an Informal Adjustment (IA) or In-Home Child in Need of Services (CHINS), the Indiana Department of Child Services (DCS) may recommend to the court that the child be placed in out-of-home care if:

1. There are new allegations of Child Abuse and/or Neglect (CA/N) by the parent, guardian, or custodian or another person living in the home;
2. The safety of the child requires additional services for which court intervention is needed and the safety risk cannot be alleviated through a CHINS action; or
3. There is a pattern of non-compliance with the objectives of the Case Plan/Prevention Plan and reasonable efforts to secure the safety of the child or the community have been unsuccessful or could not be made due to the emergency nature of the situation.

When the court previously issued an order concerning Best Interest (BI) and Reasonable Efforts (RE) to Prevent Removal and gave Placement and Care (PC) Responsibility to DCS but allowed the child to remain at home, DCS will request a new Detention Hearing for the child to be removed and placed in out-of-home care. See policy 15.01 Title IV-E Eligibility Overview for Field and Legal Staff for additional guidance;

To transition a child to out-of-home care, the Family Case Manager (FCM) will:

1. Engage the CFT to:
 - a. Ensure options have been explored to support the parent, guardian, or custodian in safely parenting the child in the home and a discussion has occurred concerning non-negotiables involving child safety and well-being. See policies 5.07 Child and Family Team Meeting and 5.10 Family Services for additional information,
 - b. Identify the placement type and/or resource, if out-of-home placement is required. See policy 8.01 Selecting a Placement Option for additional guidance,

Note: When placement with a suitable and willing relative or kin is not possible, former foster parents should be considered whenever possible and appropriate (see policy 8.48 Relative or Kinship Placements). When a child has been approved by the Child-Focused Treatment Review (CFTR) and/or court ordered to be placed in residential treatment, see policy 5.24 Child-Focused Treatment Review (CFTR).

- c. Develop a plan, to the fullest extent possible given time constraints, to transition the child to the out-of-home placement, and
 - d. Discuss the identified placement with the child in an age and developmentally appropriate manner. See policy 8.08 Preparing Child for Placement for additional guidance.
2. Consult with the DCS Staff Attorney to request a Detention Hearing be held prior to removing the child or within 48 hours following an emergency removal and request that an order be issued removing the child from the home. See policies 4.28 Removals from Parents, Guardians, or Custodians and 6.01 Detention/Initial Hearing for further guidance;
 3. Notify all relevant parties of the planned change in placement as soon as possible or within legal time constraints. See policies 2.26 Diligent Search and 4.28 Removals from Parents, Guardians, or Custodians for additional information;
 4. Remove the child and assist with the transition to the new placement. See policies 4.28 Removals from Parents, Guardians, or Custodians and 8.09 Placing a Child in Out-of-Home Care for additional guidance;
 5. Document the following in the case management system:
 - a. The reason for the out-of-home placement,
 - b. The start date of the child's removal episode (this is the date the child is first placed in out-of-home care),
 - c. The child's placement, and
 - d. The date and time of the Detention hearing.
 6. Verbally notify the child's school of the child's removal and placement in out-of-home care as soon as possible but no later than the next school day and ensure the school is aware of any safety measures and/or medical interventions needed; and
 7. Complete a referral to the Education Services Team within 24 hours of the child's removal to request the School Notification and Best Interest Determination (BID) be submitted to the child's school. See policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement for additional information.

The FCM Supervisor will:

1. Assist the FCM throughout the transition process; and
2. Ensure all recommendations, approvals, actions taken, and any deviation from best practice are documented in the case management system.

The DCS Staff Attorney will request:

1. A Detention Hearing be held prior to the child being removed or within 48 hours following an emergency removal;
2. An order be issued removing the child from the home; and
3. Findings of BI of the child, that RE have been made to prevent removal, and that Responsibility for PC of the child is awarded to DCS.

The DCS Education Services Team will follow all procedural steps outlined in policy 8.22 School Notifications and Legal Settlement.

LEGAL REFERENCES

- [IC 31-34-3: Child Taken Into Custody](#)

- [IC 31-34-4-2: Placement of child with relative caretaker or de facto custodian; evaluation; criminal history check required; exceptions; out-of-home placement; considerations](#)
- [IC 31-34-5-1: Time for hearing; notice; petition alleging a child is a child in need of services](#)
- [IC 31-34-5-2: Findings](#)
- [IC 31-34-3-4.7: Notice to the child's school](#)

RELEVANT INFORMATION

Definitions


- N/A

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- [School Notification and Best Interest Determination \(SF 47412\)](#)

Related Policies

- [2.26 Diligent Search](#)
- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [5.07 Child and Family Team Meetings](#)
- [5.10 Family Services](#)
- [6.01 Detention/Initial Hearing](#)
- [8.01 Selecting a Placement Option](#)
- [8.04 Emergency Shelter Care & Urgent Residential Placement Review and Approval](#)
- [8.08 Preparing a Child for Placement](#)
- [8.09 Placing a Child in Out-of-Home Care](#)
- [8.20 Educational Services](#)
- [8.22 School Notifications and Legal Settlement](#)
- [8.48 Relative or Kinship Placements](#)
- 5.24 Child-Focused Treatment Review (CFTR) – Coming Soon
- [15.01 Title IV-E Eligibility Overview for Field and Legal Staff](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services	Effective Date: October 1, 2019
	Section 11: In-Home Risk and Safety Reassessment	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct the [In-Home Risk and Safety Reassessment](#) on all open cases where all children remained in the home or where the children have been returned home to evaluate a family's progress toward case plan goals.

The [In-Home Risk and Safety Reassessment](#) will first be conducted within 45 days of the Disposition Hearing and at least every 180 days thereafter on all open permanency cases where family preservation services are provided. If there is a change in circumstances or new information is gained about the family, which would affect the child's safety and/or risk, the [In-Home Risk and Safety Reassessment](#) should be completed or during case junctures.

During a Child and Family Team (CFT) Meeting, DCS will discuss the results of the [In-Home Risk and Safety Reassessment](#) with the CFT to assist in developing a plan to address the safety threats, identify protective factors, and reduce the risk level by thoroughly identifying and considering the family's strengths, needs, and informal supports.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Answer all questions on the [In-Home Risk and Safety Reassessment](#);
2. Determine if any safety threats exist;
3. Document which protective factors mitigate the safety threats;
4. Determine the risk level; and
5. Discuss the results of the [In-Home Risk and Safety Reassessment](#) with the CFT to develop a plan to assist in the identification, utilization, and development of the family's strengths, informal supports, and services to address needs.

The FCM Supervisor will:

1. Continually monitor, coach, and mentor the FCM on the use of the [In-Home Risk and Safety Reassessment](#) during [clinical supervision](#); and
2. Ensure the [In-Home Risk and Safety Reassessment](#) is properly documented in the case management system.

Note: If no safety threats exist, consider recommending case closure with supervisory approval.

PRACTICE GUIDANCE

In-Home Risk and Safety Reassessment

Best practice suggests each permanency case should be reviewed in conjunction with judicial review hearings (at least every 180 days) to reassess safety and progress toward objectives and long-term goals, including the elimination of safety threats and reduction of risk. The [In-Home Risk and Safety Reassessment](#) may be completed earlier if there have been significant changes that affect safety and/or risk.

Safety Reassessment

A Safety Reassessment is a part of the [In-Home Risk and Safety Reassessment](#) and it should be used for open cases in which a child is in the home and new information or circumstances require that the safety of the child be assessed. The Safety Reassessment should be used to determine whether the child may remain in the home, with or without protective interventions, and to identify the specific interventions that should be initiated or maintained. If there are no safety threats, consider recommending case closure with supervisory approval. If any safety threats exist, the case must remain open until safety threats are resolved.

Risk Reassessment

The Risk Reassessment is a part of the [In-Home Risk and Safety Reassessment](#) and is used by the FCM throughout the life of the permanency case to determine the presence of risk factors that indicate the likelihood of future child maltreatment. The Risk Reassessment also assists FCMs in evaluating whether risk levels have decreased, remained the same, or have increased since the completion of the [Initial Family Risk Assessment](#). In addition to the Risk Reassessment, FCMs should reference the [Family Functional Assessment \(FFA\) Field Guide](#) when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth. Risk Assessment questions that may be helpful in determining the risk factors for LGBTQ youth may be found in the [FFA Field Guide](#).

Note: Risk Reassessments are completed for the biological family or family of origin unless Termination of Parental Rights (TPR) is finalized. If TPR is finalized, Risk Reassessments are not required.

The Risk Reassessment determines whether the case should remain open or be closed. For cases that will remain open, the Reassessment includes updating the treatment plan based on current needs and strengths.

FORMS AND TOOLS

1. [In-Home Risk and Safety Reassessment](#) – Available in the case management system
2. [IN Guidebook](#)
3. [Family Functional Assessment \(FFA\) Field Guide](#) – Available on the Indiana Practice Model SharePoint
4. [Initial Family Risk Assessment](#) – Available in the case management system

RELATED INFORMATION

Determining Overall Risk Level

Research has demonstrated that for the Risk Reassessment, a single index best categorizes risk for future maltreatment. Unlike the [Initial Family Risk Assessment](#) that contains separate

indices for risk of neglect and risk of abuse, the Risk Reassessment is comprised of a single index.

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


Safety vs. Risk Assessment

It is important to keep in mind the difference between safety and risk when completing the [In-Home Risk and Safety Reassessment](#). The Safety Assessment assesses the child's present danger and the interventions currently needed to protect the child. In contrast, the Risk Assessment looks at the likelihood of future maltreatment.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on the practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 01: Selecting a Placement Option	
	Effective Date: February 1, 2022	Version: 14

- [Procedure definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When out-of-home care is required to ensure the safety and well-being of the child, careful assessment and evaluation is needed to identify the least restrictive placement, maintain continuity of care, and promote stability.

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PROCEDURE

An appropriate placement will be identified for a child upon removal from the home. In order to maintain continuity of care and the least restrictive placement, suitability of each parent, guardian, or custodian will be considered prior to considering relative, kinship, or foster care placement.

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

1. The noncustodial parent's suitability and willingness to care for the child;
2. The possibility of other suitable and willing relatives or kin as a placement;

Note: A noncustodial parent should be considered prior to exploring placement options. If there is not a suitable noncustodial parent, suitable and willing relatives or kin should be considered prior to considering other placement options.

3. Placement with siblings unless there is a compelling reason placing siblings together would not be in the best interest of one (1) or more of the children;
4. The child is a member of, or eligible for, membership in an Indian tribe. For additional information, see policy 2.12 Indian Child Welfare Act (ICWA).
5. The possibility of former resource parents as a placement;
6. The placement type recommendation of the Child and Adolescent Needs and Strengths (CANS) Assessment. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment;
7. The least restrictive environment available to provide for the child's individual needs;
8. Proximity to the child's community. Whenever possible, a child will be placed within the child's own community, school district, and in close proximity to the child's parent, guardian, or custodian; and
9. Whether child has been identified as a victim of human trafficking and/or domestic violence (DV). See policy 2.21 Human Trafficking for additional information.

When pursuing a placement, the Family Case Manager (FCM) will:

1. Ask the child (if age appropriate) and family if the child is of Indian heritage or if the child is eligible for membership in a federally recognized Indian tribe. See policy 2.12 Indian Child Welfare Act (ICWA) for additional information;
2. Conduct a diligent search for any noncustodial parents and relatives or kin (including all adult relatives, kin, and adult siblings) prior to conducting a search for a licensed foster home;

Note: In cases involving human trafficking, if placement with a noncustodial parent, other relative, or kin is being considered, the child should not be placed until it is determined that the potential placement is not the trafficker or associated with the trafficker. For further guidance, see policy 2.21 Human Trafficking and/or send questions to the DCS Human Trafficking Information mailbox.

3. Identify all relatives and kin who may be an appropriate resource for the child by utilizing the completed Kinship Connection Diagram. See policies 2.26 Diligent Search, 5.06 Locating Absent Parents, and 8.48 Relative or Kinship Placements.

Note: Former long-term resource parents may be considered as a relative placement in cases where the child is the victim of repeat maltreatment or returning to out-of-home care.

4. Conduct a criminal history background check if:
 - a. A noncustodial parent is identified as a potential caregiver and there are concerns regarding the noncustodial parent's ability to keep the child safe, or
 - b. A relative or kinship placement has been identified. See policies 13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements and 13.06 Evaluation of Background Checks for Non-Emergency Unlicensed Out-of-Home Placements.
5. Facilitate the convening of a Child and Family Team (CFT) Meeting to determine which placement would be in the best interest of the child (unless an immediate placement decision must be made due to an emergency removal):
 - a. Discuss the needs of the child, including the placement of siblings together, and
 - b. Review the 8.A Tool: Placement Needs Summary, CANS, and placement recommendations to determine which of the following is the most appropriate placement type for the child:
 - i. Relative or Kinship Family, including a long-term resource family (see policy 8.48 Relative or Kinship Placements),
 - ii. Foster Family Home, or

Note: Former foster parents should be considered whenever possible and appropriate.

- iii. Residential Treatment Center, Psychiatric Residential Treatment Facility (PRFT) or State Hospital. This level of placement requires approval through the Child-Focused Treatment Review (CFTR). See policy 5.24 Child-Focused Treatment Review (CFTR) for additional guidance.

- c. Develop a Permanency Plan and second Permanency Plan, if concurrent planning. Both plans should include the possibility of siblings being placed together. For further guidance, see policy 5.15 Concurrent Planning – An Overview; and
 - d. Develop a Visitation Plan that is agreed upon by all parties. For further guidance, see policy 8.12 Developing the Visitation Plan.
6. Collaborate with the Regional Foster Care Specialist (RFCS) if the child will be placed in a licensed foster home.

Note: If the child was previously in a foster placement, the FCM should coordinate with the RFCS to consider placement in former resource homes.

7. Provide as much information as possible to the RFCS and/or LCPA regarding the child's needs for the purpose of finding an appropriate foster home. The information should include, but is not limited to:
- a. Child demographics (i.e., age, developmental capacity, gender identity, sexual orientation),
 - b. Child's culture (i.e., preferred language, religious and/or spiritual practices),
 - c. Child's placement preferences (i.e., household composition, community),
 - d. Whether the child is part of a sibling group and if the siblings should be placed together,
 - e. Prior placement history,
 - f. Child's Permanency Plan and visitation schedule,
 - g. Any medical/behavioral/psychological needs and concerns (e.g., bedwetting, fire starting, animal cruelty, medications, and/or special medical equipment),
 - h. Child abuse and/or neglect and legal history, and
 - i. Educational needs and enrollment details.
8. Complete the Interstate Compact on the Placement of Children (ICPC) process as outlined in policy 9.01 Request to Place an Indiana Child in Another State for out-of-state placement with a resource parent or in residential treatment, if applicable;
9. Contact the identified family to discuss the child's needs and the family's ability to care for the child. Ensure clear follow up is given to the family regarding whether the child will be placed in their home.
10. Consider services needed for the child and identified family to meet identified needs and make referrals as necessary. See policy 8.15 Services for the Resource Family for additional information;

Note: If the child is placed in a Licensed Child Placing Agency (LCPA) home, ensure the LCPA staff is included in communications with the foster parent.

11. Obtain approval from the DCS Local Office Director (LOD) or designee for children temporarily placed in Emergency Shelter Care (ESC), residential treatment, or placement types that are different from the CANS recommendation.

Note: In addition to this policy, the FCM will follow all additional steps in:

- a. Policy 5.19 for CANS Assessment approvals;
- b. Policy 8.48 Relative and Kinship Placements for a child placed in a relative or kinship home;
- c. Policy 8.04 Emergency Shelter Care and Urgent Residential Treatment for youth placed temporarily in ESC or in need of urgent residential treatment; and

- d. Policy 5.24 Child-Focused Treatment Review (CFTR) for placement in residential treatment.
12. Submit the placement recommendation to the court after the recommendation is approved by all required DCS local office staff; and
13. Facilitate the placement of the child. For further guidance, see policy 8.09 Placing the Child in Out-of-Home Care.

The FCM Supervisor will:

1. Assist the FCM in determining the appropriate type of placement for the child and obtaining any needed approvals;
2. Provide any additional assistance as needed to ensure the child is appropriately placed in a timely manner; and
3. Ensure all actions taken and any deviation from best practice is documented in the case management system.

The LOD or designee will approve, if appropriate, ESC, residential placements, and a placement type that is different from the CANS recommendation.

After being contacted by the FCM regarding the need for placement recommendations, the RFCS or the LCPA will:

1. Discuss with the FCM the child's placement needs including, but not limited to:
 - a. The CANS placement recommendation and/or known behavioral health and medical needs,
 - b. Anticipated visitation schedule and details,
 - c. Educational needs,
 - d. Sibling relationships and potential placement or service needs, and
 - e. Existing and/or anticipated services.
2. Evaluate the appropriateness of available placement options to meet the child's needs; and
3. Provide recommendations to the FCM regarding the child's placement.

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RELEVANT INFORMATION

Definitions

DCS Investigators

DCS Investigators are employees of DCS who are responsible for assisting FCMs in locating absent parents, relatives, and/or other identified persons of interest to the case and/or assessment.

Long-Term Resource Parent

A long-term resource parent is a resource parent who has provided care and supervision for a child for at least:

1. The 12 most recent months;
2. Fifteen (15) of the most recent 22 months; or
3. Six (6) months, if the child is less than twelve (12) months of age.

Forms and Tools

- [5.B Tool: Family Network Diagram Instruction Guide](#)

- [8.A Tool: Placement Needs Summary](#)
- [8.B Tool: Separation and Loss](#)
- [DCS Human Trafficking Information mailbox](#)
- Indiana Human Trafficking Rapid Indicator Tool – Available in the case management system
- [Safety Plan \(SF53243\)](#)
- Visitation Plan – Documented in the CFT Meeting Notes and the Court Reports

Related Policies

- [2.12 Indiana Child Welfare Act \(ICWA\)](#)
- [2.21 Human Trafficking](#)
- [2.26 Diligent Search](#)
- [5.06 Locating Absent Parents](#)
- [5.15 Concurrent Planning - An Overview](#)
- [5.19 Child Adolescent Needs and Strengths \(CANS\)](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [8.04 Emergency Shelter Care & Urgent Residential Treatment](#)
- [8.09 Placing a Child in Out-of-Home Care](#)
- [8.12 Developing the Visitation Plan](#)
- [8.15 Services for the Resource Family](#)
- [8.48 Relative or Kinship Placements](#)
- [9.01 Request to Place an Indiana Child in Another State](#)
- [13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements](#)
- [13.06 Evaluation of Background Checks for Non-Emergency Unlicensed Out-of-Home Placements](#)
- [15.10 Continued Title IV-E Eligibility Requirements](#)
- [16.04 Placement Referrals](#)

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LEGAL REFERENCES

- [IC 5-26.5-1-3: "Domestic violence"](#)
- [IC 31-32-2.5: Right to Intervene in Child in Need of Services Proceedings and Termination of Parent-Child Relationship Proceedings](#)
- [IC 31-34-1-3.5: Victim of human or sexual trafficking](#)
- [IC 31-34-4: Temporary Placement of Child Taken into Custody](#)
- [IC 31-34-6: Detention of Alleged Child in Need of Services](#)
- [IC 31-34-6-2: Placement with relative or de facto custodian; evaluation; background checks](#)
- [IC 31-34-21: Review of Dispositional Decrees; Formal Review Hearings](#)
- [IC 31-34-23-5: Placement of a child with a previous placement](#)
- [IC 34-6-2-34.5: "Domestic or Family Violence"](#)
- [IC 35-42-3.5: Human and Sexual Trafficking](#)

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PRACTICE GUIDANCE – DCS POLICY 8.01

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

Relative Home Physical Environment Checklist

The Relative Home Environment Check List allows for a documented discussion to occur about potential safety concerns. This discussion should reinforce awareness of potential safety concerns regarding fire and water safety. The checklist indicates items that are minimum criterion for placement in a relative home. FCMs should use critical thinking skills when completing the checklist. The FCM should also assist the relative caregiver in finding solutions to any issues that may arise from the completion of the checklist. Requests for additional funding may be appropriate to assist in meeting a checklist item (e.g., carbon monoxide detector). Some items that cannot be met may be evidence that the placement is not suitable.

In the section for follow-up, the placing FCM is to indicate what action is required to complete the checklist requirement. FCMs should document what the plan is for achieving all required items.

All items marked for follow up should be reassessed by the FCM within 48 hours of the emergency placement unless there is a documented supervisory approved plan that follow through will exceed 48 hours. In situations where an FCM is unable to follow-up within 48 hours due to other responsibilities associated with a removal, the FCM should seek supervisory approval to have the RFCS or RSS assist. **Items will never be marked for follow-up that are immediate safety concerns for the child, as DCS should not be placing (or recommending placement to the court) if there are immediate safety concerns in the home.**

Supporting Relative Caregivers

It is important for FCMs to support all relative caregivers. FCMs must be mindful that relative caregivers may not have planned to take emergency placement of their relative's children. This is especially true in middle of the night placements. The FCM should be patient and exercise empathy for the relative caregivers and serve as a support to them by answering any questions and addressing any concerns they may have. It is the goal of DCS to have a child transition as smoothly as possible from his or her home into the relative caregiver's home. FCMs should complete timely service referrals for identified needs, such as child care assistance, individual or family counseling, home based casework, etc. for the relative caregiver or child. See policy 16.02 Assistance for Unlicensed Relative Placements for additional information on financial assistance for relative caregivers.

Safe Sleep


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

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

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

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

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	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

STATEMENTS OF PURPOSE	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 parent or the child involved.

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

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

Code Reference

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

PROCEDURE

The Family Case Manager (FCM) will:

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

6. Ensure all case information is forwarded to the DCS LOD or designee for final approval, if the RM believes there are compelling circumstances.

PRACTICE GUIDANCE

Addressing Language Barriers

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

FORMS AND TOOLS

N/A

RELATED INFORMATION


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

Compelling Circumstances

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

Note: For a Guide to MEPA-IEP, see the following website for additional information:

http://www.acf.hhs.gov/sites/default/files/cb/mepa_powerpoint.pdf

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-Of-Home Services	Effective Date: September 1, 2021
	Section 04: Emergency Shelter Care & Urgent Residential Treatment	Version: 6

POLICY OVERVIEW

It is imperative to exhaust all efforts for alternative placement options prior to making a recommendation for Emergency Shelter Care (ESC) or admission for residential treatment. ESC and urgent residential treatment are utilized temporarily **only** when it is in the best interest of the child.

PROCEDURE

Emergency Shelter Care (ESC) Placement

ESC is considered a short-term placement only to be utilized in crisis situations. An ESC stay will not exceed 20 calendar days without approval. A child will be placed in ESC after attempts to secure the most family like setting appropriate for the child. If the child must be detained from his or her parent, guardian, or custodian in order to protect the child’s safety, relative/kinship placement and licensed foster care should be considered prior to considering ESC. See policy 8.1 Selecting a Placement Option for additional information.

Note: ESC serves a different purpose than urgent residential treatment. A child is placed in ESC for 20 calendar days or less to meet their basic needs; whereas, a child is admitted urgently in residential treatment to meet their mental health and behavioral needs.

For ESC placement, the Family Case Manager (FCM) will:

1. Review the case information and the child’s needs with the FCM Supervisor and Child and Family Team (CFT), and receive approval for the ESC placement;
2. Ensure the placement is approved by the Local Office Director (LOD) or designee (or the Regional Manager [RM] if the child is under 10 years of age);
3. Place the child in ESC after receipt of the necessary approvals. See policy 8.09 Placing a Child in Out-of-Home Care for additional guidance;
4. Seek court approval for placement within 48 hours of the child entering the initial ESC placement;

Note: If the child has been detained by DCS and/or the detention is included in a post-dispositional modification, a report and recommendation to the court, notice to the court, and a court hearing are required.

5. Complete the Child and Adolescent Needs and Strengths (CANS) Assessment pursuant to the time frames outlined in policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment;
6. Complete a referral to the Education Services Team within 24 hours of the child’s placement in ESC to request the School Notification and Best Interest Determination (BID) be submitted to the child’s school. See policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement for additional information;

Note: The FCM must notify the child's school as soon as the child is safely placed in ESC.

7. Review the case information and CANS recommendations with the FCM Supervisor and LOD or designee within five (5) calendar days of placement to determine an appropriate subsequent placement recommendation based upon the needs of the child;
8. Contact the DCS Clinical Service Specialist (Clinical Consultant) for assistance with identified behavioral and therapeutic interventions, if applicable;
9. Consult with the CFT and other relevant parties to discuss the needs of the child and family to develop a plan for placement prior to the 20th calendar day of the child's ESC stay; and

Note: If the ESC stay will be more than 20 calendar days, staff with the LOD and contact the Clinical Consultant for assistance prior to the 15th day of the ESC stay. An extension exceeding 20 calendar days may be requested from the Deputy Director of Child Welfare Services or designee by the ESC facility. The Extension of Emergency Shelter Care (ESC) form must be sent to the DCS ESC Extensions mailbox no later than day 15 and must only be sent for exceptional circumstances.

10. Document all recommendations, approvals, and actions taken in the case management system.

The FCM Supervisor will:

1. Make a determination regarding the child being placed in ESC after review of the case information and child's needs;
2. Request approval from the RM if the child is under 10 years of age and placement in an ESC appears to be the most appropriate placement option;
3. Assist the FCM with placement responsibilities, as needed;
4. Review the case information, CFT recommendation, and CANS recommendation with the FCM and LOD or designee within five (5) calendar days of placement to determine an appropriate subsequent placement recommendation based on the strengths and needs of the child and, if appropriate, ensure there is an adequate plan to step the child down to a less restrictive setting;
5. Review the child's needs with the FCM to ensure the child is receiving appropriate services at the ESC;
6. Coordinate with the ESC, FCM, and LOD if the placement needs to extend beyond 20 calendar days to ensure an extension is requested no later than day 15 of the child's stay; and
7. Ensure all recommendations, approvals, and actions taken are documented in the case management system.

The LOD or designee will:

1. Review and approve all ESC placements prior to placement; and
2. Notify the RM of all ESC placements.

The RM will review and approve or deny all recommendations for ESC placements for children under 10 years of age.

The DCS Staff Attorney will:

1. Request court approval within 48 hours of the youth entering the initial ESC placement; and

2. Provide a notice to the court and request a court hearing if the child has been detained by DCS and/or the detention is included in a post-dispositional modification.

The Educational Services Team will follow all procedural steps outlined in policy 8.22 School Notifications and Legal Settlement.

The Clinical Consultant will maintain continuous communication with the FCM regarding service interventions for the child and family, if contacted for assistance or case consultation.

Urgent Admission for Residential Treatment

Residential treatment should only be used when a child requires 24-hour supervision or the child is not able to function on a daily basis in a family home environment. Residential treatment facilities include a Child Caring Institution (CCI), Private Secure Facility (PSF) with and without Psychiatric Residential Treatment Facility (PRTF) certification, and Group Home (GH).

For urgent admission for residential treatment, the FCM will:

1. Engage the CFT as partners in admission planning and decision-making. See policies 8.01 Selecting a Placement Option and 5.07 Child and Family Team Meetings for additional information;
2. Review case information, CFT recommendations, and the CANS recommendations with the FCM Supervisor to determine if urgent admission in residential treatment is needed. At least one (1) of the following conditions must apply:
 - a. The child requires 24 hour supervision, and/or
 - b. The child is not able to function on a daily basis in a family home environment.
2. Request and receive approval from the LOD or designee (or the RM if the child is under 10 years of age) prior to admission;
3. Take the child to the residential treatment facility for admission after receipt of necessary approvals;
4. Submit a 30 Day Assessment referral in KidTraks within 24 hours of admission;

Note: If the contracted provider does not recommend residential treatment, a Child-Focused Treatment Review (CFTR) must be scheduled to discuss reconsideration and/or discuss next steps. See policy 5.24 Child-Focused Treatment Review (CFTR) for additional guidance.

5. Consult with the DCS Staff Attorney to request court authorization for the admission within one (1) business day following admission;

Note: If the child has been detained by DCS and/or the detention is included in a post-dispositional modification, a report and recommendation to the court, notice to the court, and a court hearing are required.

6. Contact the Clinical Consultant to request a consultation within two (2) business days of admission;

Note: The consultation with the Clinical Consultant must occur within one (1) business day of receipt of the referral.

7. Complete a referral to the Education Services Team within 24 hours of the child's admission to request the School Notification and Best Interest Determination (BID) be

submitted to the child's school. See policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement for additional information;

Note: The FCM must ensure the child's school is aware of the child's placement change as soon as the child is safely placed.

Schedule a residential treatment-focused CFT Meeting within 10 business days of placement and every 30 days until the child is transitioned to a less restrictive option. See policy 5.07 Child and Family Team (CFT) Meetings for further guidance.

Note: The Step-Down Planning form must be completed during the residential treatment-focused CFT Meeting.

8. Document all recommendations, approvals, and actions taken in the case management system.

The FCM Supervisor will:

1. Review the child's needs with the FCM, and make a determination regarding urgent admission in residential treatment;

Note: Contact the DCS Clinical Consultant for assistance if urgent residential treatment is needed and assistance is needed determining an appropriate facility.

2. Ensure the LOD or designee approves the admission in advance of the child's admission to residential treatment;

Note: DCS will not recommend to the court that a child under the age of 10 be admitted to a residential facility without RM approval of the admission.

3. Assist the FCM with residential treatment admission responsibilities, as needed;
4. Assist the FCM in preparation for the residential treatment focused CFT meeting. See policy 5.07 Child and Family Team (CFT) Meetings for additional guidance; and
5. Ensure all recommendations, approvals, and actions taken are documented in the case management system.

The LOD or designee will review and approve or deny all urgent admissions in residential treatment prior to the admission.

The RM will:

1. Review and approve or deny all recommendations for residential treatment for children under 10 years of age, prior to admission;
2. Ensure reviews take place timely; and
3. Make decisions when there are disagreements in the choice of the facility.

The Clinical Consultant will:

1. Staff with the FCM regarding residential treatment and the child's needs, including services recommendations. See policy 5.10 Family Services for additional information;
2. Consult with the FCM regarding the appropriateness of urgent admission to residential treatment; and
3. Make recommendations about which residential facilities meet the child's needs and have

availability, based on information found on the Residential Treatment Facility Search.

The DCS Staff Attorney will:

1. Request court authorization for residential treatment admission within one (1) business day following admission; and
2. Provide a notice to the court and request a court hearing if the child has been detained by DCS and/or the detention is included in a post-dispositional modification.

The Educational Services Team will follow all procedural steps outlined in policy 8.22 School Notifications and Legal Settlement.

LEGAL REFERENCES

- [IC-31-37-20-3: Formal hearing on continued jurisdiction; periodic jurisdiction review; referral to permanency roundtable](#)
- [IC 31-40-1-2: Obligation of parent, guardian, or department for costs of services or return of child](#)
- [IC 31-9-2-16.7: Child Caring Institution](#)
- [IC 31-9-2-48.5: Group Home](#)
- [IC 31-34-20-1: Entry of dispositional decree; placement in home or facility outside Indiana; findings and conclusions](#)
- [465 IAC 2-11-22: Private Secure Facility](#)
- [42 USC 672: Foster care maintenance payments program](#)

RELEVANT INFORMATION

Definitions


- N/A

Forms and Tools

- [Step-Down Planning \(SF 55712\)](#)
- Child and Adolescent Needs and Strengths Assessment (CANS) – Available in the case management system
- [Extension of Emergency Shelter Care \(ESC\) \(SF 55738\)](#)
- [School Notification and Best Interest Determination \(SF 47412\)](#)
- [DCS ESC Extensions email](#)
- [Residential Treatment Facility Search](#)

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.10 Family Services](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [8.01 Selecting a Placement Option](#)
- [8.09 Placing a Child in Out-of-Home Care](#)
- [8.20 Educational Services](#)
- [8.22 School Notifications and Legal Settlement](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: March 1, 2014
	Section 5: Out-of-County Placements	Version: 4

STATEMENTS OF PURPOSE

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

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

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

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

Note: The receiving county must notify the placing county if licensure for the home is denied.

Code Reference

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) as partners in the placement planning and decision-making. See policies [8.1 Selecting a Placement Option](#) and [5.7 Child and Family Team Meetings](#);
2. Review the case information and the [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) result with the FCM Supervisor, Local Office Director (LOD), and the CFT to ensure a less restrictive placement is not appropriate or there is no other placement available to meet the child's needs;

3. Present the FCM Supervisor and the LOD with information regarding the child's needs and reason(s) for recommending out-of-county placement (include the name of the recommended resource parent[s] home);
4. Notify the DCS local office or the RFCS Supervisor of a child placed in relative care in the receiving county;
5. Develop a [Visitation Plan](#) for the child with the parent, guardian, or custodian. See policy [8.12 Developing the Visitation Plan](#);
6. Obtain court approval prior to making the out-of-county placement; and
7. Document all communications, recommendations, approvals, plans, and placements in the case management system.

The FCM Supervisor in the placing county will:

1. Review with the FCM the child's needs, the recommended resource parent(s) home, and any additional information to support the recommendation for out-of-county placement;
2. Notify the RFCS in the receiving county of the recommendation for out-of-county placement in the receiving county via email; and
3. Ensure all involved parties (e.g., FCM, RFCS, LOD and Regional Manager (RM) in the placing and receiving counties) know what arrangements have been made for supervision of the resource home and face-to-face contact with the child.

The RFCS will:

1. Review the case information and the [CANS Assessment](#) result with the FCM to ensure a less restrictive placement is not appropriate or there is no other placement available to meet the child's needs;
2. Present the RFCS Supervisor and the LOD with information regarding the child's needs and reason(s) for recommending out-of-region placement (include the name of the recommended resource parent[s] home);
3. Obtain court approval prior to making the out-of-region placement;
4. Assist homes desiring to be licensed, through the licensing process; and
5. Notify the county of origin if the unlicensed home is denied licensure.

PRACTICE GUIDANCE

Out-of-State Placements

This policy does not apply to out-of-state or emergency shelter care (ESC) placements. See policies [8.4 Emergency Shelter & Urgent Residential Placement Review and Approval](#) and [9.1 Request to Place an Indiana Child in Another State](#).

Licensing Out-of-County Homes

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


FORMS AND TOOLS

1. [8.A Tool: Placement Needs Summary](#)
2. [Visitation Plan](#) – Available in the case management system

3. [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) – Available in the case management system

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1, 2017
	Section 8: Preparing Child for Placement	Version: 3

STATEMENTS OF PURPOSE

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

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Engage the parent, guardian, or custodian in preparing the child for out-of-home placement or changes in placements whenever possible;
2. Attempt to coordinate one (1) or more preplacement visits to the proposed new home or facility, unless time does not allow (i.e., the removal is an emergency);
3. Ensure the parent, guardian, custodian, and the child know if and how they will be able to maintain contact with each other;
4. Inform the child where he or she will be going, who will be caring for him or her, and whether any or all siblings will be going with him or her;
5. Ensure the parent, guardian, custodian, and the child(ren) know if and how sibling contact will be maintained, if there are siblings who will not be placed together;
6. Acknowledge the feelings of both the child and the parent, guardian, or custodian;
7. Encourage the child to take familiar objects (e.g., clothes, toys, bottles, cups, music tapes, photos of the parent, guardian, or custodian), unless the home is a property used for the manufacture of a controlled substance. See separate policy, [16.1 Clothing, Personal Items, and Permitted Per Diem Expenses](#) and refer to the [Indiana Drug Endangered Children Response Protocol](#);
8. Share any additional information with the child, as appropriate, based on the child's age and developmental level, such as informing the child of plans regarding reunification and a second permanency plan, if concurrent planning. See separate policy, [5.15 Concurrent Planning](#);
9. Allow the child to say "good-bye" to his or her parent, guardian, custodian, and other household members whenever possible; and
10. If possible, given the circumstances, take any additional steps necessary to help the child prepare emotionally for the placement.

PRACTICE GUIDANCE

Importance of Preparing for Placement

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

Children have feelings of loss, anxiety, and confusion when removed from familiar surroundings and placed in an unfamiliar environment. Caregivers from whom the child is being removed may experience the same feelings. These feelings often are increased when faced with a lack of information regarding what will happen next and what action they may take relative to the situation. It is important that the FCM acknowledge these feelings. Additionally, efforts should be made as soon as possible to clarify the situation for the parent, guardian, or custodian and, whenever possible, to involve the parent, guardian, or custodian in the placement process in a positive way for the child's well-being.

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

Preplacement Visits

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

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

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


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

FORMS AND TOOLS

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

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: June 1, 2021
	Section 09: Placing a Child in Out-of-Home Care	Version: 9

POLICY OVERVIEW

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

PROCEDURE

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

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

1. Conduct the required background checks **if the placement is in the home of an unlicensed relative**. For further guidance, see policies 13.05 Conducting Background Checks for Nonemergency Unlicensed Placements, 13.06 Evaluating Background Checks for Nonemergency Unlicensed Out-of-Home Placements, 13.11 Conducting Background Checks for Emergency Unlicensed Placements, and 13.12 Evaluating Background Checks for Emergency Unlicensed Placements; and
2. Ensure the Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) contacts the resource parent to:
 - a. Provide as much information as possible regarding the child for purposes of finding appropriate foster home matches, and
 - b. Select and confirm the resource home for placement.

Upon arriving at the placement location, the FCM will:

1. Introduce the child to the resource parent and inform the child of the date and time the FCM will return for the initial face-to-face contact (within three [3] business days);
2. Confirm or clarify any relevant information previously shared with the child and the resource parent;
3. Provide a copy of and/or review the following documents and information with the resource parent:
 - a. Full and accurate medical information (e.g., current conditions, history, a list of any medications the child is currently taking, and prescription information) and Medical Passport. For further guidance, see policies 8.27 Maintaining Health Records – Medical Passport and 8.30 Psychotropic Medication,
 - b. All necessary releases and consents, including the Statement of Care and Supervisory Authorization for Healthcare Card and/or Authorization for Health Care Form. For further guidance, see policy 8.26 Authorization for Health Care Services,
 - c. Medicaid number and any other insurance information for the child. For further guidance, see policy 8.29 Routine Health Care,

- d. Child and Adolescent Needs and Strengths (CANS) Assessment (for an initial placement the CANS should be provided upon completion) and discuss the CANS recommendations. For further guidance, see policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment,
- e. Notification of any scheduled court hearings and/or Child and Family Team (CFT) Meetings. For further guidance, see policies 5.07 Child and Family Team Meetings and 6.04 Providing Notice,
- f. The most recent court report (for an initial placement the court report should be provided upon completion),
- g. Relevant court orders and the Case Plan. Discuss the Permanency Plan and Second Permanency Plan, if concurrent planning,
- h. Available educational information (e.g., the name of the school the child last attended; the child's current grade level; a summary of academic progress; and information regarding any active Individualized Educational Program [IEP], scheduled conferences, and/or any other educational accommodations). For further guidance, see policies 8.20 Educational Services and 8.21 Special Education Services,
- i. The Visitation Plan, including any restrictions that may be in place. For further guidance, see policy 8.12 Developing the Visitation Plan,
- j. The FCM's daytime contact number, Local DCS Office phone number, and DCS Child Abuse Hotline (Hotline) Number,
- k. The Inventory of Personal Items for the child's clothing and personal belongings and/or information regarding securing emergency clothing for the child. For further guidance, see policy 16.01 Clothing, Personal Items, and Permitted Per Diem Expenses and 16.02 Assistance for Unlicensed Relative Placements,
- l. Advise the resource parent to immediately decontaminate the child if the child was removed from a property used for the illegal manufacture of a controlled substance and was not decontaminated prior to arriving at the placement location. For further guidance, see Indiana Drug Endangered Children Protocol, and
- m. The Resource Parent Role Acknowledgment form. Review the form and referenced policies with the resource parent and answer any questions.

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

4. Obtain the signature of the resource parent on the Resource Parent Role Acknowledgement.

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

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

Note: For placement with an unlicensed relative, complete and email the Relative Placement Entry forms to the RFCS or Relative Support Specialist (RSS) within 24 hours. The FCM should not create a relative home in the case management system. See policy 8.48 Relative Placements for further guidance.

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

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

Upon receipt of a referral regarding the child's placement in out-of-home care, the Education Services Team will complete the School Notification and Best Interest Determination (BID) form and provide it to the school corporation's identified Point of Contact (POC) where the child currently attends and where the child has legal settlement, **within 72 hours**. See policy 8.22 School Notifications and Legal Settlement for further guidance.

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

The FCM Supervisor will:

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

LEGAL REFERENCES

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

RELEVANT INFORMATION

Definitions

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Resource Parent


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

Forms and Tools

- [Adoption World Publishing](#)
- [Authorization For Health Care \(SF 54247\)](#)
- Case Plan (SF 2956) – Available in the case management system
- Child and Adolescent Strengths and Needs (CANS) Assessment – Available in the case management system
- [Indiana Bill of Rights for Youth in Care](#)
- [Indiana Drug Endangered Children Protocol](#)
- [Inventory of Personal Items \(SF 54315\)](#)
- [Relative Placement Entry SF 57025](#)
- [Safety Plan \(SF 53243\)](#)
- [School Notifications and Best Interest Determination \(BID\) \(SF 47412\)](#)
- [Statement of Care and Supervisory Authorization for Health Care \(SF 45093\)](#)
- [Medical Passport \(DCS Pamphlet 036\)](#)
- [Resource Parent Role Acknowledgment \(SF 54642\)](#)
- Visitation Plan – Available in the case management system

Related Policies

- [2.06 Sharing of Confidential Information](#)
- [5.07 Child and Family Team Meetings](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [6.04 Providing Notice](#)
- [8.12 Developing the Visitation Plan](#)
- [8.20 Educational Services](#)
- [8.21 Special Education Services](#)
- [8.22 School Notifications and Legal Settlement](#)
- [8.26 Authorization for Health Care Services](#)
- [8.27 Maintaining Health Records – Medical Passport](#)
- [8.29 Routine Health Care](#)
- [8.30 Psychotropic Medication](#)
- [8.48 Relative Placements](#)
- [13.05 Conducting Background Checks for Nonemergency Unlicensed Placements](#)
- [13.06 Evaluating Background Checks for Nonemergency Unlicensed Out-of-Home Placements](#)
- [13.11 Conducting Background Checks for Emergency Unlicensed Placements](#)
- [13.12 Evaluating Background Checks for Emergency Unlicensed Placements](#)
- [16.01 Clothing, Personal Items, and Permitted Per Diem Expenses](#)
- [16.02 Assistance for Unlicensed Relative Placements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: October 1, 2021
	Section 10: Minimum Contact	Version: 14

POLICY OVERVIEW

Minimum Contact with the child; parent, guardian or custodian; and resource parent is required to ensure the safety and well-being of the child. Additionally, minimum contact and contact during case junctures is completed to ensure compliance with court orders, the Case Plan/Prevention Plan, Safety Plan, and all recommendations of the service providers and the Child and Family Team (CFT).

PROCEDURE

Face-to-face minimum contact requirements vary between contact with the child (including a child placed out-of-state or in a residential treatment facility), resource parent, and the child’s parent, guardian, or custodian. See below for the specific timeframes and requirements for each.

Contact with the Child

The Family Case Manager (FCM) will have face-to-face contact with each child in out-of-home care within three (3) business days of the initial placement and at least monthly, with no more than 30 calendar days between contacts and complete the Face-to-Face Contact form. Face-to-face contact may alternate monthly between the placement home and other locations.

Note: Each child should be assessed individually. The 5.C Tool: Face to Face Contact Guide may be utilized to assist in completing the Face-to-Face Contact form.

During each face-to-face contact with the child, the FCM will:

1. Assess each child’s safety, stability, permanency, and well-being, including mental health (e.g., emotional distress), physical health (e.g., injuries and illness), educational status (e.g., attendance and grade level achievement), and progress toward successful adulthood transition (if applicable), and gather information to complete the Face-to-Face Contact form. See policies 8.43 Meaningful Contacts, 11.01 Older Youth Services (OYS), and 11.06 Transition Plan for Successful Adulthood for additional guidance.

Note: Any new allegations of Child Abuse and/or Neglect (CA/N) must be reported to the DCS Child Abuse Hotline (Hotline), per State reporting statutes, and may not be handled as part of the case. Seek supervisory approval to initiate emergency removal if the child is in immediate danger. See policy 4.38 Assessment Initiation for further guidance.

2. Allow sufficient time alone with the child in a setting that provides the child an opportunity to speak freely and/or express their thoughts and feelings;
3. Discuss, in an age and developmentally appropriate manner, any positive or negative feelings the child may have regarding:

- a. The placement (e.g., the resource family members or other people who visit the home),
 - b. Services currently offered or needed,
 - c. The Permanency Plan and second Permanency Plan, if Concurrent Planning,
 - d. Visitation (e.g., parents and siblings), and
 - e. The child's interests (e.g., friends, hobbies, and extracurricular activities).
4. Gather any additional information necessary to complete the Child and Adolescent Needs and Strengths (CANS) Assessment. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional guidance; and
 5. Photograph the child. See policy 4.14 Examining and Photographing a Child and/or Trauma for additional guidance.

Contact with Children in Residential Treatment

The FCM will, when possible, have contact with each child admitted for residential treatment at least weekly and face-to-face contact, including time alone with the child, at least monthly, with no more than 30 calendar days between contacts. The weekly contact may be by phone or virtual (i.e., using virtual technology), depending on the residential agency's capacity. The FCM will complete the Face-to-Face Contact form for each contact and document each contact in the case management system.

Contact with Children in Out-of-State Placement

The FCM will have face-to-face contact, including time alone, and complete the Face-to-Face Contact form with each child placed out-of-state through the ICPC program once every four (4) months. The FCM will also have face-to-face contact with the resource parent and follow steps outlined above during each face-to-face contact. The FCM will have weekly contact by phone or virtual (i.e., using virtual technology) with the child. Documentation of the face-to-face contact must be completed in the case management system.

The FCM will utilize the Interstate Compact on the Placement of Children Request form to make a formal request for the receiving state to have face-to-face contact with the child in the off months. The FCM should notify the receiving state's ICPC worker of the intent to make face-to-face contact with the child. For more details, see policy 9.08 Minimum Contact for DCS ICPC Placements.

Note: The receiving state will not provide supervision for a child admitted for residential treatment.

Contact with the Resource Parent

The FCM will have face-to-face contact with the resource parent at a minimum of every other month to gather information; discuss any updates; and ensure safety, stability, permanency, and well-being for each child is considered during each visit. Information gathered will be documented in the Face-to-Face Contact form.

Note: The 5.C Tool: Face-to-Face Contact Guide may be utilized to assist in completing the Face-to-Face Contact form.

During each face-to-face contact with the resource parent, the FCM will:

1. Observe the overall condition of the entire home and discuss any areas of concern with the resource parent;

2. Discuss the child's overall progress including, but not limited to, behavior management and school adjustment;
3. Assess the needs of the resource parent in caring for the child, including but not limited to financial needs and licensure. For additional information, see policies 16.01 Clothing, Personal Items, and Permitted Per Diem Expenses and 16.02 Assistance for Unlicensed Relative Placements;
4. Ensure the resource parent is aware of scheduled court hearings regarding the child;
5. Assist the resource parent with problem-solving and accessing community resources as needed;
6. Assess for safety concerns, address any identified issues, and update the Safety Plan and/or Plan of Safe Care as needed. See policy 5.21 Safety Planning for more information; and

Note: Any new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. Seek supervisory approval to initiate emergency removal if the child is in immediate danger.

7. Gather any additional information necessary to complete the CANS Assessment. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional guidance.

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

The FCM will have face-to-face contact with the child's parent, guardian, or custodian at least monthly to gather information; discuss any updates; ensure safety, stability, permanency, and well-being for each child is considered during each visit; and document in the Face-to-Face Contact form.

Note: If the parent, guardian, or custodian is incarcerated or resides out-of-state, the Face-to-Face Contact form still must be completed during the virtual face-to-face contact.

DCS will ensure sufficient time is allowed to observe and evaluate the parent-child relationship during visitations, as often as necessary, at least one (1) month prior to reunification. All safety concerns identified must be reported immediately to the FCM Supervisor and Hotline and the Safety Plan and/or Plan of Safe Care must be updated as needed. Issues involving child safety must be immediately addressed. See policy 5.21 Safety Planning for more information.

During each face-to-face contact with the parent, guardian, or custodian, the FCM will:

1. Assess the family's progress toward Case Plan goals;
2. Discuss services the family needs and/or is receiving;
3. Update the parent, guardian, or custodian on the child's services, needs, and progress toward Case Plan goals;
4. Gather any additional information needed to complete the CANS Assessment. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional guidance; and
5. Provide assistance to the family to promote the safety, stability, well-being, and permanency of the child.

Following each face-to-face contact with the child; parent, guardian, or custodian; and/or resource parent, the FCM will:

1. Clearly and accurately document the Face-to-Face Contact in the case management system within three (3) business days. This includes, but is not limited to:
 - a. New information gained about the assessment of safety, risk, stability, permanency, and well-being (including income, employment status, place of residence, physical and mental health, medical care, educational status, and progress toward successful adulthood transition),
 - b. Photographs taken,
 - c. The completed Face-to-Face Contact form,
 - d. The updated Safety Plan and/or Plan of Safe Care (if applicable), and
 - e. Any other documents obtained.

Note: See policies 8.20 Educational Services, 8.27 Maintaining Health Records - Medical Passport, 8.43 Meaningful Contacts, 11.01 Older Youth Services, and 11.06 Transition Plan for Successful Adulthood for additional information.

2. Discuss any safety concerns and the need for any additional referrals with the FCM Supervisor, and complete referrals in KidTraks, as needed, to address identified service needs for the child; parent, guardian, or custodian; and/or resource parent. See policy 5.10 Family Services for further guidance;
3. Contact the resource parent’s licensing worker, if applicable, to share relevant information, and collaborate to maintain the placement and retain the resource parent; and
4. Send the receiving state a request for an ICPC Supervision Report following each face-to-face contact for ICPC cases, and document in the case management system the reports of FCM face-to-face contact and those completed by the receiving state. For more details, see policy 9.09 Placement Updates and Supervision Reports.

The FCM Supervisor will:

1. Ensure face-to-face contact with each child; parent, guardian, or custodian; and resource parent is completed and entered in the case management system within three (3) business days of the contact; and
2. Review the case during regular clinical supervision, and approve any updates to the Safety Plan and/or Plan of Safe Care and any additional service referrals.

LEGAL REFERENCES

- [IC 34-6-2-34.5: Domestic or Family Violence](#)
- [IC 31-34-21-4: Notice of case review; testimony; and periodic case review](#)
- [IC 31-35-2-6.5: Notice of hearing](#)

RELEVANT INFORMATION

Definitions

Case Juncture

A case juncture is defined as a new awareness of significant information regarding the child or family’s strengths or needs, which may impact the Case Plan, Safety Plan, and or the Plan of Safe Care. Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement;
2. Formal or informal supports;

3. Family Involvement;
4. Visitation;
5. Behavior;
6. Diagnosis (mental or physical);
7. Sobriety;
8. Skills acquisition; or
9. Education.

Clinical Supervision


Clinical supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Forms and Tools

- [5.C Tool: Face-to-Face Contact Guide](#)
- Case Plan/Prevention Plan (SF 956) – Available in the case management system
- Child and Adolescent Strengths and Needs (CANS) Assessment – Available in the case management system
- [Face-to-Face Contact \(SF 53557\)](#)
- [ICPC Supervision Report \(SF 54335\)](#)
- [Interstate Compact on the Placement of Children Request \(SF 106\)](#)
- [Plan of Safe Care \(SF 56565\)](#)
- [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF 114\)](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [4.14 Examining and Photographing a Child and/or Trauma](#)
- [4.38 Assessment Initiation](#)
- [5.10 Family Services](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [5.21 Safety Planning](#)
- [8.20 Educational Services](#)
- [8.27 Maintaining Health Records - Medical Passport](#)
- [8.43 Meaningful Contacts](#)
- [9.08 Minimum Contact for DCS ICPC Placements](#)
- [9.09 Placement Updates and Supervision Reports](#)
- [11.01 Older Youth Services \(OYS\)](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [16.01 Clothing, Personal Items, and Permitted Per Diem Expenses](#)
- [16.02 Assistance for Unlicensed Relative Placements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1 , 2019
	Section 11: Parental Interaction and Involvement	Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will encourage and support the maximum appropriate amount of [interaction](#) and [involvement](#) between each parent, guardian, or custodian and the child unless otherwise ordered by the court. Child safety and well-being will be the first consideration in determining the appropriate interaction and involvement between the child and the parent, guardian, or custodian.

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

DCS will utilize regular contact with the parent, guardian, or custodian to track and make necessary adjustments to the current [Case Plan \(SF2956\)](#). Incarcerated parents should receive services and treatment while incarcerated, including visitation with the child, unless visitation is not in the best interest of the child. The family’s progress, including successes and any violation of the Dispositional Order, will be regularly reported to the court. See policy [6.8 Three Month Progress Report](#) for further guidance.

Note: DCS will update the [Case Plan \(SF2956\)](#) and engage the Child and Family Team (CFT) anytime there is a significant change (e.g., identified needs, parent’s failure to participate in services, and changes in household composition). See policies [5.7 Child and Family Team Meetings](#) and [5.8 Developing the Case Plan](#) for further guidance.

Code References

[IC 31-34-15-4: Form: contents](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Convene and facilitate a CFT Meeting within 30 calendar days of removal or decision to begin concurrent planning by creating a second Permanency Plan. See policy [5.15 Concurrent Planning](#);

Note: If a CFT Meeting is not convened, a Case Plan Conference must be held. See policy [5.8 Developing the Case Plan](#).

2. Discuss and plan for parental [interaction](#) and [involvement](#) with the child, development of the [Case Plan \(SF 2956\)](#), and referral of appropriate services during the CFTM. See policy [5.3 Engaging the Family](#) and [Practice Guidance](#) for additional information;

Note: DCS will document any services and/or treatment available to the incarcerated parent in the [Case Plan \(SF2956\)](#).

3. Ensure the child; parent, guardian, or custodian; resource parent(s); and other CFT members understand the maximum allowable parent, guardian, or custodian [interaction](#) and [involvement](#) with the child;
4. Review the [Safety Plan \(SF53243\)](#) and make any necessary revisions to ensure the child's safety;
5. Develop a [Visitation Plan](#) and document the plan in the case management system;
6. Reassess the parent, guardian, or custodian's appropriate level of [interaction](#) and [involvement](#) with the child based upon the effects on the child;
7. Report the family's progress, including successes and any violation of the Dispositional Order, to the court. See policy [6.8 Three Month Progress Report](#);
8. Reconvene the CFT, if the [Visitation Plan](#) needs to be changed based upon the reassessment. See policy [5.7 Child and Family Team Meetings](#); and
9. Document any changes to the [Visitation Plan](#) in the case management system.

PRACTICE GUIDANCE

What is Interaction?

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

What is Involvement?

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

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

A parent, guardian, or custodian who is not allowed any interaction with his or her child may still be involved through one (1) or more of the examples given above.

Incarcerated Parents


DCS providers, including fatherhood program providers, may enter Indiana Department of Corrections (DOC) facilities to provide services and meet with parents; provided that, in each case, the incarcerated parent has signed a release of information allowing DCS to share the information collected by such providers with DOC.

FORMS AND TOOLS

1. [Visitation Plan](#) – Available in the case management system
2. [Case Plan \(SF2956\)](#) – Available in the case management system
3. [Safety Plan \(SF53243\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1, 2021
	Section 12: Developing the Visitation Plan	Version: 10

POLICY OVERVIEW

When children require out-of-home placements, maintaining essential connections through frequent and meaningful contact with significant persons in their lives is vital. The relationship between a parent and child ideally consists 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 assist in minimizing trauma the child experiences during removal from their home; helping the child feel connected to their parent, guardian, or custodian; preventing feelings of abandonment; and promoting reunification. In addition, a child has the fundamental right to visit with each parent, guardian, or custodian, and parents have the right to maintain a bond with their children while they are taking steps toward having their children returned home.

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

PROCEDURE

The Indiana Department of Child Services (DCS) will ensure face-to-face contact occurs between the child and the child’s parents, guardians, or custodians within 48 hours (unless there is a documented circumstance that would impede the ability for a visit within 48 hours) and with all siblings from the household in which the removal occurred within five (5) days of removal (unless there are documented safety concerns). Visitation should occur regularly while the child remains in out-of-home care. A Visitation Plan must be developed for every child in out-of-home care within five (5) days of removal unless an order for no visitation has been issued by the court and/or parental rights have been terminated. DCS will provide reasonable accommodations for a child, parent, guardian, or custodian who has a disability. All Visitation Plans must include alternative forms of contact (e.g., phone calls, cards, letters, photographs, or recordings) if face-to-face visits are not possible.

The FCM will:

1. Make diligent efforts to schedule initial face-to-face contact with the parent, guardian, or custodian within 48 hours of removal and with siblings within five (5) days of removal;
2. Document all requests for visitation in the case management system contacts within three (3) business days;
3. Ask each individual who will be participating in visitation if a reasonable accommodation is needed due to a disability;

4. Develop a Visitation Plan within five (5) calendar days of removal, with input from Child and Family Team (CFT). See policy 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan for additional procedural information;
5. Ensure the Visitation Plan includes the following components:
 - a. A goal of reestablishing, maintaining, and/or strengthening the bond that exists between the child and the child's family, which should align with the child's permanency goal in the Case Plan/Prevention Plan,
 - b. Parameters of contact (i.e., who, what, and how often),
 - c. Face-to-face contact with the parent, guardian, or custodian at least once per week and at least twice per week if the child is an infant (age 0-1 year) or toddler (age 1-2 years); unless the court has ordered otherwise,
 - d. Face-to-face contact with the child's siblings at least once per week,
 - e. Face-to-face contact with other individuals with whom the child has a positive, significant relationship as long as it is deemed appropriate, does not negatively affect the child, and does not interfere with or disrupt the regular visitation of the parent, guardian, or custodian,
 - f. Supervision (i.e., the degree of supervision necessary for each person who will visit and who may provide supervision). See 8.C Tool - Supervision of Visits for additional information,
 - g. Visit logistics (e.g., location, time and length of visits, transportation and any reasonable accommodations for any participant who has a disability),
 - h. Appropriate activities during visitation, in particular, developmental activities, parenting activities, and any special considerations and/or accommodations regarding visitation,
 - i. Alternative forms of contact (e.g., phone calls, cards, letters, photographs, or recordings) to supplement face-to-face visits,
 - j. Provisions for contact with the noncustodial parent and incarcerated parent, if appropriate, and
 - k. Provisions for face-to-face contact and/or other alternate forms of contact with persons whom the child has a positive, significant relationship, if appropriate and does not interfere with case plan goals or have a negative impact on the child.
6. Discuss case specifics and plans to address any concerns (e.g., safety concerns and consideration of conducting background checks) regarding the Visitation Plan with the FCM Supervisor;
7. Engage the CFT in problem-solving regarding any barriers to visitation (e.g., incarceration, domestic violence, refusals, and transportation). See policy 8.13 Implementing the Visitation Plan for additional procedural information;
8. Ensure all parties fully understand the Visitation Plan;
9. Review with all parties how the Visitation Plan will be implemented, monitored, and adjusted throughout the life of the case. See policy 8.13 Implementing the Visitation Plan for additional procedural information;
8. Submit any preexisting court ordered visitation plans along with the proposed Visitation Plan to the court for approval; and
9. Ensure the approved Visitation Plan is documented in the case management system, included in the Case Plan/Prevention Plan, and updated as needed.

The FCM Supervisor will:

1. Provide guidance to the FCM to ensure all duties are completed timely and appropriately;

2. Discuss case specifics and concerns regarding the Visitation Plan with the FCM, plan for safety, and make a determination regarding whether background checks need to be completed. Discuss the results of any background checks completed and any impact on the Visitation Plan;
3. Ensure the Visitation Plan is documented in the case management system, included in the Case Plan/Prevention Plan, and updated as needed; and
4. Ensure any deviations from best practice are documented in the case management system.

LEGAL REFERENCES

- [IC 31-10-2-3](#)
- [IC 31-17-2-8.1](#)
- [IC 31-34-15-4: Form; content](#)
- [42 USC 12102: Definition of disability](#)

RELEVANT INFORMATION

Definitions


- N/A

Forms and Tools

- [8.C Tool – Supervision of Visits](#)
- Case Plan/Prevention Plan (SF 2956) – Available in the case management system
- Visitation Plan – Available in the case management system

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan](#)
- [5.15 Concurrent Planning](#)
- [8.13 Implementing the Visitation Plan](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1, 2019
	Section 13: Implementing the Visitation Plan	Version: 8

STATEMENTS OF PURPOSE

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

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

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

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

Code References

[IC: 31-34-15-4: Form; contents](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Supervise visits or create a service provider referral, if the visits are supervised;
2. Develop a visitation schedule which is agreeable to all parties;

Note: Visits to the Indiana Department of Correction (DOC) and/or detention facilities shall be supervised by the FCM, foster parent, relative of the child, or another person approved by DCS. Visits shall occur during DOC and/or detention facility visiting hours and conform to DOC and/or detention facility’s rules.

3. Monitor and document the progress of the visits through:
 - a. Supervising visits, and/or
 - b. Written communication with the supervising staff/agency;
4. Monitor and facilitate positive interaction and communication, between the parent, guardian, or custodian and the resource parent according to policy [8.16 Resource Parent\(s\) Role](#);

5. Monitor and document any reactions the child is having to separation from his or her parent, guardian, or custodian; siblings; and other persons of significance. See policy [8.10 Minimum Contact](#);
6. Document all visits, including missed visits, in the Management Gateway for Indiana's Kids (MaGIK) [Visitation Log](#) and provide this information to the court;
7. Assess the effectiveness of the [Visitation Plan](#) in meeting the identified goal(s);
8. Reconvene the Child and Family Team (CFT) Meeting as needed to determine if any changes are required or to assist the family in overcoming any barriers to visitation such as:
 - a. Transportation issues,
 - b. Safety concerns,
 - c. The child's fear of visiting in a detention facility,

Note: Ensure the child is prepared for visitation in a detention facility including the security checkpoint.

- d. Intermittent visitation, and
 - e. Failure to visit. See policy [5.7 Child and Family Team Meetings](#);
9. Update the written [Visitation Plan](#) to reflect any significant changes (e.g., location changes, changes in level of interaction, court ordered changes, etc.);
 10. If a parent, guardian, or custodian or another adult with whom the child has a significant relationship disagrees with the [Visitation Plan](#) and those disagreements cannot be resolved, notify in writing the person disputing the [Visitation Plan](#) of legal rights and options which include the ability to:
 - a. Seek representation, and
 - b. File a petition requesting judicial review and modification of the [Visitation Plan](#).

Note: Disagreements should be documented during the resolution period. Visitation will continue in some form, unless ordered by the court to discontinue or an interim [Visitation Plan](#) is provided to all parties.

11. Notify all parties of any changes to the [Visitation Plan](#);
12. Facilitate the convening of the CFT Meeting, within 30 calendar days of removal or decision to begin concurrent planning, by identifying a second permanency plan. See policy, [5.15 Concurrent Planning](#); and
13. Cease services (including visitation) to the parent after TPR is filed unless otherwise ordered by the court. See policy [5.10 Family Services](#).

During Supervised Visitation For Families Experiencing Domestic Violence

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

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

PRACTICE GUIDANCE

Visitation with Incarcerated Parents

The FCM may contact the corresponding detention facility Case Manager to initiate a visit between an incarcerated parent and a child. The DCS FCM and DOC Case Manager shall confer with one another prior to initiating each visit to define expectations of the visit and exchange contact information. The FCM shall complete any required detention facility forms prior to the visit.

FCMs shall inform detention facility Case Managers of the requirements of court orders regarding participation by parents in the care, treatment, or rehabilitation of children. Any information shared as such must be kept confidential.

All correspondence and information provided by the detention facility and DCS shall designate both the name of the child and the parent to whom it pertains. DCS shall use the detention facility number of the parent when available.

If issues arise regarding the visitation, the FCM should contact the detention facility Case Manager promptly to resolve the issues.

If it is not possible to have the visit during the detention facility's regular visiting hours, DCS will discuss the possibility of arranging a "special visit".

Background checks currently performed by DCS are sufficient to satisfy detention facility background check requirements for those who will be transporting children to visits with incarcerated parents. DCS shall not be responsible for the act or cost of transporting children in foster care to visits other than those paid for by DCS in the normal course of reimbursement. See policy [16.1 Clothing, Personal Items, and Permitted Per Diem Expenses](#).

FORMS AND TOOLS

1. [Visitation Plan](#) - Available in the case management system
2. [Visitation Log](#) - Available in the case management system
3. [8.C Tool: Supervision of Visits](#)

RELATED INFORMATION

Transportation

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


Noncompliance

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

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

Language Barriers for Visitation

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: June 1, 2011
	Section 14: Social Networking And Internet Usage	Version: 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will protect the confidentiality and safety of each child who has been removed from his or her parent, guardian, or custodian and is under the care and supervision of DCS.

A child age 13 or older under the care and supervision of DCS who has been removed from his or her parent, guardian, or custodian may be permitted to use the internet for [social networking](#) purposes. The child will be appropriately supervised by the resource parent(s) and/or residential facility when using the internet on any form of technology with internet capabilities (e.g., desk top computer, laptop, cellular phone, iPad, or iPod touch).

A child under the care and supervision of DCS who has been removed from his or her parent, guardian, or custodian may not be pictured, described and/or identified as a foster child in [public/mass media](#) for any purpose, including recruitment, resource parent education, and public awareness without the consent of DCS. DCS will consent only if the following apply:

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

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 parent(s) and/or residential facility agree to utilize privacy settings to restrict the general public from viewing profiles or internet sites.

Code References:

N/A

PROCEDURE

The Family Case Manager (FCM) will ensure:

1. Parental and child consent is given prior to the use of [social networking](#) or internet sites;
2. The resource parent(s) and/or residential facility has been advised to seek permission from DCS prior to describing or placing any picture of a child under the care and supervision of DCS on any [social networking](#) or internet site; and
3. A conversation is held with the resource parent(s) and/or residential facility regarding utilization of privacy settings to restrict the general public from viewing the social network profiles of a child under the care and supervision of DCS or internet sites in which such a child may be represented or referenced.

PRACTICE GUIDANCE

Supervisory techniques to use when a child uses the internet include, but are not limited to:

1. Utilize the Child Family Team (CFT) Meeting process to address [social networking](#) and internet usage with the CFT;
2. Check the history of websites viewed;
3. Use parental control tools (individual Internet service providers can provide guidance in this area);
4. Keep the computer in a common or public area of the home;
5. Educate children and caregivers about not posting or sharing personal information online, as well as the consequences of doing so;
6. Prohibit the posting of pictures with a child's identifying information (e.g., names on jerseys, school information, letterman's jackets, or location);
7. Inform the child to advise his or her FCM or resource parent(s) if someone makes any kind of contact with him or her that is sexual, unsolicited, or threatening; and
8. Emphasize no tolerance for any type of [cyber bullying](#).

FORMS AND TOOLS

N/A

RELATED INFORMATION

Social Networking

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

Public Mass Media

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

Cyber Bullying

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



**INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY**

Chapter 8: Out-of-Home Services

Effective Date: October 1, 2021

Section 15: Services for the Resource Family

Version: 4

POLICY OVERVIEW

Services may be offered to assist the resource parent in providing a safe, stable and nurturing environment for the child. Developing effective services is a shared responsibility best achieved by families, community partners, and public agencies working collaboratively.

PROCEDURE

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

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

DCS will also provide ongoing training on a variety of topics to licensed resource family homes (see policy 12.14 In-Service Training Requirements).

The Family Case Manager (FCM) will:

1. Ensure the resource parent is notified of all Child and Family Team (CFT) Meetings or Case Plan Conferences (see policies 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan/Prevention Plan);
2. Discuss the permanency plan and second permanency plan, if concurrent planning, with the resource parent (see policy 5.15 Concurrent Planning) and ensure the resource parent understands the plan and the need to support the plan;
3. Provide the resource parent with a copy of the current Case Plan/Prevention Plan;
4. Maintain regular contact with the resource parent (see policy, 8.10 Minimum Contact); and
5. Refer the resource parent for community-based services (i.e., Resource Family Support Services) if there are issues that may lead to placement disruption (see policy 5.10 Family Services).

The FCM Supervisor will:

1. Discuss case specifics with the FCM and offer guidance as needed; and
2. Ensure the FCM completes a community-based services referral, when applicable.

The Regional Foster Care Specialist (RFCS) or Kinship/Relative Support Specialist (RSS) will support the resource parent in seeking any needed services including but not limited to ensuring the licensed resource parent has information on available trainings and training requirements (see policy 12.14 In-Service Training Requirements).

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions

Resource Parent

For purposes of DCS policy, a resource parent includes a foster parent, licensed or unlicensed relative or kinship caregiver, and a pre-adoptive parent.

Forms and Tools

- [8.C Tool: Supervision of Visits](#)
- Case Plan/Prevention Plan (SF 2956) – Available in the case management system

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.10 Family Services](#)
- [5.15 Concurrent Planning](#)
- [8.10 Minimum Contact](#)
- [12.14 In-Service Training Requirements](#)



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 16: Resource Parent's Role

Effective Date: February 1, 2022

Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Foster care provides a safe, nurturing, stable, and temporary environment for children who can no longer remain in their own homes due to the risk of Child Abuse and/or Neglect (CA/N). The resource parent's role is to provide care and supervision on a 24-hour basis for a child who is a Child in Need of Services (CHINS) or under a juvenile court order. Additionally, an important role for the resource parent is to support the child's positive identification and strengthen relationships with the child's family of origin.

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PROCEDURE

The Indiana Department of Child Services (DCS) will require the resource parent to:

1. Participate in planning, through Child and Family Team (CFT) Meetings and/or Case Conferences, and supporting Case Plan goals, including any Concurrent Plan (see policies 5.07 Child and Family Team Meetings, 5.08 Developing the Case Plan, and 5.15 Concurrent Planning);
2. Provide a positive and nurturing environment for the child;
3. Ensure the child has an opportunity to complete a Lifebook;
4. Provide for the child's basic needs (e.g., food, clothing, and shelter) (see policies 16.01 Clothing, Personal Items, and Permitted Per Diem Expenses and 16.02 Assistance for Unlicensed Relative Placements);
5. Maintain discretion when sharing information regarding the child and the child's family;
6. Maintain a neutral attitude when discussing visitation with the child or other interactions between the child and the child's parent, guardian, or custodian;
7. 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;
 - c. The needs of the child; and
 - d. The court's current visitation order.
8. Refrain from speaking negatively about any member of the child's family or other persons with whom the child has a significant relationship;
9. Provide a safe and nurturing atmosphere to allow the child to express feelings about the situation (e.g., feelings regarding the initial separation, abuse or neglect suffered, reunification [if applicable], and visitation);

10. Ensure the child receives appropriate routine health care (see policy 8.29 Routine Health Care);
11. Keep the child's Medical Passport current with the child's most recent health care information (see policy 8.27 Maintaining Health Records – Medical Passport);
12. Participate in court hearings, as appropriate, and encourage all youth 14 years of age and older to attend scheduled court hearings (see policy 6.14 Children Attending Court Proceedings);

Note: The resource parent may choose to provide information verbally and/or submit written information to the Court about the child in care. The resource parent may submit a written statement utilizing the Indiana Relative/Kinship/Foster Placement Reporting Form. However, the resource parent may choose to submit a written statement to the Court in another format.

13. Use the Reasonable and Prudent Parent Standard when determining whether a child should participate in extracurricular, enrichment, cultural, and social activities;
14. Complete the Resource Parent Travel Request form for all non-emergency travel requests for a child and return the form to the FCM within the timeframes specified in policy 8.24 Travel and Overnight Stays While in Out-of-Home Care; and
15. Provide notification to DCS when there is a change in household members (see policies 12.12 Foster Family Home Capacity and 13.09 Conducting Background Checks for Foster Family Home Licensing).

Note: A foster family home may not provide overnight or regular and continuous care and supervision to a child who is the subject of a power of attorney while providing care to a child placed in the home by DCS or probation without an exception.

Regarding the resource parent's role, the Family Case Manager (FCM) will:

1. Work collaboratively with the licensing worker to provide support to the resource family during the placement process; and
2. Provide the resource family with any pertinent family history and any available pictures of the child, the child's family, and any other significant places and/or individuals to assist in completing the Lifebook.

The FCM Supervisor will:

1. Discuss case specifics and any concerns with the FCM during regular staffing and clinical supervision; and
2. Ensure the placement is documented in the case management system.

The licensing worker or Relative Support Specialist (RSS) will:

1. Review and discuss the above procedure with the resource parent; and
2. Provide the resource parent with one (1) copy of the Resource Parent Role Acknowledgement form, obtain the resource parent's signature on the form, and upload the original signed signature page to the case management system.

The licensing worker Supervisor or RSS Supervisor will guide and assist the licensing worker or RSS during regular staffing and clinical supervision.

RELEVANT INFORMATION

Definitions

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Licensing Worker

The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker.

Reasonable and Prudent Parent Standard

The Reasonable and Prudent Parent Standard is the standard a caregiver shall use when determining whether to allow a child in foster care, who is under the responsibility of the State, to participate in extracurricular, enrichment, cultural, and social activities. The Reasonable and Prudent Parent Standard is characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child.

Resource Parent

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

Forms and Tools

- [8.F Tool: Reasonable and Prudent Parent Standard](#)
- Case Plan/Prevention Plan (SF 2956) – Available in the case management system
- [Indiana Relative/Kinship/Foster Placement Reporting Form](#)
- [Medical Passport \(DCS Pamphlet 036\)](#)
- [Resource Parent Role Acknowledgement \(SF 54642\)](#)
- [Resource Parent Travel Request \(SF 57156\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan](#)
- [5.15 Concurrent Planning](#)
- [6.14 Children Attending Court Proceedings](#)
- [8.11 Parental Interaction and Involvement](#)
- [8.24 Travel and Overnight Stays While in Out-of-Home Care](#)
- [8.27 Maintaining Health Records – Medical Passport](#)
- [8.29 Routine Health Care](#)
- [12.12 Foster Family Home Capacity](#)
- [13.09 Conducting Background Checks for Foster Family Home Licensing](#)
- [16.01 Clothing, Personal Items, and Permitted Per Diem Expenses](#)
- [16.02 Assistance for Unlicensed Relative Placements](#)

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LEGAL REFERENCES

- [IC 29-3-9-1: Delegation of powers by executed power of attorney; limitations](#)
- [42 USC 675 \(10\)\(A\): Definitions the term “reasonable and prudent parent standard”](#)

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PRACTICE GUIDANCE - DCS POLICY 8.16

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

Supporting the Child's Positive Identification with the Child's Family of Origin

Supporting the child's positive identification and positive relationship with the child's family of origin is one (1) of the most important roles of the resource parent. This is true regardless of the amount of parent, guardian, or custodian interaction and involvement outlined in the Case Plan and Visitation Plan. A child identifying with their family of origin is very important regardless of the permanency goal. The relationship between the child and their family of origin has a long-term effect on the child's self-esteem and future emotional well-being. See policy 8.11 Parental Interaction and Involvement for additional information.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: April 1, 2017
	Section 17: Respite Services for Resource Parent(s)	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will encourage the resource parent(s) to utilize respite care to support the placement when necessary. **DCS defines respite care as a temporary transfer of caregiving responsibilities with the specific intent of providing support to the resource parent(s).**

Note: DCS does not consider field trips and sleepovers to be respite care when the resource parent(s) maintains care and control for the child while the child is absent from the resource home (i.e., the resource parent(s) is available and willing to meet any of the child's needs which may arise).

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

Note: If emergency circumstances prevent preapproval of respite care, the resource parent(s) must call the DCS local office to inform the contact person of the emergency and develop a plan that identifies where the child will stay. If the resource parent(s) is unable to speak to DCS local office staff, the Indiana DCS Child Abuse Hotline (Hotline) must be notified of the emergency by calling 1-800-800-5556.

DCS will not pay for the cost of respite care for a child placed in a licensed resource home. Exchange in per diem or reciprocal respite services should be arranged between the resource parent(s) and the respite care provider. See separate policy, [16.2 Assistance for Unlicensed Relative Placements](#), for guidance on respite care when a child is placed with an unlicensed relative.

For a child in out-of-home care, DCS will require that the respite care provider be a licensed resource parent home or licensed child caring institution. Exceptions to this requirement must be evaluated on an individual basis by the DCS Local Office Director (LOD) or designee. If the exception is granted, the approval must be documented in writing.

When the child has therapeutic level placement needs, DCS will require the respite care be provided by a licensed therapeutic foster home or a licensed child caring institution equipped to meet the therapeutic needs of the child.

Note: A foster home on an involuntary placement hold is not eligible to provide respite care.

DCS will require the resource parent(s) to provide the respite care provider with the DCS Hotline phone number (1-800-800-5556) and the following information about each child to be cared for:

1. Full name and date of birth;

2. Medicaid number or other insurance information;
3. Medical needs, including detailed medication instructions, doctor's contact information, preferred hospital, and known allergies, if applicable;
4. School and/or daycare information;
5. The DCS local office phone number;
6. A daytime phone number for the assigned FCM;
7. A contact phone number where the resource parent(s) can be reached;
8. Pertinent information relating to the child's behavior; and
9. Restrictions in contacting the parent, guardian, or custodian or any other individual

Code References

NA

PROCEDURE

The FCM will:

1. Document all requests, plans, and approvals for respite care services in the case management system;
2. Review all requests for respite care;
3. Seek input from the licensing worker¹, FCM Supervisor, Child and Family Team (CFT) members, and/or convene a CFT Meeting if there are concerns regarding the length of the planned respite care, frequency of requests, or any other concerns. For further guidance, see separate policy [5.7 Child and Family Team Meetings](#);
4. Notify the resource parent(s) if the request for respite has been approved, and provide an explanation if the request is not approved;
5. Recommend the use of respite care when there are signs of extensive resource parent stress and/or potential for placement disruption;
6. Collaborate with the licensing worker to assist the resource parent(s) with locating and/or coordinating the respite care;
7. Verify arrangements with the respite care provider (e.g., length of stay and drop off and pick-up times);
8. Ensure the respite care provider receives necessary information to adequately care for the child (e.g., medical information, Medicaid number, physician name and number, and FCM contact information);
9. Record the respite care as a temporary absence on the 'Placement Details' screen in the case management system; and
10. Ensure the resource parent(s):
 - a. Requests respite care at least three (3) business days in advance, unless emergency conditions exist. Requests may be in writing or oral;
 - b. Makes all arrangements with the respite care provider (e.g., length of stay, drop-off and pick-up times, pre-care visits, and any agreements regarding payment for respite care); and
 - c. Prepares the child for respite care (e.g., explains respite care to the child and arranges introductions and/or visits between the child and respite caregiver prior to respite care).

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker.

PRACTICE GUIDANCE

Respite care is not considered a placement. However, when choosing a respite provider the FCM and licensing worker should consider the same factors they would consider when identifying placement options, including caregiver capacity and ability. For further guidance, see separate policy, [8.1 Selecting a Placement Option](#).

The FCM should consult with the licensing worker to review the [Child Care Plan \(SF54608\)](#) and consider individuals listed for respite. Appropriate approvals must be obtained, prior to respite, for any unlicensed individual.

Why is Approval Necessary for Respite Services?

DCS must review all respite care requests, because:


1. DCS is responsible for the care and custody of the child. Therefore, DCS needs to be able to locate the child at all times; and
2. Review of respite care use allows DCS to identify potential placement concerns.

FORMS AND TOOLS

[Child Care Plan \(SF54608\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: October 1, 2021
	Section 18: Behavior Management and Discipline in Resource Homes	Version: 3

POLICY OVERVIEW

Discipline involves teaching children that their behavior will result in certain consequences. An awareness of consequences helps children control their own behavior. In order to ensure children in out-of-home care receive age and developmentally appropriate discipline related to their behavior, resource parents must receive support and guidance in creating, implementing, and enforcing appropriate discipline plans.

PROCEDURE

The Indiana Department of Child Services (DCS) will ensure that a resource parent is responsible for providing appropriate discipline of a child in the resource parent's care. Discipline shall:

1. Not be delegated to the child's peers or to persons who are strangers to the child;
2. Be age and developmentally appropriate;
3. Be related to the child's act;
4. Be proportionate to the particular inappropriate behavior; and
5. Be handled without prolonged delay.

DCS allows a resource parent to use the following discipline techniques:

1. Verbal and written contracts (i.e., to agree upon desirable behaviors);
2. Behavior management through incentives and rewards; and

Note: The resource parent, with input from the Family Case Manager (FCM), Child and Family Team (CFT) members, and other professionals (e.g., child's psychologist), will develop a behavior management plan for the child, as needed. DCS strongly encourages the use of lesser forms of discipline, including contracts and behavior management before corrective action is used.

3. Corrective action for undesirable behaviors. (this **does not ever** include physical discipline)

DCS **prohibits** the following types of **discipline** by the resource parent (this is not a comprehensive list):

1. Corporal punishment;
2. Physical exercise (e.g., push-ups and running);
3. Requiring or using force to make a child take an uncomfortable physical position;
4. Verbal remarks that ridicule a child and/or the child's family;
5. Punishment for an emotional response appropriate to the situation (e.g., punishing the child for crying in response to getting hurt);
6. Denial of essential services (e.g., family visitation, mail, health care, food, shelter, clothing, bedding, and/or sleep);

7. Threats of removal or denying reunification;
8. Shaking;
9. Placement in a locked room; and/or
10. Holding with mechanical or chemical restraints.

DCS **prohibits** the use of physical restraint by a resource parent unless all of the following have been met:

1. It is specifically authorized by DCS in advance, in writing, as part of the child's behavior program;
2. The resource parent has been appropriately trained and certified by a DCS approved provider in prevention and use of physical restraint;
3. It is an emergency situation and the child is a clear and present danger to self and/or others; and

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

- a. Giving the child space;
- b. Removing other persons from the area; and
- c. Obtaining appropriate assistance to disarm the child (i.e., call for assistance from the local Law Enforcement Agency [LEA]/911).

4. Less restrictive interventions have been determined to be ineffective.

A person uninvolved in the restraint and trained in emergency interventions shall continuously maintain direct observation of the child during the restraint.

Note: The use of physical restraint must be authorized by DCS and documented in the child's Case Plan/Prevention Plan. In an emergency situation, the safety of the child is paramount. Action should be taken to ensure the child and/or others are not harmed.

DCS must be notified immediately if physical restraint has been used on a child in DCS care.

The resource parent and/or a Licensed Child Placing Agency (LCPA) will notify DCS within one (1) business day of all instances when physical restraint has been used.

Exception: DCS will be notified immediately if injury occurred to the child, resource parent, or another person.

The resource parent must maintain a record of each incident of physical restraint and make the record available to DCS. The record must include:

1. The date and time of the incident;
2. The name of the child;
3. The form of restraint used;
4. The length of time the child was in the restraint;
5. The name and title of the person applying the restraint;
6. The name of the uninvolved person responsible for observing the child while in restraint; and
7. A description of the child's behavior prior to, during, and after use of restraint.

Note: The resource parent will notify the DCS local office within one (1) business day of all instances when physical restraint has been used.

The FCM will:

1. Ensure the resource parent is familiar with and understands the content of this policy;
2. Ensure that when requested and found necessary by the CFT, the resource parent receives assistance with creating, implementing, and enforcing behavior plans (including contracts, behavior management, and corrective action). See 8.D Tool: Behavior Management Plans for details;

Note: The FCM will review and provide a copy of this policy and the child's behavior management plan to any provider and ensure the provider is aware of forms of discipline that are prohibited by DCS.

3. Communicate with the child and the resource parent regarding the child's behavior and response to discipline;
4. Seek supervisory guidance regarding appropriate actions when behavior or discipline issues arise that are beyond the scope of this policy. Consider every appropriate alternative before considering a placement disruption and/or placement of the child in a more restrictive setting. For further guidance, see policies 8.04 Emergency Shelter Care and Residential Placement Review, 8.17 Respite Services for Resource Parent(s), and 8.38 Placement Changes;
5. Staff with the FCM Supervisor, Local Office Director (LOD), and Clinical Services Specialist if the FCM believes physical restraint is necessary;
6. Document in the child's Case Plan/Prevention Plan if the use of physical restraint is approved. See policy 5.08 Developing the Case Plan/Prevention Plan for further guidance;
7. Ensure the FCM Supervisor is aware of each use of physical restraint and document the incident in the case management system;
8. Explore alternative solutions with the CFT, including, but not limited to, placement in a more restrictive setting if physical restraint becomes necessary on a routine basis; and
9. Ensure the resource parent receives, understands, and signs a copy of this policy.

The FCM Supervisor will:

1. Assist and guide the FCM in developing the child's behavior management plan;
2. Staff all decisions to add physical restraint to the child's behavior management plan and Case Plan/Prevention Plan with the the FCM, LOD, and Clinical Services Specialist; and
3. Ensure the FCM has documented all behavioral modifications in the case management system.

The LOD will:

1. Staff the decision to add physical restraint to the child's behavior management plan and Case Plan/Prevention Plan with the Clinical Services Specialist, Regional Manager (RM), and the Deputy Director of Field Operations; and
2. Seek approval from the Foster Care Unit and Residential Licensing Unit (RLU) if there is agreement from all levels that it is necessary for physical restraint to be part of the child's behavior management plan.

The Foster Care Unit and RLU will:

1. Review and discuss the use of physical restraint with the Clinical Services Specialist, Foster Care Unit, and other appropriate individuals. Make a decision regarding the use of physical restraint for the child utilizing these factors:
 - a. The type of physical restraint approved for use on the child,

- b. The criteria and time limitations for use,
 - c. The persons authorized to use the restraint on the child, and
 - d. The date and type of training received.
2. Locate and arrange an appropriate provider if physical restraint is approved. No physical restraint will be used until the training is completed.

LEGAL REFERENCES

- [465 IAC 2-1.5-16 Care of children; discipline](#)
- [465 IAC 2-1.5-17 Physical restraint](#)

RELEVANT INFORMATION

Definitions

Corporal Punishment

Corporal punishment is physical hitting or any type of physical punishment inflicted in any manner upon the child's body.

Mechanical Restraint

A Mechanical Restraint is a restraint of a person by the application of a device or object to the person's body, or a limb of the person to restrict the person's movement.

Physical Restraint

A physical restraint is a protective hold. This does not include mechanical restraint.

Resource Parent


For purposes of DCS policy, a resource parent includes a foster parent, licensed or unlicensed relative or kinship caregiver, and a pre-adoptive parent.

Forms and Tools

- [8.D Tool: Behavior Management Plans](#)
- Case Plan/Prevention Plan (SF 2956) – Available in the case management system

Related Policies

- [5.08 Developing the Case Plan/Prevention Plan](#)
- [8.04 Emergency Shelter Care and Residential Placement Review](#)
- [8.17 Respite Services for Resource Parent\(s\)](#)
- [8.38 Placement Changes](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1, 2021
	Section 20: Educational Services	Version: 11

POLICY OVERVIEW

Success in school is more likely to occur when planning for safety, stability, well-being, and permanency is fully integrated with the child’s educational plan. Therefore, educational services are provided to a child in out-of-home care, as part of the Case Plan/Prevention Plan, to meet the child’s educational goals and needs.

PROCEDURE

The Indiana Department of Child Services (DCS) must obtain education records for each school-aged child in out-of-home care. DCS will review the education records and any mental health records which directly affect the child’s education and/or educational setting at a Child and Family Team (CFT) Meeting or a Case Plan/Prevention Plan Conference. DCS will also invite the child’s school to provide information and participate in the case planning process as well as ensure a member of the Education Services team is present, when appropriate, to help determine whether an Individualized Education Program (IEP) or a Section 504 Plan (504 Plan) should be considered to address the child’s needs. The CFT will develop a plan to ensure the child’s educational needs are met (see policy 5.07 Child and Family Team Meetings).

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

1. The youth is eligible for, and actively pursuing, a High School Equivalency (HSE) Diploma;

Note: Some scholarships and grants will not be available if an HSE Diploma is completed instead of obtaining a high school diploma.

2. An alternate education plan has been recommended by the school the child attended at the time of placement and the plan has been approved by the court;
3. The youth has graduated from high school or has successfully completed an HSE Diploma; or
4. The youth has a physician verified medical condition which prohibits the youth from attending school.

In accordance with the Every Student Succeeds Act (ESSA), DCS, the Indiana Department of Education (DOE), and local education agencies must identify State and Local Points of Contact (POC) to collaborate on determining the best educational interests of children in out-of-home care. DCS has appointed the Education Services Program Director as the agency’s State ESSA POC and the DCS Education Services Team as the agency’s Local ESSA POCs. Additionally, if in the best interest of a child in out-of-home care, arrangements should be made to keep the child at the child’s current school of origin.

DCS will not authorize a child in out-of-home care to enroll in an educational program that is non-accredited or unrecognized by the DOE, unless an exception is approved by DCS and the court.

DCS will **not** pay for the cost associated with attendance at a private school unless it is included in services provided by a residential treatment facility through a placement agreement.

DCS will **only** pay educational fees associated with the **repair or replacement of textbooks, devices, or musical instruments**. For additional information, see the Letter of School Textbook and Related Fees and School Invoicing Process for Repair/Replacement of Textbooks, Electronic Devices, and Musical Instruments.

Note: Resource parents are required to purchase insurance if offered by the school, for any school issued devices. DCS will reimburse resource parents for the cost of the insurance and deductible.

The Family Case Manager (FCM) will:

1. Gather information regarding the child's education and discuss the child's educational best interests with the following:
 - a. The child,
 - b. The parent, guardian, or custodian, unless Termination of Parental Rights (TPR) has been finalized,
 - c. The resource parent, and
 - d. Members of the CFT.

Note: The FCM should complete the Release of Education Records form and submit to the last school in which the child was enrolled to obtain educational records.

2. Recommend and encourage the child's parent, guardian, or custodian to include the child's teacher, school social worker or school counselor, Education Services Team (if applicable), and other involved school representatives as members of the CFT;
3. Notify the child's school of the child's placement change once the child is safely placed and within 24 hours;

Note: The school where the child currently attends should also be **verbally** notified of the child's removal or placement change once the child is safely placed.

4. Submit a referral within 24 hours to the Education Services Team when the child's placement changes or there is the potential for an educational placement change;

Note: When a child is to be enrolled into a non-accredited or an unrecognized educational program, the FCM must submit a referral to the Education Services Team for an Exceptions for Home School and Private School Attendance request. The Education Services Team will submit recommendations to the FCM and the FCM is to submit to the Regional Manager (RM) prior to seeking court approval, unless the child's enrollment in the non-accredited or unrecognized educational program has already been ordered by the court.

5. Communicate with the Education Services Team regarding information gathered and input of the CFT for completion of, the School Notification and Best Interest Determination (BID) form;

Note: If the child's school changes, work with school personnel to ensure the child is registered for school.

6. Provide the resource parent with available educational information (e.g., the name of the child's school of origin, current grade level, summary of academic progress, and any current discipline concerns);

Note: If applicable, discuss transportation options with the resource parent while preparations are being made by the school to begin providing transportation.

7. Ensure the child's parent, guardian, or custodian is included in all educational meetings and decisions unless TPR has been finalized;
8. Encourage the parent, guardian, or custodian; resource parent; or educational surrogate parent (ESP) to refer the child for testing to identify any special education needs and/or related services, if needed. If it is determined the child needs individual tutoring:

- a. Request a comprehensive copy of the child's school records including attendance, school placements, special education evaluations, IEPs, 504 Plans, Indiana Statewide Testing for Educational Progress (ISTEP) scores, Response to Intervention (RTI) data, and grades,
- b. Determine if there are patterns documented in the records that may explain poor academic performance (e.g., several school placements, inconsistent attendance, and/or inappropriate behaviors),
- c. Communicate with the school administration team to determine appropriate tutoring services for the child,
- d. Communicate with the school's administration team or multidisciplinary team to determine what academic interventions are being used to meet the child's current academic needs. Ask to see data that measures the child's progress and supports the school's decision to use certain interventions,
- e. Ask to see progress monitoring data to determine if the child is making adequate progress toward academic goals if the child receives special education services,

Note: For a child with an IEP, grades on the report card are not always the best measure of progress and academic performance.

- f. Make a referral to an outside tutoring service, if determined to be appropriate, for a child who has received in-school tutoring and is still struggling. Ensure the tutoring service knows who to communicate with to determine what interventions and strategies are being used or have been used with the child, and
 - g. Request regular updates from the tutoring provider on the child's progress toward the child's individual goals (see policy 8.21 Special Education Services).
9. Ensure information regarding the child's educational stability, goals, needs, and efforts to enable the child's school to provide appropriate support and protect the safety of the child are included in the Case Plan/Prevention Plan and provided to the court (policy 5.08 Developing the Case Plan/Prevention Plan). If the child must transfer schools, information provided to the court will include, but is not limited to:
 - a. Efforts made to allow the child to remain at the child's school of origin attended at the time of removal or any placement change,
 - b. The reason it is in the best interest of the child to transfer schools,

- c. The distance of the new school from the child's current placement,
- d. Enrollment arrangements with the new school, including transfer of educational records,
- e. The child's current placement,
- f. The current residence of the child's parent, guardian, or custodian (in order for the court to determine legal settlement),
- g. The school and school corporation the child will attend while in out-of-home care, and
- h. The transportation plan, which ensures the child is able to attend school.

Note: Unless educational services are provided in a residential treatment facility where the child is placed, the child should have a transportation plan regardless of whether the child will attend the same school or change schools (see policy 8.22 School Notifications and Legal Settlement).

- 10. Assist the parent, guardian, or custodian and/or resource parent in the completion of forms for free or reduced lunch and textbooks, if applicable;
- 11. Provide each child in the 7th through 12th grades with information about the 21st Century Scholars program, including the Scholar Success Program (SSP) and assist the youth with creating a 21st Century ScholarTrack Student Account;

Note: The application for the 21st Century Scholars program for a child in out-of-home care occurs automatically through the child's ScholarTrack Student Account.

- 12. Encourage and assist all youth in 9th through 12th grades to:
 - a. Update the youth's address with 21st Century Scholars annually,
 - b. Comply with all requirements set forth in the SSP and 21st Century Scholars, and
 - c. Sign the 21st Century Scholars Affirmation Statement during the youth's senior year of high school.

Note: The student may complete required steps through the child's ScholarTrack Student Account (e.g., Affirmation statement).

- 13. Provide the youth with information regarding Pell grants, Chafee grants, federal supplemental grants, the Free Application for Federal Student Aid (FAFSA), Individual Development Accounts (IDA), and the Indiana Commission for Higher Education – State Financial Aid during a CFT Meeting held immediately prior to the youth's 17th birthday (see policies 11.06 Transition Plan for Successful Adulthood and 11.15 Post-Secondary Education);

Note: If the youth will be completing high school or an HSE Diploma prior to 17 years of age, the youth should be provided the information prior to completion.

- 14. Have the youth and caregiver sign an Acknowledgement of Receipt of Information about Various Educational Programs. Give the youth and caregiver a copy of this form and upload the form to the case management system; and
- 15. Ensure all education information (e.g., current grade level, school name and address, School Notification and Best Interest Determination [BID], and IEP or 504 Plan date and specifics), decisions, and actions taken are documented in the case management system as changes occur.

The FCM Supervisor will provide guidance to the FCM as needed and ensure documentation is entered accurately in the case management system.

The Education Services Team will:

1. Collaborate with the FCM to plan for the child's educational needs and complete the School Notification and Best Interest and Determination (BID) form;

Note: If a collaborative decision cannot be made about the child's best interest, the FCM and Education Services Team will consult with the FCM Supervisor, the Local Office Director (LOD), and/or Education Services Director.

2. Provide the School Notification and BID to the identified POC at the school corporation where the child currently attends and the POC at the school corporation where the child has legal settlement **within 72 hours** of the child's:
 - a. Removal from the child's home and initial placement in out-of-home care,
 - b. Change in out-of-home placement,
 - c. Return to the child's home,
 - d. Initial determination of legal settlement,
 - e. Change in legal settlement determination,
 - f. Educational placement change, or
 - g. DCS case closure.

Note: If a change in the child's home placement impacts the child's educational setting, the school corporation where the child will be attending will be notified per the POC collaboration required by ESSA.

3. Obtain the signature of the Local Education Agency's POC on the School Notification and Best Interest Determination (BID) form;
4. Sign the finalized School Notification and Best Interest Determination (BID) form;
5. Upload the signed School Notification and Best Interest Determination (BID) form into the Education Services Team referral prior to referral closure;
6. Send the finalized School Notification and Best Interest Determination (BID) form to the POC at the school corporation where the child will attend and the POC at the child's school of origin; and

Note: The Education Services Team will facilitate collaboration with the Local Education Agency's POC to make a final determination regarding if remaining in the school of origin is in the child's best interest.

7. Ensure before August 1st of each year the appropriate school corporations are notified of whether the child's placement is anticipated to continue in the subsequent school year, using the Annual Notification of Placement in School Corporation form (see policy 8.22 School Notifications and Legal Settlement).

Note: If the child attends the child's school of origin, but does not reside in the school district, a review of the child's best interest should occur with the Education Services Team before the annual school notification is due.

LEGAL REFERENCES

- [IC 20-26-11: Legal Settlement and Transfer of Students; Transfer Tuition](#)
- [IC 20-50-3-3: School of origin](#)
- [IC 31-34-3-4.7: Notice to the child's school](#)
- [IC 31-34-20-5: Determination and reporting of legal settlement of child](#)
- [IC 31-34-21-10: Review of child's legal settlement](#)

RELEVANT INFORMATION

Definitions

Educational Surrogate Parent (ESP)

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.

Every Student Succeeds Act (ESSA)

ESSA is a federal law which, as it pertains to foster children, was implemented in 2016. ESSA requires local education agencies' POCs and child welfare agencies' POCs to collaborate on determining educational best interests for foster children when their home placement change causes the potential for their education placement to change. ESSA also requires collaboration between the POCs on providing transportation for foster children who attend their school of origin but have been placed outside of the district. Questions regarding ESSA may be directed to the DCS Education Services Team.

High School Equivalency (HSE)

An HSE is an exam, which measures an examinee's levels of achievement relative to that of a graduating high school senior. The HSE is equivalent to the exam or qualification which was formerly known as a General Educational Diploma (GED).

Individual Development Accounts (IDA)

An IDA is a matched savings account program designed to assist individuals in achieving self-sufficiency through financial literacy and asset generation.

Individualized Education Program (IEP)

An IEP is a written statement developed for a child that describes:

1. How a student will access the general education curriculum, if appropriate; and
2. The special education and related services needed to participate in the educational environment.

School of Origin

A school of origin is the school that a student in foster care attended when the student last had a permanent residence or the school in which a student in foster care was last enrolled.

Section 504 (504 Plan)

Section 504 is a Federal law that prohibits disability discrimination by recipients of Federal financial assistance. The qualified student is entitled to receive regular or special education and related aids and services that are designed to meet their individual educational needs as adequately as the needs of students without disabilities are met. The 504 Plan requires, among other things, that a student with a disability receives an equal opportunity to participate in


athletics and extracurricular activities, and to be free from bullying and harassment based on disability.

Forms and Tools

- [21st Century Scholars](#)
- [Acknowledgement of Receipt of Information about Various Educational Programs \(SF 55743\)](#)
- [Annual Notification of Continuation of Placement in School Corporation \(SF 49812\)](#)
- Case Plan/Prevention Plan (SF 2956) - Available in the case management system
- [Indiana High School Equivalency](#)
- [Indiana Housing & Community Development Authority](#)
- [Letter of School Textbook and Related Fees](#)
- [Release of Education Records \(SF 55228\)](#)
- [School Invoicing Process for Repair/Replacement of Textbooks, Electronic Devices, and Musical Instruments](#)
 - [Exhibit A1 \(Indiana Code Including Tort Claims Description\)](#)
 - [Exhibit A2 \(Tort Claim Form SF 54668\)](#)
 - [Exhibit B1 \(W-9 Request for Taxpayer Identification Number and Certification\)](#)
 - [Exhibit B2 \(Automated Direct Deposit Authorization Agreement SF 47551\)](#)
 - [Exhibit B3 \(W-9 and Direct Deposit Form Instructions\)](#)
 - [Exhibit C1 \(Claim for Support of Children SF 28808\)](#)
 - [Exhibit C2 \(Example Claim Form\)](#)
- [School Notification and Best Interest Determination \(BID\) \(SF 47412\)](#)
- [School Notification Point of Contact \(POC\) List](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [8.21 Special Education Services](#)
- [8.22 School Notifications and Legal Settlement](#)
- [11.06 Educational Services](#)
- [11.15 Post- Secondary Education](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1, 2021
	Section 21: Special Education Services	Version: 5

POLICY OVERVIEW

Collaboration between the Department of Child Services (DCS), the child’s school, and the Child and Family Team (CFT) is essential to ensure the development and success of an appropriate plan to provide special education services which address identified needs of children in out-of-home care.

PROCEDURE

DCS will request a copy of any existing Individualized Education Plan (IEP) or Section 504 (504 Plan) Plan and ensure the child is receiving the services outlined in the plan. DCS will refer each child who displays signs that a need may exist in an educational setting but has not been identified as requiring special education services, for appropriate testing.

Note: A 504 Plan will be requested for a child who does not qualify for special education services yet has a medical diagnosis and an identified need.

DCS will utilize the CFT Meeting or Case Plan Conference process to assist the child’s parent, guardian, or custodian and/or resource parent with making decisions related to disabilities and/or educational needs that may impact the child’s education. In the event that the child’s parent, guardian, custodian and/or resource parent is unable to perform this role, DCS will collaborate with the Court and the Indiana Department of Education (DOE) to ensure the child is appointed an Educational Surrogate Parent (ESP) to represent the child in matters relating to education.

DCS will invite the child’s school to provide information and participate in the case planning process and ensure educational goals, needs, and efforts to enable the child’s school to provide appropriate support and to protect the safety of the child are included in the Case Plan/Prevention Plan (see policy 5.08 Developing the Case Plan).

When the Family Case Manager (FCM) has reason to believe that an educational need may exist, the FCM will:

1. Assist the child’s parent, guardian, or custodian and/or resource parent in requesting the child’s school complete an initial educational evaluation to determine if a need exists that could impact the child’s education and if special education and/or related services are needed;

Note: Consider making a referral to the Education Services Team to review identified educational needs and/or concerns to help the family determine if an evaluation should be requested.

2. Attend the child’s IEP or 504 Plan conference and participate in the development and implementation of an appropriate plan for the child;

3. Obtain a copy of the IEP or 504 Plan and ensure the copy is uploaded into the case management system;
4. Discuss the need to monitor the IEP or 504 Plan with the child's parent, guardian, or custodian and/or resource parent; ensure the IEP or 504 Plan is enforced; and the overall educational needs of the child are being met;
5. Discuss the need for an ESP with the local Education Services Team member, if there are concerns regarding the parent, guardian or custodian's ability to advocate for the child's education.

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

6. Encourage the child's parent, guardian, or custodian to invite the ESP, if applicable, to participate as a member of the CFT (see policy 5.07 Child and Family Team Meetings);
7. Encourage the child's parent, guardian, or custodian; resource parent, or ESP to work with the school to coordinate the development of a Transition IEP, as well as attend all educational meetings and reviews; and
8. Document all participants, decisions, plans, and actions in the case management system.

The FCM Supervisor will:

1. Discuss the identified educational needs with the FCM during regular staffing and clinical supervision;
2. Assist the FCM with the completion of all special education-related service referrals for the child, including referrals for evaluations and the need for an ESP; and
3. Ensure all referrals are submitted timely; and
4. Attend CFT Meetings, Case Plan Conferences, and/or IEP or 504 Plan Conferences, when applicable.

The Education Services Team will provide support to FCMs in identifying educational barriers and developing effective solutions.

The local school corporation will hold the responsibility of appointing an ESP when appropriate.

LEGAL REFERENCES

- [IC 20-18-2-9: "Individualized Education Program"](#)
- [IC 20-35-1-4: "Division"](#)
- [IC 20-35-6: General Provisions](#)
- [IC 31-34-15-4: Form; contents](#)
- [511 IAC 7: Indiana Board of Special Education Rules](#)

RELEVANT INFORMATION

Definitions

Educational Surrogate Parent (ESP)

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.

Individuals with Disabilities Education Act (IDEA)

IDEA guarantees that persons between the ages of three (3) and 22 with disabilities receive appropriate public education through the development and implementation of an IEP.

Individualized Education Program (IEP)

An IEP is a written statement developed for a child that describes:

1. How a student will access the general education curriculum, if appropriate; and
2. The special education and related services needed to participate in the educational environment.

Section 504 (504 Plan)

Section 504 is a Federal law that prohibits disability discrimination by recipients of Federal financial assistance. The qualified student is entitled to receive regular or special education and related aids and services that are designed to meet their individual educational needs as adequately as the needs of students without disabilities are met. The 504 Plan requires, among other things, that a student with a disability receives an equal opportunity to participate in athletics and extracurricular activities, and to be free from bullying and harassment based on disability.

Transition Individualized Education Program (IEP)

The Transition IEP is an IEP transition plan that begins at the start of ninth (9th) grade or 14 years of age, whichever comes first; (or earlier if determined appropriate). The transition IEP identifies annual goals and services for a student. Additionally, it will help the student prepare for the transition from school to adult life.

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) - Available in the case management system

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan](#)



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Effective Date: August 1, 2021

Section 22: School Notifications and
Legal Settlement

Version: 5

POLICY OVERVIEW

Success in school is more likely to occur when planning for safety, stability, permanency, and well-being is fully integrated with a child's educational plan. In order to achieve this for a child in out-of-home care, the Indiana Department of Child Services (DCS) and school must collaborate to determine the best educational interest of the child.

PROCEDURE

In accordance with the Every Student Succeeds Act (ESSA), DCS, Indiana Department of Education (DOE), and local education agencies must identify State and Local Points of Contact (POCs) to collaborate on determining the best educational interests of children in out-of-home care. DCS has appointed the Education Services Program Director as the agency's State ESSA POC and the DCS Education Services as the agency's local ESSA POC.

The Family Case Manager (FCM) will:

1. Within 24 hours of the child's removal or change in placement, submit a referral to the Education Services team for completion of the School Notifications and Best Interest Determination (BID) form;
2. Verbally notify the child's current school of the child's removal or change of placement within 24 hours. This includes but is not limited to:
 - a. A Trial Home Visit (THV) (see policy 8.39 Trial Home Visits),
 - b. A child placed through an Interstate Compact on the Placement of Children (ICPC) (see policy 9.03 Initial Placement/Placement Changes),
 - c. Emergency Shelter Care (ESC) (see policy 8.04 Emergency Shelter Care and Urgent Residential Treatment Review and Approval),
 - d. Admission to residential treatment (see policy 5.24 CFTR), and
 - e. Case closure (see policy 5.12 Closing a CHINS Case);
3. Gather information regarding the child's education and discuss the child's educational best interest with the following:
 - a. The child,
 - b. The parent, guardian, or custodian, unless Termination of Parental Rights (TPR) has been finalized,
 - c. The resource parent,
 - d. Members of the Child and Family Team (CFT) (see policy 5.07 Child and Family Team Meetings), and
 - e. The child's school if input is provided by the school.

Note: The FCM should complete the Release of Education Records form and submit to the last school in which the child was enrolled to obtain educational records.

4. Discuss the child's best interest determination with Education Services to determine if it is in the child's best interest to remain in the school of origin, if applicable.
5. Ensure transportation to school is arranged for the child until the best interest determination is completed.

Note: The child's school of origin is obligated to provide transportation for the child when it has been determined that it is in the child's best interest to remain enrolled in the child's school of origin.

6. Convene a CFT Meeting to plan for any barriers and identify solutions regarding the child's educational placement;
7. Provide the court with information per IC 20-26-11-2, to determine legal settlement;
8. Notify the court of a new event that will cause a redetermination to the child's legal settlement. This may be completed as part of a progress report to the court; and
9. Ensure all education information (e.g., current grade level, school name, school address, School Notification and BID form, and Individualized Education Program [IEP] or Section 504 Plan [504 Plan] date and specifics), decisions, and actions taken are documented in the case management system as changes occur.

The Education Services Team will:

1. Collaborate with the FCM to complete the School Notification and BID form;

Note: If a collaborative decision cannot be made about the child's best interest, the FCM and Education Services Team will consult with the FCM Supervisor, the Local Office Director (LOD), and/or Education Services Director.

2. Provide the School Notification and BID form to the identified POC at the school corporation where the child currently attends and the POC at the school corporation where the child has legal settlement **within 72 hours** of the child's:
 - a. Removal from the child's home and initial placement in out-of-home care,
 - b. Change in out-of-home placement,
 - c. Return to the child's home,
 - d. Initial Determination of legal settlement,
 - e. Change in legal settlement determination,

[NEW] Note: The FCM will complete a referral to the Education Services Team when legal settlement has changed.

- f. Change in educational placement, or
- g. DCS case closure.

Note: If the child's home placement change impacts the child's educational setting, the school corporation where the child will be attending will be notified per the POC collaboration required by ESSA.

3. Obtain the signature of the Local Education Agency's POC on the School Notification and BID form;
4. Sign the finalized School Notifications and BID form;
5. Upload the signed School Notifications and BID form into the Education Services Team referral prior to referral closure;

6. Send the finalized School Notification and BID form to the POC at the school corporation where the child will attend and the POC at the child's school of origin; and

Note: The Education Services Team will facilitate collaboration with the Local Education Agency's POC to make a final determination regarding if remaining in the school of origin is in the child's best interest.

7. Ensure before August 1st of each year the appropriate school corporations are notified of whether the child's placement is anticipated to continue in the subsequent school year, using the Annual Notification of Placement in School Corporation form.

Note: If the child attends the child's school of origin, but does not reside in the school district, a review of the child's best interest should occur with the Education Services Team before the annual school notification is due.

The LOD will collaborate with the Education Services Team, as needed, to ensure the School Notification and Best Interest Determination (BID) form is completed and submitted.

LEGAL REFERENCES

- [IC 20-26-11: Legal Settlement and Transfer of Students: Transfer Tuition](#)
- [IC 20-26-11-2: Legal settlement](#)
- [IC 20-50-3-3: School of origin](#)
- [IC 31-34-3-4.7: Notice to the child's school](#)
- [IC 31-34-15-4: Form: contents](#)
- [IC 31-34-20-5: Determination and reporting of legal settlement of child](#)
- [IC 31-34-21-10: Review of child's legal settlement](#)

RELEVANT INFORMATION

Definitions

Every Student Succeeds Act (ESSA)

ESSA is a federal law which, as it pertains to foster children, was implemented in 2016. ESSA requires local education agencies' POCs and child welfare agencies' POCs to collaborate on determining educational best interests for foster children when their home placement change causes the potential for their education placement to change. ESSA also requires collaboration between the POCs on providing transportation for foster children who attend their school of origin but have been placed outside of the district. Questions regarding ESSA may be directed to the DCS Education Services Team.

Individualized Education Program (IEP)

An IEP is a written statement developed for a child that describes:

1. How a student will access the general education curriculum, if appropriate; and
2. The special education and related services needed to participate in the educational environment.

Legal Settlement

Legal settlement defines which school corporation has responsibility for payment of education costs.

School of Origin

The school of origin is the school that a student in foster care attended when the student last had a permanent residence or the school in which a student in foster care was last enrolled.

Section 504 (504 Plan)


Section 504 is a Federal law that prohibits disability discrimination by recipients of Federal financial assistance. The qualified student is entitled to receive regular or special education and related aids and services that are designed to meet their individual educational needs as adequately as the needs of students without disabilities are met. The 504 Plan requires, among other things, that a student with a disability receives an equal opportunity to participate in athletics and extracurricular activities, and to be free from bullying and harassment based on disability.

Forms and Tools

- [Annual Notification of Continuation of Placement in School Corporation \(SF 49812\)](#)
- [DCS Education Services Map](#)
- [DCS Education Services Team Email](#)
- [Release of Education Records \(SF 55228\)](#)
- [School Notification and Best Interest Determination \(BID\) \(SF 47412\)](#)
- [School Notification Point of Contact \(POC\) List](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.12 Closing a CHINS Case](#)
- 5.24 CFTR – Coming Soon
- [8.04 Emergency Shelter Care and Urgent Residential Treatment Review and Approval](#)
- [8.39 Trial Home Visits](#)
- [9.03 Initial Placement/Placement Changes](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1, 2015
	Section 23: Extracurricular Activities	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will engage the child’s resource parent(s) in a discussion regarding the child’s participation in extracurricular activities, which include, but are not limited to school, community, and/or cultural activities. DCS will ensure that the activities are age-appropriate, reasonably safe, and appropriately supervised.

DCS will require the resource parent(s) to notify the child’s Family Case Manager (FCM) in writing (email is acceptable) or by phone of any extracurricular activities in which the child may participate. DCS may deny the request for the child’s participation in an extracurricular activity if it is determined that it is not in the child’s best interest. DCS will ensure the child’s parent, guardian, or custodian; members of the Child and Family Team (CFT); and the court are informed of all extracurricular activities in which the child will participate. Concerns regarding the appropriateness of an extracurricular activity should be addressed by the CFT.

Code References

1. [IC 31-9-2-101.5: Reasonable and Prudent Parent Standard](#)
2. [IC 31-27-3-18.5: Use of Reasonable and Prudent Parent Standard](#)

PROCEDURE

The FCM will:

1. Discuss with the resource parent(s), using the [Reasonable and Prudent Parent Standard](#), the child’s participation in the extracurricular activity;
2. Ensure the resource parent has current information regarding the child’s history (medical, social, prior participation) to allow the resource parent to make informed decisions regarding the child’s participation in the activity;
3. Ensure that any extracurricular activities the child participates in is:
 - a. Age-appropriate,
 - b. Reasonably safe, and
 - c. Provide appropriate supervision.
4. Convene a Child and Family Team (CFT) Meeting, if concerns arise regarding the extracurricular activity (safety, age-appropriateness, adult supervision, etc.), to discuss the activity and make a recommendation regarding the child’s participation. See related policy [5.7 Child and Family Team Meetings](#);

Note: If the child’s extracurricular participation involves an overnight activity or event, see policy [8.24 Travel, Outings and Overnight Stays while in Out-of-Home Care](#) for details on required verbal approval or notice within seven (7) days of the activity or event.

5. Inform the parent, guardian, or custodian; court; and members of the CFT of the child's participation in an extracurricular activity; and
6. Document information regarding the activity in the case management system.

PRACTICE GUIDANCE

Children in out-of-home care deserve normalized childhood experiences, which may include sleepovers with friends, group meetings, participation in extracurricular activities (e.g., sports, scouting, proms), and other community and cultural activities.

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

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


FORMS AND TOOLS

[8.F Tool: Reasonable and Prudent Parent Standard](#)

RELATED INFORMATION

Reasonable and Prudent Parent Standard

A caregiver must use the [Reasonable and Prudent Parent Standard](#) when determining whether to allow a child in foster care, under the responsibility of the state, to participate in extracurricular, enrichment, social, and cultural activities. The [Reasonable and Prudent Parent Standard](#) is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests, while at the same time, encouraging the child's emotional and developmental growth.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: November 1, 2021
	Section 24: Travel and Overnight Stays while in Out-of-Home Care	Version: 4

POLICY OVERVIEW

Participation in travel, vacations, overnight stays, and/or other activities away from a child’s placement (e.g., field trips, sleepovers, and out-of-state and/or out-of-country travel) provides a child in out-of-home care with normalized childhood experiences. In order to ensure there are no conflicts or concerns for the safety and well-being of a child in out-of-home care while participating in those activities, advanced notification of travel plans or overnight stays is required, unless there is an emergency.

PROCEDURE

The Indiana Department of Child Services (DCS) requires advanced notification and approval for travel and participation in overnight stays away from the court ordered placement for a child in out-of-home care.

In-state and out-of-state overnight travel that will exceed 48 hours requires written approval by the Local Office Director (LOD) or designee.

Note: If a parent, guardian, or custodian of the child objects to the child traveling out-of-state or the local court requires DCS to file for authorization, a court order is also required for out-of-state overnight travel that will exceed 48 hours.

Out-of-country travel requires written notification to and approval by the Regional Manager (RM). Once approval has been obtained from the RM, court authorization through a court order is also required. Authorization must be requested at least six (6) weeks in advance.

Requests for a child to travel in-state or out-of-state with the resource parent must be submitted to the Family Case Manager (FCM) using the Resource Parent Travel Request form at least seven (7) calendar days in advance, whenever possible. The Resource Parent Travel Request form must be submitted at least six (6) weeks in advance to request authorization for out-of-country travel.

Note: The Resource Parent Travel Request form should be submitted to the child’s FCM as early as possible to allow sufficient time to obtain permission and provide notification to all required parties.

In the event of an emergency requiring the resource parent to travel out-of-state for a stay that will exceed 48 hours and/or the DCS local office is closed, the resource parent must call the DCS Child Abuse and Neglect Hotline (Hotline), prompting an Information and Referral (I&R) to be generated to the DCS local office, to obtain verbal authorization from the on-call FCM Supervisor.

Note: Refer to the DCS Emergency Operations Plan for detailed instructions regarding ensuring the safety and security for all children under DCS care and supervision during an emergency or disaster.

The FCM will:

1. Review this policy with the resource parent to ensure the resource parent is aware of the need to submit the Resource Parent Travel Request form to the FCM for all in-state and out-of-state overnight travel or out-of-country travel. For overnight travel that exceeds 48 hours, the FCM needs to be provided with the following information:
 - a. The date, duration, and location of the travel,
 - b. The purpose of the travel (e.g., vacation or extended field trip),
 - c. The names of adults who will accompany the child,
 - d. Contact information, including phone numbers and lodging information,
 - e. Copies of any permission slips that must be signed, and
 - f. Make, model, and license plate number of the vehicle, if driving, and flight information, if flying.
2. Ensure the resource parent has been informed of and understands the requirement to call the DCS Hotline to request permission from the on-call FCM Supervisor for the child to travel in the event of an emergency requiring an overnight stay that will exceed 48 hours when the DCS local office is closed. Once the I&R is generated from the DCS Hotline and sent to the local office, the FCM shall contact the resource parent to provide support and obtain additional information, including, but not limited to:
 - a. Confirmation of the child's current location and/or planned destination,
 - b. Contact information, including phone numbers and lodging information,
 - c. Expected date of the child's return,
 - d. The possible need for the FCM to inform other CFT members of the emergency travel, and
 - e. Any need to re-schedule visits and/or service appointments.

Note: The resource parent must contact the assigned FCM to provide notification of the child's return.

3. Discuss any concerns regarding travel with the FCM Supervisor;
4. Seek approval and completion of the Resource Parent Travel Request form (if applicable) from the child's parent, guardian, or custodian for all overnight stays and travel requests, unless Termination of Parental Rights (TPR) has occurred;
5. Discuss with the Child and Family Team (CFT) all overnight stays and travel requests (see policy 5.07 Child and Family Team Meetings);
6. Consult with the FCM Supervisor regarding all travel requests and submit the following for approval:
 - a. The Resource Parent Travel Request form, and
 - b. A travel request for the court (to be filed by the DCS staff attorney following approval of the travel by DCS) required if:
 - i. The travel will require an overnight stay exceeding 48 hours and permission from each parent, guardian, or custodian for the overnight stay is not obtained or the local court requires DCS to file for authorization; or

Note: In some counties, court authorization may be required for any out-of-state travel, even if travel will not exceed 48 hours.

- ii. The request is for out-of-country travel.
7. Notify the resource parent and the child's parent, guardian, or custodian (unless TPR has occurred) of DCS' response to the travel request, and if approved, the requirement of court authorization for the travel;
 8. Coordinate with the DCS Staff Attorney to request court authorization if the request has been approved by DCS and court approval is required;

Note: Children who will be participating in the travel, who are within the same sibling group, and are placed in the same resource parent's home, may be included on the same travel request to the court.

9. Complete the following upon notification of the court's decision:
 - a. Notify the parent, guardian, or custodian of the court's response to the travel request, unless TPR has occurred,
 - b. Notify the resource parent of the court's response to the travel request, and
 - c. Notify the child's Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL) of all approved travel plans.
10. Contact the DCS Travel Unit to provide the court order and request assistance if the youth will travel out-of-state or out-of-country by air, bus, or train (either alone or with DCS staff) and DCS will be purchasing the ticket;
11. Coordinate with the child's parent, guardian, or custodian; resource parent; and visitation service provider if visitation needs to be rearranged; and

Note: DCS may use discretion when determining if background checks are needed for visitation. However, DCS does not have the authority to complete Fingerprint-Based Checks for the purpose of visitation (see policies 8.12 Developing the Visitation Plan and 13.15 Fingerprint-Based Checks).

12. Document all travel details, including the original request, approvals, travel request to the court (if applicable), court order (if applicable), and notifications to all parties in the case management system.

Note: All travel details should be uploaded under "Travel Permissions" in the case management system.

The FCM Supervisor will:

1. Partner with the FCM to ensure safety is addressed and the needs of the child and family are being met;
2. Review and approve the travel request to the court if the travel will require court approval;
3. Send the Resource Parent Travel Request form and/or the travel request for the court to the LOD or designee and RM for required approval, if applicable; and
4. Ensure the FCM receives the LOD or designee or RM's written decision, coordinates with the DCS Staff Attorney to request court approval (if applicable), and notifies all parties of the decision.

The LOD or designee will:

1. Review the Resource Parent Travel Request form and/or travel request to the court (If applicable), send the Resource Parent Travel Request form to the RM for approval (if required) and notify the FCM or FCM Supervisor in writing of the decision; and
2. Approve “blanket” travel requests, when applicable, for frequent in-state travel or out-of-state travel that does not require overnight stays in excess of 48 hours for each instance. Such requests should be clearly detailed in writing and include the following:
 - a. The name of the child who will be traveling,
 - b. The name of each adult who will accompany the child, and
 - c. Travel location and contact information; and
 - d. Reason for frequency of travel.

The RM will review the Resource Parent Travel Request form regarding out-of-country travel and notify the LOD, FCM Supervisor, or FCM in writing of the decision within three (3) business days.

The DCS Staff Attorney will submit the travel request to the court to seek authorization as required.

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- DCS Child Abuse and Neglect Hotline: 1-800-800-5556
- [DCS Emergency Operations Plan](#)
- [DCS Travel Unit](#)
- [Resource Parent Travel Request \(SF 57156\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [8.12 Developing the Visitation Plan](#)
- [13.15 Fingerprint-Based Checks](#)

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

STATEMENTS OF PURPOSE

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

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

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

Code Reference

[IC 31-28-1: Health Summary Records of Children Receiving Foster Care](#)

PROCEDURE

The Family Case Manager (FCM) will ensure:

1. The parent, guardian, or custodian is included in the planning and decision making process for the child’s ongoing medical care and treatment;
2. The CFT is included in the planning and decision making process for the child’s ongoing medical care and treatment. See policy [5.7 Child and Family Team Meetings](#) for further guidance;
3. The child’s physical and mental health (including substance abuse, if applicable), dental, visual, and developmental history is documented and shared with the CFT and resource parent. See policies [8.27 Maintaining Health Care Records – Medical Passport](#) and [5.7 Child and Family Team Meetings](#) for further guidance;
4. The resource parent is informed of the responsibility to:
 - a. Schedule and provide transportation to the child’s health care appointments,
 - b. Document all care and treatment received in the child’s [Medical Passport \(DCS Pamphlet 036\)](#). See 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 policy [8.26 Authorization for Health Care Services](#) for further guidance,

- e. Obtain payment authorization prior to any treatments that are not covered by the child's Medicaid or private health insurance. See policy [8.28 Payment for Health Care Services](#) for further guidance, and
 - f. Seek emergency care for the child for the following:
 - i. Serious injury or illness,
 - ii. Serious dental issues (e.g., broken teeth or bleeding gums),
 - iii. Mental health issues that place the child at risk for harming himself, herself, or others, and
 - iv. Serious vision issues (e.g., the child's glasses/contacts are broken or lost).
5. The child receives the following initial screens/exams:
- a. A general health exam within 10 days of placement unless exceptions apply as outlined in 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 policy [8.29 Routine Health Care](#).
6. The child receives ongoing routine health care and treatment as outlined in 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 policy [8.30 Psychotropic Medication](#),
 - b. Drug and/or alcohol testing and substance abuse treatment as outlined in 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 policy [8.31 HIV, STDs, and Other Communicable Diseases](#),
 - d. Developmental screenings and services if warning signs exist or if known/suspected drug use during pregnancy. Screenings are done through First Steps if child is less than three (3) years of age and through the school corporation if over three (3) years of age. See policy [8.21 Special Education Services](#) for further guidance,
 - e. Pregnancy options counseling and prenatal care as outlined in 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 policy [8.35 Sex Education and Family Planning Services](#), and
 - g. The CFT is convened if at any point during the child's out-of-home placement it appears that residential treatment may be necessary. For further guidance, see policies [8.4 Emergency Shelter & Urgent Residential Placement Review and Approval](#) and [5.7 Child and 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 policy [4.17 Accessing Child's Medical, Psychological, and Substance Abuse Records](#) for further guidance.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

[Medical Passport \(DCS Pamphlet 036\)](#)

RELATED INFORMATION

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

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


Developmental Delays

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

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

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

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: October 1, 2017
	Section 26: Authorization for Health Care Services	Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will work with the resource parent(s) and the Child and Family Team (CFT) to ensure every child in out-of-home care is provided with health care services necessary to meet the child’s needs (e.g., physical, mental, dental, visual, auditory, and developmental).

DCS will obtain, when possible, consent of the child’s parent, guardian, or custodian prior to authorizing non-routine health care treatment for the child.

Exception: DCS will allow the resource parent(s) to seek the following health care services for a child without prior consent:

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

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

Youth age 18 years or older may consent to their own health care. Therefore parental consent is not required.

Exception: For youth age 18 years or older deemed incompetent or unable to consent, DCS will obtain a court order prior to authorizing non-routine health care treatment.

Unless it is an emergency, DCS will seek court approval, prior to any treatments that require anesthesia¹.

Code Reference

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

PROCEDURE

The Family Case Manager (FCM) will complete the following steps any time a child is placed outside of his or her home:

1. Discuss the possibility of medical care for a child while in care and solicit information from the child’s parent, guardian, or custodian regarding the child’s medical history and preferences for care;
2. Complete and sign the [Statement of Care and Supervision/Authorization for Health Care \(SF45093\) Card](#) and/or the [Authorization for Health Care \(SF54247\) Form](#);
3. Provide the resource parent(s) with a copy of the signed [Statement of Care and](#)

¹ This refers to a child who will be unconscious during surgery.

- [Supervision/Authorization for Health Care \(SF45093\) Card](#) and/or the [Authorization for Health Care \(SF54247\) Form](#) and retain one (1) copy in the child's case file;
4. Ensure that the resource parent(s) receives and signs a copy of this entire policy ([8.26 Authorization for Health Care Services](#)). Place the signed original in the child's file and provide the resource parent(s) with a signed copy;
 5. Explain to the resource parent(s) that the [Statement of Care and Supervision/Authorization for Health Care \(SF45093\) Card](#) and/or the [Authorization for Health Care \(SF54247\) Form](#) is a "blanket" written authorization form that enables the resource parent(s) to authorize:
 - a. Routine or basic health care services, including, but not limited to medical, dental, and vision examinations, and
 - b. Emergency health care, when the following two conditions exist:
 - i. The care is ordered by a health care professional, and
 - ii. There is not enough time prior to the treatment to contact the FCM or the designated DCS local office staff person for advance permission.
 6. Explain to the resource parent(s) that they must obtain authorization from DCS prior to seeking non-routine, non-emergency care, or mental health care that was not identified as part of the treatment plan in the Case Plan for the child whenever a health care provider requests it; and
 7. Explain that all Medicaid and/or private insurance procedures (e.g., preauthorization before certain treatments and procedures) must be followed.

Non-Routine, Non-Emergency Health Care

The resource parent(s) will provide the health care provider with the phone number of the child's FCM and/or the DCS local office.

The FCM will:

1. Obtain written documentation from the health care provider detailing the proposed treatment;
2. Inform the parent, guardian, or custodian of the proposed treatment and seek consent if parental rights have not been terminated;
3. Seek supervisory input regarding pursuit of court order if parental rights have been terminated or the parent, guardian, or custodian refuses to consent;
4. Ensure the health care provider receives a copy of the signed [Statement of Care and Supervision/Authorization for Health Care \(SF45093\) Card](#) and/or the [Authorization for Health Care \(SF54247\) Form](#) either directly or via the resource parent(s), if treatment is approved by the parent, guardian, or custodian or the court. Place the original copy in the child's case file; and
5. Ensure the denial and the reasons for the denial are conveyed to the resource parent(s) and health care provider, if not approved.

Emergency Health Care

The FCM will ensure the resource parent(s) is advised to:

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

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

1. Attempt to make contact with the child's parent, guardian, or custodian, if parental rights

have not been terminated and time permits, to:

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

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

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

PRACTICE GUIDANCE

Parental Participation in Decision-Making

Encourage the parent, guardian, or custodian to be involved in the decision-making process regarding the child's potential medical needs by engaging the family to actively discuss the child's medical history and preferences for medical services (see separate policy, [5.3 Engaging the Family](#)).

FORMS AND TOOLS

1. [Statement of Care and Supervision/Authorization for Health Care \(SF45093\) Card](#)
2. [Authorization for Health Care \(SF54247\)](#)
3. [Case Plan \(SF2956\)](#) – Available in the case management system

RELATED INFORMATION

Routine Health Care

Examples of routine health care include, but are not limited to:

1. Medical: physical examinations, well-child care, immunizations, and visits to the doctor for cold or flu;
2. Dental: cleanings, examinations, cavity fillings, and x-rays;
3. Mental health services prescribed in the child's [Case Plan \(SF2956\)](#);
4. Vision: visual exams, glasses, and/or contact lens fittings; and
5. Auditory screenings.

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


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

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

Examples include, but are not limited to:

1. Medical: tonsillectomies (in certain circumstances, this could be a life-threatening

- emergency, but in most cases, this is a planned surgery), etc;
2. Dental: braces and other corrective orthodontic treatments;
 3. Vision: LASIK surgery to reduce nearsightedness, farsightedness, or astigmatism; and
 4. Cosmetic: tattoo removal.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: May 1, 2017
	Section 27: Maintaining Health Records - Medical Passport	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will maintain written and/or electronic documentation of health care services received by children who are under the care and supervision of DCS and are in out-of-home care. A summary of the child’s medical history should be included in the child’s [Case Plan \(SF2956\)](#).

All children who are placed in out-of-home care will be issued a [Medical Passport \(DCS Pamphlet 036\)](#), and these additional forms: [Statement of Care and Supervision/Authorization for Health Care \(SF 45093\) Card](#) and/or [Authorization for Health Care \(SF54247\) Form](#); [Consent to Release Mental Health and Addiction Records \(SF51128\)](#); [Record of Medical Treatment \(SF45092\)](#); and [Log of Medical Treatment \(SF45091\)](#). These forms must be included with the [Medical Passport \(DCS Pamphlet 036\)](#). The [Medical Passport \(DCS Pamphlet 036\)](#) will remain with the child and in the possession of the resource parent(s) throughout all out-of-home placements.

DCS will require that the child’s resource parent(s) keep the child’s [Medical Passport \(DCS Pamphlet 036\)](#) and/or electronic medical records up-to-date, with the child’s most recent health care information. Electronic medical record access information should be recorded in the [Medical Passport \(DCS Pamphlet 036\)](#) if applicable. Additionally, DCS will keep a separate record of the child’s health care information in the case management system.

Note: Medical records may be kept organized in a folder or binder with the child’s [Medical Passport \(DCS Pamphlet 036\)](#) as an alternative to recording the information directly in the [Medical Passport \(DCS Pamphlet 036\)](#).

When the child achieves permanency (e.g., reunification, adoption, guardianship), DCS will ensure the permanent caregiver or the child, if released from out-of-home care after his or her 18th birthday, receives the [Medical Passport \(DCS Pamphlet 036\)](#), access to information for any electronic medical records, and a printed copy of his or her electronic medical records (if requested).

Code References

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

PROCEDURE

The Family Case Manager (FCM) will complete the following steps prior to each placement or as soon as possible thereafter:

1. Review the child’s medical history at the initial Child and Family Team (CFT) Meeting. See policy [5.7 Child and Family Team Meetings](#). Issue a new [Medical Passport \(DCS](#)

[Pamphlet 036](#)), if one (1) has not yet been issued or the [Medical Passport \(DCS Pamphlet 036\)](#) is missing, and gather as much information as possible on the child's health care history from any of the following sources:

- a. The child,
 - b. Previous health care providers,
 - c. The child's parent, guardian, or custodian,
 - d. Other family members,
 - e. Previous resource parents, and
 - f. Existing electronic medical records.
2. Record any gathered information in the new or existing [Medical Passport \(DCS Pamphlet 036\)](#) and update the case management system.

Note: A copy of all medical documentation must be uploaded in the case management system, including the [Medical Passport \(DCS Pamphlet 036\)](#) and information to access any electronic medical records.

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

1. Give the child's [Medical Passport \(DCS Pamphlet 036\)](#) to the resource parent(s);
2. Explain to the resource parent(s):
 - a. The [Medical Passport \(DCS Pamphlet 036\)](#) must remain with the child,
 - b. It is the resource parent's responsibility to record all health care information in the [Medical Passport \(DCS Pamphlet 036\)](#) and/or verify that all health care information is recorded in the child's electronic medical record. See [Related Information](#) for more detail, and
 - c. The FCM must be provided information about every health care visit. See [Related Information](#) for more detail.
3. Review with the resource parent(s) information contained in the [Medical Passport \(DCS Pamphlet 036\)](#), calling attention to the following:
 - a. Identified issues (e.g., diagnoses and allergies),
 - b. Necessary treatment programs (e.g., medications and appointments),
 - c. Impending examinations and appointments, and
 - d. Any existing electronic medical record access information.

At each visit with the resource parent(s), the FCM should review the [Medical Passport \(DCS Pamphlet 036\)](#) and any other medical records. Any records not previously entered in the case management system, should be copied (a clear photograph is acceptable) and uploaded in the case management system.

Prior to a child's transfer to a different placement or exit from out-of-home care (e.g., reunification or adoption), the FCM will meet with the current resource parent(s) to review the child's [Medical Passport \(DCS Pamphlet 036\)](#) and/or electronic medical records to ensure the information is up-to-date. If needed, the FCM will collect additional health care records from providers and assist with scheduling necessary appointments. See policy [8.29 Routine Health Care](#) for further guidance.

When the child leaves out-of-home care, the FCM will provide the permanent caregiver or the child, if released from out-of-home care after his or her 18th birthday, with a copy of the [Medical Passport \(DCS Pamphlet 036\)](#) and any electronic medical records at no cost. See policy [8.41 Transitioning from Out-of-Home Care](#) for further guidance.

PRACTICE GUIDANCE

What Records are Kept?

Despite being called a “medical” passport, the child’s [Medical Passport \(DCS Pamphlet 036\)](#) is intended to be a record for a broad range of **health care** services the child receives. For the purposes of this policy, “health care” includes, but is not limited to: medical, dental, mental health, developmental, vision, hearing, and speech care. Specialized treatments, such as substance abuse, behavioral counseling, and chiropractic therapy are also considered as health care, and must be documented in the child’s [Medical Passport \(DCS Pamphlet 036\)](#) and the case management system records.

Dual Record Keeping: Medical Passports and the case management system

Every child’s health care records are kept in two (2) places:

1. In the child’s [Medical Passport \(DCS Pamphlet 036\)](#) and/or electronic medical records; and
2. Electronically in the case management system, in the 'Health Information' card on the child’s person page. The records in the case management system serve two functions:
 - a. The records enable the FCM to review the child’s health care information at any time, and
 - b. The records serve as a “backup” in case the [Medical Passport \(DCS Pamphlet 036\)](#) is lost.

Children Placed in another Indiana County or Out-of-State

When a child is placed in out-of-home care in a different Indiana county or out-of-state, the same policies and procedures apply. The supervising FCM will work with the resource parent(s) to ensure that the child’s [Medical Passport \(DCS Pamphlet 036\)](#), any electronic medical records, and the case management system records are kept up-to-date.

Delay in Obtaining Health Care Information

The FCM must provide the resource parent(s) with a blank [Medical Passport \(DCS Pamphlet 036\)](#), if the FCM is not able to obtain historical health care information about the child prior to the initial visit. See policy [8.1 Selecting a Placement Option](#) for additional guidance regarding the initial visit. When the historical health care information becomes available, the FCM must provide a copy of the information to the resource parent(s) and request that this information be entered into the current [Medical Passport \(DCS Pamphlet 036\)](#).

Medical Passports for Children in Residential Facilities

It is the policy of DCS to provide a [Medical Passport \(DCS Pamphlet 036\)](#) for each child in out-of-home care, including a child placed in a residential facility. It is the responsibility of the caregiver (including a residential facility) to keep the [Medical Passport \(DCS Pamphlet 036\)](#) updated, and the FCM must verify regularly that this occurs.

FORMS AND TOOLS

1. [Medical Passport \(DCS Pamphlet 036\)](#) – Also available in hard copy
2. [Statement of Care and Supervision/Authorization for Health Care \(SF45093\) Card](#)
3. [Authorization for Health Care \(SF 54247\)](#)
4. [Consent to Release Mental Health and Addiction Records \(SF51128\)](#)
5. [Record of Medical Treatment \(SF45092\)](#)
6. [Log of Medical Treatment \(SF45091\)](#)
7. [Case Plan \(SF2956\)](#) – Available in the case management system


RELATED INFORMATION

The Resource Parent(s) Need to Update the FCM Regarding Health Care Information

The resource parent(s) must communicate to the FCM information about recent health care the child received. This exchange of information enables the FCM to update the child's health care records in the case management system. If possible, the FCM can photocopy recent entries made in the [Medical Passport \(DCS Pamphlet 036\)](#) and/or print electronic medical records as a way of capturing the new information so that it may be entered in the case management system. The sharing of information between the resource parent(s) and the FCM should occur more frequently if the child has medical issues.

Updating the Medical Passport at Health Care Appointments

Each time a child receives a health care examination or treatment, which will not be recorded by the medical provider in an activated electronic medical record account, the child's [Medical Passport \(DCS Pamphlet 036\)](#) must be presented to the health care professional who attends to the child. The professional must be asked to complete applicable portions of the child's [Medical Passport \(DCS Pamphlet 036\)](#). If the professional is not willing or able to update the [Medical Passport \(DCS Pamphlet 036\)](#) onsite, the FCM or resource parent(s) must obtain a complete briefing on the details of the examination or treatment and complete applicable portions of the [Medical Passport \(DCS Pamphlet 036\)](#).

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

STATEMENTS OF PURPOSE

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

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

Note: DCS will not accept financial responsibility for cosmetic procedures (e.g., braces, Lasik eye surgery, and acne treatments) not covered by private insurance or Medicaid, nor will a Family Case Manager (FCM) offer such services.

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

DCS will require :

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

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

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

The resource parent(s) will:

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

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

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1, 2021
	Section 29: Routine Health Care	Version: 5

POLICY OVERVIEW

It is important that children in out-of-home care receive appropriate and timely routine health care services necessary to meet the child’s needs (e.g., mental, dental, visual, auditory, and developmental). Every effort should be made to ensure continuity of care for the child by maintaining the same health care providers that cared for the child prior to the child’s removal.

PROCEDURE

For every child in out-of-home care, the Indiana Department of Child Services (DCS) will ensure a general health exam is scheduled within 10 business days of placement. A general health exam must consist of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, known in Indiana as HealthWatch.

[NEW] Note: If the Governor of Indiana declares a state of disaster emergency under IC 10-14-3-12, the DCS director, or the director's designee, may modify or suspend enforcement of a statute or rule, as outlined in IC 31-27-2-13, specifying a time within which a foster parent must provide for a child to be examined by a physician, physician assistant, or advanced practice registered nurse after the child's placement in the foster parent's home.

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.

- Note:** An initial general health exam is not mandatory, if the child was/had:
1. Placed directly from a hospital or physician’s office; or
 2. 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.
 3. Placement changes unless the placement change was due to allegations of CA/N or the child is exhibiting signs of illness and/or injury.

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

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

Note: DCS will not be financially responsible for cosmetic procedures (e.g., braces, Lasik eye surgery, or acne treatments) not covered by private insurance or Medicaid, nor will a Family Case Manager (FCM) offer such services.

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

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

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

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

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

Family Case Manager (FCM) Responsibilities

The FCM will:

1. Obtain the contact information for the child's health care providers from the parent, guardian, or custodian or other family members;
2. Include the Child and Family Team (CFT) in the planning and decision-making process for the child's ongoing medical care and treatment. (see policy 5.07 Child and Family Team Meetings);
3. Ensure the child's physical, mental health (including substance abuse, if applicable), dental, visual, and developmental history is documented and shared with the CFT and the resource parent(s). (see policy 8.27 Maintaining Health Records – Medical Passport);
4. Inform resource parents of their responsibilities, as described in Resource Parent(s) Responsibilities;
5. Ensure resource parents are provided with a copy of this policy and understand the requirements for all initial and routine health care exams as well as follow-up exams and treatment;
6. Discuss any questions and/or concerns regarding cosmetic procedures with the FCM Supervisor. Requests for cosmetic procedures are not covered by private insurance or Medicaid are denied;
7. Ensure the child's Medical Passport (DCS Pamphlet 036) is reviewed and updated at each visit with the resource parent (refer to policy 8.10 Minimum Contact); and
8. Update the child's parent, guardian, or custodian and CFT about the child's medical care (see policy 5.07 Child and Family Team Meetings).

Resource Parent Responsibilities

The resource parent will:

1. Schedule necessary health care appointments and provide or arrange transportation for the appointment, enlisting the assistance of the CFT as needed. See policy 5.07 Child and Family Team Meetings;

2. Ensure the child receives all initial and routine health care exams as well as follow-up exams and treatment as outlined in this policy;
3. Ensure the child is provided and/or offered specialized care and treatment based upon the child's individual assessed needs (e.g., therapy, counseling, medication, drug and alcohol testing and/or treatment, etc.);
4. Ensure the child receives developmental screenings if developmental delays exist or are suspected;

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

5. Obtain treatment authorization prior to any non-routine, non-emergency care, and mental health treatment (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 (8.28 Payment for Health Care Services);
7. Seek emergency care for the child for the following:
 - a. Serious injury or illness;
 - b. Serious dental issues (e.g., broken teeth, bleeding gums, etc.);
 - c. Mental health issues that place the child at risk for harming himself or herself, or others; and
 - d. Serious vision issues (e.g., the child's glasses or contacts are broken or lost).
8. Document all care and treatment received in the child's Medical Passport (DCS Pamphlet 036) (see policy 8.27 Maintaining Health Care Records – Medical Passport);

Note: The Medical Passport (DCS Pamphlet 036) will remain with the child and in the possession of the resource parent until the child leaves the placement or exits foster care (see policy 8.27 Maintaining Health Records – Medical Passport).

9. Immediately inform the FCM of any serious injuries or illnesses experienced by the child; and
10. Sign a copy of this policy to acknowledge understanding and agreement with its terms.

LEGAL REFERENCES

- [IC 10-14-3-12 Disaster emergency; emergency gubernatorial powers](#)
- [IC 31-27-2-13](#)
- [IC 31-28-1-3: Health Summary Record](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- [Medical Passport \(DCS Pamphlet 036\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [8.10 Minimum Contact](#)
- [8.26 Authorization for Health Care Services](#)
- [8.27 Maintaining Health Records – Medical Passport](#)
- [8.28 Payment for Health Care Services](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: November 1, 2021
	Section 30: Psychotropic Medication	Version: 4

POLICY OVERVIEW

Psychotropic medication may be prescribed for a child to treat emotional and/or behavioral symptoms associated with mental health diagnoses and/or trauma. Careful consideration must be given to ensure prescribed medications are appropriate for the child. Exploring alternative treatment and seeking informed consent assists the Child and Family Team (CFT) in planning to best meet the needs of the child.

PROCEDURE

The Indiana Department of Child Services (DCS) will obtain, when possible, consent of the child’s parent, guardian, or custodian prior to authorizing the use of psychotropic medication for a child under DCS care and supervision.

Note: If a child is on a psychotropic medication at the time of removal, the medication, potential side effects and any concerns should be addressed with the child’s parent, guardian or custodian; primary care physician; and resource parent or residential treatment provider.

DCS will require consent from the appropriate DCS Local Office Director (LOD) or designee prior to a child in out-of-home care being placed on a psychotropic medication. DCS will provide consent for the use of psychotropic medication for a child under DCS care and supervision if:

1. A delay in order to obtain parental consent may compromise the well-being of the child;

Note: Diligent efforts must be made to locate the parent, guardian, or custodian to participate in the decision-making process regarding the use of psychotropic medications. However, obtaining the parent, guardian, or custodian’s consent must not delay or impede required treatment for the child. For example, if the parent, guardian, or custodian could not be located within 24 hours and delay would compromise the best interest of the child, DCS will authorize the use of the psychotropic medication. See policy 5.06 Locating Absent Parents for additional information.

2. Parental rights have been terminated;
3. The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment;
4. The child is admitted for acute psychiatric treatment; or
5. Prior court authorization has been obtained.

During an acute psychiatric stay, only DCS consent is necessary for prescribing a psychotropic medication. Psychotropic medication may be administered without prior

consent if it is needed to address an emergency condition in which the child is a danger to themselves or others and no other form of intervention will mitigate the danger. Consent must be obtained within 24 hours of administering the initial dose of medication.

If the parent, guardian, or custodian denies consent, a Child and Family Team (CFT) Meeting must be convened immediately to determine if DCS will seek a court order for authorization of the recommended psychotropic medication. See policy 5.07 Child and Family Team Meetings for additional information.

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

For Authorization for Psychotropic Medication - During Acute Psychiatric Stays ONLY

The Family Case Manager (FCM) will:

1. Obtain consent for the psychotropic medication from the DCS LOD or designee; and
2. Document the consent in the case management system.

For Authorization for Psychotropic Medication

The FCM will:

1. Encourage the parent, guardian, or custodian to be involved in the decision-making process regarding the use of psychotropic medications.

Note: The FCM should engage the family to participate in the development of the Case Plan/Prevention Plan and discuss alternative recommendations, questions, and/or concerns regarding medications. See policy 5.03 Engaging the Family for additional guidance.

2. Engage the CFT regarding the prescribing provider's recommendation for psychotropic medication and develop a plan for meeting the child's mental health needs. See policy 5.07 Child and Family Team Meetings for additional guidance;

Note: 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. The FCM may contact the DCS Clinical Consultant to discuss any specific questions and/or concerns about a child's psychotropic medication

3. Review the Authorization for Psychotropic Medication form with the parent, guardian, or custodian and the CFT.

Note: Dosage changes do not require authorization. The Authorization for Psychotropic Medication form may be used when a judge authorizes the administering of the medication and requires follow-up notification or authorization of any dosage change.

4. Obtain consent for use of psychotropic medication in one (1) of the following ways:
 - a. The parent, guardian, or custodian's signature on Section B of the Authorization for Psychotropic Medication form;
 - b. The consent of the youth age 18 years or older; or

Note: Youth 18 years of age or older may consent to their own psychotropic

medication. Therefore, parental consent is not required. For youth age 18 years or older deemed incompetent or unable to consent, DCS will obtain a court order prior to placing a youth on a psychotropic medication if it is the opinion of a health care professional that the youth needs a psychotropic medication.

- c. Consent from the DCS LOD or designee in Section C of the Authorization for Psychotropic Medication form when,
 - i. A delay to allow parental consent to be obtained may compromise the well-being of the child;
 - ii. Parental rights have been terminated;
 - iii. The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment; and/or
 - iv. Prior court authorization has been obtained.
5. Submit the Authorization for Psychotropic Medication form to the DCS LOD or designee;
6. Request that the DCS Staff Attorney request a court order for the medication, if appropriate;
7. Notify the requesting prescribing provider of whether the authorization has been granted and if any further action will be needed;
8. Provide the requesting prescribing provider and the parent, guardian, or custodian with copies of the Authorization for Psychotropic Medication form once it has been completed (scan and email is acceptable);
9. Ensure the resource parent is aware of the purpose of the medication and the expected responses to the medication, including any possible side effects;
10. Ensure the prescription is filled; and
11. Place the original signed Authorization for Psychotropic Medication form in the child's case file and document all steps in the case management system.

The FCM will direct the prescribing provider to:

1. Complete Section A of the Authorization for Psychotropic Medication form;
2. Return the Authorization for Psychotropic Medication 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.

DCS Clinical Consultant may:

1. Discuss identified questions and/or concerns directly with the assigned FCM;
2. Discuss identified questions and/or concerns directly with the prescribing provider;
3. Seek a second opinion from another physician/child psychiatrist; and/or
4. Generate a referral to the Indiana University (IU) Psychotropic Medication Consultation Program.

Note: Whenever possible, conversations with the prescribing provider should include the FCM and/or FCM Supervisor.

The DCS LOD or designee will:

1. Review all requests and complete Section C of the Authorization for Psychotropic Medication form within one (1) business day of receiving the form from the FCM; and

2. Return the signed Authorization for Psychotropic Medication form to the FCM.

The DCS Staff attorney will:

1. Request a court order if the parent, guardian, or custodian refuses consent and the CFT has recommended a court order be obtained to place the child on a psychotropic medication; or
2. Request a court order if a youth (18 years of age or older) is deemed incompetent or unable to consent and the health care professional has recommended the use of a psychotropic medication.

LEGAL REFERENCES

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

RELEVANT INFORMATION

Definitions

Psychotropic Medication

Psychotropic medications are those prescription drugs used to control and/or stabilize mood, mental status, behavior, and/or mental health. Psychotropic medication generally fall into one (1) of the following categories:


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

Forms and Tools

- [Authorization for Psychotropic Medication \(SF 53545\)](#)
- Case Plan/Prevention Plan (SF 2956) – Available in the case management system

Related Policies

- [5.03 Engaging the Family](#)
- [5.06 Locating Absent Parents](#)
- [5.07 Child and Family Team Meetings](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1, 2021
	Section 31: Testing and Treatment for HIV, STDs, and Other Communicable Diseases	Version: 4

POLICY OVERVIEW

Pursuant to IC 16-41-6, the medical necessity for communicable disease testing and/or treatment shall be determined by a physician or the physician’s authorized representative.

PROCEDURE

In order to obtain a determination of the medical necessity of Human Immunodeficiency Virus (HIV), sexually transmitted disease (STD), and/or other communicable disease testing and/or treatment for any **high-risk** child in out-of-home care, the Indiana Department of Child Services (DCS) will ensure an appointment is scheduled with an appropriate physician or the physician’s authorized representative.

The Family Case Manager (FCM) will:

1. Utilize Universal Precautions at all times when working with children and families;
2. Ensure a physician evaluates any child in out-of-home care who meets the following **high-risk** criteria to determine the medical necessity of communicable disease testing:
 - a. Has documented exposure to a communicable disease (e.g., infants born to mothers known to be infected with HIV, an STD, or another communicable disease) or a **high-risk** environment (e.g., needles, blood borne pathogens, or human trafficking),
 - b. Has resided with an individual who is positive for a communicable disease,
 - c. Has a history of **high-risk** behavior (e.g., intravenous drug use, multiple sexual partners, and/or has been a victim of human trafficking),
 - d. Has present or past sexual partners who are infected with a communicable disease,
 - e. Has resided in a **high-risk** county or region in the state, in which the Centers for Disease Control and Prevention (CDC) or the Health Department has recommended testing for the general public,

Note: Consideration should be given to an individual who has participated in documented activities in a **high-risk** county or region in the state.

- f. Was born or has resided in a country with a high transmission rate of the communicable disease, and/or
 - g. Asks to be tested, if age and developmentally appropriate.
3. Recommend appropriate testing for a mother providing breastmilk for their child when the child meets the **high-risk** criteria;

Note: For recommendations regarding breastfeeding by a mother for whom certain conditions exist, consult CDC.

4. Request written informed consent from the parent, guardian, or custodian of a child in out-of-home care prior to seeking HIV, STD, and/or other communicable disease testing and/or treatment if testing and/or treatment is determined to be medically necessary unless Termination of Parental Rights (TPR) has been finalized;

Note: Pursuant to IC 16-36-1-3(d), a minor child may elect to exercise the right to consent to the minor child's own care or treatment for an STD or HIV when the minor child has or is suspected to have been exposed to a venereal disease.

5. Consult with the FCM Supervisor regarding any denial of written informed consent by the parent, guardian, or custodian; and

Note: If the parent, guardian, or custodian's written informed consent cannot be obtained, DCS may pursue court authorization for communicable disease testing and/or treatment if recommended by a physician or physician's authorized representative.

6. Obtain the parent, guardian, or custodian's written release of information prior to convening a Child and Family Team (CFT) Meeting to plan for the child's testing related needs (see policy 5.07 Child and Family Team Meetings).

Note: A child who consents to testing must provide written consent prior to discussion of the testing, results, or treatment with **any** person.

Upon written informed consent from the parent, guardian, or custodian, the FCM will:

1. Ensure any child who meets the criteria for **high-risk**, and for whom communicable disease testing has been determined to be medically necessary, receives testing as soon as possible;
2. Ensure any child who receives an initial communicable disease test also receives necessary follow-up tests at frequencies as recommended by the testing facility or the child's physician, regardless of whether the initial test result was positive or negative; and
3. Coordinate the return of the confidential communicable disease test results to the attention of the FCM unless a court has requested direct receipt of the results.

If a child is determined to be infected with a communicable disease, the FCM will:

1. Ensure the following individuals are immediately notified:
 - a. The child, if age and developmentally appropriate,

Note: If it is questionable whether the child is age and/or developmentally appropriate to receive this information, DCS should seek parental consent (or a court order if required) prior to informing the child.

- b. The parent, guardian, or custodian, unless TPR has been finalized, and

Note: When a minor child involved with DCS elects to exercise the right to consent to care or treatment for an STD or HIV in accordance with IC 16-36-1-3[d], the minor child's written consent is required to release any related information, including test results, to **any** person (including the court).

- c. The court.

Note: All documents filed with the court must be clearly identified as confidential for purposes of the court's in-camera inspection. See Legal Procedure for further guidance.

2. Obtain a court order and/or a signed consent from the parent, guardian, or custodian for release of information **prior** to notifying the following additional parties that the child has a communicable disease:
 - a. The child, if age and/or development does not allow for notification without consent,
 - b. The resource parent or designated residential personnel,
 - c. The prospective adoptive parent, if applicable,
 - d. Persons who provide services directly to the child (e.g., the child's service providers, childcare provider, physician, and dentist),
 - e. Sexual partners (or legal guardians of minor partners), if applicable, in conjunction with the Indiana Department of Health (IDOH),
 - f. Members of the CFT,
 - g. School administrators, and
 - h. School nurse.
3. Obtain a signed Confidentiality Agreement from individuals with whom information is shared;
4. Connect the parent, guardian, or custodian; the resource parent; and/or the residential provider with community resources that offer education on caring for a child with the communicable disease, precautionary measures to prevent transmission, and counseling/support services (contact IDOH and/or Division of HIV/STD/Viral Hepatitis for additional information);
5. Partner with the resource parent or residential provider to ensure the child receives appropriate medical examinations, treatments, and medications;
6. Convene a CFT Meeting to plan for needs related to the child's treatment including but not limited to:
 - a. Diagnosis,
 - b. Maintaining Universal Precautions,
 - c. School Attendance,
 - d. Testing Costs, and
 - e. Consent for testing (see policy 5.07 Child and Family Team Meetings),
7. Make necessary revisions to the child's Case Plan; and

Note: Confidentiality must be maintained when developing the case plan.

8. Follow Legal Procedure and agency policies to ensure the protection of confidential information about a child with a communicable disease (see policy 2.06 Sharing Confidential Information).

The FCM Supervisor will:

1. Staff with the FCM regarding all health concerns for the child and/or concerns of the parent, guardian, custodian and/or CFT, to include but not limited to the child's medical providers; and
2. Ensure all referrals, recommendations and consents for testing have been approved, completed and/or signed.

Legal Procedure

When necessary, DCS will request a hearing and court order for the release and disclosure of medical information related to a communicable disease. DCS will request that the court examine confidential medical information related to communicable disease testing and results in-camera. In addition, DCS will recommend that any court order authorizing disclosure of medical information related to communicable disease testing and results include:

1. Permitted disclosure of only the parts of the medical information that are essential to fulfill the objective of the order;
2. Access to the medical information is restricted to persons whose need for the information is the basis of the order or **only** to the person or persons authorized through written consent of the parents or specifically authorized by court order;
3. Appropriate measures to limit the disclosure of the medical information to protect the right of privacy of the information; and
4. Transcripts, orders, and documents filed in connection with the hearing remain confidential.

LEGAL REFERENCES

- [IC 16-36-1-5: Persons authorized to consent for incapable parties; minors](#)
- [IC 16-36-1-6: Delegated authority to consent on behalf of incapable party](#)
- [IC 16-36-1-9: Disqualification of person to consent for patient or health care recipient](#)
- [IC 16-41-6-1: HIV screening and testing](#)
- [IC 16-41-6-2: Informed consent; court ordered examinations](#)
- [IC 16-41-8: Communicable Disease: Confidentiality Requirements](#)
- [IC 31-32-12-1: Mental or physical examination or treatment](#)
- [IC 31-34-1-14: Exception for failure of parent, guardian, or custodian to provide medical treatment because of religious beliefs; rebuttable presumption; effect of presumption](#)
- [IC 34-18-12-2: Informed consent; rebuttal presumption](#)
- [IC 34-18-12-3: Informed written consent; explanation of proposed treatment, outcome, and risks](#)
- [IC 16-36-1-3\(d\): Consent for own health care](#)
- [410 IAC 1-2.5-14 "Communicable disease" defined](#)
- [410 IAC 1-2.5-66 "Sexually transmitted disease" defined](#)
- [410 IAC 1-2.5-75\(d\) and \(g\)](#)

RELEVANT INFORMATION

Definitions

Communicable Disease

Per 410 IAC 1-2.5-14, a communicable disease is an illness due to a specific infectious agent or its toxic products that arises through transmissions of the agent or its toxic products from an infected person, animal, vector, plant, or inanimate environment to a susceptible host, either directly or indirectly. For a list of Reportable Communicable Diseases see 410 IAC 1-2.5-75(d).

Informed Consent

"Informed Consent", as defined in IC 16-41-6-2, means authorization for a physical examination made without undue inducement or any form of force, fraud, constraint, deceit, duress, or coercion after the following:

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

Sexually Transmitted Disease (STD)

Per 410 IAC 1-2.5-66, an STD is a local or systemic communicable disease due to infectious agents, generally transmitted person-to-person by sexual intercourse or genital mucosal contact, including, but not limited to, the following:

1. HIV;
2. Hepatitis B Virus (HBV);
3. Hepatitis C Virus (HCV);
4. Gonorrhea;
5. Chlamydia;
6. Syphilis;
7. Chancroid; and
8. Granuloma inguinale.

Universal Precautions


Universal Precautions are infection control guidelines designed to protect the body from exposure to disease spread by blood and certain body fluids.

Forms and Tools

- Case Plan (SF2956) – Available in the case management system
- [Centers for Disease Control and Prevention \(CDC\)](#)
- [Confidentiality Agreement \(SF52736\)](#)
- [Indiana Department of Health \(IDOH\)- Division of HIV/STD/VIRAL HEPATITIS](#)
- [Indiana Department of Health \(IDOH\)](#)
- [Universal Precautions](#)

Related Policies

- [2.06 Sharing Confidential Information](#)
- [5.07 Child and Family Team Meetings](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	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

STATEMENTS OF PURPOSE	OLD POLICY: N/A
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The Indiana Department of Child Services (DCS) will refer a child for a drug and alcohol assessment if there is a concern regarding substance use. DCS will ensure the child has access to counseling, treatment, and necessary medical services, if warranted by the assessment.

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

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

Code References

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

PROCEDURE

The Family Case Manager (FCM) will:

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

For all children who require treatment, the FCM will:

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

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

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

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Case Plan \(SF2956\)](#) – Available in the case management system
2. [Visitation Plan](#) – Available in the case management system

RELATED INFORMATION

Discussing Suspected Drug and/or Alcohol Use Prior to Testing

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

The purpose of having open dialogue is to convey to the child, in a non-threatening, non-accusatory way, the concerns about the suspected drug and/or alcohol use. In a perfect world, if the child is using, he or she may admit to using if he or she feels supported, safe, and assured

that he or she is not “in trouble.” An admission would prevent the need for drug and/or alcohol testing and could open the door to a discussion about voluntary treatment options.

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

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

Selecting a Testing Facility

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

Scheduling and Transportation for Testing

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

Unwillingness to Participate in Treatment


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

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

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

Repeat Failures with Treatment Programs

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: September 1, 2018
	Section 34: Participation in Medical Studies and Drug Trials	Version: 2

STATEMENTS OF PURPOSE *This policy applies to youth under the age of 18 and those over the age of 18 who are not able to consent to their own care.*

The Indiana Department of Child Services (DCS) will request authorization from the Court prior to the participation of a child in out-of-home care in a medical study or drug trial. DCS will file a motion with the Court regarding the child’s participation after **all** of the following criteria have been met:

1. The child’s parent, guardian, or custodian consents in writing to the child’s participation;

Exception: A court order regarding the child’s participation should be requested when the parent, guardian, or custodian refuses to sign consent, cannot be located, or Termination of Parental Rights (TPR) has been finalized.

2. The Child and Family Team (CFT) recommends the child’s participation;

Exception: A court order regarding the child’s participation should be requested when the parent and the CFT disagree regarding the child’s participation.

3. DCS receives written approval for the child’s participation from:
 - a. The child’s physician or therapist, and
 - b. The Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL) appointed to the child, if applicable; and

4. The study includes participants outside of the child welfare system.

Note: Numbers 1, 3(b), and 4 above are required by federal law.

DCS must receive the authorization of the court prior to a child’s participation in a medical study or drug trial.

Code References

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

PROCEDURE

The Family Case Manager (FCM) will:

1. Notify the FCM Supervisor and Local Office Director (LOD)/Division Manager (DM) immediately when a request for a child’s participation in a medical study or drug trial is received;
2. Review the request and gather additional information if the request is not complete;

The request must contain the following information; inclusion of additional information is optional:

- a. The child's name, date of birth, and the case management system's case number,
- b. Information about the medical study or drug trial including, but not limited to: the name, host, start date, duration, any compensation the child will receive, and number of participants,
- c. The specific treatments and/or drugs that will be administered,
- d. Potential side effects and/or adverse reactions that may occur,
- e. The benefits of participation for the child,
- f. A signed statement from the medical study or drug trial director stating that the group of children participating in the research includes children outside of the child welfare system,
- g. A signed statement from the child's physician or therapist recommending the child's participation, and
- h. A signed statement from the child's parent, guardian, or custodian giving his or her written consent or written refusal to consent for the child to participate or documentation of efforts to locate the parent, guardian, or custodian (unless TPR has been finalized);

3. Schedule and facilitate a CFT Meeting to discuss the child's participation;

Note: The request may be considered complete even if the parent, guardian, or custodian and the CFT disagree regarding the child's participation; the parent, guardian, or custodian cannot be located; or TPR has been finalized.

4. Discuss the medical study or drug trial with the child, if age and developmentally appropriate, and assist the child with preparing a written statement regarding his or her wishes;
5. Verify the Institutional Review Board (IRB) working with the researchers appoints an advocate to the child involved in the research (see [Related Information](#));
6. Provide the complete request (including all information listed above), the CFT recommendation, the child's written statement (if age and developmentally appropriate), and any additional relevant information to the DCS Staff Attorney for review and filing of a motion with the Court;
7. Ensure the following are notified of the court's decision:
 - a. The FCM Supervisor, LOD/DM
 - b. The child's parent, guardian, or custodian, unless TPR has occurred,
 - c. The child, if age and developmentally appropriate;
 - d. The CFT;
 - e. The child's physician or therapist who recommends participation,
 - f. The child's resource parent(s),
 - g. The requestor,
 - h. The drug trial or medical study advocate appointed to the child, and
 - i. Any person not listed above who received a copy of the request; and
8. Upload the court order, the original request, and documentation of all notifications to the case management system case file within five (5) business days following the receipt of the court order.

The DCS Staff Attorney will:

1. Review the request for the child's participation in a medical study or drug trial, including the CFT recommendation, the child's statement, and any additional information provided; and
2. File a motion with the court regarding the child's participation.

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

N/A

RELATED INFORMATION

Drug Trial or Medical Study Advocate for the Child

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: October 1, 2017
	Section 35: Sex Education and Family Planning Services	Version: 3

STATEMENTS OF PURPOSE

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

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

DCS will not authorize the use of prescription birth control by children in out-of-home care. DCS may seek a court order to authorize the use of birth control, if the following conditions apply:

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

Code References

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

PROCEDURE

The Family Case Manager (FCM) will:

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A


RELATED INFORMATION

Family Planning Services

DCS does not have a required age at which a youth must be offered family planning services; instead, this will be a case specific decision. Age appropriate family planning information should be available to all children. It is important to understand that research indicates that a history of sexual abuse may increase the likelihood of early-onset sexual activity in children. If at any time a child asks for more family planning information and/or services, a referral should be made immediately.

Human Immunodeficiency Virus (HIV) Screening for Pregnant Women

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: September 1, 2021
	Section 36: Expectant Youth and Youth with Children	Version: 5

POLICY OVERVIEW

It is important that all expectant youth and/or parenting youth in out-of-home care receive appropriate psychological, medical, legal, and financial services to ensure the safety and well-being for the expectant youth or minor parent and their child.

PROCEDURE

The Indiana Department of Child Services (DCS) will ensure a youth who is a parent and the youth’s child are placed together in the same home, unless extenuating circumstances exist (e.g., medical needs, psychological needs, and home environment) that prevents the parenting youth from caring for the child.

DCS should not file a Child in Need of Services (CHINS) case on or remove the child of a parenting youth who is in out-of-home care, unless there is endangerment that warrants DCS to file proceedings with the court for the safety of the child. If the parenting youth’s child is determined to be a Child in Need of Services (CHINS) and DCS is granted wardship of the child, DCS will create a separate case in the case management system. DCS will also complete a separate Title IV-E eligibility determination (see policy 4.28 Removals from Parents, Guardians, or Custodians).

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

Pregnant Youth

For all pregnant or expecting youth in out-of-home care, the Family Case Manager (FCM) will:

1. Ensure the parent, guardian, or custodian of a pregnant youth who is entering out-of-home care is aware the youth is pregnant, or inform the parent, guardian, or custodian of the pregnancy if the youth becomes pregnant while in out-of-home care;
2. Notify the court if a youth is pregnant when the youth enters out-of-home care or becomes pregnant while in out-of-home care, to ensure the appointment of a Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) to represent the pregnant youth’s interests to the court;
3. Ensure that a pregnant youth has access to prenatal care and is connected to pregnancy options counseling services.

Note: Youth 16 years of age or older may consent to the youth’s own health care concerning pregnancy, delivery, and postpartum care for 60 days after the birth of the child. A health care provider must make a reasonable effort to contact the parent of a youth, who is 16 years of age and older, before providing treatment concerning

pregnancy, delivery, and postpartum care. If the youth's parent cannot be reached, the youth may consent to treatment; however, the health care provider must act in a manner that is in the best interests of the youth and the fetus. The youth may not consent to the provision of abortion.

4. Hold a Child and Family Team (CFT) meeting to assist the youth with critical decisions regarding the youth's pregnancy, and develop an action plan to address prevention services, placement and/or concurrent planning (see policies 5.07 Child and Family Team Meetings and 5.15 Concurrent Planning);
5. Contact the Indiana Department of Health (IDOH) Maternal and Child Health (MCH) MOMS Helpline to connect the pregnant youth to an appropriate home visiting program (e.g., Healthy Families Indiana, Nurse Family Partnership, My Healthy Baby, Early Head Start, etc.);
6. Ensure the expectant youth's Case Plan/Prevention Plan includes information regarding services being offered to prevent removal of the minor parent's child;
7. Consult with the Staff Attorney in regards to connecting the expectant youth with assistance for any necessary paperwork relating to decisions regarding relinquishment of parental rights, if applicable; and
8. Offer family services to the expectant youth and the expectant youth's parent, guardian, or custodian to address any issues related to the pregnancy (see policy 5.10 Family Services).

Expectant Fathers

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

1. Ensure the youth's parent, guardian, or custodian is aware the youth is an expectant father;
2. Notify the court if a youth is an expectant father when the youth enters out-of-home care or becomes an expectant father while in out-of-home care, to ensure the appointment of a GAL or CASA to represent the expectant father's interests to the court;
3. Hold a CFT meeting to assist the youth with critical decisions regarding the expectant father's child, and develop an action plan to address prevention services, placement and concurrent planning (if applicable) (see policy 5.07 Child and Family Team Meetings);
4. Ensure the expectant father's Case Plan/Prevention Plan includes information regarding services being offered to prevent removal of the minor parent's child;
5. Consult with the Staff Attorney in regards to connecting the expectant father with assistance for any necessary paperwork relating to decisions regarding relinquishment of parental rights, if applicable; and
6. Offer family support services to the expectant father and the expectant father's parent, guardian, or custodian to address any issues related to the youth becoming a father (see policy 5.10 Family Services).

Parenting Youth

For parenting youth in out-of-home care, the FCM will:

1. Notify the court that the youth has a child;
2. Discuss with the parenting youth whether the youth desires to involve the CFT in decisions about the youth's child (see policy 5.07 Child and Family Team Meetings for further guidance);

Note: If the youth does not want to involve the CFT in decisions regarding the youth's child, guide the youth in forming a separate CFT.

3. Allow the parenting youth to make informed decisions about the youth's child, free from undue influences and/or coercion;
4. Coordinate prevention or family services for the parenting youth including, but not limited to, parenting classes, if the youth will be involved in parenting the child (see policy 5.10 Family Services for further guidance);
5. Ensure the parenting youth has information about child support, Medicaid, and childcare;
6. Contact the IDOH MCH MOMS Helpline to connect the parenting youth to an appropriate home visiting program (e.g., Healthy Families Indiana, Nurse Family Partnership, My Healthy Baby, Early Head Start, etc.);
7. Create a new Visitation Plan if the parenting youth and child will not be living together, and the youth plans to remain involved in the child's life; and
8. Ensure the parenting youth's Case Plan/Prevention Plan includes information regarding services being offered to prevent removal of the youth's child;

The FCM Supervisor will:

1. Ensure the FCM has informed the court and the parent, guardian, or custodian that the youth is expecting a child and/or that the youth has a child;
2. Staff any concerns for the expecting or parenting youth; and
3. Assist and/or attend any CFT Meetings and/or court hearings, when necessary.

The DCS Staff Attorney will consult with the FCM and/or FCM Supervisor as requested to discuss any issues which arise, including but not limited to, connecting the youth with assistance for any necessary paperwork relating to decisions regarding relinquishment of parental rights, if applicable.

LEGAL REFERENCES

- [IC 16-36-1-3.5: Consent by pregnant minor for pregnancy health care; contacting minor's parent or guardian](#)
- [42 USC 672: Foster care maintenance payments program](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- Case Plan/Prevention Plan- available in the case management system
- [Healthy Families Indiana](#)
- [IDOH Maternal and Child Health \(MCH\) MOMS Helpline: 1-844-624-6667](#)
- [My Healthy Baby](#)
- Visitation Plan - Available in the case management system

Related Policies

- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [5.07 Child and Family Team Meetings](#)
- [5.10 Family Services](#)
- [5.15 Concurrent Planning](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: October 1, 2019
	Section 37: Holding a Placement During a Hospitalization	Version: 8

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will continue to make foster care payments to the resource parent for a maximum of five (5) days when a child in out-of-home care enters a hospital if the intent is for the child to return to the same resource parent.

When a child is hospitalized for more than five (5) days and the resource parent maintains care of the child (as evidenced by visits), DCS may, upon approval of the Regional Manager (RM), make a determination to pay either:

1. Per diem and travel expenses exceeding 162 miles in a month; or
2. Travel only, starting at mile one (1).

Note: DCS will not pay for a five (5) day bed hold if the child is placed in any other setting (e.g., detention center, emergency shelter care facility, residential facility) unless an RM appeal is approved.

DCS will **only** pay a Licensed Child Placing Agency (LCPA) per diem in excess of five (5) days for a bed hold when a child is hospitalized if the extension has been approved in writing by the Deputy Director of Services.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) regarding the child's return to the same resource home when he or she is released from the hospital;
2. Engage the CFT to discuss any possible changes to the current placement and/or the second permanency plan, if concurrent planning. For further guidance, see policy [5.15 Concurrent Planning](#);
3. Encourage the resource parent to have frequent face-to-face contact with the child during the hospitalization;
4. Ensure the resource parent will have all of the necessary resources and support systems in place when the child returns to the home (e.g., counseling services and medical equipment);
5. Submit a [Request for Additional Funding \(SF54870\)](#) to the RM for per diem and/or travel expenses if a resource parent travels and maintains visits, including overnight stays, with a child who is hospitalized for longer than five (5) days; and

Note: An LCPA must seek approval from the Deputy Director of Services when requesting per diem for a child who is hospitalized in excess of five (5) days.

6. Document all decisions and actions taken for the steps above in the case management system.

The RM will approve or deny the [Request for Additional Funding \(SF54870\)](#) for per diem and/or travel submitted by the FCM for resource parent who maintain visits, including overnight stays, with a child who is hospitalized longer than five (5) days.

Note: When per diem is approved to be paid for the resource parent, only travel exceeding 162 miles in a month may be approved for payment.

PRACTICE GUIDANCE

Bed Holds

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

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

If approved, the per diem may continue to be paid beyond five (5) days if it is likely that a hospitalized child will return to the placement he or she was in prior to absence.


Note: A bed hold may not be used for absence due to detention in a juvenile delinquency matter unless an RM appeal is approved.

FORMS AND TOOLS

[Request for Additional Funding \(SF54870\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: October 1, 2021
	Section 38: Placement Changes	Version: 6

POLICY OVERVIEW

A placement change may be recommended when there are safety concerns in the current placement or a more appropriate placement has been identified. A change in a child's placement must be considered carefully, because it has the potential to effect the child's capacity to trust the adults around the child and may have negative consequences for the child's sense of security, self-worth, and the child's ability to form positive attachments in the future. The best interest of the child must be the priority when considering a placement change. Beyond safety, other factors such as the family preference, cultural backgrounds, strengths and needs of the child, and the caregiver's ability to meet those needs should be considered.

PROCEDURE

The Indiana Department of Child Services (DCS) has a duty to ensure children are placed in stable and nurturing homes with caregivers well equipped to address the needs of the child. DCS will strive to minimize placement changes and will act in a timely manner to address any situation that may effect the child's safety and well-being while in placement.

DCS will recommend to the court a change in placement, if any one (1) of the following exists:

1. There is a substantiation of CA/N in a resource home by the resource parent or any household member;

Note: DCS will remove the child immediately if the safety of the child cannot be ensured in the current placement.

2. An appropriate placement becomes available with the child's siblings, if applicable and not previously placed together, unless placement with siblings is not in the best interest of one (1) or more of the children;
3. An appropriate relative or kinship caregiver is identified and placement with the relative or kinship caregiver is in the best interest of the child;
4. Disruption of a Trial Home Visit (THV);
5. A pre-adoptive home has been identified and determined to be in the best interest of the child;
6. The child needs a more or less restrictive placement; or

Note: Reuniting a child with the parent, guardian, or custodian is not a placement disruption nor is a planned transition out of residential treatment and into less restrictive care.

7. The residential agency where the child is receiving treatment is in the process of license revocation or contract termination. See policies 17.07 Licensing Revocations and 17.09 Contract Termination for additional information.

The Family Case Manager (FCM) will:

1. Discuss the reasons for considering a placement change, resource parent supports provided and considered to prevent a placement disruption, and alternative placement options with the FCM Supervisor;
2. Engage the Child and Family Team (CFT) to:
 - a. Discuss the child's placement needs,
 - b. Assess all available alternatives to support the child's current placement and help to prevent placement disruption,
 - c. Identify a new placement type and/or resource, when determined to be in the best interest of the child,

Note: When placement with a suitable and willing relative or kin is not possible, former foster parents should be considered whenever possible and appropriate (see policy 8.01 Selecting a Placement Option).

- d. Develop a transition plan with assistance from the CFT, to the fullest extent possible given time constraints, and
 - e. Notify the child in advance of the placement change and discuss the new placement with the child (if age and developmentally appropriate) (see policy 8.08 Preparing the Child for Placement).
3. Complete the following steps when the child has been in the same out-of-home placement for **less than 12 months**:
 - a. Notify all relevant parties of the planned change in placement at least 14 days prior to the change, or as soon as possible given time constraints or unless the child's safety cannot be ensured, and

Note: The resource parent must provide DCS with at least a 14 day notice if the caregiver is no longer able and/or willing to care for the child.

- b. Provide information regarding the placement change to the DCS Staff Attorney for submission of written notice to the court within 10 business days following a placement change (including placement of a child into a THV or into foster or relative care from a disrupted THV);

Note: In counties where the court requires a court order or hearing for placement changes, DCS will follow court protocol.

4. Complete the following steps when the child has been in the same out-of-home placement for **at least 12 months**:
 - a. Ensure the resource parent is aware of the plan to change the child's placement,

Note: The resource parent has a right to file an objection to the placement change.

- b. Provide information regarding the recommended placement change to the DCS Staff Attorney for filing a motion with the court prior to the placement change unless the child's safety cannot be ensured. If the child's safety cannot be ensured, the FCM will:
 - i. Change the placement of the child;

- ii. Provide notice to the affected individuals immediately following the emergency placement.
 - iii. File an emergency motion with the court; and
 - iv. Request that the court issue a temporary order for an emergency change in the child's placement.
- c. Obtain a court order regarding the placement change prior to moving the child, unless the child's safety cannot be ensured, and

Note: If an emergency placement change occurs, the FCM must immediately ask the DCS Staff Attorney to file a motion with the court.

- d. Provide notice of the intent to change the child's placement to the parties affected by the change.

Note: DCS will not change the placement of the child prior to receipt of the court's decision regarding the placement change, unless the child's safety cannot be ensured.

- 5. Remove the child and assist in transitioning the child to the new placement (see policy 8.09 Placing the Child in Out-of-Home Care);
- 6. Request the assistance of law enforcement if the resource parent acts to prevent removal of the child (see policy 4.28 Removals from Parents, Guardians, and Custodians);
- 7. If the child is being admitted to residential treatment, complete all steps as outlined in policy 5.24 Child Focused Treatment Review (CFTR), including the completion of a 30-Day Assessment Referral;

Note: A new 30-Day Assessment referral must be completed when a child moves from one residential treatment facility to another residential treatment facility.

- 8. Ensure the child's school personnel are verbally notified of the child's removal and placement into out-of-home care as soon as possible but no later than the next school day; and

Note: When an education placement change is considered, the FCM must submit a referral to the Education Services Team within **24 hours** of the child's removal or change of placement to identify the need for collaboration to determine educational best interests and completion of the School Notification and Best Interest Determination (BID) form. For assistance in obtaining an official determination of the child's best interests regarding educational placement (see policy 8.22 School Notifications and Legal Settlement).

- 9. Document and note reasons for the placement change in the case management system within 24 hours of the placement change.

The FCM Supervisor will:

- 1. Attend CFT Meetings with the FCM, when available;
- 2. Staff all case specifics with the FCM, including the transition for the child's placement change; and

3. Ensure the FCM provides the DCS Staff Attorney with the necessary information for filing a motion with the court regarding the recommended placement change when the child has been in the current placement for more than 12 months.

The DCS Staff Attorney will:

1. Ensure notice of a placement change is submitted to the court when a child has been in the current placement for less than 12 months;
2. Ensure a motion to change placement is filed with the court and affected parties are notified, when a child has been in the current placement for more than 12 months and a placement change is planned; and
3. Ensure court protocol is followed.

LEGAL REFERENCES

- [IC 31-34-3-4.7: Notice to the child's school](#)
- [IC 31-34-4: Temporary Placement of Child Taken Into Custody](#)
- [IC 31-34-18-4: Recommendation on care, treatment, rehabilitation, or placement](#)
- [IC 31-34-19-7: Placement of child; relative; evaluation; background checks](#)
- [IC 31-34-20-1: Entry of Dispositional Decree; Placement in facility or home outside of Indiana; findings and conclusions](#)
- [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
- [IC 31-34-21-7.5: Placement prohibited in residence of individual who has committed certain acts or offenses; criminal history check; contents of permanency plans](#)
- [IC 31-34-23-3: Notice and hearing requirements; change in out of home placement; temporary order for emergency change of placement](#)
- [IC 31-34-23-5: Placement of a child with a previous placement](#)

RELEVANT INFORMATION

Definitions

Placement Disruptions


A placement disruption is a change in a child's placement from one out-of-home placement to another (e.g., moving from an emergency shelter to a relative resource home or from one resource home to another).

Forms and Tools

- [School Notifications and Best Interest Determination \(BID\) \(SF 47412\)](#)

Related Policies

- [4.28 Removals from Parents, Guardians, and Custodians](#)
- [5.24 Child Focused Treatment Review \(CFTR\)](#)
- [8.01 Selecting a Placement Option](#)
- [8.08 Preparing the Child for Placement](#)
- [8.09 Placing a Child in Out-of-Home Care](#)
- [8.22 School Notifications and Legal Settlement](#)
- 17.07 Licensing Revocations - Coming Soon
- 17.09 Contract Termination - Coming Soon

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: November 1, 2021
	Section 39: Trial Home Visits (THV)	Version: 7

POLICY OVERVIEW

A Trial Home Visit (THV) is utilized to facilitate reunification and permanency for a child by transitioning the child from out-of-home care to the care of the child’s parent, guardian, or custodian.

PROCEDURE

The Indiana Department of Child Services (DCS) will obtain a court order approving a THV when the safety and well-being of the child can be reasonably ensured and the following conditions have been met:

1. The child’s permanency goal is reunification;
2. There is documented progress toward case goals;
3. Safety concerns have been addressed; and
4. The service level of the case can be decreased at least one (1) level (see policy 4.26 Determining Service Levels and Transitioning to Permanency Services).

If DCS recommends the THV last longer than the current court order, a hearing, notice, and court order authorizing each three (3) month extension is required **prior** to the expiration of the current order.

DCS will maintain placement and care responsibilities for the child while on a THV.

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

1. Convene a Child and Family Team (CFT) Meeting and/or Case Plan Conference to review case progress and determine if a THV is appropriate (see policy 5.07 Child and Family Team Meetings);
2. Complete the Out-of-Home Risk and Safety Reassessment and a new Child and Adolescent Needs and Strengths (CANS) Assessment, and review the results of the assessments with the FCM Supervisor (see policies 8.44 Reunification Reassessment and 5.19 Child and Adolescent Needs and Strengths [CANS] Assessment);

Note: The Reunification Reassessment must be completed on paper and uploaded to the case management system.

3. Determine the family’s current service level (see policy 4.26 Determining Service Levels and Transitioning to Ongoing Services);
4. Complete a home visit and examine every room of the home, paying attention to areas where the child may eat, sleep, play, and bathe;
5. Review and update the Safety Plan and/or Plan of Safe Care (see policies 4.42 Plan of Safe Care and 5.21 Safety Planning) to address and include:
 - a. Current referrals
 - b. Services recommended as preventive measures
 - c. Actions the family intends to take (e.g., continue family counseling);
 - d. Community resources (e.g., support groups and child care referral services);

- e. Established family supports; and
 - f. Safe Sleep, when appropriate (see American Academy of Pediatrics: Healthy Child Care, Healthy Children.org, National Institute of Health, Riley Children's Health Sleep Safety and The DCS Website).
6. Obtain approval from the FCM Supervisor of the Safety Plan and/or Plan of Safe Care and a recommendation for THV to submit to the court;
 7. Work with the DCS Staff Attorney to make a recommendation to the court and seek court approval for the THV if it is determined a THV is appropriate;
 8. Obtain a court order approving a THV. The court order should state DCS has placement and care responsibility; and
 9. Document all actions and outcomes in the case management system.

If the THV is approved by the court, the FCM will:

1. Ensure the THV is appropriately documented in the case management system;
2. Provide continued services to the family during the THV;
3. Facilitate a CFT Meeting or Case Plan Conference to update the Case Plan/Prevention Plan and have the plan signed by the child's parent, guardian, or custodian and the child, if 14 years of age or older (see policies 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan/Prevention Plan);

Note: The CFT should discuss with the child, parents and resource parents the expectations, responsibilities, and safeguards that will be in place to protect the child as well as services, supports, and the Safety Plan and/or Plan of Safe Care.

4. Provide the parent, guardian, or custodian with a copy of the Case Plan/Prevention Plan and upload to the case management system;
5. Ensure the parent, guardian, or custodian understands the child is still under the care and custody of DCS during the THV;
6. Ensure the child's current school personnel is verbally notified of the child's THV with the parent, guardian, or custodian as soon as possible but no later than the next school day;
7. Complete a referral to the Education Services Team to initiate completion of the School Notification and Best Interests Determination (BID) form (see policy 8.22 School Notifications and Legal Settlement);
8. Ensure contact with the child and family is maintained in accordance with policy 8.10 Minimum Contact;
9. Ensure the family has access to appropriate family preservation, family support, and rehabilitative services (see policy 5.10 Family Services);
10. Continue to monitor the family's progress, update the Safety Plan and/or Plan of Safe Care as needed, staff case specifics with the FCM Supervisor during regular staffing and clinical supervision, and assess any need to extend the THV, prior to exceeding the three (3) months (see policy 8.43 Meaningful Contacts);
11. Complete a new Out-of-Home Risk and Safety Reassessment and CANS Assessment if it is determined at the CFT Meeting or Case Plan Conference that an extension of the THV is necessary and the child's safety and well-being may reasonably be ensured (see policies 8.44 Out-of-Home Risk and Safety Reassessment and 5.19 Child and Adolescent Needs and Strengths [CANS] Assessment);

Note: The Out-of-Home Risk and Safety Reassessment must be completed on paper and uploaded to the case management system.

12. Request a hearing and obtain a court order to extend the THV or request dismissal of the Child in Need of Services (CHINS) case **prior** to exceeding three (3) months; and

13. Remove the child from the THV and return to out-of-home 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. If the child's safety and/or well-being are at risk, and the provision of additional family preservation services has not reduced the risk to allow the child to remain in the home safely, the child should be removed from the THV and returned to out-of-home care. DCS will return the child to the most recent placement whenever possible.

Note: Court approval will be requested to change placement from a THV to out-of-home placement. Any new allegations of CA/N must be reported to the DCS Hotline (Hotline) and cannot be handled as part of the case (see policy 4.38 Assessment Initiation).

14. Document all actions and outcomes in the case management system.

The FCM Supervisor will:

1. Review assessment results (i.e., Out-of-Home Risk and Safety Reassessment and CANS Assessment), the family's recommended service level, the Safety Plan and/or Plan of Safe Care, input from the CFT or Case Plan Conference members, and other case specifics during regular staffing and clinical supervision with the FCM;
2. Approve or deny the recommendation for the THV and any request for THV extension, removal of the child, or dismissal of the CHINS case; and
3. Ensure information is documented in the case management system, including any deviation from best practice.

LEGAL REFERENCES

- [45 CFR 1356.21 \(e\): Trial home visits](#)
- [IC 31-34-23-5: Placement of a child with a previous placement](#)

RELEVANT INFORMATION

Definitions

Clinical Supervision


Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Forms and Tools

- [American Academy of Pediatrics: Healthy Child Care](#)
- Case Plan/Prevention Plan (SF 2956) – Available in the case management system
- Child and Adolescent Needs and Strengths (CANS) Assessment – Available in the case management system
- [The DCS Website](#)
- [Family Functional Assessment \(FFA\) Field Guide](#)
- [Healthy Children.org](#)
- [National Institute of Health](#)
- Out-of-Home Risk and Safety Reassessment – Available in the case management system
- [Riley Children's Health Sleep Safety](#)
- [Safety Plan \(SF 53243\)](#)
- [The New Crib Standard: Questions and Answers](#)

Related Policies

- [4.26 Determining Service Levels and Transitioning to Ongoing Services](#)
- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)
- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.10 Family Services](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [5.21 Safety Planning](#)
- [8.10 Minimum Contact](#)
- [8.22 School Notifications and Legal Settlement](#)
- [8.43 Meaningful Contacts](#)
- [8.44 Out-of-Home Risk and Safety Reassessment](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1, 2021
	Section 41: Transitioning from Out-of-Home Care	Version: 4

POLICY OVERVIEW

Planning for a child to leave out-of-home care and transition to a permanent living situation is an ongoing process and is essential in ensuring a successful transition.

PROCEDURE

The Indiana Department of Child Services (DCS) will offer transition services for each child who leaves out-of-home care, regardless of the child’s Permanency Plan (e.g., reunification, adoption, and guardianship). The Child and Family Team (CFT) should consider transitional needs whenever the Permanency Plan is discussed or changed.

Prior to a child’s transition from out-of-home care, the Family Case Manager (FCM) will:

1. Review the child’s Case Plan/Prevention Plan and Permanency Plan with members of the CFT or the Case Plan Conference and assess whether it is safe and in the child’s best interest to move the child to the identified permanent living situation;
2. Upon decision to move the child to the identified permanent living situation, develop a plan to maintain the child in the permanent living situation following case closure;

Note: DCS should ask if a caregiver needs reasonable accommodations due to a disability.

3. Determine the transition services to be provided at least 30 to 45 days before the child’s discharge date, in order to allow time for implementation. Ensure the type, intensity, and duration of these services are consistent with the child’s assessed needs and the child’s Permanency Plan. Services may include, but will not be limited to:
 - a. Family Preservation Services,
 - b. Reunification Services,
 - c. Family Support Services,
 - d. Family Rehabilitation Services, and
 - e. Older Youth Services.

Note: If the child is transitioning to a permanent living situation from residential treatment, the Step-Down Planning form must be completed 90 days prior to discharge.

4. Update the child’s Case Plan/Prevention Plan to include any services that will be offered relating to the child’s transition and any other steps that will be taken; and
5. Work with the appropriate agency to ensure transition occurs in accordance with the agency’s policies and procedures, for Family and Social Services Administration (FSSA), Division of Disabilities and Rehabilitation, or the Department of Corrections (DOC).

Depending upon the Permanency Plan, the FCM will follow the procedures contained in the appropriate policy listed below:

- For reunification, see policy 8.39 Trial Home Visits;
- For adoption, see policy 10.01 Planning for Adoption - Overview;
- For emancipation, see policy 11.06 Transition Plan for Successful Adulthood; and
- For guardianship, see policy 14.1 Guardianship Assistance Program.

At the time of transition, regardless of the child's planned living arrangement, the FCM will ensure the permanent caregiver (or child, if the child is being emancipated) has been given:

1. Information on the child's current needs for care;
2. A copy of the Independent Living/Transition Plan;

Note: A youth aging out of foster care must be provided all documents listed on the Transition Plan for Successful Adulthood form, including Foster Care Verification.

3. Pertinent court orders, including the placement authorization, if the child is not being reunified with their parent;
4. Appropriate medical and educational information, including, but not limited to:
 - a. A copy of the child's Medical Passport,
 - b. Child's birth certificate,
 - c. Child's insurance records,
 - d. Child's individual medical records, and
 - e. Child's driver's license or state identification card.
5. Clothing and other personal items accumulated during the child's stay in out-of-home care; and
6. The child's transferred benefits, (e.g., Medicaid and Social Security Income [SSI]), if applicable.

LEGAL REFERENCES

- [IC 31-26-5: Family Preservation Services](#)
- [IC 31-34-21-7.6: Documents Provided to Individual Leaving Foster Care](#)
- [IC 31-10-2-1](#)
- [42 USC 12102: Definition of disability](#)

RELEVANT INFORMATION

Definitions

Transition Services


Transition services are designed to help the child, the child's family, or other permanent caregiver adjust to the child's permanent placement.

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) – Available in the case management system
- [Foster Care Verification \(SF 56571\)](#)
- [Medical Passport \(DCS Pamphlet 036\)](#)
- [Step-Down Planning \(SF 57072\)](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)

Related Policies

- [8.39 Trial Home Visits](#)
- [10.01 Planning for Adoption - Overview](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [14.01 Guardianship Assistance Program](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: March 1, 2019
	Section 43: Meaningful Contacts	Version: 6

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will assess safety and risk during face-to-face contacts with the parent, guardian, or custodian; resource parent; and the child placed in out-of-home care, throughout the life of the case. DCS will address safety, risk, stability, permanency, and well-being (including mental and physical health, medical care, educational status and progress toward successful adulthood transition), with the parent, guardian, or custodian; resource parent; and the child during all face-to-face contacts (see [Practice Guidance](#) for suggested questions that address each area. Safety provisions will be developed to address identified safety concerns. The face-to-face contact, findings, and implemented safety provisions must be documented in the case management system within three (3) business days.

DCS will ensure sufficient time and opportunity is given to observe and evaluate the parent-child relationship. Child safety must always be addressed. The observation and evaluation must be documented in the case management system within ‘Contacts.’ All identified safety concerns must be discussed with the parent, guardian, or custodian. A [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) must be developed to address all safety concerns, and the safety concerns must be reported to the Family Case Manager (FCM) Supervisor immediately.

Note: DCS will ensure that any new allegations of Child Abuse and/or Neglect (CA/N) are reported to the DCS Child Abuse Hotline (Hotline). See [Practice Guidance](#) for additional information.

DCS will identify and address the parent, guardian, or custodian’s [functional strengths](#) and [underlying needs](#) through the Child and Family Team (CFT) Meeting. For additional details, see separate policy [5.7 Child and Family Team Meeting](#).

Code References
N/A

PROCEDURE

- The Family Case Manager (FCM) will:
1. Assess and address safety, risk, stability, permanency, and well-being (including mental and physical health, medical care, educational status, and progress toward successful adulthood transition), during all visits with the parent, guardian, or custodian; resource parent(s); and the child. See separate policies, [11.1 Older Youth Services](#), [11.6 Transition Plan for Successful Adulthood](#), and [8.10 Minimum Contact](#) for additional guidance and [Practice Guidance](#) for specific questions to consider;

2. Ensure sufficient time is given to observe and evaluate the parent-child relationship during all visits;
3. Identify the parent, guardian, or custodian's [functional strengths](#) and [underlying needs](#);
4. Partner with the parent, guardian, or custodian to utilize his or her [functional strengths](#) to meet underlying needs and identify formal and informal supports;
5. Report safety concerns to the FCM Supervisor immediately;

Note: Any new allegations of Child Abuse and/or Neglect (CA/N) must be reported to the DCS Child Abuse Hotline (Hotline), per State reporting statutes, and may not be handled as part of the case. See [Practice Guidance](#) for additional information.

6. Develop safety provisions in collaboration with the parent, guardian, or custodian, resource parent; and/or the child, if age and developmentally appropriate;
7. Update the [Safety Plan \(SF53243\)](#) and/or [Plan of Safe Care \(SF56565\)](#) as needed;
8. Follow up at the Child and Family Team (CFT) meeting regarding adherence to the documented safety provisions. For additional details, see separate policy [5.7 Child and Family Team Meeting](#); and
9. Clearly and accurately document in the case management system within 3 business days the assessment of safety, risk, stability, permanency, and well-being (including physical and mental health, medical care, educational status, and progress toward successful adulthood transition). Observations, evaluations, and outcomes of face-to-face contacts with the parent, guardian, or custodian; resource parent; and/or the child must be included in the documentation and easily identified by area (i.e., safety, risk, stability, well-being, and permanency). It is also important to reflect whether the parent, guardian, or custodian; resource parent; and child were actively involved during the face-to-face contact. Document barriers identified by the parent, guardian, or custodian; resource parent; child; and/or FCM to prohibit the completion of activities or objectives agreed upon by the CFT.

The FCM Supervisor will discuss the case and contacts with the child; parent, guardian, or custodian; and resource parent with the FCM during regular [clinical supervision](#).

PRACTICE GUIDANCE

Use of the Family Functional Assessment (FFA) Field Guide

The FCM may utilize the [FFA Field Guide](#) for suggested questions to assist in gathering the parent, guardian, or custodian's [functional strengths](#) and [underlying needs](#).

DCS will utilize the family's [functional strengths](#) along with assessed [protective factors](#) to assist in the identification of informal and formal support systems that may decrease the possibility of future risk of CA/N. Over time, the parent, guardian, or custodian's [functional strengths](#) should increase with the completion of identified services, which address [underlying needs](#). Each individual should be evaluated independently based upon its own unique conditions.

Safety, Stability, Well-Being, and Permanency Questions

When completing a face-to-face contact, the FCM should consider the following specific questions in the areas of Safety, Stability, Well-being (including physical and mental health, medical care, educational status, and progress toward successful adulthood transition), and Permanency:

1. **Safety** – Is the child free of abuse, neglect, and exploitation by others in his or her place of residence and other daily settings? Is the child’s environment free from potentially harmful objects (e.g., sanitation, pests/pest control, medication, and general home maintenance items, such as running water and functioning toilets)? Is the child’s care or supervision currently compromised by a pattern of domestic violence in the home? Are there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child free from harm? Have all CFT members been afforded the opportunity to provide input into the development of a Safety Plan?
2. **Stability** – Does the child have consistent routines, relationships, etc.? Has the child experienced a change in placement? Is the current placement meeting the child’s needs? Has the child experienced changes in his or her school setting? Is there a shared understanding of the long-term view for the child?
3. **Well-being (including mental and physical health, medical care, educational status, and progress toward successful adulthood transition)** – Does the child display age-appropriate emotional development, coping skills, and self-control, which allows him or her to adjust to changes and maintain adequate levels of behavioral functioning in daily settings and activities with others? Does the child express a sense of belonging and demonstrate an attachment to family and friends? Is the child achieving at a grade level appropriate for his or her age? Is the child able to attend both school and other social functions? How is the youth (age 14 and older) working toward independence and achieving transition plan goals? Are there any concerns regarding personal hygiene practices (e.g., bathing, dental hygiene, hair care, and hand washing)? Consider the following questions when assessing the child’s **health and medical status**:
 - a. Is the child achieving key physical (e.g., growth – height, weight, and head circumference) **and** developmental milestones?
 - b. Is the child achieving his or her optimal or best attainable health status?
 - c. Does the parent have the capacity and supports necessary to address any identified special medical needs (e.g., medication, medical equipment, compliance with physician and/or specialist appointments, and emergency procedures)?

Note: If the child is on a special diet, ensure there is appropriate food and/or supplement available.
 - d. What is the child’s physical condition (this includes visualization of the child’s skin, teeth, hair, etc.)?
 - e. What is the child’s mobility status (e.g., mobile, limited mobility, or assisted mobility)?

Note: If the child is immobile or has limited mobility, the child must be positioned or repositioned in order to see and assess the child’s entire body. Lighting may need to be adjusted and blankets removed in order to adequately visualize the child’s skin condition.
 - f. How does the child adapt to changes that affect his or her life?
4. **Permanency** – Safety, stability, sufficient caregiver functioning, and sustainability of relationships to adulthood are simultaneous conditions of permanency for a child or youth. Are the child’s daily living and educational environments stable and free from risk of disruption? Have there been changes to the composition of the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the

past year? Are all CFT members aware of the child's permanency plan? Does the child's permanency plan include relationships which will endure lifelong? Is there a second permanency plan in place for the child, if concurrent planning? Is the pace of achieving safe, sustainable case closure consistent with the following guidelines?¹

- a. Reunification: 12 months
- b. Guardianship: 18 months
- c. Adoption: 24 months

Note: Permanency may be achieved in more or less time than the guidelines listed above due to circumstances of the individual case.

Each of the areas above must be included and easily identified within the FCM's documentation of the face-to-face contact in the case management system.

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

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

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

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See separate policy, [4.36 Linking Child Abuse or Neglect \(CA/N\) Reports to Open Assessments](#) for more information regarding the receipt of an additional [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF114\)](#) during an open assessment.

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

FORMS AND TOOLS

1. [Family Functional Assessment \(FFA\) Field Guide](#)
2. [Quality Service Review \(QSR\) Protocol \(Version 5.0\)](#) – For Use by Trained QSR Reviewers
3. [Safety Plan \(SF53243\)](#)

4. [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF114\)](#)
5. [Plan of Safe Care \(SF56565\)](#)

RELATED INFORMATION

Functional Strengths

Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader, and work toward a clear goal, are strengths that may be utilized to meet the family’s goals.

Underlying Needs

Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT to understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

Protective Factors

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:


1. Nurturing and attachment;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports for the parents; and
6. Social and emotional competence of children.

See <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/> for additional information.

Clinical Supervision

Clinical supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision is on the practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home	Effective Date: October 1, 2019
	Section 44: Out-of-Home Risk and Safety Reassessment	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct an [Out-of-Home Risk and Safety Reassessment](#) on all open cases where at least one (1) child is placed in out-of-home care. The [Out-of-Home Risk and Safety Reassessment](#) will be used to structure critical case management decisions for children in placement who have a permanency goal of reunification by:

1. Routinely monitoring critical case factors that affect goal achievement;
2. Helping to structure the case review process; and
3. Expediting permanency for children in out-of-home care.

Note: If more than one (1) household is receiving reunification services, complete one (1) tool on each household.

The [Out-of-Home Risk and Safety Reassessment](#) will be conducted at least every 180 days and prior to completing an updated [Case Plan \(SF 2956\)](#). The [Out-of-Home Risk and Safety Reassessment](#) will also be conducted when reunification is recommended, when a change in the permanency planning goal is identified, and at any time if there are new circumstances or new information that affect risk.

The [Out-of-Home Risk and Safety Reassessment](#) guides decision making to:

1. Return a child to the removal household or another household with a legal right to placement (non-removal household);
2. Temporarily maintain out-of-home placement; and/or
3. Terminate reunification services and implement a different permanency plan.

Note: The removal household is the household from which the child was removed. If the designation of the removal household is unclear due to joint custody, then the household where the most serious maltreatment occurred is to be designated the removal household. Non-removal households are those with legal rights to the child (e.g., father's home and mother's home).

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Print the [Out-of-Home Risk and Safety Reassessment](#) and answer all questions;
2. Determine the Reunification Risk Level, noting any appropriate Overrides;
3. Evaluate the [Visitation Plan](#) by indicating visit frequency and quality of visit;
4. Determine if any safety threats exist;
5. Indicate which protective factors mitigate the safety threats;

6. Indicate if any safety interventions could control the threat to safety;
7. Identify the safety decision;
8. Reference the Placement/Permanency Plan Guidelines located in the [Out-of-Home Risk and Safety Reassessment](#) to obtain a recommendation;
9. Use the Override function, in conjunction with supervisory approval to document a different case outcome;
10. Use the Recommendation Summary of all of the Reunification Assessment Components to make case recommendations;
11. Discuss the results of the [Out-of-Home Risk and Safety Reassessment](#) with the Child and Family Team (CFT) to develop a plan to assist in the identification and utilization of the families strengths, and informal supports to address needs; and
12. Upload a completed copy of the [Out-of-Home Risk and Safety Reassessment](#) to the case management system.

The FCM Supervisor will:

1. Continually monitor, coach, and mentor the FCM on use of the [Out-of-Home Risk and Safety Reassessment](#) during [clinical supervision](#); and
2. Ensure the [Out-of-Home Risk and Safety Reassessment](#) is properly documented in the case management system.

Note: If no safety threats exists and the risk is low to moderate, consider recommending case closure.

PRACTICE GUIDANCE

Out-of-Home Risk and Safety Reassessment

Following the principles of family-centered practice, the [Out-of-Home Risk and Safety Reassessment](#) is completed in conjunction with each appropriate household. The [Out-of-Home Risk and Safety Reassessment](#) should be shared with the household when a case is first opened so that the household understands exactly what will be used to evaluate reunification potential and the threshold they must reach. Specifically, inform the household members of their original risk level, and explain that this will serve as the baseline for assessing reunification readiness. The [Case Plan \(SF 2956\)](#) should be shared with the household at the same time so that the household understands what is expected. Also, explain to the household members that a new substantiation or failure to progress toward case plan goals would increase their risk level, and that progress toward case plan goals will reduce their risk level. Explain that both the quantity and quality of visitation will also be considered when evaluating risk. Discuss the Reunification Safety Assessment within the [Out-of-Home Risk and Safety Reassessment](#), and explain that if everything else would support reunification, the final consideration is safety. The household members must either demonstrate that no safety threats are present or there must be a plan to address any identified safety threats.

Safety Reassessment

A Safety Reassessment is a part of the [Out-of-Home Risk and Safety Reassessment](#) and is used by the FCM throughout the life of the case to consider the safety of the child if he/she were to be returned home at this time, as well as current conditions in the home, current caregiver characteristics, child characteristics, and interactions between caregivers and the child during visitation. Note that safety threat items are the same as on the [Initial Safety Assessment](#) but may have slight variations to reflect the decision at hand. Prior to assessing the child's current safety, the FCM should review the safety assessment that led to removal. Indicate (mark)

whether any child vulnerabilities are present, and consider these vulnerabilities when reviewing safety items. Note that these vulnerability issues provide a context for safety assessment. The presence of one (1) or more vulnerabilities does not automatically mean the child is unsafe.

Risk Reassessment

The Risk Reassessment is a part of the [Out-of-Home Risk and Safety Reassessment](#) and is used by the FCM throughout the life of the case to determine the presence of risk factors that indicate the likelihood of future child maltreatment. The Risk Reassessment also assists FCMs in evaluating whether risk levels have decreased, remained the same, or have increased since the completion of the [Initial Family Risk Assessment](#). In addition to the Risk Reassessment Tool, FCMs should reference the [Family Functional Assessment \(FFA\) Field Guide](#) when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth. Reassessment questions that may be helpful in determining the risk factors for LGBTQ youth may be found in the [FFA Field Guide](#).

FORMS AND TOOLS

1. [Case Plan \(SF 2956\)](#) – Available in the case management system
2. [Out-of-Home Risk and Safety Reassessment](#) – Available in the case management system
3. [Out-of-Home Risk and Safety Reassessment Definitions](#)
4. [IN Guidebook](#)
5. [Family Functional Assessment \(FFA\) Field Guide](#) – Available on the Indiana Practice Model SharePoint
6. [Initial Safety Assessment](#) – Available in the case management system
7. [Initial Family Risk Assessment](#) – Available in the case management system
8. [Visitation Plan](#) – Available in the case management system

RELATED INFORMATION


Safety vs. Risk Assessment

It is important to keep in mind the difference between safety and risk when completing the [Out-of-Home Risk and Safety Reassessment](#). The Safety Assessment assesses the child's present danger and the interventions currently needed to protect the child. In contrast, the Risk Assessment looks at the likelihood of future maltreatment.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: December 1, 2021
	Section 46: Resource Parent Complaint Resolution Process	Version: 3

POLICY OVERVIEW

This policy does not pertain to concerns regarding licensing, per diems, or adoption assistance. For concerns regarding licensing see Chapter 12 Foster Family Home Licensing. For concerns regarding per diems see policy 8.50 Determining and Reviewing Category of Supervision. For concerns regarding adoption assistance see policy 10.20 Administrative Review for Adoption Assistance.

The Resource Parent Complaint Resolution Process offers resource parents recourse when there is a disagreement with a decision made regarding an issue or complaint in a specific case.

PROCEDURE

The Indiana Department of Child Services (DCS) recognizes the rights of each resource parent. DCS will respect and support resource parents and recognize them as a partner in keeping children safe and helping families achieve permanency. DCS and resource parents, working together, may build and support a safe environment in which appropriate information will be shared and valued. In the event of a disagreement with the assigned DCS employee that cannot be resolved, resource parents may initiate the complaint resolution process.

The complaint resolution process is as follows:

1. The resource parent contacts the Family Case Manager (FCM), Regional Foster Care Specialist (RFCS), or Relative Support Specialist (RSS) to discuss concerns with the decisions made regarding the child's case;

Exception: If the resource parent is licensed through a Licensed Child Placing Agency (LCPA), the resource parent must begin the complaint resolution process by contacting the DCS Foster Parent Support and Communication Liaison (email address below). The DCS Foster Parent Support and Communication Liaison will provide further guidance in regards to any next steps.

2. The resource parent then contacts the FCM's, RFCS', or RSS' immediate supervisor if the resource parent continues to have concerns after the discussion with the FCM, RFCS, or RSS. It is recommended the resource parent contact the immediate supervisor within five (5) calendar days of the discussion with the FCM, RFCS, or RSS;
3. The resource parent then contacts the DCS Local Office Director (LOD) or designee if concerns were not able to be addressed by the immediate supervisor. It is recommended the resource parent contact the LOD or designee within five (5) calendar days of the response from the FCM's, RFCS', or RSS' immediate supervisor; and

4. When the complaint resolution process has been exhausted and concerns remain unresolved, the resource parent may submit the Resource Parent Complaint Resolution Form online (link provided below).

Note: Court orders and rulings will take precedence over any attempt to resolve the complaint.

The FCM, RFCS, or RSS will:

1. Provide all notifications to the resource parent in a timely manner;
2. Discuss any concerns with the resource parent as they arise;
3. Inform the FCM's, RFCS', or RSS' immediate supervisor of any discussions that occurred regarding the resource parent's concerns and subsequently document the conversation in the case management system; and
4. Ensure other DCS staff working with the child are aware of the identified concerns and actions taken.

The FCM's, RFCS' or RSS' immediate supervisor will:

1. Discuss the concerns raised by the resource parent, either by telephone or in person, as requested;
2. Determine if the original decision was made in the best interest of the child and recognized the rights of each resource parent;
3. Notify the resource parent via e-mail or written correspondence and notify the FCM, RFCS, or RSS within five (5) business days of the decision; and
4. Notify the LOD of the discussion held with the resource parent and the decision reached, and subsequently document the conversation in the case management system.

Note: If the original decision is changed or modified, the FCM's, RFCS', or RSS' immediate supervisor should notify the FCM, RFCS, or RSS with instructions for further action.

The LOD or designee will:

1. Discuss concerns the resource parent has about the decision reached by the FCM's, RFCS', or RSS' immediate supervisor, either in-person or by phone, upon request of the resource parent;
2. Determine if the decision made was in the best interest of the child and recognized the rights of each resource parent;
3. Discuss the concerns and determination with the RM; and
4. Notify the resource parent via e-mail or written correspondence and notify the FCM, RFCS, or RSS and the FCM's, RFCS', or RSS' immediate supervisor within five (5) business days of the decision.

Note: If the original decision is changed or modified, the LOD will notify the FCM's, RFCS', or RSS' immediate supervisor with instructions for further action by the FCM, RFCS, or RSS.

The DCS Foster Parent Support and Communication Liaison will:

1. Review the Resource Parent Complaint Resolution Form submitted online by the resource parent;

Note: If the complaint is from an LCPA, the DCS Foster Parent Support and Communication Liaison will review the submitted email referenced in the complaint resolution process “Exception” above and will respond with further guidance.

2. Clarify information with the appropriate parties involved, if necessary;
3. Collaborate with the LOD and RM to coordinate a meeting with the appropriate parties;
4. Collaborate with all appropriate parties to attempt to resolve the complaint while recognizing the rights of each resource parent; and
5. Notify the resource parent via e-mail or written correspondence of the final decision made within 10 business days of receiving the request or completion of the meeting, whichever occurs later.

Note: The LOD and RM will be copied on this correspondence.

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions

DCS Foster Parent Support and Communication Liaison

The DCS Foster Parent and Communication Liaison helps to facilitate grievances from the resource parent as related to the FCM, RFCS, or RSS.

Resource Parent


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

Forms and Tools

- [DCS Foster Parent Support and Communication Liaison Email Address](#)
- [Resource Parent Complaint Resolution Form](#)

Related Policies

- [8.50 Determining and Reviewing Category of Supervision](#)
- [10.20 Administrative Review for Adoption Assistance](#)
- [Chapter 12 Foster Family Home Licensing](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-Of-Home Services	Effective Date: January 1, 2020
	Section 47: Permanency Roundtables	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) is committed to obtaining permanency for each Child in Need of Services (CHINS). DCS will ensure that providing appropriate care and identifying a permanent home for each child remains a focus of case planning.

A Permanency Roundtable (PRT) is a team of DCS experts who meet to review permanency options for a child with a Legal Permanency Status of “Fair” or lower, as determined by the [Regional Permanency Roundtable Liaison](#) or the Regional Permanency Team (RPT) (see Policy 8.51 Regional Permanency Team). This also includes a youth who has been in residential placement for longer than six (6) months.

During the PRT, the team utilizes a structured approach to develop a permanency focused action plan to assist the child in attaining permanency. See [Practice Guidance](#) for information regarding PRT members.

Note: All PRT core members must have attended a Permanency Values and PRT Training. When it is not possible for the FCM and/or FCM Supervisor to attend the Permanency Values and PRT Training prior to the PRT, it is best practice for them to complete the [PRT Computer Assisted Training \(CAT\)](#) and observe a PRT to gain an understanding of the PRT process.

PRTs will be scheduled at least quarterly for each region. The dates for PRT within each region are determined by the Regional Manager (RM) in conjunction with the [Central Office Permanency Roundtable Support Team](#).

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 Permanency Roundtable (PRT)

The FCM and FCM Supervisor will follow the [Preparations Checklist for KidTraks Process](#) when a case has been selected to go to PRT.

The [Regional PRT Liaison](#) will:

1. Ensure the FCM and FCM Supervisor are following the [Preparations Checklist for KidTraks Process](#); and
2. Assist the FCM and FCM Supervisor with the preparation process, as needed.

Permanency Roundtable (PRT)

The PRT members will follow the [Permanency Roundtable - Indiana Fidelity Document](#) to help guide the PRT process.

PRACTICE GUIDANCE

Permanency Roundtable (PRT) Members

PRT Core Teams include the following:

1. FCM;
2. FCM Supervisor;
3. [Facilitator](#);
4. [Master Practitioner](#);
5. [Regional Permanency Roundtable Liaison](#);
6. [Service and Permanency Experts](#);
7. [Scribe](#);
8. [Central Office Liaison](#);
9. DCS [Clinical Consultant](#); and
10. [DCS Education Liaison](#) (for school aged children).

PRT Core Teams may also include the following:

1. [Follow-up Mentor](#);
2. DCS [Practice Consultant](#);
3. DCS [Peer Coach](#) and/or [Peer Coach Consultant](#);
4. [DCS Staff Attorney](#);
5. [Chief Counsel and/or Deputy Chief Counsel](#); and
6. Other staff as needed and identified by the RM or [Regional Permanency Roundtable Liaison](#).

Required Permanency Roundtable (PRT) Case Selection Criteria

Cases selected for PRT are required to have a Legal Permanency Status of “Fair” or lower as determined by the Regional Permanency Team or the [Regional Permanency Roundtable Liaison](#).

Note: The assigned FCM will be involved in the process of PRT case selection. It is recommended this participation be in the form of consultative inclusion to ensure that, while not making the final selection decision, the FCM’s input is included in determining whether the case is likely to benefit from the PRT process.

Recommended Permanency Roundtable (PRT) Case Selection Criteria

The case selection criteria used by each regions must include sufficient flexibility in order to be useful in the field (thereby ensuring the adoption by regional leadership), while also maintaining standards that meet the PRT model fidelity criteria. Regional Permanency Teams should be used as part of the case selection process, as it allows for a review by regional specialists and may provide a more consistent and structured process within each Permanency Team by using the questions and criteria of the PRT.

The following are characteristics of cases that should be considered for PRT review:

1. Children experiencing multiple placements (more than four [4]);
2. Children experiencing prolonged residential placements (more than six [6] months);
3. Children experiencing multiple FCMs (more than two [2] permanency FCMs);
4. Children experiencing more than 18 months in care; and
5. Children under the age of five (5) years of age whose circumstances at removal (e.g., special needs, caretaker drug addiction, etc.) may create special hurdles to reunification or legal permanency.

Note: See the [Permanency Roundtable -Indiana Fidelity Document](#) for case selection criteria regarding sibling groups.

Permanency Roundtable (PRT) Phases

The PRT is approximately two (2) hours in length and includes the following phases:

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 FCM 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 the brainstorming phase. The strengths of each strategy are discussed and strategies and timelines are finalized. The team determines whether a second permanency plan (concurrent planning) is needed and if so, defines the plan. The facilitator leads discussion around what it will take to successfully implement each strategy and assists the team in creating specific action steps with target dates to include in the written action plan. Potential barriers and plans to overcome each identified potential barrier are developed.
6. **Debrief Case Consultation** (10 minutes)
The facilitator leads a debrief using these questions:
 - a. How can the worker best explain the action plan to the family and youth?
 - b. Are there any unanswered questions or concerns? If so, how should they be addressed?
 - c. What did we learn in this discussion that could be applied to other cases?

FORMS AND TOOLS

1. [Permanency Roundtable – Indiana Fidelity Document](#)
2. [Preparations Checklist for KidTraks Process](#)
3. [PRT CAT](#) – available on the Permanency and Practice Support SharePoint

RELATED INFORMATION

FCM/FCM Supervisor Oral Presentation

The oral presentation by the FCM/FCM Supervisor at the PRT is no longer than 20 minutes and should include the following:

1. A brief introduction of the FCM including his or her educational and work history and the 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. Intelligence Quotient (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 his or her identified permanency goal;
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.

Permanency Roundtable (PRT) Roles

Facilitator

A Facilitator is a trained staff person from the region who is responsible for guiding the PRT process, maintaining the PRT agenda, and ensuring compliance with the time limits. The facilitator also leads discussion and collaboration among team members and keeps the group on-task.

Master Practitioner

A Master Practitioner is an experienced staff person in a position of authority from outside the region where the PRT is being facilitated. The master practitioner is responsible for providing guidance and internal consultation to enhance the achievement of permanency based on his or her extensive experience and demonstrated success in facilitating the achievement of permanency.

Regional Permanency Roundtable (PRT) Liaison

The Regional PRT Liaison coordinates the PRT process for the region. The responsibilities of the Regional PRT Liaison include scheduling PRTs as directed by the RM, securing locations for PRTs, inviting core team members, ensuring preparation for each PRT is completed and information is distributed to all core team members, and ensuring fidelity to the PRT process. Additional responsibilities include ensuring action plans and monthly follow-ups are completed. Follow-up documentation shall be completed quarterly in KidTraks and made available to core team members until permanency is achieved.

Follow-up Mentor

The Follow-up Mentor is a trained staff person from the region who supports the FCM and FCM Supervisor in achieving permanency for the child through monthly follow-up, which is documented quarterly in KidTraks by the Follow-up Mentor, until permanency is achieved or the CHINS case is closed. The FCM or FCM Supervisor on the case may not act as the Follow-up Mentor. This role must be filled by someone who is not the holder of the case being reviewed.

Service and Permanency Experts

Service and Permanency Experts are Central Office Permanency and Practice Support (PPS) Division staff, Child Welfare Services Division staff, and other staff as designated who are responsible for advising PRT team members on service and permanency-related issues.

Scribe

The Scribe is a regional staff person trained to organize and record the information generated by the PRT.

Central Office Liaison

The Central Office Liaison is a staff person who is available either in person, by email, or by 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 PRT to ensure fidelity to the DCS Practice Model on a system level.

Peer Coach

The Peer Coach may be available for the PRT 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 PRT to ensure fidelity to the DCS Practice Model by providing assistance to Peer Coaches.

Central Office PRT Support Team

The Central Office PRT Support Team includes the following:

1. Deputy Director of the PPS Division;
2. Assistant Deputy Director of the PPS Division;
3. Program Manager for PPS;

4. PRT Consultants;
5. Human Services Consultant; and
6. Guardianship Assistance Program (GAP) Consultant.

DCS Education Liaison

The DCS Education Liaison is a licensed Indiana educator who may assist in the PRT by ensuring the youth's educational stability. The DCS Education Liaison is required to attend the PRT for any school-aged child.

DCS Staff Attorney


The DCS Staff Attorney is responsible for advising the PRT on legal issues, and may attend the PRT or staff the legal issues of the case with the FCM prior to the PRT.

Chief Counsel and/or Deputy Chief Counsel

The Chief Counsel and/or the Deputy Chief Counsel may provide advice and legal recommendations to the PRT on legal issues before, during, or after the PRT.

Permanency and Practice Support (PPS) Mailbox

Questions regarding the PRT may be sent to permanencyandpracticesupport@dcs.in.gov.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: July 1, 2021
	Section 48: Relative or Kinship Placements	Version: 7

POLICY OVERVIEW

Removal of a child from the child’s parent, guardian, or custodian may be necessary to ensure the child’s safety and well-being. Placement in a relative or kinship home allows the child to maintain family connections and traditions. Placement with a relative or kin also provides the child with familiarity and routines that are important to the child’s overall well-being.

PROCEDURE

Placement with a suitable and willing relative or kinship caregiver will be considered when placement with a suitable and willing noncustodial parent is not a possibility (see policies 8.01 Selecting a Placement Option and 5.04 Locating and Engaging Noncustodial Parents).

Note: When a child is a member of an American Indian/Alaska Native tribe and eligible under the Indian Child Welfare Act (ICWA), be mindful that the ICWA placement preferences apply (see policy 2.12 Indian Child Welfare Act [ICWA]).

For all relative or kinship placements, the FCM will:

1. Conduct a diligent search, including assisting the parent, guardian, or custodian in identifying possible suitable and willing relative or kinship placement options (18 years of age and older):
 - a. Adult siblings including step and half-siblings;
 - b. Maternal or paternal grandparents;
 - c. Adult aunts or uncles;
 - d. Adult cousins;
 - e. Parents and extended family of siblings or half-siblings (i.e., adult siblings, grandparents, adult aunts or uncles, and adult cousins);
 - f. Former step-parents and extended family of former step-parents (i.e., adult siblings, grandparents, adult aunts or uncles, and adult cousins);
 - g. Other adult relatives suggested by either parent of a child including, but not limited to, extended cousins or great aunts or uncles (great or great-greats); or
 - h. **Any other individual with whom a child has an established and significant relationship.**

Note: A significant relationship with an unrelated individual (also known as a fictive kin relationship) is considered an “other relative”. The relationship with the child must:

- a. Have the characteristics of a family relationship. The relationship should have the same characteristics or be similar to the relationship that the child has with an individual related to them by blood, marriage, or adoption,
- b. Have existed prior to the agency’s current involvement with the child or family, and

- c. Be verified through interviews or attested by the written Statement of Attestation Regarding Relationship or oral designation of the child or of another person, including other relatives related to the child by blood, marriage, or adoption.

Former long-term resource parents may be considered as relative placements in cases where the child is the victim of repeat maltreatment or returning to out-of-home care. FCMs should staff with the FCM Supervisor and Local Office Director (LOD) to determine which type of placement is appropriate, Foster Care or Relative Placement. Consideration should be given to the child's report of the relationship and the potential for permanency.

2. Ensure the Statement of Attestation Regarding Relationship is completed by the relative requesting placement to affirm the relationship between the relative caregiver and child;

Note: When placing a child with an individual who is not related to the child by blood, marriage, or adoption, the FCM must choose **other relative** to document the individual's relationship with the child in the case management system.

3. Complete the required emergency or non-emergency background check procedures for unlicensed placements (see policies 13.05 Conducting Background Checks for Nonemergency Unlicensed Placements, 13.06 Evaluating Background Checks for Nonemergency Unlicensed Placements, 13.11 Conducting Background Checks for Emergency Unlicensed Placements, and 13.12 Evaluating Background Checks for Emergency Unlicensed Placements);

Note: FCMs may complete background checks on more than one (1) relative or kinship home, if necessary, to improve the chances of the child's placement in relative or kinship care.

4. Complete a home visit at the home where the child will be placed to:
 - a. Complete the Kinship Home Environment Check List, and

Note: The Kinship Home Environment Check List should be completed, either prior to or at the time of placement, to ensure the physical environment of the home is safe and appropriate for the child. The Kinship Home Environment Check List is not meant to be used for licensing purposes.

- b. Assess the relative or kin's suitability for placement by addressing any child or case specific concerns as well as any additional factors that are specific to the child or situation. The following is a list of factors the FCM should consider when determining if a relative or kin is suitable and willing to accept placement of the child:
 - i. Child's wishes and/or concerns (if age appropriate);
 - ii. Ability of the caregiver to meet the child's needs (e.g., educational, cultural, and language needs);
 - iii. Home size and environment (e.g., suitable sleeping arrangements for the child);
 - iv. Results of background checks;
 - v. Frequency of contact between the child and potential caregiver prior to placement;
 - vi. Sustainability of placement (i.e., the placement is a permanency option);
 - vii. Ability of the caregiver to provide adequate supervision of the child;

- viii. Willingness of the caregiver to work with DCS, child, and family toward the selected permanency plan; and
- ix. Medical/mental health issues or concerns regarding the caregiver or child.

Note: This is not an exhaustive list. There may be other factors to consider depending on the needs of the child and/or family.

- 5. Obtain supervisory approval and document in the case management system any plans implemented to meet the requirements on the Kinship Home Environment Check List;
- 6. Ensure the caregiver is provided the Financial Assistance Options for Relative Caregivers Brochure and advised of support services available to them at the time of placement.
- 7. Ensure the caregiver has read and signed the Resource Parent Role Acknowledgment;
- 8. Ask the caregiver if a reasonable accommodation is needed due to a disability;
- 9. Provide the caregiver with the Authorization for Health Care (form) or Authorization for Health Care (card);
- 10. Ensure any necessary service referrals are made for the child and caregiver to support the placement, including an Individual Child Placement Referral (ICPR), if appropriate;
- 11. Ensure a plan is in place for school-aged children to maintain educational stability. See policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement for additional requirements including transportation needs and when to submit a referral to the Education Services Team;
- 12. Advise the caregiver that either a Regional Foster Care Specialist (RFCS) or a Relative Support Specialist (RSS) will be in contact with the caregiver regarding further information such as licensing and support services available within five (5) calendar days;

Note: For non-emergency relative placements, the FCM, RFCS, or RSS will have more time to prepare the caregiver by explaining financial obligations and assistance, licensing requirements, safe sleep, water and fire safety, visitation, service referrals for the children, medical care, immediate and ongoing assistance available, and to develop a plan for school transportation if needed.

- 13. Complete and email the Relative Placement Entry form to the RFCS or RSS within 24 hours at the appropriate regional placement email address listed on the back of the form; and

Note: FCMs should NOT create a relative resource home in the case management system.

- 14. Provide the RFCS or RSS with a copy of the Kinship Home Environment Check List if follow-up is needed from the RFCS or RSS on identified items. Follow-up that will exceed the 48 hour timeframe requires an FCM, RFCS, or RSS Supervisor's approval.

When considering whether to seek court approval for a biological parent to reside in a relative or kinship placement home, the FCM will:

- 1. Discuss in detail the proposed living arrangement with the caregiver and the biological parent;
- 2. Discuss the proposed living arrangement with the RFCS or RSS, if involved, and note any concerns the RFCS or RSS may have;

3. Convene a Child and Family Team (CFT) Meeting to discuss the proposed living arrangement and plan for any additional service needs;
4. Discuss the proposed living arrangement with the child (if age and developmentally appropriate);
5. Discuss the proposed living arrangement; the feelings of the relative or kinship caregiver, child, and biological parent; the recommendation of the CFT; and any concerns expressed by the RFCS or RSS with the FCM Supervisor; and
6. Notify the court of the request and the recommendation of DCS, including the reasons for the recommendation.

A child placed with relative or kinship caregivers who already have obtained licensure will have a completed ICPR consistent with the child's established level of care.

Note: A biological parent must complete background checks as required for all household members, in addition to having DCS and court approval, prior to residing in the home of a licensed relative or kinship placement. The biological parent must seek a waiver if necessary (see policy 13.09 Conducting Background Checks for Foster Family Home Licensing).

The RFCS or RSS will:

1. Assist the FCM, if needed, by following up on items that exceed 48 hours or other supervisory approved timeframes for items checked for follow-up on the Kinship Home Environment Check List;
2. Contact the caregiver within 48 hours of receiving the Relative Placement Entry form;
3. Advise the caregiver that new fingerprint and background checks are required if the caregiver decides to pursue licensure. This includes applying for new waivers for child protection and criminal history; and
4. Provide the caregiver with the Relative Resource Guide and discuss all financial assistance available to the caregiver and answer any questions the caregiver may have regarding obtaining the financial assistance (see policy 16.02 Assistance for Unlicensed Relative Placements).

The FCM Supervisor will:

1. Discuss case specifics and any concerns with the FCM during regular staffing and clinical supervision;
2. Approve the appropriate relative or kinship placement; and
3. Ensure the placement is documented in the case management system.

The RFCS or RSS Supervisor or designee will:

1. Discuss case specifics and any concerns with the RFCS or RSS during regular staffing and clinical supervision; and
2. Create the relative or kinship resource home in the case management system and assign to the RSS within 24 hours.

LEGAL REFERENCES

- [IC 31-34-6-2: Placement with a Family Member](#)
- [IC 31-9-2-117.3: Sibling](#)
- [IC 31-9-2-107: Relative](#)
- [IC 31-9-2-76.5: "Long-Term Foster Parent"](#)

- [IC 31-32-2.5: Right to Intervene in Child in Need of Services Proceedings and Termination of Parent-Child Relationship Proceedings](#)
- [IC 31-34-21: Review of Dispositional Decrees; Formal Review Hearings](#)
- [IC 31-34-18-2: Predispositional report; participation by parent, guardian, or custodian; out-of-home placement with blood or adoptive relative caregiver](#)
- [42 USC 12102: Definition of disability](#)
- [42 USC 671 \(a\)\(29\) Notification of Parents of Siblings](#)

RELEVANT INFORMATION

Definitions

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Long-Term Foster Parent

Long-term foster parent is a resource parent who has provided care and supervision for a child for at least:

1. The 12 most recent months;
2. Fifteen (15) of the most recent 22 months; or
3. Six (6) months, if the child is less than twelve (12) months of age.

Resource Parent


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

Forms and Tools

- [Authorization for Health Care \(SF45093\)](#) (card)
- [Authorization for Health Care \(SF 54247\)](#) (form)
- [Financial Assistance Options for Relative Caregivers Brochure](#)
- [Relative Home Environment Check List \(SF 55106\)](#)
- [Relative Placement Entry \(SF 57025\)](#)
- [Resource Parent Role Acknowledgment \(SF 54642\)](#)
- [Relative Resource Guide](#)
- [Statement of Attestation Regarding Relationship \(SF 52727\)](#)

Related Policies

- [2.12 Indian Child Welfare Act \(ICWA\)](#)
- [5.04 Locating and Engaging Noncustodial Parents](#)
- [8.01 Selecting a Placement Option](#)
- [8.20 Educational Services](#)
- [8.22 School Notifications and Legal Settlement](#)
- [13.05 Conducting Background Checks for Nonemergency Unlicensed Placements](#)
- [13.06 Evaluating Background Checks for Nonemergency Unlicensed Placements](#)
- [13.09 Conducting Background Checks for Foster Family Home Licensing](#)
- [13.11 Conducting Background Checks for Emergency Unlicensed Placements](#)
- [13.12 Evaluating Background Checks for Emergency Unlicensed Placements](#)
- [14.01 Guardianship Assistance Program \(GAP\)](#)
- [16.02 Assistance for Unlicensed Relative Placements](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-Of-Home Care	Effective Date: July 1, 2021
	Section 49: Funeral and Burial Services for a Child In Out-of-Home Care	Version: 4

POLICY OVERVIEW

It is important to ensure when planning for funeral and burial services for a child who is in out-of-home care the wishes of the family, along with acceptable standards, are taken into consideration. This includes any death that is sudden or unexpected and deaths due to a medical condition.

PROCEDURE

If Child Abuse or Neglect (CA/N) is suspected to be the cause of death, a report should be immediately made to the DCS Child Abuse Hotline (Hotline) and to the Local Law Enforcement Agency (LEA).

The Indiana Department of Child Services (DCS) will notify the parents and siblings (if appropriate) on the day of the child’s death or as soon as reasonably possible, regardless of whether the death occurs on a week day or weekend. If possible, this notification should be coordinated with the LEA and the Coroner. Notification should occur in person. If the biological parents and/or siblings 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.

Note: If Termination of Parental Rights (TPR) has been ordered, notification to the family is not required. However, if it is determined to be in the best interest of the surviving siblings and family, the biological parents, siblings, and/or extended family may be notified of the child’s death when TPR has been ordered. To the extent possible, the family should also be notified in person.

DCS will notify the court in writing of the child’s death as soon as reasonably possible, but no later than one (1) business day following the death or the first business day following a weekend or holiday.

DCS will work with the biological family, or other persons as specified by IC 29-2-19-17, regarding funeral, burial, and/or cremation arrangements and expenses. DCS may provide up to \$4,000.00 in financial assistance related to funeral and burial costs for children who are ineligible for Medicaid benefits and up to \$2,150.00 for children who are eligible for Medicaid benefits. If the biological family is willing and able to assume responsibility for the funeral, burial, and/or cremation, they should be encouraged to do so.

Note: All costs that exceed the allotted amount for financial assistance will require RM approval. DCS staff should refrain from advising the family of funding amounts without prior approval from the RM. All approved vendors will need to complete an Automated Direct Deposit Authorization Agreement and in order to receive payment.

If the biological family is unable to assume responsibility for the funeral, burial, and/or cremation, DCS may provide financial assistance to the family and/or contact local funeral homes and cemeteries to provide a basic service and burial. DCS will consider the wishes of the biological family in making arrangements for the child's burial. DCS will explore resources such as insurance policies and Medicaid to assist with fees associated with funeral, burial, or cremation prior to offering any financial assistance.

DCS will:

1. Make a report of CA/N to the Hotline and LEA if CA/N is suspected;
2. Notify the biological parents and siblings of the child's death in person on the day of the child's death or as soon as reasonably possible;

Note: If TPR has been ordered, notification to the family is not required. However, if it is determined to be in the best interest of the surviving siblings and family, the biological parents, siblings, and/or extended family may be notified of the child's death when TPR has been ordered. This notification should occur in person unless unforeseen circumstances prohibit this from happening.

3. Notify the court in writing and via telephonic communication of the child's death as soon as reasonably possible or within one (1) business day following the death or the first business day after a weekend or holiday;
4. Contact the Medicaid Enrollment Unit (MEU) to verify if the child is eligible for funeral, burial, and/or cremation benefits.

Note: If a child is eligible for Medicaid benefits, the maximum allowable burial assistance is \$2,000.00 (\$1,200.00 for the Funeral Director's expenses and \$800.00 for cemetery expenses). Medicaid will not cover the cost of a headstone. Additional funding may be available through a Request for Additional Funding.

5. Assist the family, or other persons as specified by IC 29-2-19-17, in making funeral, burial, and/or cremation arrangements for the child;

Note: If the biological parents are deceased, DCS should proceed with making funeral and burial arrangements on behalf of the child and consider the wishes of extended family members, resource parents, and/or persons identified by code, if possible.

6. Explore community resources available to assist the family with funeral, burial, and/or cremation expenses. Community resources that may be contacted for possible assistance include, but are not limited to:
 - a. Trustee's Office,
 - b. Community foundations,
 - c. Community clubs,
 - d. Churches,
 - e. Salvation Army, and
 - f. Goodwill.
7. Consult with the Regional Finance Manager (RFM) regarding financial assistance;
8. Ensure surviving siblings, including children under the care and supervision of DCS, are able to participate in funeral services as appropriate.
9. Assist the family in locating community resources to address grief or other issues identified by the family, associated with the loss of the child.

To request DCS financial assistance that exceeds the allotted amount:

1. The FCM will complete the Request for Additional Funding, detailing the need for assistance and submit to the FCM Supervisor for approval or denial;
2. The FCM Supervisor will review and approve or deny the Request for Additional Funding. The FCM Supervisor will immediately notify the FCM if the request is denied. If the FCM Supervisor approves the appeal, it will be submitted to the Local Office Director (LOD) for approval or denial;
3. The LOD will approve or deny the Request for Additional Funding. If the LOD approves the appeal, the written request will be sent to the Regional Manager (RM), and if approved, the RM will send a copy to the RFM; and
4. The RM will notify the LOD of the final determination via written correspondence.

LEGAL REFERENCES

- [IC 12-14-17-2\(b\): Application of section; funeral expenses payment; preferred claim](#)
- [IC 12-14-17-3: Cemetery expenses payment; preferred claim](#)
- [IC 29-2-19-17 Priority among individuals as to right to control disposition of decedent's body and make other arrangements](#)
- [IC 29-3-5-3 Findings; appointment of guardianship; protective orders](#)

RELEVANT INFORMATION

Definitions

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 through any combination of the following services: a visitation/viewing, funeral/memorial services, burial or cremation services (including a headstone).

Support Services for DCS Employees


Support services are available to assist DCS employees following the death of a child. Any employee may request an individual or group Critical Incident Stress Management (CISM) Response by contacting the DCS Critical Incident Response Team (CIRT) Liaisons via email or at (317) 407-6237 (see policy GA-17 Critical Incident Response). The Employee Assistance Program (EAP) is also available to employees by calling (800) 886-9747 or visiting Optum EAP website (use "State of Indiana" to log in).

Forms and Tools

- [Automated Direct Deposit Authorization Agreement \(SF47551\)](#)
- [DCS Critical Response Team Email](#)
- [Optum EAP](#)
- [Request for Additional Funding \(SF54870\)](#)
- [W-9 Request for Taxpayer Identification Number and Certification](#)

Related Policies

- [GA-17 Critical Incident Response](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: January 1, 2019
	Section 50: Determining and Reviewing Categories of Supervision	Version: 2

STATEMENTS OF PURPOSE

When the Department of Child Services (DCS) places a child in an out-of-home placement, the per diem rates are based on a child’s age and category of supervision. The [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) plays a critical role in decision-making regarding a child’s category of supervision.

Per Diem rates are based on age groups 0 to four (4) years old, five (5) to 13 years old, and 14 and older. The categories of supervision align closely with the placement recommendations generated by the [CANS](#) Assessment explained in the table below. See [Practice Guidance](#) for more information on [CANS](#) placement recommendations.

CANS Placement Recommendations	Foster Care Category of Supervision
1-Foster Care	Foster Care
2-Foster Care with Services	Foster Care with Services
3-Therapeutic	Therapeutic Foster Care
4-or higher-Group home and Residential Care	Therapeutic Plus

Completion of the [CANS](#) is required either prior to placement or within five (5) days of placement. See policy [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#). If the [CANS](#) is completed after placement, DCS has five (5) days to complete the [CANS](#). When the [CANS](#) is completed, the rate will be retroactive to the first day of placement.

DCS may, after thoroughly assessing the child’s needs, determine that the category of supervision should be higher than the [CANS](#) recommendation. When this occurs, Local Office Director (LOD) approval is needed prior to finalizing the category (see [Practice Guidance](#) for additional information on overriding the [CANS](#) placement recommendation). The LOD’s decision to finalize a higher category other than the [CANS](#) recommendation should be documented in the case management system as a note.

[CANS](#) Reassessments are required every 180 days and at case junctures. See policy [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#). When a [CANS](#) Reassessment is completed and the recommendation results in a higher category of supervision, the rate will increase to match the new category of supervision. The effective date of the new rate will be the date of the [CANS](#) Assessment. If the [CANS](#) recommendation indicates a lower category of supervision, DCS will temporarily continue to pay the higher rate as a stabilization rate. DCS will not lower the rate until two (2) consecutive [CANS](#) Assessments completed six (6) months apart show the need for a lower category of supervision and the rate change is approved.

Note: If a child moves to a new foster home placement, a new **CANS** must be completed. The new foster home placement will begin with the updated category of supervision rate.

Review of Category of Supervision

The DCS foster parent or Licensed Child Placing Agency (LCPA) may request a review of the child's category of supervision based on the following:

1. A case juncture;
2. The DCS foster parent or LCPA reasonably believes there is relevant, new, or changed information about the child's supervision needs that were not adequately addressed in the **CANS** Assessment or during discussions about the type of placement prior to the placement being made; or
3. There are supervision, behavioral, or medical concerns that are not adequately addressed by the **CANS** Assessment.

A DCS foster parent or LCPA may request a review of the child's category of supervision by submitting the review form ([Child Placing Agency \(CPA\) and Department Managed Foster Homes Request for Review of Child's Category of Supervision \(SF55158\)](#)) to the LOD:

1. Within the first 30 calendar days of placement;
2. Within the first 180 calendar days of placement; and
3. Not more than once every 180 calendar days thereafter.

The LOD or Collaborative Care Field Manager must hold a meeting to review the child's category of supervision within 14 business days of receiving the request. The Family Case Manager (FCM)/Collaborative Care Case Manager (3CM) should be in attendance at the meeting. It is highly recommended that the DCS foster parent or the LCPA foster parent be present.

Note: If the foster parent is licensed by an LCPA, the LCPA representative should also be present at the meeting.

Notice of the outcome of the review must be given by the LOD/Collaborative Care Field Manager or designee, in writing, to the DCS foster parent or LCPA within five (5) business days of the meeting. The LOD/Collaborative Care Field Manager or designee must use the [Notice of Decision Regarding Review of Child's Category of Supervision \(SF55194\)](#) form when giving notice of the outcome of the review. The child's category of supervision, as determined or revised by the LOD/Collaborative Care Field Manager or designee upon completion of the review, will be effective as of the date of the notice of the outcome of the review and it will not be retroactive. Any payments made by DCS after the effective date of a new rate will be adjusted in accordance with the final approved category of supervision for the child.

Code Reference

N/A

PROCEDURE

To establish the child's category of supervision when he or she is placed in out-of-home care, the FCM/3CM will:

1. Complete the **CANS** either prior to or within five (5) days of placement;
2. Review the **CANS** scores to determine the appropriate placement recommendation and/or category of supervision for the child;

Note: If concerns arise about the rating (e.g., the placement recommendation and/or category of supervision does not seem appropriate for the child), a new **CANS** should be completed with the assistance of the FCM/3CM Supervisor.

3. Generate an Individual Child Placement Referral (ICPR), which will contain the category of supervision, rate, and other information the LCPA or foster parent needs to invoice DCS;

Note: If a sibling group is placed in a foster home, the FCM/3CM will complete an ICPR for each child.

4. Complete the **CANS** Reassessment a minimum of every 180 days and at case junctures. The category of supervision should be adjusted as appropriate; and
5. Generate an ICPR when there is a change in the child's age range (i.e., age 5 [five] and age 14) or a change in the child's category of supervision.

Note: If the **CANS** recommendation indicates a lower category of supervision, DCS will temporarily continue to pay the higher rate as a stabilization rate. When the child's placement remains the same, DCS will not lower the rate until two (2) consecutive **CANS** Assessments completed six (6) months apart show the need for a lower category of supervision, and the rate change is approved.

The FCM/3CM Supervisor will:

1. Staff the results of a **CANS** when there are concerns about the rating (e.g., the placement recommendation and/or category of supervision does not seem appropriate for the child); and
2. Approve the ICPR.

When it is determined the ICPR should be a negotiated rate the LOD will:

1. Staff the results of the **CANS** with the FCM and/or FCM Supervisor;
2. Make a final determination regarding the negotiated rate; and

Note: If it is determined a negotiated rate exceeding the Therapeutic Plus level is necessary, a request to negotiate a resource home rate must be submitted to the Regional Manager (RM) for final determination.

3. Approve the ICPR.

When it is determined the ICPR should be a negotiated rate exceeding the Therapeutic Plus Level, the RM will:

1. Staff the results of the [CANS](#) with the FCM, FCM Supervisor, and/or LOD;
2. Make a final determination regarding the negotiated rate; and

Note: Once approved, a RM Appeal must be completed.

3. Approve the ICPR.

When a Foster Parent submits a request for review of a child's category of supervision, the LOD/Collaborative Care Field Manager or his or her designee will:

1. Meet with the FCM/3CM and FCM/3CM Supervisor to review the [CANS](#) and all other relevant information;
2. Convene a meeting within 14 business days of the receipt of the request and include the foster parent, FCM, 3CM, and the FCM/3CM Supervisor;

Note: If the foster parent is licensed by an LCPA, the LCPA representative should also be present at the meeting.

3. Make a decision on the request for review of a child's category of supervision and ensure the DCS foster parents or LCPA are notified within five (5) business days of the meeting. A new [CANS](#) should be completed if new information is obtained through the meeting; and

Note: If a new [CANS](#) is completed that results in a recommendation for a change in the category of supervision, or the LOD/Collaborative Care Field Manager makes a decision to change the category of supervision, the FCM/3CM must complete a new ICPR.

4. Approve or deny the override of the category of supervision.

PRACTICE GUIDANCE

Overriding the CANS Placement Recommendation and Corresponding Category of Supervision

DCS may want to consider overriding the [CANS](#) Placement recommendation to choose a higher category of supervision (and corresponding foster care rate). The guidelines below are only intended to provide general examples of common situations when DCS may want to consider overriding the [CANS](#) placement recommendation to choose a higher category of supervision (see [8.E Tool: Category of Supervision Policy to Practice](#)).

Youth with Complex Medical Conditions

The highest level of placement recommended on the [CANS](#) for a child with severe medical needs is often Therapeutic Foster Care. Most medically complicated youth require a very high level of care in a home setting, nursing home, or hospital. For youth requiring nursing home or hospital care per the recommendation of a medical provider, DCS would override the [CANS](#) placement recommendation as it relates to placement of the child. When nursing home or hospital care is not necessary for medically complicated and fragile youth, DCS may also consider overriding the Therapeutic Foster Care category of supervision in order to adequately

compensate the foster parent for the additional attention and medical care required to provide in their home to meet the needs of the youth.

Youth with Developmental Disabilities/Intellectual Disabilities (DD/ID)

Depending on each youth's unique risk and needs, it is also possible Therapeutic Foster Care would be the highest level of placement recommended on the **CANS** for youth with significant developmental and intellectual disabilities. While placement in a foster home is likely the most appropriate placement option for such youth, there are times when DCS may want to consider overriding the Therapeutic Foster Care category of supervision.

Youth with Severe Behavioral Health Conditions

While rare, there are times when a **CANS** is completed for a youth with unique risks and needs such that:

1. The Placement Recommendation is for Foster Care, Foster Care with Services (Moderate Foster Care) or Therapeutic Foster Care, and/or
2. The Behavioral Health Recommendation is for Intensive Community-Based Services: Wraparound or Intensive Community Services: Community Alternative to Psychiatric Residential Treatment Facility Medicaid Grant (CA-PRTF, PRTF or State Hospital).

Each child's complex developmental, intellectual, behavioral health, and/or medical conditions should be considered on a case-by-case basis when determining the child's category of supervision. After a thorough review of the entire **CANS** Assessment along with available medical and other related information (e.g., Diagnostic Assessments, school records, additional documentation provided by the biological and foster family, etc.), if the FCM/3CM and FCM/3CM Supervisor determine the **CANS** placement recommendation and category of supervision should be over-ridden, the case should be staffed with the LOD/Collaborative Care Field Manager for approval of the Therapeutic Plus category of supervision. If the LOD/Collaborative Care Field Manager believes a negotiated rate may be appropriate, the case should then be staffed with the RM for a final decision. An RM appeal is required for all negotiated rates.

Note: The procedures outlined above should be followed when DCS initiates overriding the **CANS** placement recommendation. The above is a separate process and is independent of the process of [Child Placing Agency \(CPA\) and Department Managed Foster Homes Request for Review of Child's Category of Supervision \(SF55158\)](#).

Review of Category of Supervision

If prior to or during the meeting on the category of supervision review, the foster parent provides information that was not taken into account in the initial **CANS**, the FCM/3CM, FCM/3CM Supervisor, and LOD/Collaborative Care Field Manager should determine if a **CANS** Reassessment is needed based on the new information. If the information provided by the foster parent was taken into account in the previous **CANS**, the FCM/3CM does not need to complete a new **CANS**. If the **CANS** Reassessment results in a higher category of supervision, the FCM/3CM should complete a new ICPR to adjust the foster care rate and should reevaluate the behavioral health services being provided to the child.

CANS Placement Recommendations (Levels)

Level 1- Foster Care is the minimum placement level recommended on the **CANS** for all children identified as removed/placed by DCS. The child's needs may be met in a family and community setting with access to school, friends, and community-based resources. The child may have a history of mild behavioral, or emotional needs that require a low level of service, such as outpatient therapy.

Level 2- Foster Care with Services (Moderate Foster Care) indicates the child has a moderate developmental, behavioral, or emotional need. In addition to foster care in the community, the child, family, and resource family may be supported with treatment and support services to address and manage identified needs.

Level 3- Treatment Foster Care indicates the child has a severe medical, developmental, behavioral, or emotional need or a high-risk behavior that is moderate to severe. In addition to foster care in the community, the child, family, and foster family are supported with treatment and support services to address and manage identified needs.

Note: A child may also have a combination of any of the above needs.

Level 4- Group Home (15 and older) indicates the child has a moderate developmental, physical, or medical need and/or moderately exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a Group Home setting if a suitable resource home is unable to meet this level of service and supervision intensity.

Level 5- Treatment Foster Care Plus (child age 12 and younger) indicates the child has moderate developmental, emotional, behavioral, medical, or physical needs and/or exhibit moderate sexual aggression or delinquency that may require increased intensity of supervision and level of services.

Level 6- Group Home/Treatment Group Home (for youth ages 12 to 14) indicates the child has a moderate or severe emotional/behavioral or developmental need; and a physical/medical need and/or exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a Group Home setting if a suitable resource home is unable to meet this level of service and supervision intensity.

Level 7- Residential Treatment Center indicates the child; usually age 12 or older, has a severe developmental, emotional/behavioral, physical, or medical need and/or exhibits severe sexual aggression or delinquency that may require placement in a specialty program provided in a Residential setting if a suitable resource home is unable to meet this level of service and supervision.

FORMS AND TOOLS

1. [Child Placing Agency \(CPA\) and Department Managed Foster Homes Request for Review of Child's Category of Supervision \(SF55158\)](#)
2. [Notice of Decision Regarding Review of Child's Category of Supervision \(SF55194\)](#)
3. [Request for Additional Funding \(SF54870\)](#)
4. [8.E Tool: Category of Supervision Policy to Practice](#)


5. [Out-of-Home Risk and Safety Reassessment](#) – Available in the case management system
6. [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) – Available in the case management system
7. [Case Plan \(SF2956\)](#)
8. [Safety Plan \(SF53243\)](#)
9. [Plan of Safe Care \(SF56565\)](#)

RELATED INFORMATION

Case Junctures

A case juncture is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the [Case Plan \(SF2956\)](#), [Safety Plan \(SF53243\)](#), and/or [Plan of Safe Care \(SF56565\)](#). Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement
2. Formal or informal supports
3. Family involvement;
4. Visitation
5. Behavior;
6. Diagnosis (mental or physical);
7. Sobriety;
8. Skill acquisition; and
9. Education.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-Of-Home Services	Effective Date: January 1, 2020
	Section 51: Regional Permanency Teams	Version: 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) is committed to obtaining permanency for each child in out-of-home care. The Regional Permanency Team (RPT) has been implemented to ensure each child lives in a permanent, safe, sustainable, and supportive environment. An RPT is available in each region to assist in identifying permanency options and planning to achieve permanency for each child. Cases reviewed by the RPT are specifically selected based on the child’s length of stay in care, placement history, and the severity of the child’s identified needs. See [Related Information](#) for members who may participate in RPT.

Note: The RPT may identify cases that meet the criteria for participation in a Permanency Roundtable (PRT). See policy [8.47 Permanency Roundtables](#) for more information.

DCS will evaluate all permanency options and the use of all permanency resources, including but not limited to the [Indiana Adoption Program](#) and the [Guardianship Assistance Program](#). Follow-up reviews will occur at least quarterly until permanency is achieved.

Note: A case must be reviewed by the RPT, with an Older Youth Services (OYS) representative present, and approved by the Regional Manager (RM) prior to changing the child’s permanency plan to Another Planned Permanent Living Arrangement (APPLA).

Code References:

[IC 31-34-21-5.7: Permanency Plan; Requirement; Approval; Reports and Orders not required](#)

PROCEDURE

The Regional Permanency Team (RPT) will:

1. Review cases quarterly;
2. Identify cases that include a child who has not achieved permanency and meets the criteria for participation in a PRT. See policy [8.47 Permanency Roundtables](#) for further guidance on referring a case for a PRT; and
3. Follow-up quarterly with the FCM and FCM Supervisor regarding each case reviewed until permanency is achieved.

FORMS AND TOOLS

N/A

PRACTICE GUIDANCE


N/A

RELATED INFORMATION

Regional Permanency Team (RPT) Members

RPT members may include the following:

1. Family Case Manager (FCM);
2. FCM Supervisor;
3. Local Office Director (LOD);
4. Regional Licensing Specialist;
5. Probation Officer;
6. Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL) representative;
and
7. OYS representative.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: September 1, 2021
	Section 53: Out-of-State Residential Treatment Review and Approval	Version: 1

POLICY OVERVIEW

Residential treatment, including treatment provided out-of-state, should be utilized only when a child demonstrates a need for such care. Therefore, it is essential to review and receive approval for a child to be admitted to an out-of-state residential treatment to help ensure the child’s safety, stability, and well-being during this short-term, time-limited service.

PROCEDURE

Out-of-state residential treatment may be considered when the admission is in the best interest of the child and all appropriate in-state facility options have been exhausted.

Note: When considering out-of-state residential treatment, facilities with an active DCS contract should be considered first. DCS will not approve admission of a child to an out-of-state residential facility without a fully executed contract, unless an exception is made by the DCS Director.

The Family Case Manager (FCM) will:

1. Complete all procedural steps outlined in policy 5.24 Child-Focused Treatment Review (CFTR);
2. Obtain approval of the Regional Manager (RM) to admit the child to out-of-state residential treatment, if not included in the CFTR;
3. Submit a request for out-of-state residential treatment to the Assistant Deputy Director of Juvenile Justice Initiatives and Support or designee upon completion of the CFTR. The request should include the following:
 - a. All information submitted to the CFTR,
 - b. The recommendation of the CFTR,
 - c. The completed Step-Down Planning form, and
 - d. A written statement agreeing with the CFTR recommendation from the RM of origin (if not included in the CFTR).
4. Obtain approval from the Assistant Deputy of Juvenile Justice Initiatives and Support or designee to admit the child to out-of-state residential treatment;
5. Request court approval of the out-of-state residential treatment admission;
6. Complete the Interstate Compact on the Placement of Children (ICPC) packet for any child who will be admitted to out-of-state residential treatment. See policy 9.01 Request to Place an Indiana Child in Another State for further guidance;
7. Transport the youth to the approved facility only after receiving court approval, approval by the Assistant Deputy of Juvenile Justice Initiatives and Support or designee, and an approved ICPC. See DCS Travel Bulletin for additional information; and

8. Document all recommendations, approvals, and actions taken in the case management system.

The FCM Supervisor will:

1. Assist the FCM with the out-of-state residential treatment approval process;
2. Ensure the RM is notified in advance if out-of-state residential treatment is determined to be the most appropriate option; and
3. Ensure all recommendations, approvals, and actions taken are documented in the case management system.

The LOD will assist the FCM and FCM Supervisor, as needed, when a child is recommended to be admitted to out-of-state residential treatment.

The RM will approve or deny all recommendations for a child to be admitted to out-of-state residential treatment, prior to seeking approval from the Assistant Deputy Director of Juvenile Justice Initiatives and Support or designee.

The Assistant Deputy Director of Juvenile Justice Initiatives and Support or designee will approve or deny a child for admission to out-of-state residential treatment, as appropriate.

The Integrated Care Manager and the Deputy Director of Juvenile Justice Initiatives and Support (for dual status youth) or designee will attend all CFTRs when out-of-state residential treatment is being considered.

The Clinical Services Consultant (Clinical Consultant) and the Probation Services Consultant will assist the FCM and Probation Officer (whichever is applicable) throughout the process of admitting a youth to out-of-state residential treatment.

The DCS Staff Attorney will request court authorization prior to the child being admitted to out-of-state residential treatment.

LEGAL REFERENCES

- [42 USC 672: Foster care maintenance payments program](#)

RELEVANT INFORMATION

Definitions


- N/A

Forms and Tools

- [DCS Travel Bulletin](#)
- [Step-Down Planning \(SF 57072\)](#)

Related Policies

- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [9.01 Request to Place an Indiana Child in Another State](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Placement Needs Summary	Effective Date: June 1, 2008
	Reference: 8.A (8.1 Selecting a Placement Option)	Version: 1

This tool may be used to assist the Family Case Manager (FCM) in identifying the needs of a particular child. This is not a formal assessment of the child’s needs. Rather, it is a place to gather information about the child. There is no scoring system associated with this summary. The FCM and the Child and Family team should use the information collected on the summary to begin discussion of the child’s needs and determination of the most appropriate placement and level of care. Together the Child and Family team should make a recommendation on the best possible, least restrictive and most family-like placement option.

Instructions: Check all boxes that apply, then complete the summary section. The summary should be based on the average abilities, behaviors and health of children in the same age group, i.e. a baby would not be expect to feed himself/herself; however, one would expect that a 6-year old could feed himself/herself.

CHILD’S NAME: _____

CHILD’S AGE: _____

Area of Concern	Special Needs – Mild	Special Needs – Moderate	Special Needs – Severe	Therapeutic/ Treatment Needs
<input type="checkbox"/> Attention Deficit (ADD) <input type="checkbox"/> Attention Deficit – Hyperactivity (ADHD)	<input type="checkbox"/> ADD, mild <input type="checkbox"/> ADHD, mild	<input type="checkbox"/> ADD, moderate <input type="checkbox"/> ADHD, moderate	<input type="checkbox"/> ADD, severe <input type="checkbox"/> ADHD, severe	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Basic Care		<input type="checkbox"/> Excessive Crying – Baby/Toddler <input type="checkbox"/> Excessive Crying- older child	<input type="checkbox"/> Constant Crying – Baby/Toddler	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Blood Disorders		<input type="checkbox"/> Sickle Cell, infrequent episodes	<input type="checkbox"/> Blood Disorder <input type="checkbox"/> Sickle Cell, frequent episodes <input type="checkbox"/> HIV Positive <input type="checkbox"/> May require transfusion	<input type="checkbox"/> Additional precautions must be taken <input type="checkbox"/> Other _____
<input type="checkbox"/> Communication	<input type="checkbox"/> Stutters <input type="checkbox"/> Lisps	<input type="checkbox"/> Speech is hard to understand <input type="checkbox"/> Child does not speak English <input type="checkbox"/> Uses Sign Language	<input type="checkbox"/> Will always have trouble speaking and/or being understood <input type="checkbox"/> Mute <input type="checkbox"/> Communication Disorder	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Mild delay, less than 6 months behind	<input type="checkbox"/> Moderate delay, 6-12 months behind <input type="checkbox"/> Autism, mild	<input type="checkbox"/> Severe delay, more than 12 months behind <input type="checkbox"/> Autism, severe <input type="checkbox"/> Autism, no communication <input type="checkbox"/> Downs Syndrome	<input type="checkbox"/> Requires specialized treatment

<input type="checkbox"/> Eating	<input type="checkbox"/> Hoarding food <input type="checkbox"/> Over-eating	<input type="checkbox"/> Binging/Purging	<input type="checkbox"/> Currently being treated for an eating disorder	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Education	<input type="checkbox"/> Has IEP, but participates in regular classes <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Dyslexic <input type="checkbox"/> Gifted Student <input type="checkbox"/> Alternative school <input type="checkbox"/> Behavior plan	<input type="checkbox"/> Special education program <input type="checkbox"/> Expulsion or refusal to go to school	<input type="checkbox"/> Will always need supervision and/or sheltered educational environment	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Failure to thrive			<input type="checkbox"/> Failure to thrive	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Feeding		<input type="checkbox"/> Feeding Problems	<input type="checkbox"/> Feeding Tube <input type="checkbox"/> Unable to feed self - older child <input type="checkbox"/> Will never be able to feed self	<input type="checkbox"/> Requires a feeding tube <input type="checkbox"/> Requires other specialized treatment
<input type="checkbox"/> Fetal Alcohol/Drug Exposure		<input type="checkbox"/> Drug Exposed Child <input type="checkbox"/> Fetal Alcohol Syndrome	<input type="checkbox"/> Fetal Drug Addiction	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Hearing		<input type="checkbox"/> Hearing problem, hearing aid will correct <input type="checkbox"/> Hearing problem, hearing aid will not correct	<input type="checkbox"/> Deaf, but able to speak <input type="checkbox"/> Deaf, unable to speak <input type="checkbox"/> May require inner ear surgery	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Wetting during day, occasionally <input type="checkbox"/> Bed wetting, occasionally	<input type="checkbox"/> Bed Wetting, nightly <input type="checkbox"/> Wetting during the day, more than twice per month	<input type="checkbox"/> Bowel Problems <input type="checkbox"/> Will always wear diapers.	<input type="checkbox"/> Requires a Colostomy Bag
<input type="checkbox"/> Medical - General		<input type="checkbox"/> Requires weekly (or less frequent) monitoring <input type="checkbox"/> Multiple medications	<input type="checkbox"/> Requires daily/hourly monitoring <input type="checkbox"/> Chronic condition	<input type="checkbox"/> Requires specialized treatment <input type="checkbox"/> Requires use of specialized medical equipment
<input type="checkbox"/> Medical - Chronic	<input type="checkbox"/> Allergies to food, plants, medication, etc.	<input type="checkbox"/> Special Diet due to medical conditions	<input type="checkbox"/> Severe Allergies <input type="checkbox"/> Severe Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Cardiac Problems <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Other (list) _____	<input type="checkbox"/> Requires specialized treatment


<input type="checkbox"/> Medical - Urgent		<input type="checkbox"/> Condition that may require surgery in the next 6 months.	<input type="checkbox"/> Injuries or Conditions are life threatening <input type="checkbox"/> Shaken baby syndrome	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Counseling or therapy, less than twice per week <input type="checkbox"/> Depression/ Anxiety Disorder, Somewhat inhibiting <input type="checkbox"/> Other (list)	<input type="checkbox"/> Counseling or therapy, two or more times per week <input type="checkbox"/> Depression/ Anxiety Disorder, Moderately inhibiting <input type="checkbox"/> Other (list)	<input type="checkbox"/> Child may need hospitalization for emotional problems <input type="checkbox"/> Depression/ Anxiety Disorder, Severely inhibiting <input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Bi-Polar Disorder <input type="checkbox"/> Other (list)	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Personal Conduct	<input type="checkbox"/> Curfew violation	<input type="checkbox"/> Runaway behavior <input type="checkbox"/> Fire Starting <input type="checkbox"/> Stealing in the home or school <input type="checkbox"/> On probation <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Lying, excessive <input type="checkbox"/> Defiant Behavior	<input type="checkbox"/> Runaway behavior, 2 or more times in last 6 months <input type="checkbox"/> Gang affiliation <input type="checkbox"/> Stealing from community	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Aggressive, low risk of injury	<input type="checkbox"/> Superficial injury to self and others <input type="checkbox"/> Several days a week <input type="checkbox"/> Cruelty to animals <input type="checkbox"/> Fire Setting <input type="checkbox"/> Destruction to items in the home	<input type="checkbox"/> High risk of serious injury <input type="checkbox"/> Serious injury caused <input type="checkbox"/> Several days a week	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Placement Disruptions		<input type="checkbox"/> One disrupted placement in last 6 months	<input type="checkbox"/> 2 or more disrupted placements in last 6 months	
<input type="checkbox"/> Placement Transition			<input type="checkbox"/> Transitioning from a residential facility	
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Minor disability, does not affect mobility <input type="checkbox"/> Minor disability, does not affect self-care	<input type="checkbox"/> Moderate disability, affects mobility <input type="checkbox"/> Moderate disability, affects self-care	<input type="checkbox"/> Severe disability, affects mobility <input type="checkbox"/> Severe disability, affects self-care <input type="checkbox"/> Paraplegic <input type="checkbox"/> Quadriplegic	<input type="checkbox"/> Requires specialized treatment <input type="checkbox"/> Requires wheelchair accessible home
<input type="checkbox"/> Sexual disorders	<input type="checkbox"/> Sex abuse victim	<input type="checkbox"/> Sexually reactive	<input type="checkbox"/> Sexual Perpetrator <input type="checkbox"/> Prostitution	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Social conflict	<input type="checkbox"/> Every 1-2 weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Several days a week		<input type="checkbox"/> Requires specialized treatment

<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Smokes cigarettes	<input type="checkbox"/> Uses Alcohol <input type="checkbox"/> Uses Marijuana	<input type="checkbox"/> Uses Other drugs <input type="checkbox"/> Multiple Drug Use	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Suicidal Tendencies		<input type="checkbox"/>	<input type="checkbox"/> Suicidal ideation <input type="checkbox"/> Suicide attempts, recent <input type="checkbox"/> Suicide attempt, over 1 year ago	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Truancy		<input type="checkbox"/> Missed 2-5 days in last month	<input type="checkbox"/> Missed more than 5 days in last month <input type="checkbox"/> Dropped out of school	
<input type="checkbox"/> Vision	<input type="checkbox"/> Impaired vision, corrective lens needed	<input type="checkbox"/> Partial Vision	<input type="checkbox"/> Blind <input type="checkbox"/> May require eye surgery	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Low Severity	<input type="checkbox"/> Moderate Severity	<input type="checkbox"/> Severe	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Low Severity	<input type="checkbox"/> Moderate Severity	<input type="checkbox"/> Severe	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Low Severity	<input type="checkbox"/> Moderate Severity	<input type="checkbox"/> Severe	<input type="checkbox"/> Requires specialized treatment
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Low Severity	<input type="checkbox"/> Moderate Severity	<input type="checkbox"/> Severe	<input type="checkbox"/> Requires specialized treatment

Summary

Carefully review the information above and then answer the following questions.

Does the child have one or more moderate special needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Explanation:		
Does the child have one or more severe special needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Explanation:		
Does the child have any therapeutic needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Explanation:		
Is it possible to meet the child's special and/or therapeutic needs in a traditional resource (foster/relative) home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Explanation:		
Does the child have extensive special and/or therapeutic needs that require 24-hour monitoring and/or care that indicates a need residential placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Explanation:		
Based on the identified special and therapeutic needs of the child and the answers to the questions above, the recommended placement type is:		
<input type="checkbox"/> Traditional Resource (foster/relative) Home	<input type="checkbox"/> Special Needs Foster Home	
<input type="checkbox"/> Therapeutic Foster Home	<input type="checkbox"/> Residential Placement	

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Separation and Loss	Effective Date: June 1, 2008
	Reference: 8.B (8.8 Preparing Child for Placement)	Version: 1

The Child's Reaction to Separation

Separation from persons to whom we are closely attached is always experienced as a loss. The loss of one's parents is generally the most significant loss a child can experience. Children who have lost their parents almost always experience a crisis.

When a child is removed from his parents, his/her attachment systems are challenged in a way that may affect their relationships throughout their life span.¹ Children who have suffered traumatic separations from their parents may also display low self-esteem and a general distrust of others.

Attachment can be defined as the enduring emotional bond that exists between a child and a primary caregiver, who could be a biological or an unrelated caregiver.² Attachment disorders, which lead to the most problematic outcomes for children, include those in which children have disrupted attachments to the caregivers, display overly vigilant or overly compliant behaviors, show indiscriminate connection to every adult, or do not demonstrate attachment behaviors to any adult.³ Maltreated children are often exposed to inconsistent and inadequate parenting and, as a result, may experience difficulty in forming healthy attachments. Some studies suggest that upwards of three-quarters of maltreated children have disordered attachments, but that the proportion may diminish with age.⁴

The bond between brothers and sisters is unique—it is the longest lasting relationship most people have, longer than the parent/child or husband/wife relationship. While the bonds may wax and wane, a person's lifetime quest for personal identity is undeniably interwoven with his or her siblings. This bond exists in children raised in well-adjusted families, but it is even stronger for brothers and sisters from dysfunctional families. They learn very early to depend on and cooperate with each other to cope with their common problems.

¹ Harden, B. How Do I Help Children Adjust to Out-Of-Home Care H. Dubowitz & D. DePanfilis(Eds.), *Handbook for child protection practice* (pp 420 -424)

² Cassidy, J., and Berlin, L. The insecure/ambivalent pattern of attachment: Theory and research. *Child Development* (1994) 65 (4):971-81; and Zeanah, C., Boris, N., and Lieberman, A. Attachment disorders in infancy. In *Handbook of developmental psychopathology*. M. Lewis and A. Sameroff, eds. New York: Basic Books, 2001.

³ Carlson, E. A prospective, longitudinal study of disorganized/disoriented attachment. *Child Development* (1998) 69:1107-28; and Lyons-Ruth, K. Attachment relationships among children with aggressive behavior problems: The role of disorganized early attachment patterns. *Journal of Consulting and Clinical Psychology* (1996) 64:64-73.

⁴ Carlson, V., Cicchetti, D., Barnett, D., and Brumwald, K. Finding order in disorganization: Lessons from research on maltreated infants' attachments to their caregivers. In *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect*. D. Cicchetti and V. Carlson, eds. New York: Cambridge University Press, 1989; and Cicchetti, D., and Barnett, D. Attachment organization in maltreated preschoolers. *Development and Psychopathology* (1991) 3(4):397-411.

Separating siblings in foster care or through adoption adds to their emotional burden. They have already had to cope with the separation and loss of their parents. If they are then separated from their siblings, they must experience the grieving process all over again. For many children, this separation will be even more traumatic because, if they have experienced abuse and/or neglect at the hand of their parents, they will often have stronger ties to each other than to their mother or father.

Emotional responses to crisis and loss are usually predictable. Clinicians have identified a series of stages that are commonly associated with loss. These stages are referred to by theorists as the grief or mourning process.⁵ The stages may be predictable but the behavioral responses may vary significantly.


The stages are:

- Shock/denial
 - Description of Stage
 - Indifference
 - Disconnected from the event (stunned, shell-shocked)
 - Denial
 - Little emotional expression
 - Behavioral Expressions
 - The child often seems indifferent in affect and behavior.
 - The child may appear to make a good adjustment; “Honeymoon period:”
 - The child may be unusually quiet, compliant, and eager to please.
 - The child may deny the loss, and make statements such as “I am not staying here. Mommy will get me soon.”
- Anger/protest
 - Description of Stage
 - The loss can no longer be denied.
 - Anger may be non-directional or directed at a person or object thought to be responsible for the loss.
 - Guilt and blaming others is common.
 - Behavioral Expressions
 - The child may be oppositional and hypersensitive.
 - The child may display tantrum behaviors and refuse to participate in social activities.
 - The child may be aggressive and exhibit rough behavior with other children.
 - The child may display sleeping or eating disturbances and may not talk.
- Bargaining
 - Description of Stage
 - The child may try to “bargain” with whoever is thought to have the power to change the situation.

⁵ Rycus, J. & Hughes, R. (1998). *Field Guide to Child Welfare, Volume Four* Child Welfare League of America, Washington, DC

- The child may believe that a certain way of thinking or behaving will serve to prevent the finality of the loss.
 - Behavioral Expressions
 - The child may be eager to please and will make promises to be good.
 - The child may try to undo what she feels she has done to precipitate the placement.
 - The child may believe that behaving or thinking in a certain way will bring about reconciliation. The behaviors may even become ritualized.
 - The child may try to negotiate agreements with the FCM or the resource parent/staff at facility.
- Depression/Sadness
 - Description of Stage
 - Expressions of despair and futility
 - Listlessness
 - Episodes of fear and panic
 - Withdrawal
 - Generalized lack of interest in people, surroundings or activities
 - Behavioral Expressions
 - The child appears to have lost hope.
 - The child may be “touchy” or out of sorts, may cry with little provocation.
 - The child may be listless, without energy.
 - The child may exhibit regressive behaviors such as thumb sucking, toilet accidents, baby talk.
- Resolution/Acceptance
 - Description of Stage
 - The child begins to respond to the people around him/her in a more “normal” manner.
 - The child begins to invest emotional energy in the present or in planning the future rather than continually dwelling in the past.
 - The child begins to reorganize life and finds feelings of hope.
 - Behavioral Expressions
 - The child begins to develop stronger attachments in the home and tries to establish a place for him/herself in the family structure.
 - The child may begin to identify as part of the new family.
 - The intensity of emotional distress decreases and the child can once again experience pleasure in normal childhood.
 - Emotional reactions to stressful situations diminish as the child becomes more secure in the new environment.

The trauma that accompanies the placement of a child can be diminished by appropriate selection of the caregiver, involvement of the child and parent (s) in the entire placement process, pre-placement meetings between caregivers, proper planning for and regular visitation, and establishing supports for the family and child prior to and during the placement.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Supervision of Visits	Effective Date: June 1, 2008 <i>Most Recent Review: September 1, 2020</i>
	Reference: 8.C (8.13 Implementing the Visitation Plan)	Version: 1

How Much Supervision and Why?

The level and frequency of supervision required for visitation and how the supervision is handled will depend on the purpose for which it is required. Supervision of visits should be consistent with identified safety and risks and supportive of case goals. Some of the major purposes of supervision are:

1. Protective: The FCM has reason to believe:
 - a. The parent, guardian, or custodian; sibling; or other participants are likely to physically or emotionally harm the child during the visit; and/or
 - b. The parent, guardian, or custodian or other participants are likely to flee from the visit with the child.
2. Assessment: The FCM needs to observe and document the interactions between the parent, guardian, or custodian and the child. This is necessary for evaluating progress in meeting Case Plan and permanency goals, modifying the Case Plan and Visitation Plan, and ultimately determining if the child may safely return home.
3. Support and Treatment: Through supervision, the FCM may support the building of a mutually satisfying relationship between parent, guardian, or custodian and child. Supervised visits may also play a role in family treatment, especially when it involves teaching parenting skills. During visits, an FCM, substitute caregiver, therapist, or other professionals may teach appropriate child care and demonstrate ways of setting and enforcing limits. Teaching parenting skills may help the parent, guardian, or custodian develop a better way of interacting and communicating with his or her child.

Who Should Supervise?

Supervision of visits may be provided by a variety of persons depending upon the situation. Appropriate persons include the FCM, a foster parent, relative, service provider, residential facility staff, Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL), or another appropriate adult.


Regardless of who provides the supervision, the visit supervisor should document information about the visit in a visitation log. The information to be documented should include the following:

1. Date;
2. Time and location of visit;
3. Names of persons in attendance;
4. Detailed examples of the parent, guardian, or custodian's and the child's behaviors (positive and negative) during the visit; and
5. A summary of any activities that took place.

Note: Missed visits should also be documented, including reasons why, if known.

Progressively Decreased Supervision

Initially, most visits are fully supervised (the person providing supervision is in the room at all times) to ensure child safety and for the FCM to assess the parent, guardian, or custodian's strengths and needs as related to parenting. As visitation progresses, visits may transition to intermittently supervised (the supervising person need not be in the same room at all times). Finally, visits may progress to unsupervised.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Behavior Management Plans	Effective Date: November 1, 2014
	Reference: 8.D (8.18 Behavior Management and Discipline in Resource Homes)	Version: 1

General Guidelines for Use of Discipline

When any form of discipline is used, the following guidelines are encouraged:

- Use encouragement and praise whenever possible to reinforce desired behavior.
- Wait until your anger subsides before implementing discipline.
- The use of several discipline options may be needed to deal with a specific behavior or set of behaviors.
- Attempt to de-escalate heightened emotions of the child or self before implementing any discipline techniques.
- Set clear limits, rules, and expectations and communicate these to the children.
- If possible, have the children take responsibility for their actions and correct the behavior or situation.
- Give children choices and involve them in decision-making.
- The younger the child, the more immediate the consequences should be.
- Discipline should be consistent with and based on the understanding of the child's developmental age.

Discipline is an ongoing process of teaching children responsible behavior through example as well as through various other activities and techniques. Discipline involves teaching children that their behavior results in certain consequences and encourages children to learn self-control and responsibility. Discipline plans may include the following **discipline techniques**: contracts, behavior management, and corrective action.

Contracts

Contracts are statements, either verbal or written, by which the resource parents and the children negotiate a mutually acceptable agreement. Contracts may be a simple and convenient method of helping children acquire self-discipline because contracts:

1. Involve the children in making their own decisions and taking responsibility for their own actions;
2. Are flexible and may be negotiated to meet the requirements of the situation;
3. Are individual and may be tailored to meet the individual needs of the child;
4. Provide opportunities for success, which are visible to children;
5. Are tools that require children to examine themselves in terms of their capacity for self-direction;
6. Provide opportunities for interaction between children and resource parents;
7. Provide practice for adult life; and
8. Represent an investment on the part of both contracting parties.

Behavior Management

Behavior management may be an appropriate discipline technique for children who are not able to handle the responsibility of self-discipline. Behavior management uses a system of incentives or rewards. Children receive rewards for approved behavior and may work up to a level of increased self-responsibility. Any behavior management program is to be developed by a professional in consultation with the resource parent and is to be reviewed, approved, monitored, and modified as necessary by the Child and Family Team (CFT). Any significant changes to the behavior management plan must be reviewed and approved by the professional. The behavior management plan will work best if the rewards are established through mutual agreement of the members of the CFT, including the child. It is important for all members of the CFT to follow the plan consistently.

Example

- **Desired Behavior:** Brushing teeth before bedtime.
- **Behavior Management:** Offer the child a token (penny, sticker, etc.) each time the child brushes his or her teeth before bedtime.
- **Reward:** After the child has earned 10 tokens, the child will receive the reward (extra TV time, bonus in allowance, special activity, etc.).

Corrective Action


Before deciding to take corrective action, the resource parents must decide whether the behavior in question may be permitted or tolerated for a time or ignored in keeping with the needs and progress of the child, the needs of the resource parents, and the seriousness of the behavior. Children must be given the opportunity to recognize their behavior is inappropriate and to control it themselves. Corrective action includes the following:

1. **Clarification-** It is necessary to make clear exactly what the offense was, when it occurred, the identity of the person(s) who provoked it, the identity of the offender(s), and under what circumstances it took place.
2. **Persuasion-** Following clarification, resource parents may attempt to persuade children to correct mistakes by showing them there are other ways of achieving goals and that they have the ability to control their impulses. The resource parents' tone must be supportive and dispassionate, emphasizing the real consequences of the offense and suggesting how it can be corrected.
3. **Distraction-** Distraction involves drawing a child's attention away to a substitute activity in order to correct a child's behavior. The choice of a substitute activity should be guided by some criteria such as the child's age, intent, and interests as well as the capacity of the substitute activity to diminish the self-defeating aspects of the original activity.
4. **Interference-** Interference is used when a behavior must be stopped immediately and may be verbal, social, or physical. Physical restraint is only to be used when the resource parents have written permission from DCS to use physical restraint. In addition, resource parents must have received appropriate training and certification by a DCS approved provider in the prevention and use of physical restraints, and they have determined it to be reasonable and necessary in the given situation to:
 - a. Stop a child who is threatening physical injury to him/herself, other persons, pets, and/or property; and/or
 - b. Remove a weapon from the child as a matter of self-defense or defense of others.

Note: Authorized use of physical restraint must be documented in the child's [Case Plan \(SF 2956\)](#). See [465 IAC 2-1.5-17 Physical Restraint](#) for further guidance. It is

imperative for resource families to use critical thinking skills when circumstances may warrant the use of interference to ensure the safety of the child.

5. Time-out- Time-out involves removal of children from situations until they are able to calm down. Children are isolated by sitting on a chair or staying in parts of occupied rooms or in other unoccupied unlocked rooms under careful supervision. Under no circumstances are closets to be used for time-out. In some situations it may be more appropriate for resource parents to “take a time-out”, removing themselves from situations as long as the children’s safety is not in question.
 - a. Time-out is to be used sparingly, after other techniques have failed.
 - b. Time-out is to be short. A rule of thumb for the length of time-out is one minute per year of the child’s age.
 - c. Once time-outs are over and the children have calmed down, they can return to other activities. It is helpful to bring the children back to something constructive that will redirect their energy.
6. Withholding privileges- Privileges are benefits or favors that have been granted to children. Privileges have to be given to children before they can be withheld. Examples of privileges that could be withheld include the use of the telephone, walks to the store, television time, etc. Food, shelter, and visits with parents are rights, not privileges; therefore, the child is not to be deprived of these.
7. Restitution- Restitution may be used in cases of property damage or theft. In cases of property damage, children may pay for repair of the property within reason in relation to the amount of money they have or receive through such sources as an allowance or a part-time job. In cases of theft, children may either return the stolen goods or pay for them.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Category of Supervision Policy to Practice	Effective Date: October 1, 2019
	Reference: 8.E (8.50 Determining and Reviewing Category of Supervision)	Version: 3

EXAMPLES OF OVERRIDE SITUATIONS:

Policy to Practice Example 1: Youth with Complex Medical Conditions

Child is three (3) years old with cognitive impairments and is medically fragile. He has sleep apnea, has had seven (7) major surgeries and two (2) significant hospital stays in his short life. He is on a feeding tube and the medical staff and resource parents are trying to teach him to eat. He is unable to walk without assistance and is experiencing a number of significant developmental delays due to multiple medical conditions, surgeries and hospitalization. He has frequent doctor visits with multiple specialists and many therapy services in place to address his developmental delays.

Policy to Practice Example 2: Youth with Developmental Disabilities/Intellectual Disability (DD/ID)

Child is 16 years old and is not behaviorally challenging, but the child is very low functioning and requires constant supervision to keep from wandering away from home and/or school, sticking fingers in wall sockets, and/or urinating in inappropriate places (trash cans, plants, etc.).

Policy to Practice Example 3: Youth with Severe Behavioral Health Conditions

Child is under the age of 12 and does not meet Child and Adolescent Needs and Strengths (CANS) placement criteria for Residential Care but has behaviors that require additional services such as the following:

Extreme hyperactivity - Child is constantly into everything and requires constant intensive supervision.


Obsessive Compulsive Disorder (OCD) - Child needs assistance managing behavior and completing daily routines.

Sexually maladaptive behaviors - Child presents moderate risk to other children and requires additional service coordination and close supervision.

Policy to Practice Quick Reference Guide:

Situation	What to do?	LOD Approval?	RM Approval?
<p>A Family Case Manager (FCM) completed a CANS for a child in a resource home, but the Placement Recommendation and Category of Supervision “just doesn’t seem right” for the child.</p>	<p>The FCM should review the CANS scores with his or her supervisor to determine if the measures are accurately rated. If there are any concerns about the ratings, a new CANS should be completed with the assistance of the FCM Supervisor. If there are any questions or concerns about how to rate the CANS, please contact DCS.CANS@dcs.in.gov for assistance.</p>	<p>No</p>	<p>No</p>
<p>A Resource Home submits a Child Placing Agency (CPA) and Department Managed Foster Homes Request for Review of Child's Category of Supervision.</p>	<p>The FCM, Local Office Director (LOD), or designee must meet with the resource parent within 14 business days of receipt of the request. Prior to the meeting, the FCM, FCM Supervisor, and LOD should review the CANS and all other relevant information.</p> <p>If the FCM, FCM Supervisor, and LOD agree the CANS scores are accurate and stand by the category of supervision, then a new CANS does not need to be completed.</p> <p>During the meeting, if the resource parent brings forth additional information which was not previously taken into consideration, a new CANS should be completed.</p> <p>If a new CANS is completed or the LOD makes a decision that results in a change to the category of supervision, the FCM will need to complete a new Indiana Child Placement Referral (ICPR).</p>	<p>Yes</p>	<p>Only if the LOD determines the review should result in a “negotiated rate”</p>

Situation	What to do?	LOD Approval?	RM Approval?
<p>A child is placed in a resource home. The FCM, FCM Supervisor, LOD, and Child and Family Team (CFT) have reviewed the CANS and believe it is accurate. However, the team believes the child's needs are "very unique" and that the placement recommendation and corresponding category of supervision should be overridden.</p>	<p>The FCM and/or FCM Supervisor will review all relevant information with the LOD to determine the appropriate category of supervision. The LOD may approve the final category of supervision as long as it does not exceed the Therapeutic Plus Level.</p> <p>If the LOD believes a negotiated rate exceeding the Therapeutic Plus level is necessary, a request to negotiate a resource home rate must be submitted to the Regional Manager (RM) for final determination. Once approved, a RM Appeal must be completed.</p>	<p>Yes</p>	<p>Only if the LOD determines a "negotiated rate" is appropriate</p>
<p>A child with "very unique needs" is placed in a residential placement. The child requires special programming which is not normally provided. Therefore the FCM, FCM Supervisor, LOD, and CFT believe there is a need for a negotiated rate with the residential provider.</p>	<p>If the LOD and RM agree a negotiated rate is needed, they will contact the Deputy Director of Services who will negotiate a rate with the residential facility on behalf of the local office.</p>	<p>Yes</p>	<p>Yes</p>

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Reasonable and Prudent Parent Standard	Effective Date: October 1, 2015
	Reference: 8.F (Chapter 8 - Out-of-Home Services)	Version: 1

Children in out-of-home care should be able to participate in developmentally appropriate activities. The Indiana Department of Child Services (DCS) requires resource parent(s) to use the Reasonable and Prudent Parent Standard when determining whether a child should participate in extracurricular, enrichment, cultural, and social activities. The Reasonable and Prudent Parent Standard is characterized by careful and sensible parental decisions that maintain a child’s health, safety, and best interests, while at the same time, encouraging the child’s emotional and developmental growth. See separate policy, [8.16 Resource Parent\(s\) Role](#) for more information.

As resource parents, you will be faced with situations where you may need to determine whether or not it is appropriate for children in your care to participate in an activity. You may use the questions and the Child Development and Trauma chart below to assist in making decisions regarding these activities. You should also work closely with the Family Case Manager (FCM) and the Child and Family Team (CFT) whenever possible.

The following questions can be used to assist you when making a decision concerning the appropriateness of an activity for a child:

1. What is the child’s developmental level?
2. What behaviors does the child display? Review the Child Development and Trauma Chart below to determine if the behaviors exhibited by the child match his or her chronological age.
3. What is the activity(s) in which the child is requesting to participate?
4. What activity(s) has the child participated in historically?

Review the Child Development and Trauma Chart below to determine if:

1. The child is behaving (developmentally) in a way consistent with his or her chronological age,
2. The activity(s) the child is requesting seems appropriate for his or her developmental stage, and
3. Previous activities have prepared the child for success in the activity he or she wishes to participate.

Child Development and Trauma

Infants and Toddlers

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>3 months: Holds head at 90 degree angle, uses arms to prop</p> <p>5 months: Purposeful grasp; rolls over, transfers objects from hand to hand, plays with feet, stretching, touch genitals, rock on stomach</p> <p>7 months: Sits in “tripod”; pushes head and torso off floor</p> <p>9 months: Gets to and from a sitting position; crawls, pulls to standing; finger-thumb opposition; eye-hand coordination; no hand preference</p> <p>12 months: Walking</p> <p>15 months: More complex motor skills</p> <p>2 years: Learns to climb up stairs first, then down</p>	<p>4-5 months: Coos, curious and interested in environment</p> <p>6 months: Babbles and imitates sounds</p> <p>9 months: Discriminates between parents and others; trial and error problem solving</p> <p>12 months: Beginning of symbolic thinking; points to pictures in books in response to verbal cue; object permanence; some may use single words; receptive language more advanced than expressive language</p> <p>15 months: Learns through imitating complex behaviors; knows objects are used for specific purposes</p> <p>2 years: Two word phrases; uses more complex toys; understands sequence of putting toys and puzzles together</p>	<p>Birth: Attachment-baby settles when parent comforts</p> <p>5 months: Responsive to social stimuli</p> <p>9 months: Socially interactive; plays games with caretaker (Patty cake)</p> <p>11 months: Stranger anxiety; separation anxiety; solitary play</p> <p>2 years: Imitation, parallel and symbolic play</p>	<p>Birth – 1 year: Learns fundamental trust in self, caretakers, and environment</p> <p>1-3 years: Mastery of body and rudimentary mastery of environment (can get others to meet needs)</p> <p>12 -18 months: “Terrible twos” may begin; tantrums</p> <p>18-36 months: Feel pride when they are “good” and embarrassment when they are “bad”; Recognizes distress in others – beginning of empathy; Emotionally attached to toys or objects for security</p>	<ul style="list-style-type: none"> • Chronic malnutrition; growth retardation, brain damage, possible mental retardation • Head injury; skull fracture - mental retardation, cerebral palsy, paralysis, coma, blindness, deafness • Internal organ injuries • Chronic illness from medical neglect • Delays in gross and fine motor skills, poor muscle tone • Language and speech delays; may not use language to communicate • Overly clingy, lack of discrimination of significant people, can’t use parent as source of comfort • Passive, withdrawn, apathetic, unresponsive • “Frozen watchfulness”, fearful, anxious • Feel they are “bad” • Immature play- cannot be involved in reciprocal, interactive play

Child Development and Trauma continued

Pre-School

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Physically active</p> <p>Weight gain: 4-5 lbs per year</p> <p>Growth: 3-4 inches per year</p> <p>Clumsy throwing balls</p> <p>Refines complex skills: hopping, jumping, climbing, running, riding “big wheels” and tricycles</p> <p>Improving fine motor skills and hand-eye coordination: cut with scissors, draw shapes</p> <p>3-3 1/2: most toilet trained</p>	<p>Egocentric, illogical magical thinking</p> <p>Explosion of vocabulary</p> <p>Poor understanding of time, value, sequence of events</p> <p>Vivid imaginations; some difficulty separating fantasy from reality</p> <p>Accurate memory but more suggestible than older children</p> <p>Primitive drawing, unable to represent themselves in drawing until 4</p> <p>Do not realize others have a different perspective</p> <p>Leaves out important facts</p> <p>May misinterpret visual cues of emotions</p> <p>Receptive language better than expressive until age 4</p>	<p>Play: Cooperative, imaginative, may involve fantasy and imaginary friends,</p> <p>Takes turns in games</p> <p>Experiments with social roles</p> <p>Wants to please adults</p> <p>Development of conscience: incorporates parental prohibitions;</p> <p>Feels guilty when disobedient; simplistic idea of “good and bad” behavior</p> <p>Curious about his and other’s bodies, may masturbate</p> <p>No sense of privacy</p> <p>Primitive, stereotypic understanding of gender roles</p>	<p>Self-esteem based on what others tell him or her</p> <p>Increasing ability to control emotions; fewer emotional outbursts</p> <p>Increased frustration tolerance</p> <p>Better delayed gratification</p> <p>Rudimentary sense of self</p> <p>Understands concepts of right and wrong</p> <p>Curious</p> <p>Self-directed in many activities</p>	<ul style="list-style-type: none"> Poor muscle tone, motor coordination Poor pronunciation, incomplete sentences Cognitive delays; inability to concentrate Cannot play cooperatively Lacks curiosity or imaginative and fantasy play Social immaturity: unable to share or negotiate with peers; overly bossy, aggressive, competitive Attachment: overly clingy, superficial attachment, shows little distress or over-reacts when separated from caregiver Underweight from malnourishment; small stature Excessively fearful, anxious, night terrors Lacks impulse control; little ability to delay gratification Exaggerated responses (tantrums, aggression) even to mild stressors Poor self-esteem, confidence, absence of initiative Blames self for abuse, placement

Child Development and Trauma continued

School - Aged


Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Slow, steady growth: 3-4 inches per year</p> <p>Uses physical activities to develop gross and fine motor skills</p> <p>Motor and perceptual motor skills better integrated</p> <p>10-12 years: puberty begins for some children</p>	<p>Uses language as a communication tool</p> <p>Perspective: 5- 8 year old can recognize others' perspectives, unable to assume the role of the other 8-10 year old can recognize difference between behavior and intent 10-11 year old can accurately recognize and consider others' viewpoints</p> <p>Accurate perception of events; rational, logical thought</p> <p>Reflects upon self and attributes</p> <p>Understands concepts of space, time, and dimension</p> <p>Can remember events from months or years earlier</p> <p>More effective coping skills</p> <p>Understands how own behavior affects others</p>	<p>Friendships are situation specific</p> <p>Understands concepts of right and wrong</p> <p>Rules relied upon to guide behavior and play, and provide structure and security</p> <p>5-6 years: believes rules can be changed</p> <p>7-8 years: strict adherence to the rules</p> <p>9-10 years: rules can be negotiated</p> <p>Begins understanding social roles; regards them as inflexible; practices social roles</p> <p>Can adapt behavior to fit different situations;</p> <p>Takes on more responsibilities at home</p> <p>Less fantasy play, more team sports, board games</p> <p>Morality: avoid punishment; self-interested exchanges</p>	<p>Self- esteem based on ability to perform and produce</p> <p>Alternative strategies for dealing with frustration and expressing emotions</p> <p>Sensitive to other's opinions about themselves</p> <p>6-9 years: has questions about pregnancy, intercourse, sexual swearing, looks for nude pictures in books</p> <p>10-12 years: games with peeing, sexual activity (e.g., strip poker, truth/dare, boy-girl relationships, flirting, some kissing, stroking/rubbing)</p>	<ul style="list-style-type: none"> • Poor social/academic adjustment in school: preoccupied, easily frustrated, emotional outbursts, difficulty concentrating, can be overly reliant on teachers • Little impulse control • Act out with hitting, fighting, lying, stealing, breaking objects, verbal outbursts, swearing • Extreme reaction to perceived danger • May be mistrustful of adults or overly solicitous • May speak in unrealistically glowing terms about parents • Difficulties in peer relationships • Unable to initiate, participate in, or complete activities, give up quickly • Tests commitment of foster and adoptive parents with negative behaviors • Role reversal to please parents and takes care of parents and younger siblings • Emotional disturbances: depression, anxiety, PTSD, conduct disorders, attachment disorders

Child Development and Trauma continued

Adolescents

Physical	Cognitive	Social	Emotional	Possible Effects of Maltreatment
<p>Growth spurt: Girls 11 – 14 years Boys 13 – 17 years</p> <p>Puberty: Girls 11 – 14 years Boys 12 – 15 years</p> <p>Youth acclimates to changes in body</p>	<p>Thinks hypothetically: calculates consequences of thoughts and actions without experiencing them; considers a number of possibilities and plans behavior accordingly</p> <p>Thinks logically: identifies and rejects possible outcomes based on logic</p> <p>Introspection and self-analysis</p> <p>Insight, perspective taking: understands and considers others’ perspectives and perspectives of social systems</p> <p>Systematic problem solving, considers multiple solutions and plan a course of action</p> <p>Cognitive development is uneven and impacted by emotionality</p>	<p>12 – 14 years Psychologically distances self from parents; identifies with peer group; social status largely related to group membership; social acceptance depends on conformity to observable traits or roles; need to be independent from all adults; ambivalent about sexual relationships, sexual behavior is exploratory</p> <p>15 – 17 years Friendships based on loyalty, understanding, trust Self-revelation is first step toward intimacy; conscious choices about adults to trust; respect honesty and straightforwardness from adults; may become sexually active Morality: golden rule; conformity with law is necessary for good of society</p>	<p>Identity formation 12 – 14 years Self-conscious about physical appearance and early or late development; body image rarely objective May over-react to parental questions or criticisms Engages in activities for intense emotional experience Risky behavior; blatant rejection of parental standards; relies on peer group for support</p> <p>15 – 17 years Examination of others’ values, beliefs; forms identity by organizing perceptions of one’s attitudes, behaviors, values into coherent “whole” identity</p>	<ul style="list-style-type: none"> • All the problems listed in the school-aged section • Identity confusion; inability to trust in self to be a healthy adult; expects to fail; may appear immobilized and without direction • Poor self-esteem: pervasive feelings of guilt, self-criticism, overly rigid expectations for self, inadequacy • May overcompensate for negative self-esteem by being narcissistic; unrealistically self-complimentary, grandiose expectations for self • May engage in self-defeating behavior, withdraw • Lacks capacity to manage intense emotions; frequent and violent mood swings • May be unable to form or maintain satisfactory relationships with peers

Charts adapted from: Developmental Milestones Chart Developed by The Institute for Human Services for the Ohio Child Welfare Training Program, October 2007

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: November 1, 2020
	Section 1: Request to Place an Indiana Child in Another State	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires the DCS local office wishing to place an Indiana child in another state to submit a referral packet to the DCS Interstate Compact on the Placement of Children (ICPC) Office. Contents of the referral packet are included in the [procedure](#) section of this policy. The DCS ICPC Office will notify the DCS local office of incomplete requests, which may result in a delay in processing.

DCS will not require that prospective out-of-state relative placements be licensed prior to placement. If the receiving state has a requirement that incoming ICPC relative referrals be licensed or meet other requirements, DCS will abide by such requirements and require a copy of the license to be sent to the ICPC Unit. If the relative becomes licensed in the receiving state, Indiana DCS will pay a per diem according to Indiana foster care per diem rates. DCS recommends that the out-of-state relative placement become licensed in their state. However, it is not a requirement for approval of the placement.

If the type of an ICPC case changes (e.g., foster care to adoption or relative care to foster care), DCS will require a new ICPC referral.

DCS **will not allow** an Indiana child to be placed in another state **without the written approval** of both the DCS ICPC Office and the receiving state’s ICPC Office unless the child is placed with a parent residing in another state. 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, with the exception of placement of a child with a parent, DCS will file an objection with the court based on the rules of the ICPC. If the court orders the placement over the objection, the local office must notify the DCS General Counsel and the DCS ICPC office.

Note: The ICPC does not apply when the court orders a child to be placed with his or her parent from whom the child was not removed and subsequently releases wardship of the child (see [ICPC Regulation No. 2](#)).

An Indiana child may visit a proposed placement. However, the stay may not last longer than 30 days, as any stay lasting longer than 30 days is considered a placement. Once an ICPC request has been initiated, a visit cannot occur while the ICPC is pending (see [Practice Guidance](#)).

Note: For more information about Indiana DCS’ ICPC process, please review the [Indiana ICPC Interactive Guide](#).

Code References

1. [IC 31-28-4: Interstate Compact on the Placement of Children](#)
2. [ICPC Regulation No. 2](#)
3. [ICPC Regulation No. 9](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Meet with his or her FCM Supervisor and/or the Child and Family Team (CFT) regarding the feasibility of an ICPC placement for the child;
2. Identify any possible ICPC placement resource (see [Practice Guidance](#));
3. Engage the placement resource and determine his or her willingness and ability to have the child placed in their care;
4. Begin to assemble the contents of the referral packet within five (5) business days of identification of the placement resource. The referral packet should include the following:
 - a. Completed [Interstate Compact on the Placement of Children Statement of Family Case Manager/Potential Placement Resource \(SF 55736\)](#),
 - b. A cover letter detailing the reason for the referral including any specific issues that need to be addressed,
 - c. The child's social history (see separate policy, [10.11 Child Social Summary](#)),
 - d. Signed [Indiana Interstate Compact on the Placement of Children- Financial/Medical Plan- If Child is Placed Out-of-State \(SF 49597\)](#),
 - e. The child's medical history,
 - f. Psychological reports and any other reports current within the past year,
 - g. Documentation of the child's legal status, including wardship and/or custody order or other applicable court order documenting DCS care, custody, and control over the child. This includes juveniles subject to probation for delinquent acts. If the wardship is over 12 months old, the most recent court order must be included, as well as the order granting wardship. All court orders must be signed and dated by the presiding judge,
 - h. Signed [Case Plan \(SF 2956\)](#),
 - i. Copy of birth certificate, and
 - j. Copy of Social Security card, if available.

Note: See the [Indiana ICPC Interactive Guide](#) for more detail about the referral packet.

5. Submit one (1) identical copy of the referral packet to the DCS ICPC Office; and
6. Complete the [Interstate Compact on the Placement of Children Request \(SF 106\)](#), scan separately from the referral packet, and submit one (1) copy to the DCS ICPC Office.

The FCM Supervisor will:

1. Review the case during [clinical supervision](#) to ensure the FCM explores all in-state relative placement options prior to deciding on an ICPC placement; and
2. Ensure timely and accurate submission of the referral packet to the DCS ICPC Office.

The DCS Compact Administrator, Deputy Compact Administrator, or designee will:

1. Review the packet for accuracy and ensure that all necessary documentation is included within three (3) business days of receipt;
2. Notify the FCM and their FCM Supervisor immediately via email if there is missing information; and
3. Forward the completed packet to the receiving state ICPC Office within three (3) business days of approval, and retain a copy for six (6) months upon closure of the case for DCS ICPC Office records.

The sending state ICPC office will:

1. Review the packet for completeness; and
2. Forward the completed packet to the receiving state through the [National Electronic Interstate Compact Enterprise \(NEICE\)](#) or through email.

The receiving state ICPC Office will:

1. Review the [Interstate Compact on the Placement of Children Request \(SF 106\)](#) and the DCS ICPC referral packet; and
2. Forward the [Interstate Compact on the Placement of Children Request \(SF 106\)](#) and referral packet to the receiving state's local child welfare office, requesting that a home study be completed on the proposed placement resource.

The receiving state's child welfare local office will:

1. Complete the requested home study, including a specific placement recommendation; and
2. Return the home study to its state ICPC Office.

The receiving state ICPC Office will:

1. Review the home study, noting the specific placement recommendation; and
2. Complete the [Interstate Compact on the Placement of Children Request \(SF 106\)](#) and send it, along with the home study and Placement decision, to the Indiana DCS ICPC Office through [NEICE](#) or through email.

The DCS Compact Administrator, Deputy Compact Administrator, or designee will forward the completed home study and [Interstate Compact on the Placement of Children Request \(SF 106\)](#) to the designated ICPC contact.

PRACTICE GUIDANCE

Determining Placement Options

The FCM should collaborate with the family to determine whether there is a relative interested in having the child placed with them. First consideration should always be given to a parent, even if the parent lives out-of-state. If a parent who resides out-of-state is an option, ICPC is not required. A pre-screening of the prospective placement resource prior to the submission of an ICPC referral is required under [ICPC Regulation No. 2](#) and [ICPC Regulation No. 7](#). This information will be documented on the [Interstate Compact on the Placement of Children Statement of Family Case Manager/Potential Placement Resource \(SF 55736\)](#) and gathered by the case manager in the sending state. The FCM will be responsible for contacting the prospective placement resource in the receiving state to complete the [Interstate Compact on the Placement of Children Statement of Family Case Manager/Potential Placement Resource \(SF 55736\)](#). The intent of this pre-screening is to prevent sending an ICPC referral to a placement resource who is not interested, lacks qualifications (based on home space or financial resources), or who has a criminal history which would preclude placement. The FCM must include this form with the [Interstate Compact on the Placement of Children Request \(SF 106\)](#) when submitting an ICPC referral. Upon determination that a case is appropriate for an ICPC referral, the FCM should then work with the resource parent to ensure they have the necessary information regarding the placement.

Note: If the relative is located out-of-state, and the case meets the criteria for an ICPC expedited placement, see separate policy [9.05 Expedited Placement for Out-of-State](#)

[ICPC Placements](#) for guidance.

Out-of-State Parent Rapid Response

Upon learning of a potential out-of-state placement with a parent with whom there are concerns, rather than sending an ICPC request, a rapid response team will meet to review the concerns. The rapid response team is composed of the following:

1. FCM;
2. FCM Supervisor;
3. Local Office Director (LOD) or Division Manager (DM);
4. DCS Staff Attorney;
5. Regional Manager (RM); and
6. Chief Counsel.

The rapid response team will meet as soon as possible and consider the following:

1. The concerns regarding the out-of-state parent and whether those concerns are significant enough to not immediately place the child with his or her parent;
2. Whether the concerns about the out-of-state parent have been well documented in DCS' petition and/or if DCS needs to amend the petition or dispositional order;
3. Whether DCS has enough information to use a "best interests" argument for not wanting to place the child with the out-of-state parent. If so, DCS should cite [IC 31-10-2-2](#) in its objection for the placement and need for additional information. Reasons for this may include, but are not limited to: lack of a parent-child relationship, the parent having a criminal or child welfare history, parents instability or lack of resources, and unresolved mental health issues; and
4. Methods DCS may use to determine if the out-of-state parent is appropriate for placement without using the ICPC process.

If the rapid response team needs additional assistance following the meeting, Assistant Deputy Directors (ADD), the Assistant General Counsel, and/or other members of management may assist in planning for these cases.

Visit With A Proposed Placement

According to [ICPC Regulation No. 9](#), a visit is considered to be a stay with the proposed placement that lasts no longer than 30 days. Any stay lasting longer than 30 days is considered a placement. The only time a stay longer than 30 days may be considered a visit is if it begins and ends within the period of a child's vacation from school, as determined by the academic calendar of the school. A rebuttable presumption is established that the intent of the stay or proposed stay is not a visit when a request for a home study or supervision, made by the person or agency sending or proposing to send a child on a visit, is pending at the time that the visit is proposed.

FORMS AND TOOLS

1. [Interstate Compact on the Placement of Children Request \(SF 106\)](#) – also available in the case management system
2. [Indiana Interstate Compact on the Placement of Children- Financial/Medical Plan- If Child is Placed Out-of-State \(SF 49597\)](#)
3. [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#)
4. [Case Plan \(SF 2956\)](#)- available in the case management system

5. [Interstate Compact on the Placement of Children Statement of Family Case Manager/Potential Placement Resource \(SF 55736\)](#)
6. [Indiana ICPC Interactive Guide](#)

RELATED INFORMATION

DCS ICPC Unit Electronic Mailbox

The DCS ICPC Unit Mailbox ICPCUnit.dcs@dcs.in.gov may be accessed in Outlook. Progress reports, [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#), and questions may be sent to this mailbox.

DCS ICPC Office

The DCS ICPC Office is located at the DCS Central Office.
Indiana Department of Child Services
Attn: Deputy Compact Administrator
302 West Washington Street
Room E306, MS 08 ICPC Unit
Indianapolis, Indiana 46204-2739
(317) 234-5764- phone
(317) 232-2069- fax


National Electronic Interstate Compact Enterprise (NEICE)

NEICE is a national electronic system for quickly and securely exchanging all the data and documents required by the ICPC to place children across state lines.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: November 1, 2020
	Section 2: Request to Place a Child in Indiana	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require any out-of-state agency wishing to place a child in Indiana to submit an Interstate Compact on the Placement of Children (ICPC) referral packet to the Indiana DCS ICPC Office. The contents of the referral packet are included in the [procedure](#) section of this policy.

Note: An out-of-state child may visit with a proposed placement in Indiana; however, if the visit lasts longer than 30 days an ICPC referral packet is required (see [Practice Guidance](#)).

In accordance with federal law, the ICPC referral process must be completed within 60 calendar days after the initial request is received by the DCS ICPC Office from the sending state. In order to meet this time requirement, the DCS ICPC Office will require that the DCS local office complete a home study within 50 calendar days of the date the DCS local office receives the referral packet.

The DCS ICPC Office may reject or return incomplete requests after 10 business days, which may result in placement delays and/or denials.

DCS will honor requests for expedited placement in accordance with the separate policy, [9.05 Expedited Placement for Out-of-State ICPC Placements](#).

If the ICPC case type changes (e.g., foster care to adoption or relative care to foster care), DCS will require a new ICPC referral.

While DCS does not mandate completion of Resource and Adoptive Parent Training (RAPT) or licensure as a prerequisite for relative placement as defined by the law of the sending state, DCS will honor requests from the out-of-state placing agency to provide training or licensure of the placement.

Note: For more information about Indiana DCS' ICPC process, please review the [Indiana ICPC Interactive Guide](#).

Code References

1. [IC 31-19-2-7.5: Submission of information, forms, or consents for criminal history check](#)
2. [IC 31-19-7: Prior Approval of Placement of Child in Proposed Adoptive Home](#)
3. [IC 31-28-4: Interstate Compact on the Placement of Children](#)
4. [42 USC 671 \(a\) \(26\): Time Limit on Completing ICPC Studies](#)
5. [ICPC Regulation No. 9](#)

PROCEDURE

The sending state ICPC Office will:

1. Complete an [Interstate Compact on the Placement of Children Request \(SF 106\)](#);
2. Complete a referral packet, which should include:
 - a. A cover letter detailing the reason for the referral, including any specific issues that need to be addressed in the home study,
 - b. [Interstate Compact on the Placement of Children Request \(SF 106\)](#),
 - c. Written statement about the current status of the case from the case manager,
 - d. The child's social history,
 - e. The child's medical history,
 - f. Psychological reports and any other reports current within the past year,
 - g. Documentation of the child's legal status, including wardship/custody order or other applicable court order defining legal status of the child. This includes juveniles subject to probation for delinquent acts. If the wardship is over 12 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.

- h. A copy of the child's Case Plan, and
 - i. Other pertinent records, such as school records, medical records, birth certificate, and Social Security card.
3. Forward the completed [Interstate Compact on the Placement of Children Request \(SF 106\)](#) and referral packet to the Indiana DCS ICPC Office.

The DCS ICPC Office will:

1. Review the request and referral packet within three (3) business days of receipt; and
2. Create a resource household in the case management system. Notification will automatically be sent to the appropriate FCM Supervisor.

The Foster Care Specialist (FCS) Supervisor will:

1. Receive notification in the case management system and the electronic copy of the ICPC referral. If the electronic copy is not received, the FCS Supervisor will contact the ICPCUnit.DCS@dcs.IN.gov mailbox;
2. Assign the home study request to an FCS or designee; and
3. Review the home study prior to submission to the ICPC office for final approval/denial

The FCS or designee will:

1. Complete the home study within 50 days of receiving the electronic copy of the ICPC referral. The home study will include an assessment of the safety and suitability of the home for placement, criminal history and background check results (see policy [13.5 Conducting Background Checks for Unlicensed Placements](#)), the extent to which the proposed placement will meet the needs of the child, and a specific placement recommendation (see separate policy, [12.11 Foster Family Home Licensing Study](#));

Note: If an expedited placement is requested, the home study will be completed within 20 business days of receiving the ICPC referral packet from the DCS ICPC Office (see separate policy, [9.05 Expedited Placement for Out-of-State ICPC Placements](#)).

2. Send a letter of non-compliance to the family and the DCS ICPC Office if the FCS or designee makes two (2) unsuccessful attempts (first by phone, then by sending a letter) to contact the proposed placement resource to complete the home study. The FCS will also document each attempt to schedule an appointment with the family by entering a contact in the case management system;
3. Meet with his or her FCS Supervisor to review the home study prior to submission to the ICPC Office; and
4. Email the signed copy of the home study (with background checks attached) to the ICPCUnit.DCS@dcs.IN.gov mailbox for approval. If the home study with background checks is voluminous and it is not an exigent circumstance, three (3) copies of the home study should be mailed to the DCS ICPC Office.

The DCS ICPC Office will:

1. Review the home study to ensure that it was completed correctly and approve or deny the home study; and
2. Send a copy of the home study and completed [Interstate Compact on the Placement of Children Request \(SF 106\)](#) to the sending state ICPC Office within the required time frame.

Note: For more detail, see the [Indiana ICPC Interactive Guide](#).

PRACTICE GUIDANCE

Visit With A Proposed Placement

According to [ICPC Regulation No. 9](#), a visit is considered to be a stay with the proposed placement that lasts no longer than 30 days. Any stay lasting longer than 30 days is considered a placement. The only time a stay longer than 30 days may be considered a visit is if it begins and ends within the period of a child's vacation from school as determined by the academic calendar of the school. A rebuttable presumption is established that the intent of the stay or proposed stay is not a visit when a request for a home study or supervision, made by the person or agency sending or proposing to send a child on a visit, is pending at the time that the visit is proposed.

FORMS AND TOOLS

1. [Interstate Compact on the Placement of Children Request \(SF 106\)](#)
2. [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#)
3. [Indiana ICPC Interactive Guide](#)

RELATED INFORMATION


DCS ICPC Unit Electronic Mailbox

The DCS ICPC Unit Mailbox ICPCUnit.dcs@dcs.in.gov may be accessed in Outlook. Progress reports, [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#), and questions may be sent to this mailbox.

DCS ICPC Office

The DCS ICPC Office is located at the DCS Central Office.
Indiana Department of Child Services

Attn: Deputy Compact Administrator
302 West Washington Street
Room E306, MS 08 ICPC Unit
Indianapolis, Indiana 46204-2739
(317)234-5764- phone
(317)232-2069- fax

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: November 1, 2020
	Section 3: Initial Placement/Placement Changes	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require the DCS local office to notify the DCS Interstate Compact on the Placement of Children (ICPC) Unit in writing of:

1. Any changes in placement involving Indiana children placed in other states; and
2. All placement changes involving children from other states placed in Indiana.

Note: This policy also applies to changes in the placement address and Termination of Jurisdiction (see separate policy, [9.10 Termination of Jurisdiction](#)).

For Indiana children, DCS will notify the school, the school corporation where the child currently attends, and the school corporation where the child has legal settlement **in writing within 72 hours** of the child's change in placement. See separate policy, [8.22 School Notifications and Legal Settlement](#) for additional information.

In accordance with the [Every Student Succeeds Act \(ESSA\)](#), DCS, Indiana Department of Education (DOE), and local education agencies must identify state and local [Point of Contacts \(POC\)](#) with whom to collaborate on determining the best educational interests of Indiana children in out-of-home care. DCS has appointed the Education Services Director as the agency's state ESSA POC and the Education Liaisons (EL) as the agency's local ESSA POC. See [Practice Guidance](#) for additional information.

Code References

1. [IC 31-28-4: Interstate Compact on the Placement of Children](#)
2. [IC 20-50-3-3: School of origin](#)

PROCEDURE

For initial placements, placement changes, and ICPC closures involving Indiana children, the Family Case Manager (FCM) will:

1. Complete an [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#) and retain one (1) copy for the case file;
2. Email a copy of the [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#) to the DCS ICPC Unit or mail two (2) copies to the DCS ICPC Unit;

Note: The date of placement must be noted on the [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#).

3. Contact the DCS Education Services Team, via DCS.Education@dcs.in.gov, to notify the ESSA State POC of the out-of-state placement and to coordinate the completion of the [School Notification \(SF 47412\)](#) and initiate ESSA collaboration; and

Note: The school where the child currently attends should also be **verbally** notified of the child's removal or placement change **as soon as possible**.

4. Ensure there are appropriate services in place for the child.

For placement changes involving children from other states who have been approved for ICPC placement in Indiana, the DCS ICPC Unit will:

1. Receive the emailed or mailed copies of the [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#);
2. Review the [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#) within three (3) business days, for completeness and accuracy, and sign the form;
3. Create a case in the case management system listing the child's placement date;
4. Forward one (1) signed copy of [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#) to the DCS local office;
5. Create a resource household in the case management system when the [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#) is received or when the child arrives in Indiana, whichever comes first;
6. Request supervision of the placement and the completion of the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#);
7. Email the DCS Medicaid Eligibility Unit (MEU) if the child is Title IV-E eligible so the child may be enrolled in Indiana Medicaid; and
8. Retain one (1) copy of the [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#) for the ICPC Office case file (see separate policy, [9.09 Placement Updates and Supervision Reports](#)).

PRACTICE GUIDANCE

Every Student Succeeds Act (ESSA) and Transportation for Students in Care

ESSA, as it pertains to foster children, was implemented December 10, 2016. ESSA requires local education agencies' POC and child welfare agencies' POC to collaborate on determining educational best interests for foster children when their home placement change causes the potential for their education placement to change. Foster children should remain in their [school of origin](#) unless there is justification, based on the needs of the child, to transfer to their new school of residence.

ESSA requires local education agencies' POC and child welfare agencies' POC to collaborate on providing transportation for foster children who attend their [school of origin](#) but have been placed outside of the district. The [school of origin](#) is required to provide transportation for a foster child removed from his or her home and placed outside of the [school of origin's](#) district when it is determined to be in the child's best interest to remain enrolled in the [school of origin](#). Best interest determinations, including a plan for transportation, between the local school POC and child welfare POCs are expected to be finalized within five (5) instructional days after receiving the request from the child welfare POC. In some situations, the collaboration process may take more time to deliberate.

DCS is responsible for arranging transportation until the best interest determination is completed. If resource parents are able and willing to provide transportation for the child, in collaboration with the school of origin, this is a suitable option to fulfill the school of origin's

obligations to ensure transportation is provided.

Local School Point of Contact List

A list of contact information for school corporations may be found in the [School Notification Point of Contact \(POC\) List](#). Best interest determinations need to be initially discussed between the FCM and the EL.

Educational Collaboration for Indiana Children Placed through a DCS ICPC

When an Indiana child involved with DCS is placed through an ICPC, the DCS local office is responsible for making contact with the DCS Education Services team, via DCS.Education@dcs.in.gov. The DCS Education Services Director will initiate collaboration between the other State's ESSA POC, which will help determine the educational best interests of the child.

FORMS AND TOOLS

1. [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#)
2. [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#)
3. [School Notification Point of Contact \(POC\) List](#)
4. [Release of Education Records \(SF 55228\)](#)
5. [Indiana ICPC Interactive Guide](#)

RELATED INFORMATION

DCS ICPC Unit Electronic Mailbox

The DCS ICPC Unit Mailbox ICPCUnit.dcs@dcs.in.gov may be accessed in Outlook. Progress reports, [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#), and questions may be sent to this mailbox.


Note: For more information about Indiana DCS' ICPC process, please review the [Indiana ICPC Interactive Guide](#).

DCS ICPC Unit Office

The DCS ICPC Unit office is located at the DCS Central Office.
Indiana Department of Child Services
Attn: Deputy Compact Administrator
302 West Washington Street
Room E306, MS 08 ICPC Unit
Indianapolis, Indiana 46204-2739
(317)234-5764- phone
(317)232-2069- fax

School of Origin

[IC 20-50-3-3](#) defines school of origin as the school that a student in foster care attended when the student last had a permanent residence or the school in which a student in foster care was last enrolled.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: March 1, 2013
	Section 4: Financial and Medical Responsibility	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will retain financial and medical responsibility for all DCS wards placed out of state unless jurisdiction is terminated. See separate policy, [9.10 Termination of Jurisdiction](#).

DCS will pay licensed resource families of Indiana children placed out of state at the same rate as licensed caregivers living in the state of Indiana.

Note: DCS will not pay a per diem to biological or adoptive parents of Indiana children placed out of state.

Code References

1. [IC 31-28-4-1: Enactment; provision](#)
2. [IC 31-28-4-2: Financial responsibility for placed children](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Complete the [Indiana Interstate Compact on the Placement of Children- Financial/Medical Plan- If Child Is Placed Out-of-State \(SF 49597\)](#); and
2. Ensure that upon licensure, appropriate maintenance payments for the care of the child are made during the period of the placement.

Note: The [Indiana Interstate Compact on the Placement of Children- Financial/Medical Plan- If Child Is Placed Out-of-State \(SF 49597\)](#) is part of the referral packet that is sent to the receiving state when an out-of-state placement is being pursued.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

[Indiana Interstate Compact on the Placement of Children- Financial/Medical Plan- If Child Is Placed Out-of-State \(SF 49597\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: November 1, 2020
Section 5: Expedited Placement for Out-of-State ICPC Placements	Version: 3	

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will comply with all court orders to treat an Interstate Compact on the Placement of Children (ICPC) placement as an [expedited placement](#), in accordance with [ICPC Regulation No. 7](#). The [ICPC Regulation No. 7 \(Expedited Placement\)](#) allows a rapid placement of children with relatives outside of Indiana.

DCS will obtain a court order finding the child is entitled to an [expedited placement](#). The order will not be accepted unless it contains a specific finding that the proposed resource placement is a relative (defined as step-parent; grandparent; adult brother or sister; adult aunt, uncle, or cousin; or guardian of the child) and one (1) or more of the following circumstances applies to the particular case, and sets forth the facts on which the court based its finding:

1. Unexpected dependency due to a sudden or recent incarceration, [incapacitation](#), or death of a parent or guardian;
2. The child sought to be placed is four (4) years of age or younger, including older siblings sought to be placed with the same proposed placement resource;
3. The court finds that any child in the sibling group sought to be placed has a [substantial relationship](#) with the proposed placement resource; or
4. The child is currently in an emergency placement.

[ICPC Regulation No. 7](#) does not apply to any case in the sending state where:

1. The child is already in the receiving state in violation of ICPC;
2. The request for placement of the child is for a licensed or approved resource parent or adoption; or
3. The court places the child with a parent from whom the child was not removed, the court has no evidence the parent is unfit, does not seek any evidence from the receiving state the parent is either fit or unfit, and the court relinquishes jurisdiction over the child immediately upon placement with the parent.

Note: ICPC is not required when placing a child with a parent (see policy [9.01 Request to Place an Indiana Child in Another State](#)).

Code References

1. [IC 31-28-4: Interstate Compact on the Placement of Children](#)
2. [ICPC Regulation No. 2](#)
2. [ICPC Regulation No. 7](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Meet with his or her supervisor to determine if the child meets the criteria for [expedited placement](#);

2. Ask the DCS Staff Attorney to submit an Affidavit to the court to request a court order for expedited placement immediately if it is determined the child meets the criteria for [expedited placement](#); and
3. Send a copy of the court order, completed [Interstate Compact on the Placement of Children Statement of Family Case Manager/Potential Placement Resource \(SF 55736\)](#), [Interstate Compact on the Placement of Children Request \(SF 106\)](#), and a completed referral packet to the DCS ICPC Office within three (3) business days of receiving the signed court order (see policy [9.01 Request to Place an Indiana Child in Another State](#)).

The FCM Supervisor will meet with the FCM to determine if the child meets the criteria for [expedited placement](#).

The DCS Staff Attorney will submit an Affidavit to the court requesting a court order for expedited placement as appropriate. The court order should state how the child meets the criteria for [expedited placement](#).

The DCS Compact Administrator, Deputy Compact Administrator, or designee will:

1. Notify the FCM of receipt of the packet and accompanying documentation via email;
2. Review the packet for accuracy and ensure that all necessary documentation is included upon receipt of the packet;
3. Notify the FCM and the FCM Supervisor immediately in writing if there is missing information;
4. Indicate on the [Interstate Compact on the Placement of Children Request \(SF 106\)](#) that an expedited placement is being requested;
5. Approve and sign the [Interstate Compact on the Placement of Children Request \(SF 106\)](#), 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.

Requesting Expedited Placement

When Indiana requests an expedited placement, the receiving state's ICPC Office will notify the receiving child welfare local office and request an expedited placement home study be conducted.

The receiving state's child welfare local office will:

1. Conduct an expedited placement home study no later than 20 business days from the date the expedited request was received; and
2. Send the completed home study to the receiving ICPC Office by the 20th business day.

The receiving state's ICPC Office will:

1. Review and approve the home study; and
2. Notify the DCS ICPC Office that the home study has been approved by email or through the [National Electronic Interstate Compact Enterprise \(NEICE\)](#).

The sending state ICPC office will:

1. Review and approve the home study; and
2. Notify the other state ICPC office that the home study has been approved through [NEICE](#) or through email.

PRACTICE GUIDANCE

Expedited Placement

During the assessment phase of the case, the assessment FCM should collaborate with the family to determine whether there are any relatives interested in having the child placed with them. First consideration should always be given to a parent, even if the parent lives out-of-state. If a parent is considered an option, an ICPC is not required.

A pre-screening of the prospective placement resource prior to the submission of an ICPC referral is required under [ICPC Regulation No. 2](#) and [ICPC Regulation No. 7](#). This information will be documented on the [Interstate Compact on the Placement of Children Statement of Family Case Manager/Potential Placement Resource \(SF 55736\)](#) and gathered by the FCM in the sending state. The FCM will be responsible for contacting the prospective placement resource in the receiving state to complete the [Interstate Compact on the Placement of Children Statement of Family Case Manager/Potential Placement Resource \(SF 55736\)](#). The intent of this pre-screening is to prevent sending an ICPC referral for a placement resource who is not interested, lacks qualifications (based on home space or financial resources), or who has a criminal history which would preclude placement. The FCM must include this form with the [Interstate Compact on the Placement of Children Request \(SF 106\)](#) when submitting an ICPC referral.

If the relative is located out-of-state, and the case meets the criteria for an ICPC expedited placement, the assessment worker should begin the process of requesting an expedited placement by completing the needed information on the [Regulation 7 Form Order for Expedited Placement Decision Pursuant to the ICPC](#).

The Affidavit submitted to the court requesting an expedited placement must contain the following language: “Based on [ICPC Regulation No. 7](#), this case meets the criteria for an expedited placement based on the following:”, then list the specific criteria that apply to the child.

The cover letter included with the referral packet must also note that the case is entitled to expedited placement and then list the specific criteria that apply to the child.

Out-of-State Parent Rapid Response

Upon learning of a potential out-of-state placement with a parent with whom there are concerns, rather than sending an ICPC request, a rapid response team will meet to review the concerns.

The rapid response team is composed of the following:

1. FCM;
2. FCM Supervisor;
3. Local Office Director (LOD) or Division Manager (DM);
4. DCS Staff Attorney;
5. Regional Manager (RM); and
6. Chief Counsel.

The rapid response team will meet as soon as possible and consider the following:

1. The concerns regarding the out-of-state parent and whether those concerns are significant enough to not immediately place the child with his or her parent;
2. Whether the concerns about the out-of-state parent have been well documented in DCS’ petition and/or if DCS needs to amend the petition or dispositional order;

3. Whether DCS has enough information to use a “best interests” argument for not wanting to place the child with the out-of-state parent. If so, DCS should cite [IC 31-10-2-2](#) in its objection for the placement and need for additional information. Reasons for this may include, but are not limited to: lack of a parent-child relationship, the parent having a criminal or child welfare history, parents instability or lack of resources, and unresolved mental health issues; and
4. Methods DCS may use to determine if the out-of-state parent is appropriate for placement without using the ICPC process.

If the rapid response team needs additional assistance following the meeting, Assistant Deputy Directors (ADD), the Assistant General Counsel, and/or other members of management may assist in planning for these cases.

FORMS AND TOOLS

1. [Interstate Compact on the Placement of Children Request \(SF 106\)](#)
2. [Interstate Compact on the Placement of Children Statement of Family Case Manager/Potential Placement Resource \(SF 55736\)](#)
3. [Regulation 7 Form Order for Expedited Placement Decision Pursuant to the ICPC](#)
4. [Indiana ICPC Interactive Guide](#)

RELATED INFORMATION

DCS ICPC Unit Electronic Mailbox

The DCS ICPC Unit Mailbox ICPCUnit.dcs@dcs.in.gov may be accessed in Outlook. Progress reports, [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#), and questions may be sent to this mailbox.

Note: For more information about Indiana DCS' ICPC process, please review the [Indiana ICPC Interactive Guide](#).

Incapacitation


Incapacitation means a parent or guardian is unable to care for a child due to a medical, mental, or physical condition of a parent or guardian,

Substantial Relationship

Substantial relationship means the proposed placement has a familial or mentoring role with the child, has spent more than cursory time with the child, and has established more than a minimal bond with the child.

National Electronic Interstate Compact Enterprise (NEICE)

NEICE is a national electronic system for quickly and securely exchanging all the data and documents required by the ICPC to place children across state lines.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: May 1, 2014
	Section 6: International Adoptions	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires approval by the DCS Interstate Compact on the Placement of Children (ICPC) Office of all foreign-born children who are waiting to be placed with and subsequently adopted by Indiana families. A home study and five (5) copies of the [Interstate Compact on the Placement of Children Request \(SF 106\)](#) must be sent to the DCS ICPC Office along with three (3) identical copies of the referral packet containing:

1. Social History of the child, which includes:
 - a. Pertinent history regarding birth parents,
 - b. Development information, and
 - c. Documentation of availability for adoption.

2. Medical History of the child, which includes:
 - a. Physical examination within the past six (6) months,
 - b. Physical/emotional problems which might have an impact on the placement, and
 - c. The child's emotional ability to accept the adoption (if applicable).

3. Legal Documents, which must be in the native language of the country, accompanied by certified English translations, which includes:
 - a. Attestation of the legal availability of the child for adoption; and
 - b. Court order of guardianship or other legal status.

In accordance with Indiana law, a child whose adoption is finalized by an adoption decree in the country of origin is considered to be adopted. Furthermore, these children enter the United States immediately eligible to become United States citizens.

Code References

1. [IC 31-28-4: Interstate Compact on the Placement of Children](#)
2. [IC 31-19-28: Adoption Decrees in Foreign Jurisdictions](#)

PROCEDURE

See **Related Information** for steps that occur prior to DCS ICPC Office involvement for adoptions that are finalized both in or outside the United States.

The DCS ICPC Office will work with the family to coordinate all necessary action for adoptions finalized outside the United States.

For adoptions finalized in the United States, the ICPC Consultant will, within five (5) business days of receiving the referral and home study from an outside agency:

1. Review the referral and home study;
2. Determine if the referral will be approved;

3. Email a letter to the [United States Citizenship and Immigration Services \(USCIS\)](#), advising that the prospective adoptive requirements for the adoptive placement of the specific child have been met if the referral is approved; or
4. Notify the agency arranging the adoption and attempt to rectify the issues if the referral is not approved.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

[Interstate Compact on the Placement of Children Request \(SF 106\)](#)

RELATED INFORMATION

For adoptions finalized in the United States

The agency arranging the adoption will:


1. Ensure that a home study of the adoptive parents is completed. See Related Information for details on what must be included;
2. Update the home study annually until adoption occurs;
3. Conduct all necessary background checks;
4. Complete an [Interstate Compact on the Placement of Children Request \(SF 106\)](#), if the agency is located in a state other than Indiana;
5. Submit five (5) copies of the [Interstate Compact on the Placement of Children Request \(SF 106\)](#), if applicable, and the home study to the DCS ICPC Office;
6. Ensure that once the adoption is completed, the appropriate procedure is followed to ensure that a new birth certificate can be prepared; and
7. Provide verification of the child's date of birth.

ICPC Home Study Requirements

The summary must include all of the following information:

1. Responses by all adults in the proposed adoptive home to the following questions:
 - a. Have you ever been arrested?
 - b. Do you have a history of substance abuse?
 - c. Do you have a history of sexual or child abuse?
 - d. Do you have a history of domestic violence?
 - e. Have you ever been rejected as a prospective adoptive parent or been the subject of an unfavorable adoptive family assessment?
2. Documentation of the following:
 - a. The United States-based agency's name, or contact person; or
 - b. Agency in the foreign country coordinating the adoption;
 - c. The name of the state in which the adoption will be finalized;
 - d. The proposed adoptive parents' types and amounts of insurance policies;
 - e. Whether the parents have health insurance that will cover the child; and
 - f. Verification of the child's date of birth.
3. Assessments of the following:
 - a. The adoptive parents' motivation for adopting a foreign-born child;

- b. The attitude of the adoptive family, extended adoptive family, and the community toward the parents' adoption of a child from a different race and culture;
- c. The appropriateness of the adoptive parents' plans for preserving the child's cultural heritage and assisting the child in understanding and appreciating the child's own racial and cultural background;
- d. How the adoptive parents plan to cope with any unanticipated behavioral and medical problems; and
- e. The parents' financial stability, including specific income figures, total assets and liabilities.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: August 1, 2014
	Section 7: Private Interstate Adoptions	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires approval by the DCS Interstate Compact on the Placement of Children (ICPC) Office of all private, interstate adoptions by Indiana families of a child from another state.

DCS will require written verification that the child is legally free for adoption prior to approving the ICPC adoption referral. Verification should include copies of the Termination of Parental Rights (TPR) court order or copies of signed consents to adopt, and verification that a Licensed Child Placing Agency (LCPA) is involved (if applicable).

In accordance with the [American Public Human Services Association \(APHSA\)](#) guidelines, the child may not leave the sending state without the approval of both the sending and receiving state’s interstate offices.

DCS will not pay any costs or fees associated with private, interstate adoptions except as provided for in a fully executed adoption assistance agreement between the adoptive parents and DCS.

Note: For non-private, interstate adoptions, it is the responsibility of the state with placement and care responsibility of the child prior to the adoption to provide adoption assistance in those cases; not the state of residence of the adopted child/family. This policy does not apply to adoptions involving DCS wards or wards of other state child welfare agencies. See separate policies, [9.01 Request to Place in Another State](#) and/or [9.02 Request to Place a Child in Indiana](#).

Code References

[IC 31-28-4-1: Enactment; provision](#)

PROCEDURE

The DCS ICPC Office will ensure the private agency coordinating the adoption completes a referral packet and submits three (3) identical copies of the referral packet and five (5) copies of the [Interstate Compact on the Placement of Children Request \(SF 106\)](#) to the sending state’s ICPC Office. The referral packet should include the following:

1. Cover letter detailing reason for the referral;
2. Child’s social history;
3. Child’s medical history;
4. Psychological and any other reports current within the past year;
5. Court order of TPR, signed consents to adoption by birth parents, or notice of publication on a missing parent regarding the adoption proceedings;

6. Native American statement included in the TPR order or the surrender attested to by both natural parents as stated below:
 - a. I am not an enrolled member of an Indian Tribe or an Alaskan Village, and
 - b. To the best of my knowledge, I am not eligible for membership in an Indian tribe or an Alaskan Village.
7. Proof of publication or no registration with an applicable Putative Father Registry if there is a putative father whose rights have not been terminated or no birth father is named;
8. A legal risk agreement signed by the adoptive parents;
9. A statement by the designated LCPA or licensing agency describing counseling that has been provided to the birth parents concerning their rights and the services available to them if they choose to parent instead of placing the child for adoption;
10. Legal documentation of the child's availability for adoption in the form of either:
 - a. A court order terminating parental rights, or
 - b. A notarized surrender of parental rights.
11. Written background information on the birth parents; and
12. Home study including background check information regarding the adoptive family.

The DCS ICPC Office will:

1. Review the referral for accuracy and completeness within three (3) business days of receipt;
2. Sign the [Interstate Compact on the Placement of Children Request \(SF 106\)](#) and send it to the receiving state's ICPC Office if the referral packet is complete; and
3. Send the [Interstate Compact on the Placement of Children Request \(SF 106\)](#) to the LCPA or licensing agency that originally made the referral once it is approved by the receiving state.

The receiving ICPC Office will:

1. Review the referral for accuracy and completeness; and
2. Sign the [Interstate Compact on the Placement of Children Request \(SF 106\)](#) and return it to the sending ICPC Office if the referral is approved.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

[Interstate Compact on the Placement of Children Request \(SF 106\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: November 1, 2020
	Section 8: Minimum Contact for DCS ICPC Placements	Version: 6

STATEMENTS OF PURPOSE

Minimum Contacts with Children Placed in Indiana

The Indiana Department of Child Services (DCS) will have **monthly** face-to-face contact with children placed in Indiana through an approved Interstate Compact on the Placement of Children (ICPC) program. The location of the monthly visits may alternate, with one (1) visit in the child’s home and the next visit at a designated location, such as the child’s school or daycare. DCS will be available to meet with the sending state interstate worker when he or she comes for a visit with the child placed in Indiana.

Minimum Contacts with Indiana Children Placed Out-of-State

DCS will request that the receiving state have monthly face-to-face contact with an Indiana child placed out-of-state through the ICPC program for the purpose of providing supervision. DCS will have face-to-face contact **once every four (4) months** with the child in his or her placement (and complete the [Face-to-Face Contact \[SF 53557\]](#)), including time alone. DCS should notify the receiving state interstate worker of the intent to visit.

Code References

[IC 31-28-4: Interstate Compact on the Placement of Children](#)

PROCEDURE

For contacts with ICPC children placed in Indiana

The Family Case Manager (FCM) will:

1. Contact the resource parent to schedule the visit with the child within 30 days of notification of placement;
2. Conduct the visit with the child in his or her home or other designated location;
3. Send an email to the sending state interstate worker, informing him or her of the date the visit occurred as well as a brief overview of the visit. The email should include any questions or concerns the child and/or resource home has as well as any concerns noted by the FCM. Any questions and concerns should also be reported to the Indiana ICPC Office at ICPCUnit.dcs@dcs.in.gov in order to keep appropriate records and properly notify the sending state;

Note: New allegations of Child Abuse and/or Neglect (CA/N) observed by or reported directly to the FCM who is on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment (through face-to-face contact with all alleged child victims), must be reported to the DCS Child Abuse Hotline (Hotline) within 24 hours of leaving the scene see [Practice Guidance](#)). The FCM will also notify the DCS ICPC Office of the allegations.

4. Enter the information from the face-to-face contact in the case management system within three (3) business days; and
5. Provide a completed [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) to the DCS ICPC Office as often as requested on the [Interstate Compact on the Placement of Children Request \(SF 106\)](#), but no less than every three (3) months (see separate policy, [9.09 Placement Updates and Supervision Reports](#)).

The FCM Supervisor will:

1. Ensure all children placed in Indiana through the ICPC are seen in their homes or a designated location monthly;
2. Ensure the FCM enters all face-to-face contacts in the case management system within three (3) business days; and
3. Ensure the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) is completed and sent to the DCS ICPC Office timely. See separate policy, [9.09 Placement Updates and Supervision Reports](#).

For Contacts with Indiana Children Placed Out-of-State

The FCM will:

1. Use the [Interstate Compact on the Placement of Children Request \(SF106\)](#) to request that the receiving state have monthly face-to-face contact with an Indiana child placed out-of-state through the ICPC program for the purpose of providing supervision;
2. Contact the resource parent to schedule a visit with the child and resource parent every four (4) months in his or her home;
3. Contact the interstate worker in the receiving state, informing him or her of when he or she plans to visit with the child;
4. Obtain approval for out-of-state travel, and contact DCS Travel Services to make travel arrangements (see separate policy, [9.11 Transportation Costs](#));
5. Email the interstate worker if he or she does not attend the visit, informing him or her of the date the visit occurred as well as a brief overview of the visit;
6. Ensure time alone with the child during each face-to-face contact with the child and resource parent, and complete the [Face-to-Face Contact \(SF 53557\)](#) and use the [5.C Tool: Face-to-Face Contact Guide](#) as needed;
7. Have a virtual face-to-face contact (e.g., video chat) with the child during months the FCM does not have a face-to-face contact; and
8. Enter information from face-to-face and virtual face-to-face contacts in the case management system within three (3) business days.

The FCM Supervisor will:

1. Assist the FCM with obtaining out-of-state travel approval and travel arrangements; and
2. Ensure the information from face-to-face and virtual face-to-face contacts are entered in the case management system within three (3) business days.

PRACTICE GUIDANCE

If there are concerns about the frequency of visitation by the receiving state, the FCM should contact the DCS ICPC Office for assistance. If the concerns persist, it is the responsibility of the local office to ensure the child is seen as required.

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

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

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

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

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

FORMS


1. [Interstate Compact on the Placement of Children Request \(SF 106\)](#)
2. [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#)
3. [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF 114\)](#)
4. [Face-to-Face Contact \(SF 53557\)](#)
5. [5.C Tool: Face-to-Face Contact Guide](#)
6. [Indiana ICPC Interactive Guide](#)

RELATED INFORMATION

DCS ICPC Unit Electronic Mailbox

The DCS ICPC Unit Mailbox ICPCUnit.dcs@dcs.in.gov may be accessed in Outlook. Progress reports, [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#), and questions may be sent to this mailbox.

Note: For more information about Indiana DCS' ICPC process, please review the [Indiana ICPC Interactive Guide](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: December 1, 2013
	Section 9: Placement Updates and Supervision Reports	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require **at a minimum** a quarterly [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) for all Indiana children placed out of state through the Interstate Compact on the Placement of Children (ICPC) program.

DCS will provide placement updates to the interstate worker in the sending state for all children placed in Indiana. These updates will be provided as often as face-to-face contacts occur. See Practice Guidance for information to be included in the placement updates.

DCS will comply with the sending state's request for [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) and the frequency with which the reports are to be submitted for all children from other states placed in Indiana.

Code References

[IC 31-28-4: Interstate Compact on the Placement of Children](#)

PROCEDURE

For Indiana Children Placed Outside of Indiana

The DCS ICPC Office will receive the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) from the Interstate Compact Office in the state where the child is placed.

The DCS ICPC Office will forward the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) to the appropriate DCS local office within five (5) business days of receipt.

For Children Placed in Indiana

The DCS ICPC Office will create a case in the case management system and will forward the [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#) to the appropriate DCS local office.

The FCM assigned to the case will:

1. Enter information for each face-to-face contact in the case management system;
2. Email an update for each face-to-face contact to the interstate worker in the sending state child welfare local office;
3. Write the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) at the frequency noted on the [Interstate Compact on the Placement of Children Request \(SF 106\)](#) or at least quarterly; and

4. Submit the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) to his or her FCM Supervisor for approval.

The FCM Supervisor will:

1. Ensure the FCM submits the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) timely;
2. Approve and sign the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#); and
3. Send the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) to the DCS ICPC Office at least quarterly or as specified on the [Interstate Compact on the Placement of Children Request \(SF 106\)](#).

The DCS ICPC Office will forward the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) to the sending state ICPC Office.

PRACTICE GUIDANCE

In an effort to provide regular and consistent information to the sending state's interstate worker regarding children placed in Indiana, the FCM should provide regular placement updates to him or her. These updates should not be sent to the ICPC Office but instead emailed directly to the sending state interstate worker so the FCM has an accurate record of what was sent. Placement updates should provide the sending state's interstate worker with an update on the child's functioning in the resource home, school, mental health services (if applicable), and any other services being provided. It should also note any concerns voiced by the child and resource parent.


The [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) should be submitted to the ICPC Office in the sending state at least quarterly, as required by the ICPC. Information contained in the placement updates can be used to complete the ICPC Supervision Report, but the ICPC Supervision Report should contain more detailed information, as indicated on the form. In addition, the FCM must consult with the resource parent to address any questions or concerns he or she may have for the sending state's interstate worker.

FORMS AND TOOLS

1. [Interstate Compact on the Placement of Children Request \(SF 106\)](#)
2. [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#)
3. [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: November 1, 2020
	Section 10: Termination of Jurisdiction (ICPC Case Closure)	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require approval from both the sending and receiving state Interstate Compact on the Placement of Children (ICPC) Offices prior to the dismissal of wardship of an Indiana child placed out-of-state. In accordance with federal law, the court of original jurisdiction (the court in the sending state) retains jurisdiction over the case. The receiving state has authority to monitor the child’s supervision and services as specified in the ICPC agreement. The sending agency shall retain jurisdiction over matters related to the child, including but not limited to, the custody, supervision, care, and disposition of the child. Such jurisdiction shall also include the authority to affect or cause the return of the child or his or her transfer to another location and custody pursuant to law.

Jurisdiction may be terminated by the court in the sending state when the child:

1. Is adopted;
2. Reaches the age of majority according to the laws of the sending state; or
3. Is discharged from the wardship of the sending state with concurrence of the ICPC Office in the receiving state.

Code References

[IC 31-28-4: Interstate Compact on the Placement of Children](#)

PROCEDURE

Indiana Child Placed Out-of-State

For an Indiana child placed out-of-state, the receiving state ICPC Office will recommend dismissal of wardship by submission of an [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) to the DCS ICPC Office.

Upon receipt of the report, the DCS ICPC Office will forward the report to the DCS local office within five (5) business days of receipt of the report.

The Family Case Manager (FCM) will:

1. Convene a Child and Family Team (CFT) Meeting or case conference to ensure the team agrees with the receiving state’s recommendation of wardship dismissal:
 - a. Communicate with the receiving state ICPC Office to resolve any concerns or issues if all members of the CFT are not in agreement to dismiss wardship; or
 - b. Advise the DCS ICPC Office of the recommendation to dismiss wardship when all CFT members are in agreement with the recommendation.

2. Request a court hearing to request dismissal of wardship or present recommendations to the court within five (5) business days of receipt of the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#);
3. Send an [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#) and any relevant court orders to the DCS ICPC Office to advise of the dismissal of jurisdiction and closure of the case;
4. End the placement in the case management system if/when ordered by the court (see separate policy, [5.12 Closing a CHINS Case](#)); and
5. Notify the resource parent within two (2) business days that the case has officially closed.

The DCS ICPC Office will forward all relevant information to the receiving state ICPC Office.

Child from Another State Placed in Indiana

For a child from another state placed in Indiana, the FCM will:

1. Convene a CFT Meeting or case conference to determine whether wardship dismissal is in the child's best interests;
2. Complete an [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) to advise the DCS ICPC Office of its recommendation to dismiss wardship by submission of the Supervision Report;
3. Submit the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) to his or her FCM Supervisor for approval; and
4. Notify the DCS Medicaid Eligibility Unit (MEU) of the case closure, so the child's Indiana Medicaid may be reviewed to determine if closure is appropriate.

The FCM Supervisor will:

1. Approve the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#); and
2. Immediately forward the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) to the DCS ICPC Office.

The DCS ICPC Office will:

1. Forward the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#) to the sending state ICPC Office within 10 calendar days of receipt; and
2. Forward any relevant information to the DCS local office upon receipt of all information from the sending state ICPC Office regarding wardship dismissal.

PRACTICE GUIDANCE

Before the decision is made to recommend dismissal of wardship to the court for an ICPC child, the FCM should work with the resource parent to make sure he or she is prepared to assume total responsibility of the child in his or her care. The FCM should assist the resource parent by making sure the child's medical, educational, mental health, and other specific needs will continue to be met after DCS is no longer involved. Upon receipt of the court order that dismisses wardship, the FCM should notify the resource parent within two (2) business days that the case has officially closed.

FORMS AND TOOLS


1. [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#)
2. [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#)
3. [Indiana ICPC Interactive Guide](#)

RELATED INFORMATION

DCS ICPC Unit Electronic Mailbox

The DCS ICPC Unit Mailbox ICPCUnit.dcs@dcs.in.gov may be accessed in Outlook. Progress reports, [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#), and questions may be sent to this mailbox.

Note: For more information about Indiana DCS' ICPC process, please review the [Indiana ICPC Interactive Guide](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: October 1, 2013
	Section 11: Transportation Costs	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will pay all transportation costs related to the Interstate Compact on the Placement of Children (ICPC) for out-of-state placement of a DCS ward. This includes travel costs related to the child returning to Indiana for visits with parents and/or siblings as well as travel costs for the Family Case Manager (FCM) to visit an Indiana child placed out of the state through the ICPC program.

Note: All out-of-state travel requires prior approval from the Indiana Department of Administration (IDOA).

DCS will **not** pay any transportation cost associated with:

1. The ICPC placement of a child from another state being placed in Indiana;
2. Private interstate adoptions; or
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

1. [IC 31-28-4: Interstate Compact on the Placement of Children](#)
2. [IC 4-13-14: Duties and functions](#)

PROCEDURE

For all travel needs, please see [DCS Employee Travel](#).

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

DCS Travel Services can be contacted at DCSTravelInquiries@dcs.in.gov. The e-mail address for DCS Out of State Travel is OutofStateTravel@dcs.IN.gov.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: November 1, 2020
	Section 12: Violations of ICPC Procedures	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will adhere to the laws that govern the Interstate Compact on the Placement of Children (ICPC). Failure on the part of DCS staff to follow the ICPC policies and procedures may result in disciplinary action, up to and including termination.

DCS staff will report any known or suspected ICPC violations, including illegal ICPC placements by another state, to the DCS ICPC Office. The DCS ICPC Office will then report the known or suspected violation to the other state’s ICPC Office. DCS reserves the right to contact the [Administration for Children and Families](#) (ACF) regarding ICPC violations.

If an Indiana court orders a child to be placed out-of-state without a completed ICPC, DCS will file an objection on the record with the court based on the rules of the ICPC and notify the DCS ICPC Office of said placement.

If a DCS local office is aware they have violated the ICPC, the DCS ICPC Office should be notified so that efforts may 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 his or her supervisor and/or Local Office Director (LOD) of the violation within 24 hours;
2. Ensure the safety of the child.

The FCM will schedule a meeting with his or her supervisor and LOD to discuss placement options for the child, while ensuring the child’s safety.

The FCM Supervisor or LOD will notify the Regional Manager (RM) immediately of the illegal placement.

The RM will:

1. Notify the DCS ICPC Office of the illegal placement; and
2. Notify the DCS Compact Administrator or his or her designee.

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 Compact Administrator or his or her designee will request assistance with compliance with the ICPC.

Other ICPC Violations

Indiana DCS staff suspecting or knowing of ICPC violations will:

1. Write a letter that indicates how the other state has violated the ICPC and request compliance by the state; and
2. Submit the letter to the DCS Compact Administrator or Deputy Compact Administrator at the DCS ICPC Office.

If it is determined that a violation occurred, the DCS Compact Administrator or Deputy Compact Administrator will:

1. Forward the letter to the other state's ICPC Office within five (5) business days of receipt of the letter;
2. Request a response regarding the violation from the other state's ICPC Office within 10 business days; and
3. Notify the DCS local office of the action that will be taken to rectify the situation upon receipt of a response from the other state's ICPC Office.

If a DCS local office is found to be in violation of the ICPC, the staff person responsible for the violation will:

1. Submit a letter to the DCS Compact Administrator or his or her designee, explaining the noncompliance with the ICPC; and
2. Work with the DCS Compact Administrator or designee to ensure future compliance.

PRACTICE GUIDANCE

When a DCS local office becomes aware of an ICPC illegal placement, steps should be taken to ensure the safety of the child involved. However, an illegal placement should not be the sole reason a child is removed from the home while waiting for the sending state to retrieve him or her. When DCS is notified of an illegal placement, the home should be assessed to determine if there is an immediate threat to the safety of the child. If there is no immediate threat to the child's safety, and the child can remain in the home until the sending state arrives, DCS should work with the child and family by making appropriate referrals to voluntary community resources and other services the child and/or family may need during that time. Such referrals may include Temporary Assistance for Needy Families (TANF), Medicaid, or Workforce Development, subject to the rules and policies of program eligibility.

FORMS AND TOOLS


[Indiana ICPC Interactive Guide](#)

RELATED INFORMATION

DCS ICPC Unit Electronic Mailbox

The DCS ICPC Unit Mailbox ICPCUnit.dcs@dcs.in.gov may be accessed in Outlook. Progress reports, [Interstate Compact on the Placement of Children Report on Child's Placement Status \(SF 26174\)](#), and questions may be sent to this mailbox.

Note: For more information about Indiana DCS' ICPC process, please review the [Indiana ICPC Interactive Guide](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 9: Interstate Compact (ICPC)	Effective Date: March 1, 2021
	Section 13: National Electronic Interstate Compact Enterprise (NEICE)	Version: 1

POLICY OVERVIEW

The National Electronic Interstate Compact Enterprise (NEICE) was designed by the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) with the American Public Human Services Association (APHSA) to improve administration of the Interstate Compact on the Placement of Children (ICPC). NEICE allows for data and documents to be exchanged quickly and securely, as required by the ICPC, and reduces the time children spend awaiting placement.

PROCEDURE

The NEICE is used by the ICPC Consultants to process, approve, and transmit ICPC requests.

To process incoming (child being placed in the state of Indiana) ICPC requests from states participating in the NEICE, the ICPC Consultant will use NEICE to:

1. Complete a search for children in the DCS case management system;
2. Upload documents to the DCS case management system. See Chapter 9 Interstate Compact on the Placement of Children (ICPC) policies and the Interstate Compact on the Placement of Children (ICPC) Interactive Training for additional information; and
3. Close the referral for the case.

To process outgoing (child being placed outside of Indiana) ICPC requests to states participating in the NEICE, the ICPC Consultant will use NEICE to:

1. Complete a search for children in the DCS case management system;
2. Create a case as the sending state;
3. Create a new case for an existing child;
4. Upload documents to the DCS case management system. See Chapter 9 Interstate Compact on the Placement of Children (ICPC) policies and the Interstate Compact on the Placement of Children (ICPC) Interactive Training for additional information; and
5. Close the referral for the case.

LEGAL REFERENCES

- [IC 31-28-4 Interstate Compact on the Placement of Children](#)
- [American Public Human Services Association-ICPC Regulations](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- [Interstate Compact on the Placement of Children \(ICPC\) Interactive Training](#)
- **The DCS ICPC Office is located at the DCS Central Office:**
DCS ICPC Office
Indiana Department of Child Services
Attn: Deputy Compact Administrator
302 West Washington Street
Room E306, MS 08 ICPC Unit
Indianapolis, Indiana 46204-2739
(317) 234-5764- phone
(317) 232-2069- fax
ICPCUnit.dcs@dcs.in.gov

Related Policies

- [9.01 Request to Place an Indiana Child in another State](#)
- [9.02 Request to Place a Child in Indiana](#)
- [9.03 Initial Placement/Placement Changes](#)
- [9.04 Financial and Medical Responsibility](#)
- [9.05 Expedited Placement for Out of State ICPC Placements](#)
- [9.06 International Adoptions](#)
- [9.07 Private Interstate Adoptions](#)
- [9.08 Minimum Contact for DCS ICPC Placements](#)
- [9.09 Placement Updates and Supervision Reports](#)
- [9.10 Termination of Jurisdiction \(ICPC Case Closure\)](#)
- [9.11 Transportation Costs](#)
- [9.12 Violations of ICPC Procedures](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption and Guardianship	Effective Date: July 1, 2021
Section 01: Planning for Adoption-Overview	Version: 5	

POLICY OVERVIEW

When reunification is not in a child’s best interest, developing a Permanency Plan or Second Permanency Plan (if concurrent planning) of adoption may be an appropriate option to secure legal permanency for the child.

PROCEDURE

The Indiana Department of Child Services (DCS) will convene a Child and Family Team (CFT) Meeting and/or Case Plan Conference to discuss adoption planning and identify any needed services for a child in out-of-home care with a Permanency Plan of adoption.

The process of adoption planning for a child in out-of-home care with a Permanency Plan of adoption may be initiated:

1. When a court rules that reasonable efforts to reunify the family are not required;
2. When a child has been under a dispositional decree for at least six (6) months with no significant progress toward a plan of reunification. See policy 6.12 Involuntary Termination of Parental Rights (TPR) for further guidance; or
3. At the filing of Termination of Parental Rights (TPR). See 10.A Tool: Termination of Parental Rights (TPR) Adoption Checklist for further guidance.

Note: DCS will not sign the Consent to Adoption until a prospective adoptive parent has been identified and:

- a. The period of appeal for the TPR has passed, or
- b. Any final appellate opinion related to the TPR has been certified and the period for appeal has passed on any issues remanded to the juvenile court, and
- c. The negotiations for Adoption Subsidy have been negotiated and finalized. See policy 14.08 Negotiations for Adoption Assistance for further guidance.

In accordance with the Multiethnic Placement Act of 1994, as amended by the Interethnic Adoption Provisions of 1996 (MEPA-IEP), DCS will not delay or deny the adoptive placement of a child based on the race, color, or national origin of the adoptive resource family or the child involved. DCS will not deny the adoptive placement of a child based solely on a prospective adoptive parent’s disability. If a Native American child is involved, refer to the Indian Child Welfare Act (ICWA). See policy 2.12 Indian Child Welfare Act for further guidance.

DCS will conduct a diligent search throughout the life of the case to locate all possible relatives and kin to discuss adoption, followed by searching for a non-relative potential adoptive family.

The Family Case Manager (FCM) will:

1. Update the Case Plan/Prevention Plan to reflect the new court approved Permanency Plan of Adoption;
2. Ensure the following persons are notified of the court's ruling regarding the Permanency Plan:
 - a. The child (if age and developmentally appropriate),
 - b. Child's parent, guardian, or custodian and attorney of record,
 - c. Resource parent,
 - d. Mental health provider or therapist, if applicable,
 - e. Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA), if applicable,
 - f. Members of the CFT,
 - g. Any fit and willing relative or person who DCS knows has a significant relationship to the child, and
 - h. Prospective adoptive parent, named in an adoption petition, if consent has been received or TPR has been filed. See policies 6.04 Providing Notice and 6.11 Permanency Hearing for further guidance.
3. Begin the legal process for TPR, if TPR has not already occurred or been filed. See policies 6.12 Involuntary Termination of Parental Rights and 6.13 Voluntary Termination of Parental Rights for further guidance;
4. Identify the steps necessary to move the child to permanency by adoption. Utilize the 10.A Tool: Termination of Parental Rights/Adoption Checklist for additional guidance;
5. Discuss the role of the resource parent in helping to prepare the child for the adoption process. See policy 10.04 Resource Parent's Role in Preparing the Child for Adoption for further guidance;

Note: This discussion should take place whether or not the resource parent is the prospective adoptive family.

6. Prepare the child for adoption. See policy 10.03 Preparing the Child for Adoption for further guidance;
7. Complete the Child Social Summary within 45 days of changing the Permanency Plan to adoption. See policy 10.11 Child Social Summary for additional assistance;
8. Contact the Adoption Consultant regarding recruiting, interviewing, and selecting a prospective adoptive family, if a home has not been identified;
9. Start the process for determining eligibility for adoption assistance benefits. See policy 10.14 Indiana Adoption Assistance Program Overview (AAP and SAS) for further guidance;
10. Complete a written Adoption Summary for the court within 60 days of the date the adoption petition is filed, whether or not consents have been signed;

Note: The Adoption Summary may not contain information concerning the financial circumstances of the prospective adoptive parent or any recommendation regarding a request for subsidy by the prospective adoptive parent.

11. Ask the prospective adoptive parent if they need a reasonable accommodation due to a disability and assist in planning for any identified reasonable accommodations;
12. Provide the prospective adoptive parent with contact information for the Adoption Consultant to access Post-Adoption Services (PAS);

Note: The FCM should provide the prospective adoptive parent with the PAS brochure and Adoption Consultant map. This information is also available on the DCS website.

13. Provide the Explanation of Adoption Summary to the prospective adoptive parent and the child's resource parent, review the form, and obtain required signatures;
14. Ensure that any adoption petition, notice that an adoption has been filed, or adoption decree is provided to the DCS Staff Attorney; and

Note: If an adoption is granted and DCS did not receive prior notice, the FCM, FCM Supervisor, and DCS Staff Attorney must have a meeting to determine whether the adoption decree will be challenged.

15. Upload all documentation into the case management system.

The FCM Supervisor will:

1. Staff the case with the assigned FCM and make recommendations regarding the Permanency Plan;
2. Ensure the Case Plan/Prevention Plan has been updated to reflect the new Permanency Plan;
3. Ensure the Child Social Summary has been completed and forwarded to the Adoption Consultant in a timely manner, if applicable;
4. Ensure the Explanation of Adoption Summary has been explained to the prospective adoptive parent and resource parent and all necessary signatures obtained;
5. Assist the FCM as needed with the adoption process;
6. Review and approve any services needed for the child or the prospective adoptive family;
7. Participate in discussions regarding any notice of an adoption petition or any meeting regarding the challenge of an adoption decree; and
8. Ensure all documentation is uploaded into the case management system.

The Adoption Consultant will:

1. Process the Child Registration and Adoption Recruitment Plan and ensure that adoption recruitment services are initiated when a child does not have an identified adoptive home;
2. Provide permanency consultation for children with an identified adoptive family, but whose Permanency Plan is stalled; and
3. Participate in CFT meetings to provide subject matter expertise on adoption and/or make recommendations for services.

The DCS Staff Attorney will:

1. Meet with the FCM, FCM Supervisor, LOD, as appropriate, to determine next steps if or when DCS receives notice of an adoption petition being filed; and
2. If an adoption is granted and DCS did not receive prior notice, participate in a discussion with the FCM and FCM Supervisor regarding whether the adoption decree should be challenged and complete any steps necessary for the challenge (if determined appropriate).

Note: Any challenge to an adoption decree in a case where DCS did not have notice of the adoption must be filed within 45 days of the date the decree was issued.

LEGAL REFERENCES

- [IC 31-9-2-99.2: Prospective Adoptive Parent](#)
- [IC 31-19-11-1.1](#)
- [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
- [IC 31-34-21-5.7: Permanency Plan; requirement; approval; reports & orders not required](#)
- [25 U.S.C. §1903\(4\): Indian Child Welfare Definitions](#)
- [25 U.S.C. §1911: Indian tribe jurisdiction over Indian child custody proceedings](#)
- [25 U.S.C. §1913: Parental rights; voluntary termination](#)
- [25 U.S.C. §1915: Placement of Indian children](#)
- [42 U.S.C. Sec.1996b: Interethnic Adoption](#)
- [42 U.S.C. Sect. 12102: Definition of Disability](#)

RELEVANT INFORMATION

Definitions

Adoption Summary

The Adoption Summary is a written report that is prepared for the court. The Adoption Summary provides the court with recommendations as to the advisability of the adoption.

Post-Adoption Services (PAS)


PAS are available to Indiana adoptive families and provide services to adopted children and their families. PAS provide a comprehensive system of care that allows families to find support after adoption.

Forms and Tools

- [10.A Tool: Termination of Parental Rights \(TPR\)/Adoption Checklist](#)
- [10.B Tool: Child Social Summary](#)
- [Adoption Consultants Map](#)
- [Case Plan/Prevention Plan \(SF2956\)](#) – Available in the case management system
- [Child Registration and Adoption Recruitment Plan \(SF 11840\)](#)
- [Consent to Adoption \(SF 12582\)](#)
- [Explanation of Adoption Summary \(SF 56527\)](#)
- [Post Adoption Services Brochure](#)

Related Policies

- [2.12 Indian Child Welfare Act](#)
- [5.07 Child and Family Team Meetings](#)
- [6.04 Providing Notice](#)
- [6.11 Permanency Hearing](#)
- [6.12 Involuntary Termination of Parental Rights \(TPR\)](#)
- [10.03 Preparing the child for Adoption](#)
- [10.04 Resource Parent's Role in Preparing the Child for Adoption](#)
- [10.11 Child Social Summary](#)
- [10.14 Indiana Adoption Assistance Program Overview \(AAP and SAS\)](#)
- [14.08 Negotiations for Adoption Assistance](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption and Guardianship	Effective Date: August 1, 2021
	Section 02: Assessing the Child's Readiness for Adoption	Version: 3

POLICY OVERVIEW

Assessment of a child's readiness for adoption and the development of strategies to facilitate readiness is a critical and ongoing process, which helps to reduce the number of adoption disruptions and dissolutions and establish and maintain a strong support system. To assist children in grieving the loss of their birth family, the Indiana Department of Child Services (DCS) provides children with the opportunity to openly discuss their feelings.

PROCEDURE

The Indiana Department of Child Services (DCS) will ensure any child with a Permanency Plan of Adoption will be assessed for readiness to be adopted and strategies to facilitate readiness will be developed as needed.

The Family Case Manager (FCM) will:

1. Review the child's case record and conduct personal interviews to gather the following information to assess the child's readiness for adoption:
 - a. Birth and biological family history,
 - b. Placement experiences,
 - c. Trauma and attachment history,
 - d. Current functioning and developmental concerns, and
 - e. Resources and support systems that allow or will allow the child to maintain cultural connections.

Note: Personal interviews may be conducted with the child (if age and developmentally appropriate); the child's siblings (if applicable); resource parents; the child's Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL); educational, medical and mental health professionals; and any other individuals who may have a significant relationship with the child.

2. Engage the resource parent and the CFT to assist with assessing the child's knowledge of the Termination of Parental Rights (TPR) and adoption processes. See the Child's Comprehensive Assessment and Talking with Children about Adoption/Guardianship or Aspects of their Past for additional guidance in addressing questions the child may have regarding TPR and adoption;
3. Develop an individualized plan for the child and prospective adoptive family to help prepare them for adoption. This plan may be developed during a CFT meeting and may include the involvement of the child (based on the child's age and developmental level),

mental health provider, resource parent, informal supports, and the child's Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL);

4. Address separation, grief, loss, and attachment with the child;
5. Assess the need for an adoption competent therapist or counselor to help the resource parent address any concerns related to the adoption of the child and make a referral if appropriate. See Finding the Right Therapist for additional guidance;
6. Ensure the child has a Lifebook and is provided the opportunity to review and update as needed.
7. Assess whether it is appropriate to have a goodbye visit between the child and the child's birth parents and/or other significant relatives if post-adoption visitation is not appropriate;

Note: A decision as to whether a goodbye visit should be scheduled should be made after consulting with the CFT and the child's counselor/therapist (if applicable). The child's age and emotional development should be considered in the decision. The current court orders in the case should be reviewed before scheduling the goodbye visit, and the DCS attorney should be consulted on whether a court order is needed to allow the visit to occur.

8. Prepare a Child Social Summary that provides a comprehensive and balanced picture of the child. See policy 10.11 Child Social Summary for more information;
9. Document in the case management system all actions taken and ensure all parties have a clear understanding of the adoption process; and
10. Develop a plan for permanency. If the child is not in agreement with adoption, discuss the following to understand the child's needs and concerns regarding adoption;
 - a. Concerns around name changes,
 - b. Post-adoption contact to maintain birth family connections,
 - c. Post-adoption contact to maintain connections with prior foster families and other connections,
 - d. Methods to maintain connections with the child's community, culture, and traditions, and
 - e. Address any other questions or concerns the child may have regarding the transition to adoption.

The FCM Supervisor will:

1. Discuss case specifics with the FCM during regular staffing and clinical supervision to provide guidance to the FCM in completion of all required actions;
2. Review referrals and approve as necessary; and
3. Ensure all actions taken, assessment results received, and any deviation from best practice are documented in the case management system.

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions

Clinical Supervision


Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Forms and Tools

- [10.B Tool: Child Social Summary](#)
- [Child's Comprehensive Assessment](#)
- [Finding the Right Therapist](#)
- [Lifebook](#) – Available in hard copy from the [Regional Adoption Consultant](#)
- [Talking with Children about Adoption/Guardianship or Aspects of their Past](#)

Related Policies

- [10.11 Child Social Summary](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption and Guardianship	Effective Date: August 1, 2021
	Section 03: Preparing the Child for Adoption	Version: 3

POLICY OVERVIEW

Once a child’s readiness for adoption has been determined it is important to ensure the child has the appropriate resources to prepare for a successful transition to adoption. The child’s past experiences cannot be changed; however, assisting with how the past is viewed may help the child develop attachments as a member of a new family.

PROCEDURE

The Indiana Department of Child Services (DCS) will assist in preparing a child for adoption based on the assessments and observations used to determine the child’s readiness for adoption. DCS may have individual discussions with the child and/or provide an opportunity for the child to speak with other adopted children. DCS will ensure the child has appropriate resources to help prepare for adoption.

The Family Case Manager (FCM) will:

1. Help the child understand the loss and process the grief involved in the Termination of Parental Rights (TPR);
2. Refer the child to appropriate services to help prepare the child for adoption (e.g., adoption-child preparation, individual counseling, and home-based services) if assessment indicates a need. See Finding the Right Therapist for additional information;
3. Submit a referral to the Indiana Adoption Program (IAP) for adoption consultation if assistance is needed in preparing the child for adoption;
4. Facilitate a child-focused Child and Family Team (CFT) meeting to bring those closest to the child together along with any professionals that may assist the team in determining the most appropriate options for preparing the child for adoption. Involve the child in this process where age and developmentally appropriate (see policy 5.07 Child and Family Team Meeting for additional information). These adults may include, but are not limited to:
 - a. Birth parents, if deemed appropriate,
 - b. Members of the CFT, including the child representative for youth over the age of 14 years.
 - c. Resource parent,
 - d. Therapists and/or other service providers,
 - e. Guardian Ad Litem (GAL) or Court Appointed Special Advocate (CASA), and
 - f. Other family members or individuals who have a significant relationship with the child.

5. Assist the child in understanding the adoption process and have a conversation with the child that includes, but is not limited to, a discussion about the following:
 - a. The reasons the child is unable to return home (reconstruction and interpretation of the child's history and assisting the child in understanding the child's own unique life experiences),
 - b. Grief and loss of the birth family and others that have been significant in the child's life,
 - c. The meaning of adoption,
 - d. The child's right to have a parent and permanent home,
 - e. The adoption process and how the child will be involved, including involvement in adoption recruitment services when a child does not have an identified permanent home,
 - f. Placement and/or visitation with siblings, if applicable,
 - g. The adoption transition plan (see policy 10.09 Pre-placement Visits/Adoption Transition Plan), including Pre-placement visitation planning for the pre-adoptive family, if applicable,
 - h. Whether there is a possibility that the child will be able to remain in contact with members of the child's birth family or other individuals who have had a significant role in the child's life after adoption,
 - i. Whether adoption by the child's resource family is an option, and
 - j. Other alternate permanency options available. See policy 6.10 Permanency Plan for additional information.

Note: The conversation with the child may be facilitated by the therapist, FCM, or another individual as determined appropriate by the CFT.

6. Periodically revisit the topic of adoption to discuss the child's thoughts and current feeling about the adoption process and answer any questions;
7. Offer supportive services to the child and current caregiver to help the child transition from foster care to an adoptive placement (if applicable);
8. Ensure the child has a Lifebook and is provided the opportunity to review and update as needed; and
9. Document all information into the case management system.

DCS will discuss informed consent with any youth age 14 years and older and explain that, in accordance with Indiana law, written consent must be obtained from the youth for the adoption to be completed.

For all youth age 14 years and older, the FCM will complete all steps above, and:

1. Explain to the youth that the youth's written consent is required for the adoption to proceed and assist in completing the Consent to Adoption;
2. Submit a referral to the IAP adoption consultant if assistance is needed;
3. Explore the reasons behind the youth's decision if the youth does not want to be adopted. See "When a Youth Says 'No' to Permanency" for additional information;
4. Periodically revisit the topic of adoption to determine if the youth's feelings about adoption have changed;
5. Conduct a CFT meeting to consider an alternate permanency option if the youth will not consent in writing to adoption. See policy 6.10 Permanency Plan for other permanency options; and

Note: When all other permanency plans options have been exhausted, Another Planned Permanent Living Arrangement (APPLA) may be considered for youth 16 years of age or older.

6. Obtain the child's signature on the Consent to Adoption when an adoptive family has been identified and the child consents to be adopted.

The FCM Supervisor will:

1. Discuss case specifics with the FCM during regular staffing and clinical supervision to provide guidance to the FCM in completion of all required actions;
2. Review referrals and approve as necessary; and
3. Ensure all actions taken, assessment results received, and any deviation from best practice are documented in the case management system.

The Adoption Consultant will:

1. Attend CFT meetings to provide subject matter expertise regarding adoption challenges that may create barriers to adoption; and
2. Provide recommendations for services that may help overcome barriers and help move the child to legal permanency.

LEGAL REFERENCES

- [IC 31-19-9-1: Consents required](#)

RELEVANT INFORMATION

Definitions

Clinical Supervision


Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Forms and Tools

- [Consent to Adoption \(SF 12582\)](#)
- [Finding the Right Therapist](#)
- Lifebook – Available in Hard Copy from the Regional [Adoption Consultant](#)

Related Policies

- [5.07 Child and Family Team Meeting](#)
- [6.10 Permanency Plan](#)
- [10.09 Pre-placement Visits/Adoption Transition Plan](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption and Guardianship	Effective Date: August 1, 2021
	Section 04: Resource Parent's Role in Preparing the Child for Adoption	Version: 4

POLICY OVERVIEW

Children need caring adults who support the permanency plan, work to achieve permanency, and acknowledge that the child's questions and feelings are normal and acceptable. The Indiana Department of Child Services (DCS) partners with the resource parent to prepare the child for the adoption process.

PROCEDURE

DCS will communicate with and include the resource parent in the planning and implementation of the adoptive placement process. DCS will support the resource parent decision regarding their pursuit of adoption (if applicable), if DCS agrees that it is in the best interest of the child.

The Family Case Manager (FCM) will:

1. Have a discussion with the current resource parent to determine if the resource parent plans to pursue adoption of the child. See 10.A Tool: Termination of Parental Rights (TPR)/Adoption Checklist for additional guidance;
2. Include the resource parent in planning, implementing, and supporting the child through the adoptive process;
3. Utilize the Child and Family Team (CFT) meeting and/or Case Plan Conference to develop an adoption transition plan (see policy 10.09 Pre-Placement Visits/Adoption Transition Plan);
4. Seek a recommendation from the child's therapist and/or CFT members to plan for an age and developmentally appropriate discussion with the child regarding the resource parent's decision about adoption;
5. Assist the resource parent in being prepared to appropriately acknowledge the child's feelings about the adoption process and respond to the child's questions;
6. Prepare the resource parent for possible changes in the child's behavior prior to the adoption or new adoptive placement;
7. Ensure the child's Lifebook remains up-to-date; and
8. Document all discussions and actions taken in the case management system.

If the resource parent **is not pursuing adoption** of the child, the FCM will complete all steps above and:

1. Explain the adoption recruitment process to the resource parent and obtain an agreement that the resource parent will fully assist and support the child through the adoption placement process, which includes making the child available for adoption

recruitment activities. See the Indiana Adoption Program Recruitment Booklet for additional assistance;

2. Share general information about the potential adoptive placement with the current resource parent;
3. Encourage the resource parent to appropriately express feelings to DCS related to the child's potential adoptive placement;
4. Offer therapeutic resources to the child and resource parent to address loss and grief issues that may occur due to the child leaving the resource parent's home;
5. Encourage the resource parent to give the child permission to move on and have a permanent family; and
6. Request that the resource parent prepare a goodbye letter that can be shared with the child when a permanent family is identified.

The FCM Supervisor will:

1. Guide the FCM in developing and implementing the adoption transition plan, discuss with the FCM progress made in securing permanency and address any needs of the child; resource parent; and/or prospective adoptive parent during regular staffing and clinical supervision; and
2. Ensure all actions that are taken, including any deviation from best practice, are documented in the case management system.

LEGAL REFERENCES

- [IC-31-9-2-99.2: Prospective Adoptive Parent](#)
- [45 CFR 1355.34: Criteria for Determining Substantial Conformity](#)

RELEVANT INFORMATION

Definitions

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Prospective Adoptive Parent

A prospective adoptive parent is a person who has filed a petition for adoption of a child under IC 31-19-2-99.2.

Resource Parent


For the purpose of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver.

Forms and Tools

- [10.A Tool: Termination of Parental Right \(TPR\) / Adoption Checklist](#)
- [Goodbye Letters](#)
- [Indiana Adoption Program Recruitment Booklet](#)
- Lifebook – Available in hard copy from the regional [Adoption Consultant](#)

Related Policies

- [10.09 Preplacement Visits/Adoption Transition Plan](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption and Guardianship	Effective Date: March 1, 2021
	Section 05: Maintaining Sibling Connections	Version: 3

POLICY OVERVIEW

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 lives. Biological siblings share the same genetic makeup; this becomes very important as children move into resource and adoptive families where they may differ in physical and cultural experiences, as well as, differences in medical predisposition, talents, and intellectual capabilities. When siblings are placed together, they are less likely to feel isolated, and they may 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 both the family of origin and the subsequent history of foster care placement. Integration of the child’s past experiences, along with future experiences will help in the child’s development and understanding their own identity. When siblings cannot be placed together, the ability to maintain contact with each other may help alleviate the emotional impact of removal for each child.

PROCEDURE

The Indiana Department of Child Services (DCS) will, to the extent possible, attempt to place a sibling group in the same pre-adoptive home, including:

1. Any additional siblings taken into care at a later date; or
2. Any siblings of a child in a previously finalized adoption that have re-entered out-of-home care or who may be in need of a new pre-adoptive placement.

DCS will make an exception to the requirement of placing siblings together when:

1. There is documentation from a Qualified Mental Health Provider (QMHP) therapist, or counselor explaining why placement together would not be in the best interest of one (1) or more of the children, and why the issues cannot be rectified by intensive family services;
2. A court ordered separation of the siblings; or
3. A sibling is in residential treatment, hospitalized, or in a juvenile detention center.

DCS will ensure that children who are not placed together have weekly face-to-face contact. See policies 8.12 Developing the Visitation Plan and 10.09 Adoption Transition Plan and Pre-Placement Visits for additional information.

The Family Case Manager (FCM) will:

1. Conduct a search for any siblings that are in separate placements;

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 if placement together is not possible.
3. Interview the resource parents, therapist, 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 policy 5.07 Child and Family Team Meetings for additional information;
5. Forward the recommendation of the CFT and the information gathered from the resource parents, therapist, and other services providers to their FCM Supervisor for review;

Note: Submit a list of pros and cons to the FCM Supervisor in the event the CFT cannot reach consensus.

6. Document all actions, including the decision of the FCM Supervisor, into the case management system; and
7. Implement the visitation plan and ensure sibling connections are addressed in the child's adoption transition plan, if children are not able to be placed together. See policies 8.12 Developing the Visitation Plan and 10.09 Adoption Transition Plan and Pre-Placement Visits for more information.

The FCM Supervisor will:

1. Review the list of pros and cons that have been forwarded from the FCM if the CFT was unable to reach consensus;
2. Make a recommendation based on the information received from resource parents, therapist, other service providers, and CFT members;
3. Ensure a Case Conference or staffing with the Adoption Consultant is scheduled, if applicable;
4. Provide assistance and guidance during clinical supervision to ensure all documentation is complete and in accordance with best practice; and
5. Ensure all documentation is entered into the case management system.

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions

Clinical Supervision


Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Forms and Tools

- [Adoption Consultant Map](#)
- Visitation Plan – Available in the case management system

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [8.12 Developing the Visitation Plan](#)
- [10.09 Adoption Transition Plan and Pre-Placement Visits](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption and Guardianship	Effective Date: August 1, 2021
	Section 06: Adoption Consultation for Delayed Permanency	Version: 6

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) recognizes the importance of permanency for children to develop healthy relationships with others; lessen the impact of loss, grief, and stress; and promote a sense of connection to others. Therefore, the specialized services of the Indiana Adoption Program (IAP) are used when a child is in a family placement, but efforts to achieve permanency have been delayed.

PROCEDURE

The Family Case Manager (FCM) will:

1. Identify children that have:
 - a. Termination of Parental Rights (TPR) ordered by the court, and
 - b. Placement with a family that has expressed intent to provide permanency for the child, but no action toward achieving that goal has been taken for a period of six (6) months.
2. Initiate permanency consultation services by completing a referral in KidTraks;
3. Schedule a Child and Family Team (CFT) meeting, which will include the prospective adoptive family, FCM, Adoption Consultant, child (if age and developmentally appropriate), and CFT members to:
 - a. Discuss the intent of the prospective adoptive parents to provide a permanent home for the child,
 - b. Identify the strengths and needs of the child and family and any barriers to achieving permanency for the child, and
 - c. Develop a plan with clear action steps to secure permanency for the child within the next six (6) months.
4. Evaluate the child and family’s progress toward legal permanency, and adjust the plan as necessary to attain timely permanency; and
5. Refer the child to Adoptive Family Recruitment services to begin the search for a new adoptive family if the current resource family is unable to commit to permanency for the child (see policy 10.07 Adoptive Family Recruitment Services).

The FCM Supervisor will:

1. Provide support and direction during regular staffing and clinical supervision with the FCM to identify delayed permanency efforts and plan next steps; and
2. Discuss and review the case and steps being made toward permanency on a regular basis.

The Adoption Consultant will:

1. Participate in the CFT meeting to share information with the family about post-adoption services and resources available after the adoption and answer questions about the long-term benefit and impact of adoption for the child; and
2. Provide support to the child and CFT if it is determined that a search for a new adoptive family or guardian is necessary.

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions

Resource Parent

For the purpose of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver.

Clinical Supervision


Clinical Supervision is a process in which an individual with specific knowledge, expertise or skill provides support while overseeing and facilitating the learning of another individual.

Forms and Tools

N/A

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [10.07 Adoptive Family Recruitment Services](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption/Permanency	Effective Date: October 1, 2020
	Section: 7 Adoptive Family Recruitment Services	Version: 5

STATEMENTS OF PURPOSE

Indiana Department of Child Services (DCS) adoptive family recruitment services are available for children who are in out-of-home care, have a case plan goal of adoption, and do not have an identified adoptive family.

The [Indiana Adoption Program \(IAP\)](#) will provide the following recruitment services:

1. Posting information about the child to the [internet photolisting](#);
2. Identifying and planning for adoption recruitment activities that feature the child;
3. Preparing qualified prospective adoptive families for children who have a permanency goal of adoption; and
4. Facilitating interviews of prospective adoptive families to determine the best potential family for the child.

Code References

1. [IC 31-19-27: Program for Adoption of Hard to Place Children](#)
2. [IC 31-9-2-51: "Hard to place child" or "hard to place children"](#)
3. [475\(1\)\(E\) Social Security Act: child specific recruitment efforts](#)

PROCEDURE

The Family Case Manager (FCM) will complete the following when a child is in need of recruitment for an adoptive family. See the [Indiana Adoption Recruitment Booklet](#) for additional information:

1. Initiate adoptive recruitment services by:
 - a. Completing a Permanency and Practice Support (PPS) "Indiana Adoption Program" Referral in KidTraks, and
 - b. Completing a provider referral for adoption recruitment and uploading the [Child Registration and Recruitment Plan \(SF 11840\)](#) in KidTraks. For additional guidance see [Adoption Recruitment Referral Instructions](#).

Note: Recruitment services for a child with a pending Termination of Parental Rights (TPR) may be administered differently from services for a child that is "legally free" for adoption. Contact your [Adoption Consultant](#) for more information. See [Practice Guidance](#) for additional information.

2. Notify the child's caregiver of the initiation of recruitment services and discuss the process;
3. Engage the child (as age and developmentally appropriate) to discuss recruitment services and complete the [Child Registration and Adoption Recruitment Plan \(SF 11840\)](#). See [Indiana Adoption Program Recruitment Booklet](#) for more information;

Note: Determine whether a referral for Adoption-Child Preparation Services is necessary to assist the child with the case plan goal of adoption. See policy [10.02 Assessing a Child's Readiness for Adoption](#) for more information.

4. Notify the [Adoption Consultant](#) of any prospective adoptive families that may be a potential match for the child;

Note: Prospective adoptive parents are not required to hold a foster parent license to be matched with a child for whom parental rights have been terminated and all appeals have been exhausted.

5. Invite the [Adoption Consultant](#) to participate in a Child and Family Team (CFT) Meeting and/or Case Plan conference when a permanency plan goal of adoption is being considered;
6. Notify the [Adoption Consultant](#) of any changes to the permanency goal;
7. Collaborate with the [Adoption Consultant](#) to:
 - a. Review home studies and verify the families' appropriateness to adopt,
 - b. Select prospective adoptive families to participate in the interview process. See the [Adoptive Family Match Family Interview Tool](#), and
 - c. Coordinate and co-facilitate the family interviews.

Note: Inclusion of the child in the interview process should be considered. Collaborate with the [Adoption Consultant](#) to notify the selected prospective adoptive family to develop the adoptive placement transition plan. For additional guidance see policy [10.09 Adoptive Placement Transition Plan](#); and

8. Notify the [Adoption Consultant](#) if there is a disruption in a prospective adoptive placement so that recruitment efforts may resume.

The FCM Supervisor will:

1. Discuss the case specifics during [clinical supervision](#) and guide the FCM as needed to ensure all required steps are completed;
2. Participate in the interview team (if requested);
3. Review and submit the [Confidentiality Agreement for Adoption Interviews and Recommendations \(SF 50718\)](#) to the LOD; and
4. Discuss the decision of the interview team with the Local Office Director (LOD), and provide the [Confidentiality Agreement for Adoption Interviews and Recommendations \(SF 50718\)](#) and supporting documentation to the LOD for review and signature.

The LOD will:

1. Review the [Confidentiality Agreement for Adoption Interviews and Recommendations \(SF 50718\)](#) and supporting documentation; and
2. Make a determination regarding the interview team's recommendation or request additional information within five (5) days of receipt of the recommendation.

The [Adoption Consultant](#) will:

1. Verify that all items required for recruitment have been uploaded into KidTraks;
2. Approve the KidTraks referral for Adoption Recruitment;
3. Verify the [10.B Tool: Child Summary](#) is completed and a professional photograph is available;

4. Verify that the child's information is posted to the internet on the [internet photolisting](#) website, if applicable;
5. Maintain monthly contact with the FCM to ensure the child is available to participate in recruitment efforts, discuss any updates, and ensure the [10.B Tool: Child Summary](#) and photographs are updated as necessary. See policy [10.11 Child Social Summary](#) for additional guidance;
6. Collaborate with the FCM to:
 - a. Review home studies and verify the families' appropriateness to adopt,
 - b. Select prospective adoptive families to participate in the interview process. See the [Adoption Family Match Interview Tool](#) Interviews tool for additional information, and
 - c. Coordinate and co-facilitate the family interviews.
7. Facilitate discussion with the interview team regarding the strengths and concerns for each family as they relate to the child;
8. Notify each family's assigned [Adoption Consultant](#) regarding the adoption placement decision and share feedback of the interviews;

Note: The assigned [Adoption Consultant](#) for each family will share the decision regarding the adoption placement determination and feedback of the interview with the consultant's assigned family.

9. Collaborate with the FCM to develop the adoptive placement transition plan; and
10. Meet with the FCM to discuss any adoptive placement disruption and plan for future placement needs.

PRACTICE GUIDANCE

Legally Free

"Legally Free" definition: Parental rights have been terminated and all appeal rights have been exhausted. The child is legally free to be adopted.

Pending TPR

"Pending TPR": The child has a case plan goal of adoption but the legal proceedings to terminate parental rights has not been initiated, has not been completed, or the court order terminating parental rights is under appeal by a higher court.

FORMS AND TOOLS


1. [10.B Tool: Child Social Summary](#)
2. [Internet Photolisting](#)
3. [Indiana Adoption Program Recruitment Booklet](#)
4. [Adoptive Family Match Interview Tool](#)
5. [Child Registration and Adoption Recruitment Plan \(SF 11840\)](#)
6. [Confidentiality Agreement for Adoption Interviews and Recommendation \(SF 50718\)](#)

RELATED INFORMATION

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption and Guardianship	Effective Date: July 1, 2021
Section 08: Families Recommended for the Indiana Adoption Program (IAP)	Version: 3	

POLICY OVERVIEW

The Indiana Adoption Program (IAP) seeks to prepare families interested in adopting Indiana’s Waiting Children.

PROCEDURE

The Indiana Department of Child Services (DCS) will facilitate Indiana Adoption Council meetings monthly to review home studies and interview families seeking to adopt Indiana’s Waiting Children. The Indiana Adoption Council comprised of DCS staff, will make recommendations on families’ seeking to adopt.

Note: Indiana Adoption Program Council members vote on recommending a family for adoption. DCS will not discriminate against an applicant based on a disability. Reasonable accommodations will be considered when determining the qualification and suitability of the individual with a disability.

Upon completion of a Structured Analysis Family Evaluation (SAFE) adoption only home study, the home study preparer will send the SAFE home study, a signed adoption recommendation form, verification of adoption training, and appropriate home study collateral information to the Indiana Adoption Program. Upon receipt of the information, the family will be scheduled to meet with the Indiana Adoption Council.

Following the Adoption Council meeting and decision, the family will be notified of the recommendation. If approved, the family will be given a status of *Recommended to Adopt* and access to the Indiana Adoption Program parent portal for adoption recommended families. This recommendation is valid for two (2) years. After two (2) years, a home study update must be completed.

Note: Denials will be retained for a minimum of one (1) year. It is the responsibility of the family to demonstrate that reasons for the denial have been remedied and request reconsideration and an updated home study.

Licensed foster parents do not have to meet with the Indiana Adoption Council. Upon receipt of the SAFE home study prepared by foster care licensing staff, proof of Resource and Adoptive Parent Training (RAPT) IV, and a signed Adoption Recommendation form by the foster care licensing staff, the Indiana Adoption Program will give licensed foster families a status of *Recommended to Adopt* and access to the Indiana Adoption Program parent portal for adoption recommended families. This recommendation is valid for one (1) year and must be resubmitted with the annual SAFE update to ensure that foster families remain in good licensing status. The Adoption Consultant will:

1. Review all SAFE adoption home studies prior to the Adoption Council meeting and prepare questions designed to understand the family's desire and preparedness to adopt Indiana's Waiting Children;
2. Notify the family and home study preparer of the date and time of the meeting with the Adoption Council;
3. Read the SAFE home study and prepare questions to be asked during the Adoption Council meeting;

Note: All questions must be submitted at least two (2) business days before the adoption council meeting.

4. Support and engage the family to help them prepare for the interview with the Adoption Council;

Note: Adoption Council Meetings are limited to four (4) families per meeting date. Each family will be allotted 30 minutes.

The Adoption Program Manager (or designee) will:

1. Schedule a minimum of two (2) Adoption Council meetings per month and provide the dates to the Adoption Consultants for scheduling purposes;
2. Review the SAFE home studies and prepare questions to be asked during the Adoption Council meeting;
3. Select individuals to participate in the Adoption Council meetings. The council members may include, but are not limited to:
 - a. Adoption Program leadership staff,
 - b. Adoption Consultant assigned to the family being presented to the Adoption Council, and
 - c. Other DCS staff.
4. Assign a meeting facilitator to conduct the Adoption Council meeting;
5. Notify the families and home study preparer of the Adoption Council recommendations within 10 business days; and
6. Update and sign the Adoption Recommendation form and ensure that the information for the families is uploaded into the adoption recruitment database.

The Adoption Council participants will:

1. Review all family SAFE adoption home studies prior to the Adoption Council Meeting and prepare questions designed to understand the family's desire and preparedness to adopt Indiana's Waiting Children;

Note: All questions must be submitted at least two (2) business days before the adoption council meeting.

2. Participate in Adoption Council meetings as scheduled to meet with families and address any questions regarding the home study or collateral documentation;
3. Debrief and discuss recommendations regarding each family. The Adoption Council may vote with the following recommendations:
 - a. Approved to adopt,
 - b. Pending Approval with a recommendation for additional training, or
 - c. Deny the recommendation to adopt.

LEGAL REFERENCES

- [465 IAC 2-7-2 Special needs child; criteria](#)
- [42 USC 12102: Definition of disability](#)

RELEVANT INFORMATION

Definitions


- N/A

Forms and Tools

- [Adoption Consultants Map](#)
- DCSAdoption@dcs.in.gov
- [Indiana's Waiting Children](#)

Related Policies

- [10.09 Preplacement Visits/Adoption Transition Plan](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption	Effective Date: December 1, 2020
	Section 9: Pre-placement Visits/Adoption Transition Plan	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will develop an adoption transition plan and facilitate pre-placement visits between the child, the current caregiver, and the prospective adoptive family. DCS will provide (to the extent allowed by the court and the unique circumstances of each case) an opportunity for the pre-adoptive family and child to form a familial bond through visits, which will progress to include overnight and weekend visits based upon the age and needs of the child. For more information and resources about adoption transition planning, see the [Adoptive Placement Visitation and Transition Tool](#).

DCS will reimburse the licensed prospective adoptive parent for travel expenses incurred when the licensed prospective adoptive parent travels at least one (1) mile for pre-placement visits with a child and overnight visits are not included. Mileage will be paid starting at mile one (1).

DCS will pay the licensed prospective adoptive parent a per diem for each overnight pre-placement visit with a child. DCS will also pay properly claimed mileage incurred if the child's foster parent travels over 162 miles per month for the overnight visits.

Note: Pre-placement per diem for a licensed prospective adoptive parent would be paid through a global services referral in KidTraks. See policy [16.01 Clothing, Personal Items, and Permitted Per Diem Expenses](#) for additional information and details regarding travel expense reimbursement.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Schedule a Child and Family Team (CFT) meeting or case plan conference for the purpose of developing a structured [adoption transition plan](#), which will include visitation with the prospective adoptive parent. This plan should include maintaining relationships with siblings as appropriate. Participants should include the FCM, Adoption Consultant, current caregivers, prospective adoptive parent, child's therapist (if applicable), and any other active CFT member. See the [Adoptive Placement Visitation and Transition Tool](#) and policies [5.07 Child and Family Team Meetings](#), [5.08 Developing the Case Plan](#), [8.12 Developing the Visitation Plan](#), [10.03 Preparing the Child for Adoption](#), and [10.05 Maintaining Sibling Connections](#) for additional information;
2. Complete a KidTraks global services referral (Global Services > General Service > Placement Transition Visits) for the licensed prospective adoptive parent if mileage and per diem will be requested for pre-placement visits;
3. Document the plan for pre-placement visits in the case management system;

4. Have weekly contact with the child during the transition to the prospective adoptive placement and for the first 30 days after placement. Then, resume regular monthly face-to-face contacts until dismissal of the case;

Note: Contact required during the transition to the prospective adoptive placement which exceeds the minimum contact requirements in policy [8.10 Minimum Contact](#) may be conducted using virtual technology as child safety and well-being allow.

5. Document all face-to-face visits and any additional contacts in the case management system; and
6. Continue to facilitate CFT meetings to review, discuss, and make any changes to the [Visitation Plan](#), [adoption transition plan](#), or other relevant case information.

The FCM Supervisor will:

1. Provide support and guidance to the FCM in the development of the Visitation Plan and [adoption transition plan](#);
2. Ensure referrals are completed timely for a licensed prospective adoptive parent who claims mileage and/or per diem; and
3. Discuss case specifics and any changes to the [Visitation Plan](#) and/or [adoption transition plan](#) during [clinical supervision](#).

The Adoption Consultant will:

1. Provide guidance to the FCM and FCM Supervisor as to best practice in the development of an [adoption transition plan](#); and
2. Participate in the CFT Meeting for the purpose of developing the [adoption transition plan](#) and [Visitation Plan](#).

PRACTICE GUIDANCE

Adoption Transition Plan

The adoption transition plan documents how to meet the child's needs when transitioning from a current caregiver to a prospective adoptive home. The [Adoptive Placement Visitation and Transition Tool](#) provides a suggested timeframe for the transition into the prospective adoptive home.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

FORMS AND TOOLS


[Adoptive Placement Visitation and Transition Tool](#)

[Visitation Plan](#) – Available in the case management system

[Case Plan \(SF 2956\)](#) – Available in the case management system

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption and Guardianship	Effective Date: July 1, 2021
Section 10: Unlicensed Relative or Kinship Adoption	Version: 4	

POLICY OVERVIEW

When a child cannot safely be reunified with a parent, guardian, or custodian, the first consideration for legal permanency should be with an appropriate relative or kin. This provides a familiar, safe, and nurturing environment to minimize loss and allows the child to maintain connections to other relatives, community, and culture.

PROCEDURE

The Indiana Department of Child Services (DCS) has established the following guidelines for an unlicensed relative or kin who wants to become a prospective adoptive parent for the purpose of adopting a child who is a DCS ward:

1. Efforts to reunite the child with either parent have not been successful;
2. The child has lived in the home for six (6) continuous months or longer;
3. The permanency plan is adoption and there is a significant emotional attachment between the child and the unlicensed relative or kin, as assessed by a counselor, therapist, or other professional specializing in attachment;
4. Completion of the Resource and Adoptive Parent Training (RAPT) pre-service training and six (6) hours of RAPT IV-Adoption training. See policy 12.05 Pre-Service Training Requirements for further guidance; and

Note: The pre-service adoption training and six (6) hours of RAPT IV- Adoption training may be waived with a written exception from the DCS Local Office Director (LOD).

5. Submission of a written adoption summary to the court detailing DCS' recommendation for adoption.

Note: A complete home study is not required for unlicensed relative or kin adoptions.

In accordance with the Multiethnic Placement Act of 1994, as amended by the Interethnic Adoption Provisions of 1996 (MEPA-IEP), DCS will not delay or deny the adoptive placement of a child based on the race, color, or national origin of the adoptive resource family or the child involved. In addition, DCS will not deny the adoptive placement of a child based solely on a prospective adoptive parent's disability. If a Native American child is involved, refer to the Indian Child Welfare Act (ICWA). See policy 2.12 Indian Child Welfare Act for further guidance.

DCS requires background checks on all persons who live in a prospective adoptive home when a DCS ward is being adopted. See policies 13.07 Conducting Background Checks for Adoption and 13.08 Evaluating Background Checks for Adoption for further guidance.

DCS will ensure the prospective adoptive parent is made aware of the ability to apply for Medicaid, Non-Recurring Adoption Expenses (NRAE), adoption assistance periodic payments, and Post-Adoption Services (PAS). See policy 10.14 Indiana Adoption Assistance Program Overview for additional guidance.

The Family Case Manager (FCM) will:

1. Complete the 10.B Tool: Child Social Summary. See policy 10.11 Child Social Summary for further guidance;
2. Explain the adoption process, including the Adoption Assistance Program (AAP) to the unlicensed relative or kin and the child, if applicable. See policies 10.01 Planning for Adoption (Overview), 10.14 Indiana Adoption Assistance Program Overview, and 10.A Tool: Termination of Parental Rights (TPR)/Adoption Checklist for further guidance;
3. Ask the unlicensed relative or kin if they need a reasonable accommodation due to a disability and assist in planning for any identified reasonable accommodation;
4. Initiate the background check process of all individuals living in the home. See policy 13.07 Conducting Background Checks for Adoption for further guidance;
5. Conduct an agency staffing to discuss the approval of the unlicensed relative or kin as a prospective adoptive parent after the child has been in the home for six (6) months;
6. Complete a written adoption summary for the court within 60 calendar days of the date the adoption petition is filed. The adoption summary should include information outlined on the Explanation of Adoption Summary form;

Note: The adoption summary may not contain information concerning the financial circumstances of the prospective adoptive parent or any recommendation regarding a request for subsidy by the prospective adoptive parent.

7. Provide and explain the Explanation of Adoption Summary form and ensure necessary signatures are obtained;
8. Ensure the prospective adoptive parent has contact information for the Regional Adoption Consultant and the PAS brochure, which has information about accessing PAS; and
9. Upload all documentation into the case management system.

The FCM Supervisor will:

1. Ensure the FCM has completed all required background checks in a timely manner. See policies 13.07 Conducting Background Checks for Adoption and 13.08 Evaluating Background Checks for Adoption for further guidance;
2. Participate in the agency staffing and provide input as necessary;
3. Ensure the Explanation of Adoption Summary form has been explained and all necessary signatures have been obtained; and
4. Ensure all required information and documentation is in the child's adoption file and uploaded into the case management system. See policy 10.14 Indiana Adoption Assistance Program Overview for further guidance.

LEGAL REFERENCES

- [IC 31-9-2-99.2 Prospective Adoptive Parent](#)
- [IC 31-19-2-2 Adoption of minor child; petition; venue; substituting petitioner](#)
- [IC 31-19-2-7.5 Submission of information, forms, or consents for criminal history check](#)

- [IC 31-19-2-15 Information provided to current foster parent and prospective adoptive parent; explanation of information; signature](#)
- [IC 31-19-8-5 Agency report and recommendation; filing requirements; waiver of report](#)
- [IC 31-19-8-6 Contents of report](#)
- [IC 31-19-11-1.1](#)
- [IC 31-19-26.5: Adoption Subsidies](#)
- [42 USC 673: Social Security Act](#)
- [42 USC 12102: Definition of disability](#)

RELEVANT INFORMATION

Definitions

Prospective Adoptive Parent:


A prospective adoptive parent is a person who has filed a petition for adoption of a child under IC 31-9-2-99.2.

Forms and Tools

- [Adoption Consultant Map](#)
- [Explanation of Adoption Summary \(SF 56527\)](#)
- [Post Adoption Services \(PAS\)](#)
- Program of Informal Adjustment– Available in the case management system
- [10.B Tool: Child Social Summary](#)
- [10.A Tool: Termination of Parental Rights \(TPR\)/ Adoption Checklist](#)

Related Policies

- [10.01 Planning for Adoption \(Overview\)](#)
- [10.11 Child Social Summary](#)
- [10.14 Indiana Adoption Assistance Program Overview.](#)
- [12.05 Pre-Service Training Requirements](#)
- [13.07 Conducting Background Checks for Adoption](#)
- [13.08 Evaluating Background Checks for Adoption](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption/Permanency	Effective Date: August 1, 2019
	Section 11: Child Social Summary	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will complete a [Child Social Summary](#) for **every** child in out-of-home care with a permanency plan of adoption. The [Child Social Summary](#) will be completed within 45 days of changing the permanency plan to adoption and updated annually until the child’s adoption is final.

DCS will provide the prospective adoptive parent with the [Child Social Summary](#) in order to ensure the prospective adoptive parent is aware of, and able to provide for, the child’s needs.

Code References
NA

PROCEDURE

The Family Case Manager (FCM) will:

1. Gather the following to complete the [Child Social Summary](#):
 - a. All available social, educational, psychological, medical, and genetic information for the child and family,
 - b. Information about the child’s strengths, likes, dislikes, needs, personality, and behavioral patterns, and
 - c. The anticipated expectations for the future development and functioning of the child, if the child has any physical, developmental, or psychological challenges.
2. Complete the [Child Social Summary](#) within 45 days of changing the permanency plan to adoption and update annually until adoption is finalized;

Note: The [Child Social Summary](#) should be completed by the FCM. A referral to a contracted provider may be completed only when the child is referred to the Indiana Adoption Program for active recruitment of a pre-adoptive family. The FCM must contact the [Adoption Consultant](#) for assistance if a completion of a [Child Social Summary](#) is being requested and the child has not been referred to the Indiana Adoption Program for active recruitment. See [Practice Guidance](#) for more information regarding the provider completed child summary.

3. Provide the prospective adoptive parent with a copy of the [Child Social Summary](#) and answer any questions he or she may have;
4. Assist the prospective adoptive parent in determining his or her ability to meet the child’s needs; and
5. Submit the current [Child Social Summary](#) (if available) to the regional [Adoption Consultant](#) for recruitment when an adoptive parent has not yet been identified for the child. See Policy [10.06 Making an Adoption Program Services Referral](#).

The FCM Supervisor will review the [Child Social Summary](#) and provide the FCM with any necessary feedback.

PRACTICE GUIDANCE

Provider Completed Child Summary

Any child who is being referred to the Indiana Adoption Program for active recruitment of an adoptive family may utilize the provider-completed Child Social Summary if Termination of Parental Rights (TPR) has been finalized.


A signed [Consent to Release Confidential Case File Information for Child Summary Completion \(SF 56662\)](#) is required from the birthparents to utilize the provider completed Child Social Summary when TPR has not been finalized.

FORMS AND TOOLS

1. [10.A Tool: TPR Checklist](#)
2. [10.B Tool: Child Social Summary](#)
3. [Consent to Release Confidential Case File Information for Child Summary Completion \(SF 56662\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption	Effective Date: May 1, 2020
	Section 14: Indiana Adoption Assistance Program Overview (AAP and SAS)	Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Adoption Assistance Program can provide three (3) types of adoption assistance benefits:

1. Medicaid: Indiana’s Title XIX Medicaid Program;
2. Non-Recurring Adoption Expenses (NRAE); and
3. Periodic Payments through either the Title IV-E Adoption Assistance Program (AAP) or State Adoption Subsidy (SAS).

DCS will determine the child’s eligibility for adoption assistance. All AAP eligible children are also eligible for Medicaid and NRAE. Children eligible for SAS will receive NRAE and a separate determination will need to be made to evaluate the child’s Medicaid eligibility. See policy [10.15 Eligibility Requirements for Adoption Assistance](#) and the [CEU Eligibility Binder](#) for eligibility requirements of periodic payments through AAP and SAS.

Note: Adoption assistance will not be provided for international adoptions.

Once a child’s permanency plan has been changed to adoption, and a prospective adoptive home has been identified, DCS will meet with the prospective adoptive parent to explain the following:

1. Indiana Adoption Assistance Program;
2. Needs and history of the child;
3. Availability of potential tax credits upon adoption; and
4. Background check process required for adoptions. See policies [13.07 Conducting Background Checks for Adoption](#) and [13.08 Evaluating Background Checks for Adoption](#).

At the conclusion of this meeting, the prospective adoptive parent will sign the [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF 54352\)](#), and DCS will place the signed form in the case record.

Note: The prospective adoptive parent must complete and sign the [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF 54352\)](#) form even if the prospective adoptive parent states he or she does not want to apply for any adoption assistance benefits. If circumstances change before the child is adopted and the adoptive parent would like to apply for benefits from the Indiana Adoption Assistance Program, the adoptive parents should submit an application to DCS. **If the child is found to be eligible for benefits, the adoption assistance agreement must be signed by all parties before the decree of adoption is finalized.**

DCS will initiate the background check process. See policy [13.07 Conducting Background Checks for Adoption](#) for additional information.

The DCS Central Eligibility Unit (CEU) will review a child's eligibility for adoption assistance benefits once all of the information required for the determination has been received. See [CEU Adoption Assistance Eligibility Checklist](#) for additional information.

A DCS Central Office Attorney will negotiate the amount of the Adoption Assistance periodic payment for each eligible child with the prospective adoptive parent or his or her attorney. See policy 10.17 Negotiations for Adoption Assistance for more information.

Note: The negotiated adoption assistance periodic payment amount may be for \$0, but it may not exceed the standard applicable foster care per diem amount the child would receive if the child were in foster care.

Code References

1. [IC 31-19-9-8\(a\)\(10\) Consent to adoption not required](#)
2. [IC 31-19-26.5: Adoption Subsidies](#)
3. [42 USC 673: Social Security Act](#)
4. [45 CFR 1356.41: Nonrecurring Expenses of Adoption](#)
5. [45 CFR 1356.40: Adoption Assistance Program: Administrative Requirements to Implement Section 473 of the Act](#)
6. [465 IAC 3 Administrative Reviews and Hearings](#)
7. [465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs](#)

PROCEDURE

The Family Case Manager (FCM) will

1. Meet with the prospective adoptive parent to:
 - a. Review the needs and history of the child,
 - b. Explain the Indiana Adoption Assistance Program and discuss the child's potential eligibility for Medicaid, NRAE, and adoption assistance periodic payments,
 - c. Gather verification of completion of the Resource and Adoptive Parent Training (RAPT) IV,
 - d. Review the [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF 54352\)](#) with the prospective adoptive parent,
 - e. Request that the prospective adoptive parent sign the [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF 54352\)](#),

Note: The prospective adoptive parent's signature will provide the FCM with documentation that the program has been explained and that the prospective adoptive parent has been provided an opportunity to review the child's file.

 - f. Sign the [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF 54352\)](#) and place it in the adoption file, and
 - g. Inform the prospective adoptive parent that he or she must complete required background checks on members of the household as part of the adoption process. See policy [13.07 Conducting Background Checks for Adoption](#) for more information.
2. Send the following documentation necessary for the DCS CEU to determine adoption assistance eligibility.
 - a. Signed [Indiana Adoption Program Application \(SF 54351\)](#) and [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF 54352\)](#),

Note: The application and all supporting documentation must be received for DCS CEU to review a child's eligibility for adoption assistance benefits.

- b. Verification that the child cannot or should not be returned to the home of either parent which consist of **at least one** of the following for each, legal or alleged, parent identified in the case management system;
 - i. Court ordered Termination of Parental Rights (TPR);
 - ii. Signed consent of the parent, including a [Consent to Adoption \(SF 12582\)](#), Voluntary TPR, or consent to termination;
 - iii. Death Certificate or obituary for the parent;
Petition for TPR;
 - iv. If father is unknown, an Affidavit from the Putative Father Registry indicating a father has not be registered; or
 - v. Order from the court citing [IC 31-19-9-8](#) that consent to adoption is not required.
- c. Background check results for the prospective adoptive parent and all appropriate household members, including waivers if applicable. See policy [13.08 Evaluating Background Checks for Adoption](#) for additional information.

Note: If the prospective adoptive parent resides in another state, submit the adoption home study. The home study should indicate the results of the fingerprint, CPS, and Sex Offender Registry (SOR) checks (or the applicable background checks required by the state in which the prospective adoptive parent resides).

- d. Signed letter from a licensed physician, psychiatrist, or psychologist If the child is under age two (2) and not a member of a sibling group being adopted by the same prospective adoptive parent, to document a disability that requires continued treatment; and
 - e. Completed and signed [CEU Adoption Assistance Eligibility Checklist](#).
3. Complete all of the following items in the child welfare system **prior to submitting an application to DCS CEU**.
 - a. Complete the Pre-Adoption Plan;
 - b. Ensure the family relationships for the child are accurate; and
 - c. Ensure the child's household reflects the household composition on the day of removal (not the child's current placement).
 4. Submit the [Indiana Adoption Program Application \(SF 54351\)](#) and all of the supporting documentation to DCS CEU (centralized.eligibility@dcs.in.gov);
 5. Submit a letter or statement, **if** requested by DCS CEU, detailing the child's mental, emotional, medical, or physical disabilities (including those conditions that may be inherited) for the child's Medicaid eligibility determination (only for the children DCS CEU determines are eligible for SAS);
 6. Notify the DCS Local Office Director (LOD) and the DCS Staff Attorney when the petition for adoption is filed and the adoption hearing court date has been set;
 7. Notify the prospective adoptive parent and the Staff Attorney of the child's eligibility for adoption assistance benefits and provide him/her with the [Payment Request Information](#)

(PRI) form required for the negotiation of the Adoption Assistance periodic payment amount, if appropriate.

8. Inform the prospective adoptive parent that it is extremely important that they carefully and accurately report their income and expense information on the PRI, that they may utilize additional paper to do so as needed, and that they will likely be asked to provide proof of reported income and expenses;
9. Ensure the [Adoption Assistance Agreement](#) is signed by all parties prior to the Final Decree of Adoption date; and
10. Send the signed [Adoption Assistance Agreement](#) and Final Decree of Adoption to the DCS CEU inbox (centralized.eligibility@dcs.in.gov). See [CEU Adoption Assistance Finalization Checklist](#) for more information.

The FCM Supervisor will:

1. Review the child's adoption file to ensure the required documentation is included and the [Explanation of Indiana Adoption Program \(AAP and SAS\) and Background Information \(SF 54352\)](#) and [Indiana Adoption Program Application \(SF 54351\)](#) are signed.
2. Confirm the FCM has received all of the supporting documentation and completed the required information in the child welfare system prior to submitting the application to DCS CEU at centralized.eligibility@dcs.in.gov;
3. Ensure the DCS Central Office Attorney has received the completed PRI and any related documentation;
4. Verify that the [Adoption Assistance Agreement](#) is signed by all parties prior to the Final Decree of Adoption date; and
5. Ensure the DCS Staff Attorney is advised of the completed/signed [Adoption Assistance Agreement](#).

The DCS LOD or Designee will:

1. Receive the completed PRI and supporting documentation from the prospective adoptive parent or his or her attorney. See policy 10.17 Negotiations for Adoption Assistance for more information;
2. Ensure the completed PRI and supporting documents are forwarded to the Adoption Assistance Negotiation Unit for a DCS Central Office Attorney to negotiate a periodic payment amount;
3. Staff with the DCS Central Office Attorney to determine the appropriate periodic payment amount;
4. Sign the [Adoption Assistance Agreement](#) **after** the adoptive parent has signed the agreement **but before the adoption is finalized**;
5. Sign the [Consent to Adoption \(SF 12582\)](#) **after** the [Adoption Assistance Agreement](#) is **fully executed**; and
6. Provide signed agency consent(s) to the DCS Staff Attorney.

The DCS Staff Attorney will:

1. Notify the attorney for the adoptive parent(s) that a CEU determination has been made;
2. Consult with the DCS Central Office Attorney, FCM and FCM Supervisor as necessary; and
3. File necessary court documentation as needed.

The DCS CEU will:

1. Review the completed [CEU Adoption Assistance Eligibility Checklist](#) and documentation submitted by the FCM;

2. Return the application and supporting documentation to the FCM if all of the information on the [CEU Adoption Assistance Eligibility Checklist](#) was not provided;
3. Review the child's eligibility for adoption assistance benefits once a completed application and supporting documentation has been received;
4. Use the Severe Impairment Determination Process (if applicable);
5. Provide the [Final Adoption Program Eligibility Determination](#) form to the FCM for review with the prospective adoptive parents. See policy [10.15 Eligibility Requirements for Adoption Assistance](#) for more information; and
6. Review the case when the Final Decree of Adoption and signed [Adoption Assistance Agreement](#) are received to ensure the agreement was signed by all parties on, or prior to, the date of the Final Decree of Adoption.

PRACTICE GUIDANCE


NA

FORMS AND TOOLS

1. [Indiana Adoption Program Desk Guide](#) - Available in CEU Eligibility Binder
2. [CEU Adoption Assistance Eligibility Checklist](#)
3. [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF 54352\)](#) - Available via CEU
4. [Indiana Adoption Program Application \(SF 54351\)](#)
5. [Final Adoption Program Eligibility Determination](#) – Available via CEU
6. [Title IV-E Adoption Assistance Agreement](#) – Available via CEU
7. [State Adoption Subsidy Agreement](#) – Available via CEU
8. [Consent to Adoption \(SF 12582\)](#)
9. [Payment Request Information \(PRI\)](#) – Available via CEU
10. [CEU Adoption Assistance Finalization Checklist](#) – Available in the CEU Eligibility Binder
11. [CEU Eligibility Binder](#)
12. Pre-Adoption Plan – Located in Tools in the child welfare system
13. [Severe Impairment Determination Process](#) - Available via CEU

RELATED INFORMATION

NA

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption	Effective Date: May 1, 2020
	Section 15: Eligibility Requirements for Adoption Assistance	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure the child and adoptive parent meet all of the following general criteria to qualify for any assistance:

1. The child is a ward of DCS at the time the prospective adoptive parent files a petition for adoption or otherwise meets all of the Title IV-E or State Adoption Subsidy (SAS) adoption assistance program eligibility requirements;
2. The adoptive child meets the special needs requirements:
 - a. The DCS local office or juvenile court having jurisdiction over the child has determined that the child cannot or should not be returned to the home of the child's parent,
 - b. There exists a specific factor or condition which makes it reasonable to conclude that the child cannot be adopted without providing financial assistance or Title XIX Medicaid, and one (1) of the following criteria exists:
 - i. A child that is two (2) years of age or older;
 - ii. A child who is a member of a sibling group of two (2) or more children and who must be placed together with the sibling group in the same home;

Note: At least one (1) child in a sibling group must be two (2) years of age or older.

- iii. A child with a medical condition, physical, mental, or emotional disability, as determined by a physician licensed to practice in Indiana or another state or territory, or the Severe Impairment Determination process.
 - c. A reasonable, but unsuccessful effort must be made to place the child in an appropriate adoptive home without providing adoption assistance, unless it is contrary to the child's best interests due to:
 - i. Significant emotional ties with prospective adoptive parent where the child was placed while in foster care; or
 - ii. Other specific factors or circumstances documented in the child's case file and approved by the Indiana Adoption Program Liaison.
3. The child is a US citizen or qualified alien. See separate policy [2.9 Verifying Identity](#);
4. The results of the required criminal background checks show no record of a felony conviction for a crime described in [42 USC 671\(a\)\(20\)\(A\)](#) that would disqualify the adoptive parent from receiving adoption assistance payments under [42 USC 673](#). See policies [13.07 Conducting Background Checks for Adoptions](#) and [13.08 Evaluating Background Checks for Adoptions](#) for more information; and
5. A written Title IV-E Adoption Assistance Agreement or SAS Agreement between DCS and the prospective adoptive parent must be signed on or before the date that the court

enters the final Decree of Adoption for the child or as otherwise stated in an administrative review decision. An agreement may not be entered into after the adoption is finalized. **If the adoption is finalized before an agreement is fully executed, the child will not be eligible for adoption assistance under the Indiana Adoption Assistance Program.**

Code References

1. [IC 31-19-26.5-2 Child with special needs](#)
2. [IC 31-19-26.5-3 Conditions for payment of adoption subsidies](#)
3. [IC 31-19-9-8 Consent to adoption not required; written denial of paternity precludes challenge of adoption](#)
4. [IC 31-9-2-51 Hard to place "child" or "hard to place children"](#)
5. [465 IAC 3 Administrative Reviews and Hearings](#)
6. [465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs](#)
7. [42 USC 673 Adoption and Guardianship Assistance Program](#)
8. [42 USC 671\(a\)\(20\) State plan for foster care and adoption assistance](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Submit the completed [Indiana Adoption Program Application Title IV-E Adoption Assistance Program \(AAP\) or State Adoption Subsidy \(SAS\) \(SF 54351\)](#) and supporting documentation to DCS Central Eligibility Unit (CEU);
 - a. Check the file for additional supporting documentation, and
 - b. Add any additional documentation from the child's case file that is needed to support the general or specific eligibility requirements.
2. Send a copy of the [Final Adoption Program Eligibility Determination](#) and the [Request for Administrative Review- Indiana Adoption Program \(SF 54348\)](#) (if applicable) to the prospective adoptive parent or their attorney;

Note: If the adoptive parent disagrees with the [Final Adoption Program Eligibility Determination](#), the adoptive parent may submit a [Request for Administrative Review- Indiana Adoption Program \(SF 54348\)](#) within 30 calendar days of the date on the [Final Adoption Program Eligibility Determination](#).

3. Contact the DCS LOD or designee in the event the child is determined by CEU to be eligible for adoption assistance. See policy 10.17 Negotiations for Adoption Assistance for additional information;
4. Provide the DCS LOD or designee with the [Final Adoption Program Eligibility Determination](#), the proposed adoption assistance agreement, the completed and signed [Payment Request Information \(PRI\) form](#), and any additional information that may assist in the negotiation; and
5. Return the signed adoption assistance agreement and final Decree of Adoption to the DCS CEU for processing once the prospective adoptive parent agrees to the terms of the adoption assistance agreement. See policy 10.17 Negotiations for Adoption Assistance for additional clarification.

The FCM Supervisor will:

1. Ensure that the FCM submits all required documentation to DCS CEU; and
2. Ensure that the DCS LOD or designee has been contacted in the event the child is eligible for a periodic payment. See policy 10.17 Negotiations for Adoption Assistance for further guidance.

The DCS LOD or designee will:

1. Work with the FCM to obtain any information needed for adoption assistance agreement negotiations. See policy 10.17 Negotiations for Adoption Assistance for more information.

Note: If the prospective adoptive parent disagrees with the [Final Adoption Program Eligibility Determination](#), the prospective adoptive parent may submit a [Request for Administrative Review- Indiana Adoption Program \(SF 54348\)](#) within 30 calendar days of the date on the [Final Adoption Program Eligibility Determination](#).

2. Ensure that the adoptive parent sign the agreement prior to the finalization of the adoption once an agreement is reached; and
3. The LOD shall sign or the designee shall obtain the DCS LOD's signature on the Adoption Assistance Agreement.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Indiana Adoption Program Application Title IV-E Adoption Assistance Program \(AAP\) or State Adoption Subsidy \(SAS\) \(SF 54351\)](#)
2. [Final Adoption Program Eligibility Determination](#) – Available via CEU
3. [Request for Administrative Review- Indiana Adoption Program \(SF 54348\)](#)
4. [Title IV-E Adoption Assistance Agreement](#) – Available via CEU
5. [State Adoption Subsidy Agreement](#) – Available via CEU
6. Indiana Adoption Program Desk Guide
7. [Payment Request Information \(PRI\) Form](#) – Available via CEU
8. [Severe Impairment Determination Process](#) – Available via CEU

RELATED INFORMATION

Adoption Program Assistance

The Indiana Adoption Program includes the child's potential eligibility for:

1. Adoption periodic payments through AAP or SAS;
2. Medicaid coverage; and
3. Non Recurring Adoption Expenses (NRAE).

SAS Eligibility

In addition to meeting the general criteria, the child must meet both of the following eligibility requirements to be eligible for periodic payments under a SAS agreement:

1. Is age two (2) or older, or is a member of a sibling group placed in the same adoptive home if at least one of the children is age two (2) or older; and
2. Is eligible for adoption services provided by DCS through the Indiana Adoption Program, as a hard to place child.

AAP Categorical Eligibility

In addition to meeting the general criteria, the child must meet one (1) of the four (4) categorical eligibility requirements to be eligible for AAP, the only exception is if the child meets the 'applicable child' eligibility as defined below:

1. AFDC Eligible (see policy [15.1 Title IV-E Foster Care-Overview](#) for more information);
2. Supplemental Security Income (SSI) Eligible;
3. Title IV-E Eligible in a prior adoption; or
4. Living with a Title IV-E eligible minor parent.

Applicable Child


The following outlines the eligibility requirements for 'applicable child':

1. A child who is an eligible age in a given federal fiscal year (or will turn the eligible age within the current federal fiscal year by September 30th);
2. A child who has been in foster care 60 consecutive months;
3. The sibling of an 'applicable child' who will be adopted by the same adoptive parent as the sibling;
4. A child who meets one (1) of the other categorical eligibility requirements:
 - a. A finding of Contrary to the Welfare was in the removal order,
 - b. Meets all medical and disability requirements for SSI,
 - c. Title IV-E eligible in a prior adoption, or
 - d. Living with a minor parent who was removed from home and living in a foster family home or child care institution.

The eligible age for an applicable child is based on the child's age at the time of entry of the Final Decree of Adoption, as follows:

1. Age 12 and older in Federal Fiscal Year (FFY) 2012 (or will turn 12 within FFY 2012)
2. Age 10 and older in FFY 2013 (or will turn 10 within FFY 2013)
3. Age 8 and older in FFY 2014 (or will turn 8 within FFY 2014)
4. Age 6 and older in FFY 2015 (or will turn 6 within FFY 2015)
5. Age 4 and older in FFY 2016 (or will turn 4 within FFY 2016)
6. Age 2 and older in Federal Fiscal Year 2017 through FFY 2023;
7. All children beginning July 1, 2024.

See the Indiana Adoption Program Desk Guide for more detailed information.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption	Effective Date: May 1, 2020
	Section 17: Negotiations for Adoption Assistance	Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will provide ongoing financial and other assistance through the Indiana Adoption Assistance Program. The Indiana Adoption Assistance Program will be provided for eligible children, to assist adoptive parents with their obligation to meet the children’s needs. The goal of this program is to promote, permanency in an efficient and expeditious way, for children who may otherwise have their permanency delayed due to their special needs. Some eligible children may receive a [periodic payment](#), as negotiated between the prospective adoptive parent and DCS. Eligibility for Medicaid and the reimbursement of appropriate Non-Recurring Adoption Expenses (NRAE) are not negotiated.

It is DCS’ responsibility to determine the [periodic payment](#) amount that is appropriate in each individual case. DCS will work collaboratively with families to understand and determine the current and ongoing needs of the child being adopted and the cost of those needs. The circumstances of each family will be considered in combination with the resources available to the prospective adoptive parent in order to determine a [periodic payment](#) amount that will assist the family with integrating the child into the adoptive family. This policy outlines how such levels of assistance should be negotiated to determine the [periodic payment](#) amounts for adoption assistance applicants who are determined to be eligible for the Title IV-E Adoption Assistance Program (AAP) or the State Adoption Subsidy (SAS).

Note: The negotiated adoption assistance [periodic payment](#) amount may be for \$0, but it may not exceed the standard applicable foster care per diem amount the child would receive if the child were in foster care.

Upon the completion of a [Final Adoption Program Eligibility Determination](#) that a child is eligible for AAP or SAS (whichever is applicable), DCS will meet with the prospective adoptive parent to discuss the steps and procedures for completing and finalizing the Adoption Assistance Agreement and the adoption of the child. DCS will provide the prospective adoptive parent with a copy of the following documents:

1. The notice of [Final Adoption Program Eligibility Determination](#);
2. An Adoption Assistance Agreement currently approved by DCS for use in AAP or SAS cases (whichever is applicable);
3. The [Payment Request Information \(PRI\)](#) form describing the information needed from the prospective adoptive parent(s) for consideration and discussion with DCS in negotiating and determining any [periodic payment](#) to be paid by DCS under the agreement;
4. The [Request for Administrative Review-Indiana Adoption Program \(SF 54348\)](#) for children who have been determined ineligible for either 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.

Within 30 calendar days of receiving the [Final Adoption Program Eligibility Determination](#) and accompanying documents, the prospective adoptive parent will submit all information and supporting documentation identified in the [PRI](#) to the DCS Local Office Director (LOD). The prospective adoptive parent will also submit any additional information he or she considers relevant in determining the [periodic payment](#). The prospective adoptive parent may request, in writing, a 15 day extension of this deadline in order to gather and assemble information relevant to this submission. An extension requested by the prospective adoptive parent may be approved by the DCS LOD or designee.

The amount of the [periodic payment](#) to be included in the Adoption Assistance Agreement will be determined through discussion and negotiation between the prospective adoptive parent and/or his or her attorney and DCS. Negotiations will occur through the DCS Adoption Assistance Negotiation Unit, located in the DCS Central Office. During the negotiation, the DCS LOD or designee and the designated DCS Central Office Attorney will represent DCS. The prospective adoptive parent may choose to be represented by an attorney or to participate directly in the negotiation.

DCS will negotiate the [periodic payment](#) based on an initial request submitted by the prospective adoptive parent. The prospective adoptive parent will have an opportunity to discuss the information with DCS in order to negotiate the [periodic payment](#) amount.

Negotiation of the [periodic payment](#) amount will occur and be completed within 45 calendar days after the date the DCS LOD receives the [PRI](#) response, unless an extension of the negotiation deadline has been approved by the DCS LOD or designee.

The following factors and information based on the documentation required by DCS and provided by the prospective adoptive parent will be considered in negotiating the [periodic payment](#) amount:

1. The current needs of the child and needs anticipated to occur within one (1) year after finalization of the adoption and the costs of the anticipated needs;

Note: The needs and expenses of the child that are anticipated to occur after one (1) year of the execution of the agreement may be addressed through a request to modify the agreement at the time the need and expenses arise.

2. The circumstances of the adoptive family, including their ability to provide for the child's current and reasonably anticipated future needs;
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 the availability of extended family and community resources;
4. The extent to which the identified and anticipated needs of the child may be met through services covered by Medicaid or other resources; and
5. The ability of the adoptive family to seek renegotiation and modification of the [periodic payment](#) amount for any unanticipated or unidentified changes in the child's needs or family's financial circumstances, as provided in this policy.
6. Any other specific facts pertaining to the child or adoptive family that either DCS or the prospective adoptive parent consider relevant to the goal of integrating the child into the adoptive family.

If negotiation of the [periodic payment](#) amount has not resulted in an approved agreement within 45 calendar days of DCS' receipt of the completed [PRI](#), or other approved deadline, DCS will send a [final offer letter](#) to the prospective adoptive parent, and/or his or her attorney, stating the [periodic payment](#) amount that DCS agrees to pay. If the prospective adoptive parent has not submitted to DCS the completed [PRI](#) form within 45 calendar days of the date the [PRI](#) was provided to the prospective adoptive parent or any approved extension of time, the DCS Central Office Attorney will send a \$0 [final offer letter](#) to the prospective adoptive parent and/or his or her designated attorney. The [final offer letter](#) will include the [Request for Administrative Review \(SF 54348\)](#) and information about the availability of an administrative review process. A prospective adoptive parent may sign an Adoption Assistance Agreement, which includes the [periodic payment](#) amount identified in the [final offer letter](#) while pursuing an administrative review of the amount. See policy [10. 20 Administrative Review for Adoption Assistance](#) for additional information.

Except for determination of the [periodic payment](#) amount and completion of any other specific information relating to the adoptive child or family, the provisions of the Adoption Assistance Agreement form approved by DCS shall not be altered or amended. Any change of a specified term or condition must be approved by both the DCS Deputy Director of Permanency and Practice Support (PPS) 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 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, no agreement may be entered into and the child is not eligible for any form of adoption assistance under the Indiana Adoption Assistance Program.**

Code References

1. [IC 31-19-26.5-1 Adoption Subsidy](#)
2. [42 USC 673 \(a\)\(3\) Adoption and Guardianship Assistance Program](#)
3. [45 CFR 1356.40 Adoption assistance program: Administrative requirements to implement section 473 of the Act.](#)
4. [465 IAC 3 Administrative Reviews and Hearings](#)
5. [465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Meet with the prospective adoptive parent within 15 calendar days after receipt of the [Final Adoption Program Eligibility Determination](#) for a child who is eligible and may potentially receive [periodic payments](#) under a signed agreement;
2. Provide the prospective adoptive parent 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 policy [10.14 Indiana Adoption Assistance Program Overview](#) for additional information;
4. Provide the prospective adoptive parent with information about the availability of [post-adoption services](#) that may be requested and provided by DCS;

5. Explain to the prospective adoptive parent that he or she has the ability to request a change in the [periodic payment](#) amount in the event that the child's needs or family's circumstances change. See policy [10.18 Modifications of an Adoption Assistance Agreement](#) for additional information;
6. Explain to the prospective adoptive parent that the Adoption Assistance Agreement **must be signed** before finalizing the adoption; and

Note: If the Adoption Assistance Agreement is not signed by all parties prior to the finalization of the adoption, then the Adoption Assistance Agreement is not valid.

7. Send the signed Adoption Assistance Agreement and final decree of adoption from the court to the DCS Central Eligibility Unit (CEU) inbox at: centralized.eligibility@dcs.in.gov.

The DCS LOD or designee will:

1. Approve or deny a written request from the prospective adoptive parent to extend the deadline to submit the completed [PRI](#);
2. Receive the completed [PRI](#) and supporting documentation from the prospective adoptive parent or his or her attorney;
3. Approve or deny a written request to extend the negotiation deadline after receipt of the [PRI](#);
4. Provide the DCS Central Office Attorney or designee with the information necessary to negotiate the appropriate [periodic payment](#) amount;
5. Sign the completed Adoption Assistance Agreement on behalf of DCS; and
6. Sign the agency consent (**after the Adoption Assistance Agreement is fully executed**), and provide a copy to the prospective adoptive parent or his or her attorney for filing with the court in the adoption case.

The DCS Central Office Attorney or designee will:

1. Oversee the DCS Adoption Assistance Negotiation Unit;
2. Review information received from the DCS LOD and the prospective adoptive parent necessary to negotiate the appropriate [periodic payment](#) amount;
3. Communicate with the DCS LOD about the information received and the calculations made in order to recommend to the DCS LOD a [periodic payment](#) range for the adoption subsidy;
4. Document and retain how the information provided was evaluated to calculate a [periodic payment](#) range;
5. Discuss the [periodic payment](#) with the prospective adoptive parent and/or his or her attorney, and negotiate the amount for the Adoption Assistance Agreement;
6. Present the Adoption Assistance Agreement for signatures to the prospective adoptive parent and DCS LOD or designee when the negotiations result in agreement; and
7. Prepare and send a [final offer letter](#) that includes information about the availability of administrative review to the prospective adoptive parent and/or his or her designated attorney when the negotiations do not result in agreement within 45 calendar days. Enclose the [Request for Administrative Review \(SF 54348\)](#) form.

The DCS CEU will send a packet to the FCM, which includes:

1. Notice of the [Final Adoption Program Eligibility Determination](#);
2. The agreement in the form currently approved by DCS for use in AAP or SAS cases (if either is applicable);
3. [PRI](#) (if applicable);

4. Any other information prepared by DCS to inform DCS staff and the prospective adoptive parent of the determination and duration of [periodic payments](#) of assistance or subsidies; and
5. [Request for Administrative Review \(SF 54348\)](#) if the child is determined ineligible for AAP or SAS.

PRACTICE GUIDANCE

Post-Adoption Services

The adoptive parent 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 must contact the Regional Adoption Liaison in the region of residence to initiate a referral for services. The Regional Adoption Liaison will complete a referral to an appropriate service provider for purposes of an assessment and creation of a service delivery plan tailored to the particular needs of the adoptive child and family.

FORMS AND TOOLS

1. Adoption Assistance Agreement – Available via CEU
2. [Final Adoption Program Eligibility Determination](#) – Available via CEU
3. [Payment Request Information \(PRI\)](#) – Available via CEU
4. [Request for Administrative Review \(SF 54348\)](#)
5. [10.A Tool: TPR/Adoption Checklist](#)


RELATED INFORMATION

Periodic Payment

A periodic payment is a per diem amount, paid monthly, to be specified in the written Adoption Assistance Agreement.

Final Offer Letter

The final offer letter is sent by the DCS Central Office Attorney or designee and states 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 [Request for Administrative Review \(SF 54348\)](#) form.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption	Effective Date: January 1, 2020
	Section 18: Modification of an Adoption Assistance Agreement	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will process a request for modification of a current Adoption Assistance Agreement, which provides ongoing financial assistance through the Indiana Adoption Assistance Program. An adoptive parent who has signed an Adoption Assistance Agreement and is thus eligible to receive periodic payments may, during the term of the agreement, submit a request to change the periodic payment amount identified in the Adoption Assistance Agreement. A modification of the Adoption Assistance Agreement may only be requested when there is a change in the child’s needs or family’s financial circumstances. This agreement may not be modified more than once in a consecutive 12 month period, and an initial request for modification may not be made prior to 12 months following the execution of the original Adoption Assistance Agreement unless otherwise agreed in writing by DCS and the adoptive parents.

Note: The modified adoption assistance periodic payment amount may not exceed the standard applicable foster care per diem amount the child would have received if the child were in foster care.

The [Request for Modification of Adoption Assistance Agreement Form \(SF 56660\)](#) 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 for an initial adoption assistance negotiation and any additional information considered relevant by the adoptive parent. See policy [10.17 Negotiations for Adoption Assistance](#) for additional information. The request shall also include a detailed explanation of the change in the child’s needs or family’s financial circumstances that was not known or able to be specifically identified at the time the current periodic payment was negotiated or the most recent amendment to the agreement was determined. This may include financial documentation in support of the modification request.

When considering a request for a change in the periodic payment amount, DCS may request additional information that is determined to be relevant from the adoptive parent or any other source. Any information DCS receives from a source other than the adoptive parent will be shared with the adoptive parent. 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 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 by letter of its decision.

If DCS' decision regarding a change to the periodic payment amount is not acceptable to the adoptive parent, the right to request an administrative review of the decision may be available. See policy [10.20 Administrative Review for Adoption Assistance](#) for additional information.

DCS may approve a temporary change in the periodic payment. The adoptive parent may submit the [Request for Modification of Adoption Assistance Agreement \(SF 56660\)](#) to request an extension of the temporary change. All changes must be reflected in a written [Amendment to Adoption Agreement](#).

If the adoptive child is placed outside the home of the adoptive parent, and the adoptive parent is not financially responsible for the child's placement (e.g., JD or foster care), DCS may request the adoptive parent 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.

Note: If DCS determines the adoptive parent is not providing [financial support](#) to or for the benefit of the child, or the parent 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. Certain circumstances may initiate an administrative suspension of payments. See policy [10.19 Continuations, Terminations, and Suspensions of Adoption Assistance](#) for additional information.

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 are unable to come to an agreement concerning a change in the periodic payment amount DCS will pay during the out-of-home placement, DCS will seek a child support court order for the adoptive parent to pay DCS. DCS and the adoptive parent may agree to offset the amount payable under a support order against the amount of the periodic payment, otherwise payable to the adoptive parent, under the Adoption Assistance Agreement. DCS may seek a child support court order if a person or entity other than DCS or the adoptive parent is paying for the 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 placement; remittance of support payments; enforcement](#)
2. [IC 31-19-26.5 Adoption Subsidies](#)
3. [42 USC 673\(a\)\(4\) Adoption and Guardianship Assistance Program](#)
4. [465 IAC 3 Administrative Reviews and Hearings](#)
5. [465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs](#)

PROCEDURE

The Family Case Manager (FCM) will notify the Local Office Director (LOD) and DCS Central Eligibility Unit (CEU) when a child receiving adoption assistance has been removed from an adoptive home.

The DCS LOD or designee will:

1. Obtain a copy of the original Adoption Assistance Agreement from the adoptive parent, DCS CEU, or the DCS local office adoption file when the [Request for Modification of Adoption Assistance Agreement \(SF 56660\)](#) is received;
2. Gather information from relevant sources, including the adoptive parent, within 30 calendar days of the request to appropriately consider the request for a modification of the agreement, and complete the following steps:
 - a. Determine whether a prior amendment or an initial Adoption Assistance Agreement has been executed within the previous 12 months. If so, deny the request for modification [unless there was a written agreement to waive the one (1) year requirement] and include the [Request for Administrative Review \(SF 54348\)](#) form with the denial,
 - b. Determine whether or not a change in the child's needs or family's financial circumstances exists that was not known or specifically identified at the time the periodic payment was negotiated if no amendment has been executed within the previous 12 months. If no change in circumstance, deny the request for modification and include the [Request for Administrative Review \(SF 54348\)](#) form with the denial, or
 - c. Notify the adoptive parent that the negotiations may proceed if no amendment was executed within the previous 12 months and the request documents a change in financial circumstances warranting review of the current periodic payment amount. Provide the adoptive parent with a copy of the [Payment Request Information\(PRI\) Form](#), and submit a copy of the [Request for Modification of Adoption Assistance \(SF 56660\)](#), the completed PRI, supporting documentation, a copy of the initial executed Adoption Assistance Agreement, and any subsequent amendments to AdoptionAssistanceNegotiation@dcs.in.gov to negotiate any appropriate change in the periodic payment amount.

The DCS Central Office Attorney will:

1. Receive the completed PRI and supporting documentation from the LOD;
2. Contact the adoptive parent and negotiate an appropriate change in the periodic payment amount with regard to the modification request that has been received. This should be completed 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;
3. Contact the adoptive parent and request 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](#) for additional information;

Note: Any change in the periodic payment amount will be reflected in an amendment to the agreement and must be signed by both the adoptive parent and DCS LOD or designee.

4. Prepare an amendment reflecting the revised terms if an agreement is reached;
5. Obtain the signature on the amendment by the adoptive parent and the DCS LOD or designee, and return the signed amendment to DCS CEU for processing; and
6. Send a notice to the adoptive parent stating there is no agreement to the modification requested if no agreement is reached and include the [Request for Administrative Review form \(SF 54348\)](#).

The DCS CEU will:

1. Complete the following when modifying the Adoption Assistance Agreement upon receipt of the request of the adoptive parent:
 - a. Provide the LOD (in the county where the CHINS case was closed due to adoption) with the Adoption Assistance Agreement if not provided by the adoptive parent, and
 - b. Process the executed [Amendment to Adoption Agreement](#).
2. Complete the following if the adoptive child returns to DCS care:
 - a. Send the [Adoption Program Status Report](#) to the adoptive parent,
 - b. Contact the adoptive parent to discuss modification of subsidy amount,
 - c. Execute the [Amendment to Adoption Agreement](#) upon agreement with the adoptive parent,
 - d. Process the [Amendment to Adoption Agreement](#),
 - e. Advise the local office if no agreement to modify is reached, so that an appropriate child support order may be obtained under [IC 31-40-1-5](#), and
 - f. Terminate an Adoption Assistance Agreement, or administratively suspend periodic payments under an Adoption Assistance Agreement if it is determined the adoptive parent is not legally responsible or is not providing current support for the adoptive child. See policy [10.19 Continuations, Terminations, and Suspensions of Adoption Assistance Periodic Payments](#) for additional information.

PRACTICE GUIDANCE

Post-Adoption Services (PAS)

The adoptive parent may submit a request at any time to DCS for a [PAS](#) referral on behalf of the adoptive child or family. The adoptive parent must contact the Indiana Adoption Program Liaison in the region of residence to initiate a referral for services. The Indiana Adoption Program Liaison will complete a referral to an appropriate service provider for purposes of an assessment and creation of a service delivery plan tailored to the particular needs of the adoptive child and family.

FORMS AND TOOLS

1. Adoption Assistance Agreement – Available via CEU
2. [Payment Request Information \(PRI\)](#) – Available via CEU
3. [Request for Administrative Review \(SF 54348\)](#)
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
8. [Request for Modification of Adoption Assistance Agreement Form \(SF 56660\)](#)


RELATED INFORMATION

Indicators of Financial Support for the Purposes of Adoption Assistance

If the adoptive parent is no longer providing financial support for the child, adoption assistance benefits may be terminated. If the parent is maintaining regular visitation with the child and is cooperating with the case plan goal of reunification (if in DCS out-of-home placement), and if

one (1) of the following are met, DCS may determine the parent is providing financial support for the child:

1. The parent is paying child support pursuant to a court order; or
2. The parent is making regular payments, of not less than 50% of the monthly adoption assistance amount, or provision of materials, supplies, or services having an equivalent monetary value, to provide support for the child's:
 - a. Family therapy,
 - b. Tuition,
 - c. Clothing,
 - d. Maintenance of special equipment in the home, or
 - e. Services for the child's special needs, such as occupational, physical, or speech therapy.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption	Effective Date: May 1, 2020
	Section 19: Continuations, Terminations, and Suspensions of Adoption Assistance Periodic Payments	Version: 6

STATEMENTS OF PURPOSE

Continuation of Adoption Assistance Agreements after a Youth Becomes 18 Years of Age

The Indiana Department of Child Services (DCS) will determine if youth remains eligible for adoption assistance *after turning 18 years old*. *Ninety (90) calendar days prior to the youth's 18th birthday, the DCS Central Eligibility Unit (CEU) will send an [Application for Continuation of Adoption Agreement Beyond Age Eighteen \(18\)](#) to the adoptive parent*. This application will also provide instructions for applying for a continuation of the periodic payment past the youth's 18th birthday. Adoption assistance is not automatically continued when the youth turns 18 years of age, but adoption assistance may be available upon approval of a completed application and demonstration of certain criteria as specified within this policy.

A completed [Application for Continuation of Adoption Agreement Beyond Age Eighteen \(18\)](#) must be received by DCS CEU at least 30 calendar days prior to the youth's 18th birthday. The application includes the statutory eligibility requirements for the continuation of adoption assistance, depending on the type of adoption subsidy the youth receives. The application also includes instructions for documentation the adoptive parent must provide DCS to support continued periodic payments.

DCS CEU will process any continuation requests during the month of the youth's 18th birthday. A [Notice of Continuation Beyond Age 18 or Termination of Adoption Agreement](#) will be sent to the adoptive parent indicating whether the youth is eligible or ineligible for a continuation of adoption assistance. Approved continuations will include the continuation of periodic monthly payments and Medicaid.

If the application for continuation is received after the month of the youth's 18th birthday, he or she is no longer eligible for a continuation of periodic payments. The [Notice of Continuation Beyond Age 18 or Termination of Adoption Agreement](#) letter and the [Request for Administrative Review Indiana Adoption Program \(SF 54348\)](#) will subsequently be sent to the adoptive parent to notify the parent of the youth's ineligibility.

The youth or adoptive parent shall promptly notify DCS of any change in the youth's circumstances as it relates to the need for continuation of periodic payments, including but not limited to:

1. Any change in the nature or scope of legal, financial, or other support the adoptive parent provides for the youth (e.g., living expenses, medical needs, and/or

- necessary care and level of supervision); or
- 2. Termination of enrollment in any school or educational program before graduation or completion of the program (if applicable to the youth's subsidy type); and
- 3. Termination of employment or participation in a program or activity designed to promote or remove barriers to employment (if applicable to the youth's subsidy type).

Continuation of County Adoption Subsidy (CAS) and State Adoption Subsidy (SAS) Adoption Assistance

CAS or SAS and Medicaid may be continued up to age 21 if a youth is enrolled in a secondary or post-secondary school.

Continuation of Adoption Assistance Program (AAP)

AAP and Medicaid may be continued up to age 21:

- 1. **[REVISED]** If the youth has "a mental or physical handicap which warrants the continuation of assistance" because it significantly limits his/her self-supporting capability (per the [Severe Impairment Determination](#) process); or
- 2. Under the Fostering Connections to Success and Increasing Adoptions Act of 2008 ([Public Law 110-351](#)) if:
 - a. The adoption was finalized on or after the child's 16th birthday (but before the child's 18th birthday); and
 - b. The youth continues to meet at least one (1) of the following educational or employment conditions:
 - i. Enrolled in secondary education or a program leading to an equivalent credential;
 - ii. Enrolled in an institution which provides post-secondary or vocational education;
 - iii. Participation in a program or activity designed to promote or remove barriers to employment;
 - iv. Employed at least 80 hours per month; or
 - v. **[REVISED]** Is incapable of doing any of the previously described educational or employment activities due to a documented medical condition (per [Severe Impairment Determination](#) process).

Termination or Administrative Suspension of Adoption Assistance

The adoptive parent is required to promptly notify DCS CEU, in writing, of the occurrence of any event that is or could be grounds for termination or suspension of the adoption assistance agreement. If the adoptive parent fails to notify DCS CEU within 30 calendar days of the occurrence of the event, DCS may require the adoptive parent to refund DCS for any payments received for any month after the date of the occurrence.

Unless otherwise determined by DCS CEU, all periodic payments provided under an adoption assistance agreement shall cease when one (1) of the following occurs:

- 1. The child turns 18 years of age;
- 2. The child is emancipated;
- 3. The adoptive parent is no longer legally responsible for supporting the child;
- 4. The adoptive parent is no longer providing financial support for the child;
- 5. The child is married;
- 6. The adoptive parent or the child dies;

7. The child's adoption is terminated;
8. The youth is on active duty in the United States armed services or National Guard for more than 30 consecutive calendar days in a calendar year;
9. The adoptive parent requests termination of the periodic payment; or
10. The adoptive youth no longer meets the criteria for the continuation of adoption assistance periodic payments past the age of 18.

Note: Adoption Agreements continued beyond age 18 will terminate the day prior to the youth's 21st birthday, unless otherwise determined by CEU that the requirements of continuation are not being met. Sixty (60) days prior to the youth's 21st birthday, DCS CEU will send a notification to inform the adoptive parent the periodic payments and Medicaid will end.

All parents who have entered into adoption assistance agreements shall periodically submit a fully completed [Adoption Program Status Report](#), at the request of DCS, to verify the youth remains eligible for assistance. The [Adoption Program Status Report](#) shall be submitted to DCS CEU by the due date listed on the report.

DCS will administratively suspend payments provided under an adoption assistance agreement if:

1. A determination is made that the adoptive parent is no longer providing legal or financial support for the child; or
2. DCS requests information based on circumstances not related to the periodic adoption program status report process and DCS is not able to establish contact with the parent to determine if the parent remains legally or financially responsible for the child. See [Related Information](#) for indicators of financial support.

DCS will mail a [Notice of Administrative Suspension of Adoption Assistance Periodic Payment and Request for Administrative Review Indiana Adoption Program \(SF 54348\)](#) to suspend the adoption assistance payment at least 10 days before suspending a payment.

If the adoptive parent resumes regular legal or financial support of the child, DCS will end the suspension and continue payments as provided in the adoption assistance agreement.

Code References

1. [IC 31-19-26.5-9: Adoption Subsidies](#)
2. [42 USC 673\(a\)\(4\): Adoption and guardianship assistance program](#)
3. [465 IAC 4-1-30 Terminations](#)
4. [465 IAC 4-1-32 Continuations](#)

PROCEDURE

Continuation of Adoption Agreements after Youth Becomes 18 Years of Age

The DCS CEU will:

1. Send a copy of the appropriate [Application for Continuation of Adoption Agreement Beyond Age 18](#), based on the type of adoption assistance the youth receives, to the youth's adoptive parent 90 calendar days prior to the youth's 18th birthday;
2. Review the [Application for Continuation of Adoption Agreement Beyond 18](#), the documentation received, and the [Severe Impairment Determination](#) process (if applicable) to determine if the youth continues to be eligible for a periodic payment;

3. Complete the [Notice of Continuation Beyond Age 18 or Termination of Adoption Agreement](#) form;
4. Send the determination to the parent along with the [Request for Administrative Review \(SF 54348\)](#) form if the request for continuation beyond age 18 is denied;
5. Change the end date in KidTraks to the day before the youth's 21st birthday based on the youth's continued eligibility for assistance; and
6. Send an email to the DCS Medicaid Enrollment Unit (MEU) at MedicaidUnit@dcs.in.gov to advise if Medicaid should remain open or should be closed.

Termination or Administrative Suspension of Adoption Assistance

The DCS CEU will:

1. Review the [Adoption Program Status Report](#) or other updated information on the youth's current circumstances to determine whether the youth continues to be eligible for adoption assistance;
2. Complete and send the [Notice of Continuation Beyond Age 18 or Termination of Adoption Agreement](#) or [Notice of Administrative Suspension of Adoption Assistance Periodic Payment](#) (whichever is applicable) and the [Request for Administrative Review \(SF 54348\)](#) form (if applicable) to the adoptive parent;
3. Stop the payments in KidTraks if the youth is no longer eligible for adoption assistance or the payment is administratively suspended;
4. Send an email to the DCS MEU at MedicaidUnit@dcs.in.gov to inform them that the youth is no longer eligible for Medicaid (MA8) if the adoption assistance payment is terminated. See [Related Information](#) for indicators of financial support; and

NOTE: If the adoption assistance payment is administratively suspended, the child will remain eligible for Medicaid.

5. Maintain the [Adoption Program Status Report](#) or information provided by the adoptive parent or youth, which supports terminating or administratively suspending the adoption assistance.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Adoption Program Status Report](#) -Available via CEU
2. [Application for Continuation of Adoption Agreement Beyond Age 18 for Recipients of Adoption Assistance Program \(AAP\)](#) -Available via CEU
3. [Application for Continuation of Adoption Agreement Beyond Age Eighteen \(18\) for Recipients of Adoption Assistance Program \(AAP-Older Youth\)](#)-Available via CEU
4. [Application for Continuation of Adoption Agreement Beyond Age Eighteen \(18\) for Recipients of Adoption Assistance Program \(AAP\) and County Adoption Subsidy \(CAS\) Combined Subsidies](#) -Available via CEU
5. [Application for Continuation of Adoption Agreement Beyond Age Eighteen \(18\) for Recipients of State Adoption Subsidy \(SAS\) or County Adoption Subsidy \(CAS\)](#) –

- Available via CEU
6. [Notice of Continuation Beyond Age 18 or Termination of Adoption Agreement](#) – Available via CEU
 7. [Request for Administrative Review Indiana Adoption Program \(SF 54348\)](#)
 8. [Notice of Administrative Suspension of Adoption Assistance Periodic Payment](#)-Available via CEU
 9. [Severe Impairment Determination Process Tool](#) – Available via CEU

RELATED INFORMATION

Application for Continuation

The documents necessary to determine eligibility for continuation of adoption assistance beyond age 18 are based on the type of assistance the youth is receiving and are listed on the [Application for Continuation of Adoption Agreement](#) sent to the parent 90 days prior to the youth's 18th birthday.


Severe Impairment Determination

A process utilized when determining whether a child under the age of two (2), who is not a member of a sibling group, is eligible for adoption assistance.

Indicators of Financial Support for the Purposes of Adoption Assistance

If the adoptive parent is no longer providing financial support for the child, adoption assistance benefits may be terminated. If the parent is maintaining regular visitation with the child and is cooperating with the case plan goal of reunification (if in DCS out-of-home placement), and if one (1) of the following are met, DCS may determine the parent is providing financial support for the child:

1. The parent is paying child support pursuant to a court order; or
2. The parent is making regular payments, of not less than 50% of the monthly adoption assistance amount, or provision of materials, supplies, or services having an equivalent monetary value, to provide support for the child's:
 - a. Family therapy,
 - b. Tuition,
 - c. Clothing,
 - d. Maintenance of special equipment in the home, or
 - e. Services for the child's special needs, such as occupational, physical, or speech therapy.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption/Permanency	Effective Date: January 1, 2020
	Section 20: Administrative Review for Adoption Assistance	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will process a request for administrative review when a prospective adoptive parent disagrees with a decision made by DCS under policy sections [10.15 Eligibility Requirements for Adoption Assistance](#), 10.17 Negotiations 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).

An adoptive parent must submit a written [Request for Administrative Review \(SF 54348\)](#) to DCS within 15 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 have not reached an agreement of the modification request;
5. Denial of a request for continuation of an Adoption Assistance Agreement beyond the age of 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, or termination of the adoptive parent child relationship.

The [Request for Administrative Review \(SF 54348\)](#) must be submitted to the DCS Hearings and Appeals, in the manner specified on the request form. The DCS Administrative Reviewer will conduct the administrative review based on the reasons stated in the submitted 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.

Review of Eligibility Determinations

In accordance with policy [10.15 Eligibility Requirements for Adoption Assistance](#), DCS will process a [Request for Administrative Review \(SF 54348\)](#) from a prospective adoptive parent who has an application pending for adoption assistance concerning a determination made by DCS.

To overturn a DCS determination denying eligibility, the DCS Administrative Reviewer must find 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.

Review of Initial Periodic Payment Amount

In accordance with policy 10.17 Continuation, Terminations, and Suspensions of Adoption Assistance, if a prospective adoptive parent wishes to request an administrative review of the adoption subsidy offered by DCS in its final offer letter, the [Request for Administrative Review \(SF 54348\)](#) must be submitted to DCS Hearings and Appeals. The request must be in the format specified in the [Request for Administrative Review \(SF 54348\)](#). The prospective adoptive parent must state the reason for requesting a review and should include documentation to support the basis for the request. The DCS Administrative Reviewer will conduct the administrative review based on the request submitted by the prospective adoptive parent, the documentation included to support the request, and any documentation submitted by DCS staff.

The prospective adoptive parent 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 increased as a result of the administrative review or subsequent administrative hearing. See 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 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 must be signed by both the parent and DCS on or before the date the court enters the final decree of adoption of the adoptive child. See policy [10.15 Eligibility Requirements for Adoption Assistance](#) for additional information. If the adoption decree is entered before both DCS and the prospective adoptive parent 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.

To overturn a DCS determination concerning the periodic payment in an administrative review, the DCS Administrative Reviewer must find 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, procedure, or statute relating to the determination of adoption assistance periodic payments;
2. DCS did not consider relevant information or documentation the prospective adoptive parent submitted with the Payment Request Information (PRI) form when conducting the negotiation or submitting its final offer letter based on the factors and information outlined in policy 10.17 Negotiations for Adoption Assistance; or
3. The periodic payment 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 or otherwise considered by DCS.

Review of Requested Modification of Periodic Payment Amount

In accordance with policy 10.18 Modification of an Adoption Assistance Agreement, after an Adoption Assistance Agreement or SAS Agreement has been signed by the adoptive parent

and DCS, and a final decree of adoption has been entered, the adoptive parent may request a modification of the periodic payment amount or term stated in an existing agreement. If the decision by the DCS local office is unsatisfactory to the adoptive parent, a [Request for Administrative Review \(SF 54348\)](#) must be submitted to DCS Hearings and Appeals within 15 days of the date of the decision.

The factors previously identified in the section of this policy titled [Review of 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 must show a change in the child's needs or family's financial circumstances occurred after the original agreement was signed.

Review of Termination or Administrative Suspension

In accordance with policy [10.19 Continuation, Terminations, and Suspensions of Adoption Assistance Periodic Payments](#), if the decision of DCS Central Eligibility Unit (CEU) concerning termination or administrative suspension of assistance under this section is unsatisfactory to the adoptive parent and is subject to administrative review, a [Request for Administrative Review \(SF 54348\)](#) must be submitted to DCS Hearings and Appeals. Administrative reviews of DCS decisions to terminate or administratively suspend adoption assistance will be conducted by a DCS Administrative Reviewer.

To overturn a DCS determination concerning the administrative suspension or termination of the agreement, the DCS Administrative Reviewer must find the determination of DCS was based on a material error of fact or was contrary to applicable law or DCS policy.

Review of Continuation after the Child Turns 18 Years of Age

In accordance with policy [10.19 Continuations, Terminations, and Suspensions of Adoption Assistance Periodic Payments](#), to overturn a DCS determination concerning an [Application for Continuation of Adoption Assistance Agreement Beyond Age Eighteen](#), the DCS Administrative Reviewer must find at least one (1) of the following factors applies:

1. The DCS CEU failed to consider relevant documentation submitted with the application;
2. The DCS CEU failed to adequately or properly evaluate the documentation and information submitted with the application 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 18 years of age; or
3. The DCS decision was contrary to currently applicable law or DCS policy.

Administrative Review Decision

DCS will send notice of the administrative review decision to the person requesting a review along with instructions and any appropriate forms so a [Request for Administrative Hearing \(SF 54349\)](#) may be pursued, if applicable.

If the person requesting a review is dissatisfied with the results of the administrative review, the person may submit a written [Request for Administrative Hearing \(SF 54349\)](#) to DCS Hearings and Appeals. The [Request for Administrative Hearing \(SF 54349\)](#) 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 of the written notice of final administrative review decision. See policy 10.21 Administrative Appeals for Adoption Assistance for additional information.

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 relating to percentage reductions in current SAS payments; or
3. 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

1. [IC 31-19-26.5 Adoption Subsidies](#)
2. [42 USC 673 Adoption and guardianship assistance program](#)
3. [465 IAC 3 Administrative Reviews and Hearings](#)
4. [465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs](#)

PROCEDURE

The DCS Administrative Reviewer will:

1. Determine if requests were made in a timely manner. If not, the request will be denied, unless good cause is shown for an untimely submission; and
2. Send a copy of the administrative review decision to the person requesting review and the appropriate DCS representative as applicable.

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. [Payment Request Information \(PRI\) form](#) – Available via CEU
4. [Application for Continuation of Adoption Assistance Agreement Beyond Age Eighteen](#) – Available via CEU
5. [Request for Administrative Review \(SF 54348\)](#)
6. [Request for Administrative Hearing \(SF 54349\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption	Effective Date: July 1, 2020
	Section 21: Administrative Appeals for Adoption Assistance	Version: 4

STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will process requests for an Administrative Appeal Hearing received from an adoptive parent or prospective adoptive parent concerning an administrative review decision made by DCS under policy [10.20 Administrative Review for Adoption Assistance](#). When a complete and timely request is received by DCS, DCS will forward the request to the Office of Administrative Law Proceedings (OALP) and request the appointment of an Administrative Law Judge (ALJ) to preside over the Administrative Appeal Hearing.

Note: A request for an Administrative Appeal Hearing must be based on the same issues, facts, and documentation presented in the request for administrative review. Any issues or facts that were not presented in the administrative review request will not be considered at the Administrative Appeal Hearing.

A prospective adoptive parent may utilize the administrative procedures for a review and hearing before obtaining a final decree of adoption of the child. Both the prospective adoptive parent and DCS **must** sign the Adoption Assistance Agreement before entry of the final adoption decree.

A prospective adoptive parent may elect to sign the Adoption Assistance 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 policy [10.17 Negotiations for Adoption Assistance](#). In this circumstance, if a prospective adoptive parent 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.

In any administrative appeal hearing, the [appellant](#) has the burden of proof. See [Related Information](#) for additional information regarding requirements.

When an Administrative Appeal Hearing concerns the periodic payment amount for a fully signed Adoption Assistance Agreement, and the prospective adoptive parent did not pursue the administrative review and hearing process within 15 calendar days of the DCS Final Offer Letter date, the hearing request will be considered a request for a modification of the current agreement. Modifications will proceed in accordance with policy [10.18 Modifications for Adoption Assistance](#).

The [appellant](#) and DCS must execute an [Amendment to the Adoption Agreement](#), when the Final Agency Authority decision concludes the [appellant](#) met the burden of proof that the periodic payment amount approved by DCS should be changed, before the change to the periodic payment may be processed.

Note: The effective date will be retroactive to the date of entry of the final adoption decree or the date of the request for modification (whichever is later) when:

1. The prospective adoptive parent requests an administrative review and a hearing within 15 days of the Final Offer Letter;
2. The appeal concerns the periodic payment amount stated in the Adoption Assistance Agreement or amendment; and
3. The Adoption Assistance Agreement was signed before entry of the final decree of adoption.

Upon issuance of the written recommendation by the ALJ, the DCS Office of General Counsel (OGC) will automatically conduct a Final Agency Review of the recommendation. In conducting the review, the DCS Final Agency Authority will consider the facts of case and the ALJ recommendation. Upon completion of the review, the DCS Final Agency Authority will issue a decision upholding, reversing, or remanding the initial DCS decision which underlies the administrative appeal. DCS will then notify the parties of the decision. If the prospective guardian is dissatisfied with the results of the review, he or she may seek judicial review in accordance with [IC 4-21.5-5](#).

If the administrative review decision is upheld by the DCS Final Agency Authority, the amount of the periodic payment, as stated in the signed original Adoption Assistance 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](#).

The final DCS agency action, after exhaustion of available administrative review and appeal procedures, is subject to judicial review under applicable provisions of [IC 4-21.5-5](#).

An Administrative Appeal Hearing recommendation issued by the assigned ALJ is not the Final Agency Action of DCS unless the decision remands the case for further consideration by DCS which will allow the [appellant](#) another chance to request an Administrative Appeal Hearing should the [appellant](#) remain dissatisfied after action is taken in accordance with the remand. Upon issuance of the ALJ's written recommendation, it will be provided to the DCS OGC for Final Agency Action. The OGC's final agency decision is the Final Agency Action by DCS. If the [appellant](#) is dissatisfied with the results of the Final Agency Action, he or she may seek judicial review under the applicable provisions of [IC 4-21.5-5](#).

An Administrative Appeal Hearing will not be provided for the following decisions:

1. Approval or disapproval of any requested change in the language or format of the Adoption Assistance Agreement from DCS submitted for completion and signature;
2. Determinations relating to percentage reductions in current State Adoption Subsidy (SAS) periodic payments; or
3. Any other decision or determination of DCS relating to the administration of AAP 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 Hearings](#)
4. [45 C.F.R. 1355.30 Other applicable regulations](#)
5. [465 IAC 3 Administrative Reviews and Hearings](#)
6. [465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs](#)

7. [42 USC 671 \(a\)\(12\) State Plan for foster care and adoption assistance](#)
8. [IC 4-15-10.5: Office of Administrative Law Proceedings](#)

PROCEDURE

Initiation of Administrative Appeal for Adoption Assistance

DCS will:

1. Send notice of an administrative review decision to the adoptive parent, along with the [Request for Administrative Hearing \(SF 54349\)](#);
2. Review the [Request for Administrative Hearing \(SF 54349\)](#); and
3. Forward the completed [Request for Administrative Hearing \(SF 54349\)](#) to OALP in a timely manner and request the appointment of an ALJ to preside over the Administrative Appeal Hearing.

During an Administrative Appeal Hearing for Adoption Assistance

1. A DCS Attorney will represent DCS;

Note: An Attorney for DCS who was involved in the negotiation and determination of periodic payment amount or modification that is the subject of an Administrative Appeal Hearing will assist the DCS Attorney litigating the case, as requested, in presenting the DS position at the hearing.

2. The DCS Local Office Director (LOD) or designee will provide technical assistance, including testimony, to support the position of DCS for Administrative Appeal Hearings concerning the periodic payment amount or modifications of periodic payment amounts based on a change of circumstances;
3. DCS Centralized Eligibility Unit (CEU) will provide technical assistance, including testimony, to support the position of DCS for Administrative Appeal Hearings concerning the eligibility for continuation of adoption assistance beyond the child's 18th birthday, termination of Adoption Assistance Agreements, or administrative suspension of adoption assistance payments; and
4. DCS Legal Operations will provide assistance, including testimony, to support the position of DCS for an Administrative Appeal Hearing concerning the result of an administrative review under policy [10.21 Administrative Review for Adoption Assistance](#).

DCS Final Agency Authority

The DCS Final Agency Authority will:

1. Review the ALJ's recommendation, consider the facts of the case, and issue a decision of the case. The DCS Final Agency Authority may also consider his or her own experience and training in the relevant subject matter;

Note: The DCS Final Agency Authority may schedule status conferences or briefing deadlines during his or her review, however, failure to attend these status conferences or respond to briefing deadlines will not result in a dismissal of the case or a failure of the Final Agency Authority to issue a decision on the case.

2. Notify the parties and OALP of the decision, including any applicable right to seek judicial review as provided in [IC 4-21.5-5](#).

Following the decision of the DCS OGC to uphold, reverse, or remand the administrative review decision, the DCS Attorney will notify DCS staff as to the appropriate procedures to comply with the decision.

PRACTICE GUIDANCE

Timeline for an Administrative Appeal Hearing

An Administrative Appeal Hearing requested and granted under this policy will be scheduled and held within 120 calendar days after receipt of the hearing request by OALP, unless the assigned ALJ continues the hearing date by agreement of the parties or upon motion for good cause. The parties will be notified by OALP as to the specific time, date, and place for each hearing. The hearing will be conducted under applicable rules and policies of OALP and DCS pertaining to administrative hearings. The ALJ's recommendation shall not be construed to be a decision on the case.

The ALJ will issue a written Administrative Appeal Hearing recommendation 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 recommendation issued more than 90 calendar days after completion of the hearing will not be void or voidable on the ground of untimeliness. The ALJ recommendation will be mailed to the parties and to the DCS Final Agency Authority.

FORMS AND TOOLS

1. [Final Adoption Program Eligibility Determination](#) – Available via CEU
2. [Payment Request Information \(PRI\)](#) – Available via CEU
3. [Amendment To Adoption Agreement](#) – Available via CEU
4. [Request for Administrative Hearing \(SF 54349\)](#)

RELATED INFORMATION

Appellant

For the purposes of administrative appeals for adoption assistance, an appellant is a person aggrieved by the decision made in an administrative review by DCS who is either:

1. A prospective adoptive parent, including the parent who has applied for AAP; or
2. An adoptive parent who is a party to an Adoption Assistance Agreement.

Disability for Adoption Assistance Continuation

For purposes of Adoption Assistance continuation, a disability is determined in accordance with the guidelines of the US Social Security Administration. Accordingly, a disability is a condition that is so severe that, even with medication, counseling, or other treatment, has a serious impact on the person's daily functioning, so as to limit his or her self-supporting capabilities, given his or her age.

Burden of Proof During Administrative Appeal Hearing

Eligibility for Adoption Assistance: The [appellant](#) has the burden to prove the child meets all applicable eligibility requirements. See policy [10.15 Eligibility Requirements for Adoption Assistance](#) for further guidance;

Continuation of Title IV-E Adoption Assistance for a Child 18 Years of Age and Older: The [appellant](#) has the burden to show that the child has a medical or mental condition, supported by sufficient medical documentation, that results in a disability. See [Related Information](#) for further guidance;

Modification Request that does not Include an Issue Concerning the Periodic Payment Amount: The [appellant](#) has the burden to prove a change of circumstances occurred that supports the requested modification. This change of circumstances must have occurred after the original Adoption Assistance Agreement or any subsequent modification or amendment of the agreement was signed; and


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 [appellant](#) has the burden to prove 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.

Periodic Payment Amount: The [appellant](#) has the burden to prove one (1) or more of the following:

1. 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 a determination of adoption assistance periodic payments in conducting negotiations with the prospective adoptive parent or his or her attorney;
2. DCS did not consider relevant information or documentation while conducting the negotiations that the prospective adoptive parent or adoptive parent submitted in the [Payment Request Information \(PRI\)](#) form; or
3. The periodic payment 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 or adoptive parent.

For hearings involving a request for a modification of an existing Adoption Assistance Agreement to increase the periodic payment amount, the adoptive parent must prove one (1) of the three (3) factors listed above to challenge a periodic payment amount, while also meeting both of the following:

1. A change in the child's needs or family's circumstances occurred after the original Adoption Assistance Agreement or most recent amendment was signed. This change was not known or identified at the time the agreement or most recent amendment was signed, and it justifies an increase in the periodic payment; and
2. The adoptive parent has not submitted any other written request for modification of the Adoption Assistance Agreement to increase the periodic payment amount within 12 months of the request for modification, which is the subject of the administrative hearing request.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption	Effective Date: May 1, 2020
	Section 22: Prospective Adoptive Parent Review of Case Record	Version: 1

STATEMENTS OF PURPOSE

For the purpose of this policy, a prospective adoptive parent is defined as an individual who has been selected by the Department of Child Services (DCS) as the pre-adoptive placement for the child or an individual who has filed an adoption petition with the Court to adopt a child who is legally available for adoption.

The Indiana Department of Child Services (DCS) will provide the prospective adoptive parent the opportunity to review approved aspects of the identified child’s case record. Review of the case record will occur in the local county office with Child in Need of Services (CHINS) case jurisdiction. The prospective adoptive parent will be allowed to copy or photocopy information from the case record for the prospective adoptive parent’s own records, but will not be able to remove original documents from the case record or from the local county office. Identifying information will be redacted prior to case record review. See [Procedure](#) for guidance on specific information to be shared with the prospective adoptive parent.

Code References

1. [IC 31-27-4-21: Records regarding children](#)
2. [IC 31-19-17-2: Report of medical, psychological, and educational records of birth parents](#)
3. [IC 31-19-17-3: Exclusion of information identifying birth parent; release of records concerning child to adoptive parents or adoptee](#)
4. [IC 31-19-17-4: Summary of social, medical, psychological, and educational records of child](#)
5. [IC 31-9-2-54: Identifying information](#)
6. [IC 4-1-10-3: Nondisclosure of Social Security number](#)
7. [IC 4-1-10-4: Exceptions to nondisclosures of Social Security number](#)
8. [IC 4-1-10-5: Permitted disclosures of Social Security number](#)
9. [IC-31-33-18: Disclosure of Reports; Confidentiality Requirements](#)

PROCEDURE

Prospective Adoptive Parent who is Licensed and/or Indiana Adoption Program Council Recommended or a Prospective Adoptive Parent Who Does Not Have Placement

Upon request, the Family Case Manager (FCM) or Adoption Liaison will provide a copy of the adoption picture book and the [internet photo listing](#) of the child to the prospective adoptive parent. The redacted [Child Social Summary](#) which includes certain information regarding the biological parents must be provided at the time of the home study or evaluation concerning the suitability of the proposed home for the child. However, with consent of the prospective adoptive parent, the [Child Social Summary](#) may be provided not more than thirty (30) days after the child is placed with the prospective adoptive parent. See [Practice Guidance](#), policy [10.11 Child Social](#)

[Summary](#), and [10.B Tool: Child Social Summary](#) for further guidance and information regarding identifying information to be redacted and included.

Prospective Adoptive Parent with Current Placement of the Child to be Adopted

Upon request of the prospective adoptive parent who has placement of the identified child, the FCM will:

1. Notify the DCS Staff Attorney of the request and provide the DCS Staff Attorney or designee the child's case record within five (5) business days of the request;
2. Meet with the DCS Staff Attorney to determine a redaction completion date;
3. Schedule a meeting with the prospective adoptive parent for review of the child's redacted case record. See [Related Information](#) for guidance on specific information to be included in the child's redacted case record; and
4. Document the prospective adoptive parent's review of the child's case record in the case management system.

The DCS Staff Attorney will:

1. Redact the child's case record or assign a designee to complete the redaction within 45 days of receiving the child's case record from the FCM. See [Practice Guidance](#) for additional information regarding identifying information to be redacted; and
2. Approve the redaction prior to the prospective adoptive parent's review of the child's case record if the DCS Staff Attorney's designee completes the redaction.

Exception: If the DCS Staff Attorney determines the child's case record size is voluminous, the redaction may be completed within 60 days of receiving the child's case record from the FCM. The DCS Staff Attorney must notify the FCM of this determination.

PRACTICE GUIDANCE

Information Included in a Child's Redacted Case Record

The redacted case record includes but is not limited to the child's:

1. [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF 114\)](#);
2. [Assessment of Alleged Child Abuse or Neglect \(311\) \(SF 113\)](#);
3. Mental health records;
4. Health records (e.g., birth records, immunization, ongoing health, dental, and eye records); and
5. Pictures that do not disclose identifying information of other family members.

Identifying Information to be Redacted

The DCS Staff Attorney or designee is responsible for redacting identifying information of the birth parents and children mentioned in the record, who are not placed with the prospective adoptive parent. Redaction must include the report source of all [Preliminary Reports of Alleged Child Abuse or Neglect \(310\) \(SF 114\)](#) involving the child. When the redaction is completed by a designee, the DCS Staff Attorney is responsible for approving the redaction prior to the prospective adoptive parent's review. Identifying information includes:

1. First and last names;
2. Dates of birth;
3. Addresses;
4. Phone numbers;
5. Social Security Numbers; and

6. Any other information, except the medical history, that may identify a person as a party to an adoption or as a birth parent, an adoptee, or an adoptive parent.

FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF 114\)](#)
2. [Assessment of Alleged Child Abuse or Neglect \(311\) \(SF 113\)](#)
3. Picture book
4. [Internet photo listing](#)
5. [10.B Tool: Child Social Summary](#)

RELATED INFORMATION

N/A



**INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY**

Tool: Termination of Parental Rights (TPR)/Adoption Checklist

Effective Date: July 1, 2021

Reference: 10.A (Chapter 10 – Adoption)

Version: 5

TPR CHECKLIST


	Talk with resource parent(s) to determine if they are interested in adopting the child.
	Staff and screen case for a change of permanency plan to adoption with FCM Supervisor and DCS Staff Attorney.
	Request court approval of a permanency plan change to adoption.
	Update the Case Plan/Prevention Plan with adoption as the permanency plan.
	Complete the Child Social Summary within 45 days of updating the permanency plan to adoption. Ensure the Child Summary is updated annually or until the adoption is finalized.
	Determine if both parents have been identified and located.
	Request publication for Absent Parent, if applicable (will be done by the DCS Staff Attorney).
	Alert the DCS Staff Attorney to any discrepancies in spelling of names or different last name for child or parent.
	Discuss with the parent the possibility of signing Consent to Adoption (SF 12582) and advise parents to seek legal counsel.
	Request that the DCS Staff Attorney file a petition for Termination of Parental Rights (TPR).
	Inform child about TPR and the possible outcomes, if child is age appropriate for such a discussion.
	Ensure parents who have decided to voluntarily relinquish rights have signed all relevant paperwork including the Consent to Adoption (SF 12582) . Also ensure parent(s) complete and understand the Indiana Adoption Medical History Report and Indiana Adoption History Program. See Policy 6.13 Voluntary Termination of Parental Rights (TPR) .
	Initiate TPR hearing, if parents do not voluntarily relinquish rights (additional hearings may follow as it is rarely the case that TPR is completed at the initial hearing).
	Document TPR ordered.
	Set up a final visit between the child and the parents, if the child is seeing a therapist attempt to arrange visits so that the therapist can be present.
	Set-up a paper adoption case file.
	Upload all documentation into the case management system.

<u>ADOPTION CHECKLIST FOR A CHILD <u>NOT IN A PROSPECTIVE ADOPTIVE HOME</u></u>	
	<p>Complete Child Social Summary within 45 days of changing the permanency plan to adoption. Gather input from resource parents, relatives, and therapists, or make a referral to the Indiana Adoption Program for the child summary to be completed by the contractor, if needed. Ensure the Child Social Summary is updated annually or until the adoption is finalized. See policy 10.11 Child Social Summary for additional information.</p> <p>Note: A referral for a Child Social Summary may ONLY be made if the child is referred to the Indiana Adoption Program for active recruitment of an adoptive home.</p>
	<p>Discuss with the child and obtain the child's permission to complete the Child Registration: Indiana Adoption Program Picture Book and Website Form (SF 11840) if the child meets the eligibility criteria in policy 10.06 Making an Indiana Adoption Program Referral, and send to the Adoption Consultant. Include a copy of Child Social Summary and Indiana Adoption Program Informed Consent for Recruitment (SF 54901), if applicable per child's age.</p>
	<p>Obtain a recent photo of the child or refer to the Adoption Liaison to meet and photograph the child.</p>
	<p>Discuss with the Adoption Liaison the possibility of putting the child on Indiana's photo-listing webpage and Picture Book.</p>
	<p>Review adoptive home studies that have been submitted for the child and select families to schedule for interviewing.</p>
	<p>Coordinate the date and location of the family interview with the Adoption Liaison.</p>
	<p>Send a letter to the families to be interviewed that includes:</p> <ul style="list-style-type: none"> • Date, time, and place of the interview • Brief explanation of the interview process • Who to expect will be in attendance and interviewing • A list of questions that may be asked • A contact person and phone number for Family Case Manager (FCM)/Adoption Liaison
	<p>Interview families and submit the team's recommendation, in writing to the DCS Local Office Director (LOD), of the family that best meets the needs of the child.</p>
	<p>Provide an update to each family that was not selected.</p>
	<p>Inform selected family within five (5) days after the decision is made, and make arrangements for pre-placement visits for the child and family prior to child being placed in the home for ease of transition and to lessen the trauma to the child.</p>
	<p>Ask the prospective adoptive parent to file an adoption petition to adopt the child after the child has been placed in the home for six (6) months.</p>
	<p>Upon receipt, provide the DCS Staff Attorney with an adoption petition or notice that an adoption has been filed and attend any scheduled staffing to determine next steps.</p> <p style="text-align: center;">(Child is now in a prospective adoptive home)</p>
<p>Follow steps (below) in the checklist for 'A Child <u>ALREADY IN A PROSPECTIVE ADOPTIVE HOME</u>'.</p>	

ADOPTION CHECKLIST FOR A CHILD ALREADY IN A PROSPECTIVE ADOPTIVE HOME

	Complete Child Social Summary within 45 days of changing the permanency plan to adoption. Gather input from resource parents, relatives, and therapists. Ensure the Child Social Summary is updated annually or until the adoption is finalized.
	Send a copy of the TPR orders and/or Consent to Adoption (SF 12582) to the attorney of the prospective adoptive parent(s). Include any information known regarding the child's eligibility for the Indiana Adoption Assistance Program. (Do not send internal eligibility forms to the attorney). Note: DCS will not sign the Consent to Adoption (SF 12582) until the period of appeal for the TPR has passed, or any final appellate opinion related to the TPR has been certified and the period for appeal has passed on any issues remanded to the juvenile court, and the negotiations for Adoption Subsidy have been negotiated and finalized.)
	Complete Child Abuse and/or Neglect (CA/N) checks for all household members age 6 years and older, Sex Offender Registry (SOR) checks for household members 14 years and over, criminal history checks, and FBI fingerprint checks for all household members 18 years and over, if not completed within the past 12 months. See Policy 13.07 Conducting Background Checks for Adoptions .
	Schedule time for prospective adoptive family to review the Child Social Summary , the child's case file and the Explanation of Indiana Adoption Program (AAP & SAS) and Background Information (SF 54352) form with family and have them sign. Ensure the family receives information about Post Adoptive Services (PAS).
	Request a copy of the filed adoption petition from the attorney of the prospective adoptive parent.
	Upon receipt, provide the DCS Staff Attorney with an adoption petition or notice that an adoption has been filed and attend any scheduled staffing to determine next steps.
	Explain the Explanation of Adoption Summary to the prospective adoptive parent(s), obtain all signatures necessary, and upload into the case management system.
	Have prospective adoptive parent(s) complete the Indiana Adoption Program Application Title IV-E Adoption Assistance Program (AAP) or State Adoption Subsidy (SAS) within 10 days of filing the Adoption Petition. FCM will send the Application to Central Eligibility Unit (CEU), along with copies of the background checks, Consent to Adoption (SF 12582) , verification that the child cannot or should not be returned to the home of either parent (e.g., parent's death certificate, no father identified via the Putative Fathers Registry, or TPR petition or order) signed Explanation of Indiana Adoption Program (AAP & SAS) and Background Information (SF 54352) , and any other supporting documentation.
	Complete the Pre-Adoption Plan in the case management system located in the Case under Plans and Tools.
	Receive the Final Adoption Program Eligibility Determination , proposed IV-E Adoption Assistance Agreement or State Adoption Subsidy Agreement , Payment Request Information (PRI) , and Request for Administrative Review , if appropriate, from CEU.
	Send, via regular mail, Final Adoption Program Eligibility Determination, proposed agreement, PRI form and the Request for Administrative Review (if applicable) to the prospective adoptive parents or their attorney, no later than two (2) days after receipt from CEU.
	Schedule an appointment with the prospective adoptive parents and their attorney to deliver and explain the PRI, Administrative Review Form, Adoption Assistance Program (AAP) Agreement or the State Adoption Subsidy (SAS) Agreement within 15 calendar days after receipt of the Final Adoption Program Eligibility Determination for an eligible child. The agreement must be signed <u>before the Decree of Adoption is entered</u> . FCM places original agreement in child's local adoption file.

	<p>Prepare a Resource Family Preparation Assessment Summary and obtain required signatures of the FCM Supervisor and DCS LOD. Submit Resource Family Preparation Assessment Summary, Indiana Adoption Medical History Report, and DCS Consent to Adoption (SF 12582) for all children being adopted within 60 days of the adoption petition date. Children age 14 and over must consent to adoption by completing the Consent to Adoption (SF 12582).</p>
	<p>Attend final adoption hearing with camera to memorialize event.</p>
	<p>Provide the DCS Staff Attorney with the Decree of Adoption after receipt from the Adoptive parent. Note: Meet with the FCM Supervisor/LOD and DCS Staff Attorney to discuss challenging an adoption decree if DCS did not receive notice of an adoption before the adoption was granted.</p>
	<p>Complete the following upon receipt of Final Decree of Adoption:</p> <ul style="list-style-type: none"> • Upload the Final Decree of Adoption in the case management system within 10 business days of receipt and place a copy in the child's adoption file. • Request from the court release of wardship and close the Foster Care Case • Email CEU at Centralized.Eligibility@dcs.IN.gov and provide the Final Decree of Adoption. <p>Note: CEU will validate receipt of Final Decree of Adoption and Agreement, update KidTraks to place child in payment status (if eligible for AAP or SAS). Send an email to DCS Medicaid Enrollment Unit (MEU) when the finalization process is completed to update the child's Medicaid status, and place a copy of the Decree and Agreement in the child's adoption eligibility file.</p> <ul style="list-style-type: none"> • Email notification of the Final Decree of Adoption to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) licensing worker.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Child Social Summary	Effective Date: September 1, 2019
	Reference: 10.B (10.11 Child Social Summary)	Version: 4

CHILD SUMMARY

(NOTE: When writing child summaries, keep in mind: What would you want to know if you were adopting this child? Also, child summaries should be written redacted...i.e. no last names, locations, etc.)

CHILD'S FIRST NAME:

CHILD'S NICKNAME:

DATE OF BIRTH:

SEX:

RACE:

SIBLINGS:

REASON FOR DEPARTMENT OF CHILD SERVICES INVOLVEMENT/ ABUSE/NEGLECT:

- List reports of abuse and neglect and reasons child taken into care
- Dates of involvement and removal

I. EVALUATION OF THE CHILD'S NEEDS IN AN ADOPTIVE HOME.

- Child's understanding of termination
- Child's understanding of adoption
- Child's preparation for adoption, who is doing it
- Characteristics of family best suited for the child
- Child's behaviors that might affect adoptive home
- Transition plan

TERMINATION OF PARENTAL RIGHTS (TPR):

Mother _____ Voluntary/Date _____ Involuntary/Date
 Father _____ Voluntary/Date _____ Involuntary/Date

II. FAMILY HISTORY

A. History of Birth Family:

- Birth Mother:
 - Where was she born, when
 - What does she look like; give a physical description
 - What were her reasons for making an adoption plan for her child, if she did
 - What was her childhood like
 - What is her education and employment history

- What are her relationships with family, friends, and the child's father
- Drug and alcohol history, if applicable
- Medical history for her and her family if known
- Intellectual and psychological functioning, List any diagnoses
- Talents, strengths
- **Birth Father:**
 - Where was he born, when
 - What does he look like; give a physical description
 - What were his reasons for making an adoption plan for his child, if he did
 - What was his childhood like
 - What is his education and employment history
 - What are his relationships with family, friends, and the child's mother
 - Drug and alcohol history, if applicable
 - Medical history for him and his family if known
 - Intellectual and psychological functioning, List any diagnoses
 - Talents, strengths

B. Child's understanding of his past:

- Child's understanding of why he/she came into care
- Child's feelings regarding termination and subsequent adoption
- Was there or will there be a good bye visit
- Will there be any on-going visitation and if so, with whom

C. Status of Siblings:

- List siblings by name and age
- Will the siblings be placed together
- If not, reasons for not placing together
- Visitation arrangements

III. PHYSICAL DESCRIPTION OF THE CHILD

HEIGHT:

WEIGHT:

EYE COLOR:

HAIR COLOR:

IDENTIFYING PHYSICAL FEATURES:

IV. EDUCATIONAL FUNCTIONING:

- Schools attended
- Special education classes
- Special services
- Current grade and school
- Behavior at school
- Academic achievements

V. EMOTIONAL FUNCTIONING:

- Past emotional functioning and behaviors
- Current emotional functioning and behaviors
- Diagnoses, evaluations completed, when, by whom, results
- Is child receiving counseling, with whom, frequency, issues being addressed
- How does child express feelings

VI. PERSONALITY:

- How does the child present himself/herself (shy, outgoing, friendly, etc)
- How does the child relate to peers, adults, authority figures and animals
- Who is important in this child's life
- What discipline or behavior modifications have been used and have they been successful

VII. MEDICAL INFORMATION:

- Birth record information
- General health
- Medical conditions
- Medications
- Hospitalizations, when, what type of facility and for what type of treatment

VIII. HISTORY OF PLACEMENTS:

- List placements chronologically and the reason for leaving
- What does the child believe the reason for each move was and what was he/she told was the reason?

IX. CHILD'S STRENGTHS:

- List the positive traits for the child
- Tell what he/she enjoys doing for fun, hobbies, interests, talents, etc.
- Summarize progress since being in care (social, behavioral, educational, etc)

X. FUNDING AVAILABLE:

- Any eligible subsidies will be determined at the filing of the adoption petition between the adoptive family attorney and DCS attorney. The child is eligible for post-adoption services if needed.

DATE COMPLETED:

DATE UPDATED:

Family Case Manager

Family Case Manager Supervisor

CHILD SUMMARY

CHILD'S FIRST NAME: [REDACTED] **CHILD'S NICKNAME:** Tate

DATE OF BIRTH: [REDACTED] **SEX:** Male

RACE: Caucasian

SIBLINGS: Ashley [REDACTED] (Date of Birth)

REASON FOR DEPARTMENT OF CHILD SERVICES INVOLVEMENT (ABUSE/NEGLECT):

Kristopher [REDACTED] and Shanda [REDACTED] became involved with DCS on 5/23/2015 when Tate was found by a neighbor alone outside. FCM stated that father was impaired and mother was voluntarily absent. Tate was found in urine soaked shorts with in diaper. When police and FCM arrived at father's house to see what was going on he was observed to have marijuana and drug paraphernalia in the house. Father was then arrested. Neglect- Environment Life/ Health Endangering was substantiated on both mother and father.

There were several occasions prior to this that DCS was involved. First involvement was on 8/10/2013 when birth father had been stopped by police at 1 am by a gas station when he was pushing Tate in a stroller. He was given found to be intoxicated with a .21 BAC. He was arrested at this time. Neglect- Lack of supervision was substantiated for mother and father. The next involvement was on 1/10/2015 when Kristopher was attacked with a baseball bat and had money stolen from him. In the report it is stated that Tate's father is unsure how long his son was by himself and how long father was unconscious. There was also no food in the home during this incident. Neglect-Life Health Endangering was unsubstantiated for mother and father. The final previous involvement occurred on 4/16/2015 when Tate was found walking alone on a street. At the time of this incident it appeared that Tate's father was impaired and his mother stated she had no where to live. When doing walk through for this case the FCM found that there was plenty of food and that Tate seemed to be happy and healthy. Neglect- Life Health Endangering was unsubstantiated for mother and father.

I. EVALUATION OF THE CHILD'S NEEDS IN AN ADOPTIVE HOME.

Tate would do best in a strong two parent home due to his active personality and his need for constant supervision. Even though Tate is showing no emotional problems as of now,

due to his trauma the potential adoptive family should be aware of trauma and how it can affect a child later in life. The plan for Tate is to go in to his grandmother and grandfather's care. Any caregiver will need to understand the impact of trauma on a child, including how it can surface in behaviors as well as how it can still impact their emotions or functioning if they do not talk about it or even have concrete memories of it, while the strongest factor to predict resiliency is having a safe and stable adult in the child's life.

TERMINATION OF PARENTAL RIGHTS:

Potential guardianship to be placed with maternal grandmother. TPR has not been filled at this time.

II. FAMILY HISTORY

A. History of Birth Family:

Mother:

Shanda [REDACTED] was born on [REDACTED]. She was arrested on 8/26/2013 for possession of a controlled substance and possession of paraphernalia. Mother has a history of using pot, heroin, and alcohol abuse. It was reported by father that mother was not in Tate's life until recently due to incarceration. Mother is currently on house arrest. Mother is receiving supervised visits once to twice a week with Tate. A fact finding court date is planned for the near future. Tate's grandmother and mother have a good relationship. This should allow for Tate and his mother to still have a relationship even though he might be moving to another state. There is no other information in the file regarding mother's mental health history nor medical history.

Father:

Kristopher [REDACTED] was born on [REDACTED]. He has been known to use pot and heroin for many years. Tate's father also has a problem with alcohol abuse. He has recently been released from jail. Father is currently in a drug rehab program called House of Hope for the next 3 months. While there he receives weekly visits with his father. He has been arrested on several occasions once on 5/22/2012 possession of controlled substance and again on 8/12/2013 for public intoxication, disorderly conduct, and neglect of dependent. After he finishes the drug program DCS plans to implement other programs. There is no information in the file in regards to mental health history nor his medical history.

B. Child's understanding of his/her past:

Due to Tate's age he has no understanding of why he was taken from his mother and father nor what adoption is. His forever family should discuss this with him at age appropriate intervals so he can be aware of his past.

C. Status of Siblings:

Ashley is currently with her aunt and uncle who have co-guardianship with her grandparents. It is not clear if Tate has any knowledge of his sister.

III. PHYSICAL DESCRIPTION OF THE CHILD

HEIGHT: 3 feet 1 inch

WEIGHT: 31.3 lbs

EYE COLOR: Brown

HAIR COLOR: Blondish brown

IDENTIFYING PHYSICAL FEATURES: Tate has a bright smile and beautiful brown eyes that make him seem like he is thinking of what to do next.

IV. EDUCATIONAL FUNCTIONING:

Tate has not started school as of yet due to his age. However, Tate does know some of his colors and can identify his body parts. His gross motor skills and fine motor skills seem appropriate for his age. Tate seems like he is meeting all developmental milestones. Tate talks well for his age. However, you might need him to repeat some words just for clarification according to his foster mother.

V. EMOTIONAL FUNCTIONING:

Tate is generally a happy go lucky child. According to his foster parent he does not mention anything from his past with his family. However, the foster family believes that he was lacking structure because he does not like to listen to the word No. He has the normal age appropriate issues of taking things away from other children and hitting when someone takes something from him. If he does these things the foster parent either redirects him, puts him in time out, or holds him and talks to him about the inappropriate behavior. When he is upset Tate likes to be held and cuddled. This helps him calm down and move on to the next activity. A forever family needs to be aware of his trauma and that he might have issues emotionally in the future. The family should also be aware of the fact that Tate has been around drug and alcohol abuse and potential effects of this.

VI. PERSONALITY:

Tate is a very strong willed child that likes to be independent. He does fine with other children but would probably do best with one on one attention. Tate was recently bitten by a dog but has been around one since then and he does not seem afraid of them.

Tate has not yet been potty trained and still needs to be changed. He still needs some help with dressing. He is not a picky eater. However, there does seem to be some issues with food. His foster parent stated he will take the other children's food and cry if he sees her making food and he hasn't gotten it yet.

When Tate is inside he likes to play with trucks, cars, and playdoh. His favorite television shows are Spongebob Squarepants and Mickey Mouse Clubhouse. Tate is a very active child that loves to be outside. He loves to swing, run, and kick balls while outside. A forever family needs to be aware that Tate can unlock doors and will walk outside alone.

VII. MEDICAL INFORMATION:

Tate currently takes Zyrtec daily, breathing treatments twice a day using a nebulizer that has Pulmicort in it, and Albuterol as needed for asthma. Tate is up to date on all shots.

Tate was bitten by a dog on 6/23/2015. He was taken to a hospital in Indiana. While there he receive 35 sutures between multiple lacerations on his face. These bite marks are still healing under his left eye, lip and nose. He has yet to have a follow-up prior to writing of this document.

VIII. HISTORY OF PLACEMENTS:

5/23/2015 to 7/17/2015 foster care placement (foster parents wanted him moved, stated they were too young to be foster parents)
7/17/2015 to current foster care placement

IX. CHILD'S STRENGTHS:

Tate presents with many strengths despite his trauma history. He loves to be around people and will play and talk to you as long as you let him. Even though Tate has not yet started school he shows a great ability to learn and retain knowledge. He is a very happy child that seems to have a lot of love to give.

X. FUNDING AVAILABLE:


Any eligible subsidies will be determined at the filing of the adoption petition between the adoptive family attorney and DCS attorney. The child is eligible for post-adoption services if needed.

DATE COMPLETED:

COMPLETED BY:

Family Case Manager (FCM)

FCM Supervisor

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: April 1, 2021
	Section 1: Older Youth Services (OYS)	Version: 7

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make Older Youth Services (OYS) available to eligible Child in Need of Services (CHINS) and Juvenile Delinquent/Juvenile Status (JD/JS) youth in eligible foster care placements¹ beginning at age 16. Referrals may be completed for former foster youth at age 18, up to the day before the youth’s 23rd birthday (see policy [11.07 Voluntary Older Youth Services](#)). See [Procedure](#) and review the [Older Youth Services \(OYS\) Timeline](#) for additional information. Upon case closure, a former CHINS or JD/JS youth, who is between the ages of 18 up to the day before the youth’s 21st birthday and has transitioned out of an eligible foster care placement, may agree to enter into Indiana’s extended foster care program, Collaborative Care (CC) (see policy [11.18 Eligibility for Collaborative Care](#)).

DCS will ensure that all CHINS and JD/JS youth 14 years of age and older who are in out-of-home placements receive a credit report from each of the three (3) [Credit Reporting Agencies \(CRAs\)](#) each year until the youth is discharged from care. The youth will receive assistance in interpreting and resolving any inaccuracies in the reports, if applicable.

Code References

[42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

PROCEDURE

The Family Case Manager (FCM) or Collaborative Care Case Manager (3CM) will:

1. Complete and submit a referral for OYS for CHINS youth, and ensure a referral has been completed and submitted for JD/JS youth, who are placed in DCS licensed foster care homes (non-LCPA), relative homes, non-licensed court approved placements, or in a CC placement. Referrals for OYS may be made beginning at age 16;

Note: For CHINS youth, the [Transition Plan for Successful Adulthood \(SF 55166\)](#) should be developed starting at age 14, and the [Transition Plan \(TP072117JDJS\)](#) should be developed for JD/JS youth beginning at age 14. The youth and his or her [child representatives](#) should participate in the development of this plan. See policy [11.06 Transition Plan for Successful Adulthood](#).

2. Complete and submit a referral for OYS for youth placed in residential facilities, group homes, or LCPA foster homes at 17.5 years of age;

Note: OYS will be provided for the youth by the placement agency beginning at age 16.

¹ The federal definition of foster care is “24 hour substitute care for all children placed away from their parents or guardians and for whom the State agency has placement and care responsibility.” The full definition is available at <http://www.gpo.gov/fdsys/pkg/CFR-2002-title45-vol4/xml/CFR-2002-title45-vol4-sec1355-20.xml>.

3. Confirm that all youth age 14 and over who are in out-of-home placement receive yearly credit reports from all three (3) major [CRAs](#), and assist in correcting any [inaccuracies](#) (see Practice Guidance on [Credit Reports](#));
4. Ensure an annual copy of the [life skills assessment](#) and progress reports are obtained from the OYS provider or placement provider, placed in the youth's case file, and entered in the case management system on all eligible CHINS and JD/JS youth aged 16 to 21 who are receiving OYS through residential facilities, group homes, LCPA foster homes, and OYS providers.

Note: Review the [Older Youth Services \(OYS\) Timeline](#) for additional information.

For youth entering Indiana's Extended Foster Care program, CC, please refer to policy [11.19 Entry into Collaborative Care \(CC\) for Previously Discharged Older Youth](#).

For youth entering [Voluntary OYS](#), the 3CM or Independent Living Specialist will:

1. Ensure eligibility is determined for all former CHINS Collaborative Care or JD/JS youth requesting Voluntary OYS; and
2. Create a Voluntary OYS referral for the appropriate OYS provider in a timely manner.

For specific responsibilities for Voluntary OYS, please see policy [11.07 Voluntary Older Youth Services](#).

Refer to the [Older Youth Initiatives](#) webpage for information about the differences between OYS, Collaborative Care, and Voluntary OYS.

The FCM Supervisor or 3CM Supervisor will:

1. Ensure all applicable older youth case management and service requirements have been followed based on the [Older Youth Services Timeline](#);
2. Ensure all appropriate referrals for OYS are submitted and assist the FCM or 3CM in completing the referrals, as needed;
3. Assist the FCM or 3CM in reviewing credit reports from the three (3) [CRAs](#), as needed; and
4. Guide and assist the FCM or 3CM through regular staffing or [Clinical Supervision](#) to the FCM or 3CM.

PRACTICE GUIDANCE

Life Skills Assessment

All youth referred for services between the ages of 16 and 23 years of age must complete the life skills assessment. The life skills assessment will be completed with by the OYS provider or placement provider with the youth beginning at age 16. The life skills assessment tool has been approved for use by the Older Youth Initiatives (OYI) team.

Child Representatives

Beginning at 14 years of age, youth may select up to two (2) child representatives. The child representatives must be at least 18 years of age, members of the Child and Family Team (CFT), and may not be a foster parent or FCM. The youth may select one (1) of the child representatives to also be his or her adviser, and if necessary, advocate for age appropriate

activities. Child representatives are subject to the approval of DCS, and they may be rejected if there is cause to believe they would not act in the best interest of the child.

Credit Reports

A credit report is a record of a person's credit activities. It lists any credit card accounts or loans the person has, the balances, and how regularly payments are made, as well as, identifying information. Most children and youth do not have credit reports. If a credit report does exist for a person younger than age 18, it may be due to error, fraud, or identity theft. To protect the identity and future credit worthiness of the youth, there is a need to take action and correct the information.

The three (3) main CRAs are: Experian, Equifax, and TransUnion. CHINS and JD/JS youth age 14 through 17 who are in out of home placement will receive a credit report from each of the three (3) main CRAs each year until the youth is discharged from care. The youth will receive assistance in interpreting and resolving any inaccuracies in the credit report.

The Department of Child Services (DCS) will utilize the electronic batch report process. Reports will be processed monthly. This will capture all youth during their birthday month and the month of the youths' initial removal.

Each year, the OYS service provider caseworker must assist the older youth age 18 to 21 in obtaining his or her credit report through the Annual Credit Report website annualcreditreport.com. The youth will receive assistance in interpreting and resolving any inaccuracies in the credit report from Indiana's OYS service providers.

Voluntary Youth age 18 to 23 who are discharged from care will be advised to apply for their credit report from each of the three (3) CRAs each year until the youth is no longer actively participating in voluntary services. The youth will receive assistance in obtaining, interpreting, and resolving any inaccuracies in the report.

Disputes or Inaccuracies

To dispute inaccurate information in the report, the CC Administrative Assistant will:

1. Send the following to the CRAs:
 - a. A form letter. Upload the form letter in the case management system and send the letter to the FCM and FCM Supervisor by email;
 - b. A copy of the court order showing wardship and documentation for the agency to act in the capacity of the court order;
 - c. Proof that the youth is a minor (i.e., copy of birth certificate). 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;

Note: Put unknown if unable to determine the youth's addresses for the past two (2) years.

2. Indicate what accounts do not belong to the youth or contain inaccurate information, and indicate the youth is a minor child; and
3. Follow-up with the DCS legal if the CRA is unwilling to address issues or inaccuracies.

Contact Information

Contact information for [Experian](#):

By Mail: Experian National Consumer Assistance Center

P.O. Box 4500
Allen, Texas 75013
Online: <https://www.experian.com/disputes/main.html>
By Phone: Phone number provided on credit report or (888) 397-3742

Contact information for [Equifax](#):

By Mail: Equifax Credit Information Services, Inc.
P.O. Box 740256
Atlanta, GA 30348
Online: <https://my.equifax.com/membercenter/#/>
By Phone: Phone number provided on credit report or (866) 349-5191

Contact information for [TransUnion](#):

By Mail: TransUnion LLC, Consumer Dispute Center
P.O. Box 2000
Chester, PA 19016
Online: <https://dispute.transunion.com>
By Phone: Phone number provided on credit report or (800) 916-8800

FORMS AND TOOLS

1. [Transition Plan for Successful Adulthood \(SF 55166\)](#)
2. [Transition Plan \(TP072117JDJS\)](#)
3. [Annual Credit Report Request Form](#)
4. [Older Youth Services \(OYS\) Timeline](#)
5. [Voluntary Older Youth Services Summary](#)

RELATED INFORMATION


Voluntary OYS

All youth aging out of foster care at 18 years or older are eligible for Voluntary OYS, including Room and Board (R & B) assistance and the Education and Training Voucher (ETV) Program. See the [Voluntary Older Youth Services Summary](#) and separate policies, [11.02 Eligibility for Older Youth Services](#), [11.07 Voluntary Older Youth Services](#), [11.08 John H. Chafee Foster Program for Successful Transition to Adulthood \(the Chafee Program\) Room and Board Services](#), and [11.10 Education and Training Voucher Program](#).

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: October 1, 2021
	Section 02: Eligibility for Older Youth Services (OYS)	Version: 5

POLICY OVERVIEW

The Chafee Program provides funding for Older Youth Services (OYS) (formerly known as Chafee Independent Living [IL]) for Child in Need of Services (CHINS) and Juvenile Delinquent/Juvenile Status (JD/JS) youth in foster care, Collaborative Care (CC), relative/kinship foster care, or other court approved placements. The Chafee Program also provides funding for OYS for youth formerly in out-of-home care who are currently on a Trial Home Visit (THV) with their parent, guardian, or custodian while they remain under the jurisdiction of the court in an open CHINS or JD/JS case.

PROCEDURE

The Indiana Department of Child Services (DCS) has determined the following youth meet the eligibility requirements for OYS:

1. Youth **16 years of age up to the day before the youth's 21st birthday who are in foster care** as a CHINS or JD/JS. Referral for OYS is based on the type of placement of the youth (see policy 11.01 Older Youth Services).
2. Youth **18 years of age up to the day before the youth's 23rd birthday who were formerly in foster care:**
 - a. A minimum of six (6) months as a CHINS or JD/JS after age 16,
 - b. Under the care and supervision of DCS, or
 - c. Were in the custody of another state (verification of wardship and all eligibility criteria must be met from the state of jurisdiction).
3. Youth **18 years of age up to the day before the youth's 23rd birthday who were formerly in foster care** for a minimum of six (6) months and have achieved permanency through guardianship or adoption on or after the youth's 16th birthday.

Note: Youth who meet eligibility requirements number two (2) and three (3) above are eligible for Voluntary OYS (see policy 11.07 Voluntary Older Youth Services).

The Family Case Manager (FCM) or Collaborative Care Case Manager (3CM) will:

1. Determine eligibility for OYS for all CHINS youth 16 to 21 years of age, and ensure eligibility is determined for JD/JS youth 16 to 21 years of age, who are in foster care or were previously in foster care;
2. Determine eligibility for OYS for youth 16 to 21 years of age in foster care through an Interstate Compact on the Placement of Children (ICPC) when requested (see Chapter 9 Interstate Compact policies); and
3. Determine whether eligible youth should be referred for OYS based on the type of placement.

LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

RELEVANT INFORMATION

Definitions

Foster Care

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.

Older Youth Services

The purpose of the Older Youth Services is to:


1. Identify youth who are expected to remain in foster care until their 18th birthday or after and assist them in making the transition to self-sufficiency;
2. Help identified youth receive the necessary education, training, and services to overcome potential barriers to employment;
3. Help youth prepare for and enter post-secondary education and/or training programs;
4. Provide personal and emotional support for youth aging out of foster care;
5. Assist youth in locating and identifying community resources that will be available to the youth after DCS involvement has ended; and
6. Encourage positive personal growth in older youth through “teachable moments”.

Forms and Tools

- [OYS Services Referral](#)- Available in KidTraks
- [OYS Service Standards](#)

Related Policies

- [CHAPTER 9- INTERSTATE COMPACT \(ICPC\)](#)
- [11.01 Older Youth Services](#)
- [11.07 Voluntary Older Youth Services](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: February 1, 2019
	Section 3: Emancipation Goods and Services	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make funds of up to \$1,000 per youth available to purchase needed goods and services through the use of Emancipation Goods and Services (EG&S), if such funds are available. The youth must be between the ages 18 to 23, previously in foster care, and receiving John H. Chafee Foster Program for Successful Transition to Adulthood (the Chafee Program) Voluntary Older Youth Services (OYS) (see separate policy, [11.07 Voluntary Older Youth Services](#)).

The Chafee Program OYS service providers will submit the [Emancipation Goods and Services Request \(SF 55230\)](#) to DCS when working with youth who wish to utilize EG&S funds. DCS will ensure EG&S funds are made available in the Chafee Program OYS service provider contracts, so long as Chafee Program funds are available.

Code References

[42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

PROCEDURE

The Independent Living (IL) Specialist will:

1. Provide timely response to requests for goods and services indicated on the [Emancipation Goods and Services Request \(SF 55230\)](#);
2. Authorize funds in excess of \$1,000 when extenuating circumstances exist; and
3. Ensure the Chafee Program OYS service provider:
 - a. Completes requests for funds for eligible youth for goods and/or services such as: a State ID, personal copy of the youth's birth certificate, tutoring, college application fees, drivers education, and work related items as needed;
 - b. Makes requests for goods and services identified on the [Emancipation Goods and Services Request \(SF 55230\)](#) for eligible youth receiving voluntary services to ensure transition to successful adulthood;
 - c. Requests approval from the IL Specialist for any goods and services not identified on the [Emancipation Goods and Services Request \(SF 55230\)](#) to determine if the item is an appropriate Chafee expenditure prior to making a request (written approval for items not on the list must be included with the request); and
 - d. Verifies all approved requests for EG&S are purchased within 45 days of the signed approval form. If the form is not dated by the approving authority, the purchases will be made within 45 days of the date requested.

PRACTICE GUIDANCE

Emancipation Goods and Services

EG&S is a funding source not to exceed \$1000 per youth and is for goods and services a youth may need as he or she becomes independent of the foster care system. The Chafee Program OYS provider should act as a broker of resources by assisting the youth in finding services and connecting them to community resources when needs arise in order for the youth to become familiar with available local resources and learn how to access those resources after successful case closure.

Approval Process

The Older Youth Initiatives Manager or IL Specialist will approve the signed [Emancipation Goods and Services Request \(SF 55230\)](#) and track expenditures to ensure funds expended for EG&S do not exceed \$1,000 per youth from the first request up to age 23.

Requests for items not listed on the [Emancipation Goods and Services Request \(SF 55230\)](#) require pre-approval by the Older Youth Initiatives Manager or IL Specialist. If these items are purchased without prior approval, they will become an expense to the OYS provider and will not be paid through Chafee Program funds.

Requests for additional funds will be considered on a case-by-case basis by DCS Central Office staff only, based on availability of funds.

Items not Included on the EG&S List

The following are items not included on the EG&S list and may not be paid through Chafee Program funds: medical expenses, car purchases and payments, or repairs on a vehicle that is not titled in the youth's name.

Post-secondary education items are not eligible to be funded through EG&S since funding for those items is available through the Education and Training Voucher program. See separate policy, [11.10 Education and Training Voucher Program](#).

Length of Approval


Approval for an EG&S expenditure is good for 45 days from the date of signature. If the items are not purchased in that time period, a new request must be made. If the approval signature is not dated, items must be purchased within 45 days of the date of the request.

FORMS AND TOOLS

[Emancipation Goods and Services Request \(SF 55230\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: February 1, 2019
	Section 4: State Youth Advisory Board	Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will fund an Indiana Youth Advisory Board (YAB) for Child in Need of Services (CHINS), Collaborative Care (CC), and Juvenile Delinquent/Juvenile Status (JD/JS) youth age 14 up to 23 in foster care¹ and former foster youth age 18 up to 23 who were in foster care for a period of six (6) months with a [Case Plan \(SF 2956\)](#) identifying the need for Older Youth Services (OYS). See [Youth Advisory Board Service Standards](#) for more information.

Note: Youth receiving Education and Training Voucher (ETV) funds may serve on the YAB until age 23.

The following youth are eligible for membership on the State YAB:

1. Youth age 14 up to 23 who are in foster care as a CHINS or JD/JS;
2. Youth age 14 up to 23 who were formerly in foster care as a CHINS or JD/JS between the age of 14-18 that were returned to their own homes and remain a CHINS or JD/JS with a [Case Plan \(SF 2956\)](#) establishing the need for OYS;
3. Youth age 18 up to 23 who were formerly in foster care on their 18th birthday as a CHINS or JD/JS and had a [Case Plan \(SF 2956\)](#) establishing the need for OYS;
4. Youth age 18 up to 23 who would otherwise meet the eligibility criteria above and who were in the custody of another state or were a “ward of another state” will be eligible if through the Interstate Compact for the Placement of Children (ICPC) there is a verification of wardship and all eligibility criteria from the state of jurisdiction are met;
5. Youth age 16-23 who were adopted or placed in a guardianship at or after age 16 and were wards of DCS prior to adoption or guardianship;
6. Youth age 18-19 who are participating in Collaborative Care; and

Note: The YAB is an inclusive environment for all older youth regardless of race, ethnicity, gender, religion, creed, nationality, disability, sexual orientation, sexual identity, or gender identity.

7. Youth age 14-15 who have received approval from his or her parent, guardian, or custodian and Child and Family Team members, may participate in the YAB with special consideration/approval from YAB board members and the Independent Living (IL) Specialist.

¹ Foster care is defined as 24-hour substitute care for children placed away from their parent, guardian, or custodian and for whom the State agency has placement and care responsibility. Facilities that are outside the scope of foster care include, but are not limited to: detention facilities; psychiatric hospital acute care; forestry camps; or facilities that are primarily for the detention for children who are adjudicated delinquents.

Code References

[42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

PROCEDURE

The Family Case Manager (FCM) or Collaborative Care Case Manager (3CM) will:

1. Assist eligible youth who demonstrate the desire and willingness to voice their opinion on foster care related matters and participate in public speaking opportunities in submitting an [Indiana Youth Advisory Board Application](#);
2. Complete the recommendation section in the [Indiana Youth Advisory Board Application](#) or assist the youth in obtaining a recommendation from a service provider or current member of YAB; and
3. Assist youth in removing any transportation barriers.

The interested youth must submit his or her completed [Indiana Youth Advisory Board Application](#) to the YAB Adult Facilitator. The YAB will make a decision about whether to accept any youth who submits an application.

PRACTICE GUIDANCE

YAB Meetings

YAB meetings are held quarterly across the state (see the [Youth Advisory Board Service Standards](#) for details). The YAB provides older youth in foster care an opportunity to acquire leadership and advocacy skills. YAB members are encouraged to take an active role in changing the service standards and policies of the OYS programs.

Benefits of Participation

It is expected that participation on the YAB will:

1. Balance the youth's need for support and empowerment;
2. Accommodate a broad range (type, intensity) of youth participation;
3. Demonstrate clear, concrete, and sincere appreciation of youth contributions;
4. Assist youth in assuming roles traditionally reserved for adults for which they have no prior experience;
5. Allow for consistent opportunities to give structured feedback regarding the quantity and quality of services and supports provided to them in care and after they have aged out;
6. Facilitate the development of personal responsibility;
7. Initiate opportunities for youth leadership and service development;
8. Develop coordination with the Workforce Investment Act Youth Councils (for further information, see Chapter 2 sections 126-129 of the [Workforce Investment Act](#));
9. Provide an opportunity to learn from youth what is really important to them;
10. Improve the quality of OYS by obtaining direct input and feedback from youth members receiving services;
11. Assist with the opportunity to develop or change public policy; and
12. Provide an opportunity to gain leadership and advocacy experience (e.g., serve on regionally or state-based boards or committees as needed or requested by local communities).

FORMS AND TOOLS

1. [Indiana Youth Advisory Board Application](#)
2. [Youth Advisory Board Service Standards](#)
3. [Case Plan \(SF 2956\)](#) - Available in the case management system.

RELATED INFORMATION

Youth Development

The YABs are designed to provide a forum for youth age 14 up to age 23 (see Policy section) to develop an agenda related to services and areas of interest the youth believe would be beneficial in assisting foster and former foster youth in reaching his or her full potential as the youth move into adulthood. The youth will develop topics of interest, develop interpersonal skills, and seek adult guidance in bringing ideas to fruition. This program will prepare youth in transitioning from adolescence to adulthood by recognizing and accepting personal responsibility.

YAB Adult Facilitator

DCS will contract with an outside agency to have an individual serve as the YAB Adult Facilitator. The IL Specialists will act as a liaison between DCS and the YAB Adult Facilitator. The YAB Adult Facilitator must have a degree in social work or a comparable human service field with experience in case work and group work. The YAB Adult Facilitator is responsible for collecting all [Indiana Youth Advisory Board Application](#) forms and facilitating all aspects of the YAB. The YAB Adult Facilitator is not expected to “run” the YAB, rather to assist the membership in developing the skills necessary to successfully oversee the activities of the YAB.

Note: YAB members will be a part of the selection and interview process for the Adult Facilitator.



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 11: Older Youth Services

Section 05: Driver's Training and Driver's License for Youth in Out-of-Home Care

Effective Date: February 1, 2022

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

This policy does not pertain to youth who are residing in in-home care.

In order to help normalize adolescence for youth in out-of-home care, youth should have the opportunity to pursue a driver's license or permit if wanted. The youth needs to receive appropriate support from their Child and Family Team (CFT) and be provided with information to explain the requirements and process to obtain a driver's license or permit and participation in driver's training, including the need for a court order.

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PROCEDURE

DCS will not prohibit youth who are 16 years of age and older and a Child in Need of Services (CHINS) from participating in driver's training or obtaining a driver's license. Youth under 18 years of age, who are in out-of-home care, must receive court approval to participate in driver's education prior to enrolling in the driver's training course, and the youth must also receive court approval prior to obtaining a driver's license.

DCS may fund driver's training. The initial permit fee and initial driver's license fee will be waived by the Bureau of Motor Vehicles (BMV) if all requirements are met.

Note: The identification card fee will be waived for youth 16 years of age and older who do not have a valid Indiana driver's license.

The Agreement of Financial Liability is required to obtain a driver's license or permit. However, DCS staff will not sign the Agreement of Financial Liability for youth to obtain a driver's license or permit. DCS does not assume responsibility for any injury or damage caused while driving. Any other adult (including a resource parent, who is not a custodian, caregiver, or legal guardian) is allowed to sign the Agreement of Financial Liability, which is required to obtain a driver's license or permit. However, a resource parent is not required to sign the Agreement of Financial Liability for youth age 16 and older who are a CHINS. Any person who signs a minor's application to obtain a driver's license or permit is accepting joint responsibility for any injury or damage caused by the minor and may be held liable for any issues that arise from the youth's use of a motor vehicle. The person signing the application must provide documents to prove identity and age.

Note: Youth 16 years of age and older may sign the Agreement of Financial Liability if they provide proof of motor vehicle insurance and meet any other requirements as required by statute or the BMV.

DCS will not prohibit youth who are 16 years of age and older and adjudicated as Juvenile Delinquent/Juvenile Status (JD/JS) to participate in driver's training when there is an appropriate adult (not DCS staff) willing to sign the Agreement of Financial Liability, assuming financial liability for the particular youth.

Per IC 34-30-2-30.2, DCS, foster parent, or an entity providing services to the minor is not liable for costs and damages associated with the minor's application for a driver's license or permit or the operation of a motor vehicle. The liability protection provided to a foster parent or entity providing services to the minor is waived if the foster parent or person providing services signs the Agreement of Financial Liability discussed above. Per IC 9-24-9-4, the minor applicant is responsible for paying all costs of the policy of motor vehicle insurance and is liable for any damages caused because of the minor applicant's operation of a motor vehicle. A state or local government agency, foster parent, or entity providing services to the minor applicant under a contract or at the direction of a state or local government agency shall not be required to pay any costs associated with the policy of motor vehicle insurance and shall not be held liable for any damages that result from the operation of a motor vehicle owned by the minor applicant.

The Family Case Manager (FCM) and/or the Collaborative Care Case Manager (3CM) will:

1. Discuss the youth's desire to obtain a driver's license with the Child and Family Team (CFT) (including the youth's parent, guardian, or custodian if applicable) and develop a plan, which will include;
 - a. Identification of a driver's training program,
 - b. Securing of driver's permit,
 - c. Educating the youth and ensuring the youth understands liability-related issues and the need for the youth to secure insurance, and
 - d. Identification and approval of an individual to provide supervised practice driving hours. The individual must meet one (1) of the following:
 - i. A valid licensed driver at least 25 years of age who is related by blood, marriage, or legal status,
 - ii. A valid licensed driver at least 25 years of age who is approved by DCS,
 - iii. A licensed driver education instructor who works under the direction of a driver training school, or
 - iv. A certified driver rehabilitation specialist recognized by the BMV who is employed through a driver rehabilitation program.
2. Discuss the results of the CFT Meeting with the FCM Supervisor and/or 3CM Supervisor and the Local Office Director (LOD) or Division Manager (DM) prior to seeking court approval;
3. Request court approval, via a court order, authorizing the youth to participate in driver's education or obtain a driver's license;

Note: If the youth is 18 years of age or older, a court order is not needed to participate in driver's education or obtain a driver's license.

4. Obtain the signed Foster Youth BMV Waiver Letter from the LOD or designee, verifying that the youth has obtained approval to participate in driver's education or obtain a driver's license, and provide the signed form to the youth;

Note: While a youth 18 years of age or older does not need a court order, the youth will need the signed Foster Youth BMV Waiver Letter in order for the initial permit fee and initial driver's license fee to be waived, and the youth is responsible for signing the Agreement of Financial Liability.

5. Complete a referral for funds for youth 16 years of age and older who are currently participating in Older Youth Services (OYS) and have court approval, if needed, to participate in driver's training;
6. Obtain documentation of the youth's driver's training (e.g., copy of the Log of Supervised Driving Practice) and maintain this information in the youth's DCS case file and document in the case management system;
7. Ensure the youth has the documents found on the BMV Documentation List that are necessary to secure an Indiana driver's license or identification card; and
8. Verify the youth continues to have motor vehicle insurance on a monthly basis.

The FCM Supervisor or 3CM Supervisor will guide and assist the FCM or 3CM in completing the steps as outlined above.

The LOD or designee will sign the Foster Youth BMV Waiver Letter to verify the youth has obtained the necessary court approval to acquire a driver's permit or a driver's license and provide the signed Foster Youth BMV Waiver Letter to the FCM or 3CM.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [BMV: Agreement of Financial Liability](#)
- [BMV Documentation List](#)
- [Foster Youth BMV Waiver Letter](#)
- [Log of Supervised Driving Practice \(SF 54706\)](#)

Related Policies

N/A

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LEGAL REFERENCES

- [IC 9-24-3-1: Issuance; conditions; fee](#)
- [IC 9-24-3-2.5: Age, experience, and examination requirements](#)
- [IC 9-24-7-4: Operating privileges](#)
- [IC 9-24-9-2: Information required by application for license or permit](#)
- [IC 9-24-9-3: Applications of minors; signing and swearing by parents, guardians, custodians, employers, or responsible individuals](#)
- [IC 9-24-9-4: Minor applicants; liability of signers; cancellation of licenses and permits](#)
- [IC 9-24-9-4.1: Applicants who are homeless or under the supervision of the department of child services; financial liability](#)
- [IC 9-24-16-10: Adoption of rules; fees](#)

- [IC 27-2-11.1-3: Individuals under the care and supervision of the department of child services; motor vehicle insurance](#)
- [IC 34-30-2-30.2: Application and operation of a motor vehicle by minors under the care and supervision of the department of child services](#)

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PRACTICE GUIDANCE- DCS POLICY 11.05

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

Agreement of Financial Liability for JD/JS Youth

Any adult, including an adult who is not a custodian, caregiver, or legal guardian, is allowed to sign the Agreement of Financial Liability, which is required to obtain a driver's license or permit. A resource parent may legally sign the application. By signing, the resource parent assumes responsibility both for authorizing the child to receive driver's training and for providing auto insurance coverage for the youth. Any person signing a minor's application must also provide documents to prove identity and age, and the person is accepting joint responsibility for any injury or damage caused by the minor. For further information regarding the Agreement of Financial Liability (including the order of preference of adults who sign the agreement and how to request to terminate the agreement), see BMV: Agreement of Financial Liability.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: April 1, 2021
	Section 6: Transition Plan for Successful Adulthood	Version: 9

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure a [Transition Plan for Successful Adulthood \(SF 55166\)](#) is developed, which identifies an Independent Living (IL) placement, for all youth in out-of-home placement beginning at 14 years of age and should continue until the youth leaves care. The plan shall be:

1. Youth-focused and developed with the assistance of DCS and members of the youth’s Child and Family Team (CFT), including up to two (2) [child representatives](#);
2. As detailed as the youth elects;
3. An outline of the Older Youth Services (OYS) the youth will receive (see policy [11.01 Older Youth Services](#));
4. Focused on short-term and long-term achievable and measurable goals;
5. Updated every six (6) months until the youth’s case is closed; and
6. Given to the youth at each update (see the [Transition Plan for Successful Adulthood \[SF 55166\]](#) and [Related Information](#) for more information).

Note: A Transitional Services Plan must be completed 90 days before the youth turns 18 years of age. See the Transitional Services Plan section of the [Transition Plan for Successful Adulthood \(SF 55166\)](#). If the youth enters out-of-home placement after 90 days before the youth’s 18th birthday, a Transitional Services Plan will be developed within 60 days of the out-of-home placement.

Probation Officers are responsible for completing the [Transition Plan \(TP072117JDJS\)](#) for probation youth.

If DCS determines that the youth is unable to participate effectively in the development of the [Transition Plan for Successful Adulthood \(SF 55166\)](#) due to a physical, mental, emotional, or intellectual disability, DCS may excuse the youth from the planning process by documenting in the plan the reasons for the youth’s inability to participate in the development of the plan.

If the youth refuses to participate in the development of the [Transition Plan for Successful Adulthood \(SF 55166\)](#), DCS must record the refusal and document efforts made to obtain the child’s input or participation in the development of the [Transition Plan for Successful Adulthood \(SF 55166\)](#).

DCS will ensure a referral for OYS is completed for youth at the appropriate age, given the youth’s placement (see policy [11.01 Older Youth Services](#)).

Note: Review the [Older Youth Services \(OYS\) Timeline](#) for further guidance.

Code References

1. [42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)
2. [IC 31-25-2-21: Transitional services plan; participation by child representatives](#)
3. [42 USC 675\(5\)\(H\): Transition Plan for Children Aging Out of Foster Care](#)
4. [IC 21-12-6: Twenty-First Century Scholars Program; Tuition Grants](#)
5. [IC 31-28-5.8-6: Updating case plans; transitional services plan; visitation with family case manager](#)
6. [IC 31-34-21-7: Permanency hearing](#)
7. [IC 31-34-15-7: Consult with child; selection of child representatives; adviser](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Convene a Transition Plan for Successful Adulthood meeting, which includes the youth, beginning at 14 years of age, to develop the [Transition Plan for Successful Adulthood \(SF 55166\)](#); and

Note: The [Transition Plan for Successful Adulthood \(SF 55166\)](#) should be developed during a CFT Meeting or Case Plan Conference (see policies [5.07 Child and Family Team Meetings](#) and [5.08 Developing the Case Plan](#)). 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 [child representatives](#) should be members of the CFT. If it is determined that the existing CFT should not serve this role, a new CFT will be developed with input from the youth regarding the team's membership.

2. Ensure that eligible youth in out-of-home placement as a "ward of another state" are receiving OYS as requested by the sending state of the Interstate Compact for the Placement of Children (ICPC) and a [Transition Plan for Successful Adulthood \(SF 55166\)](#) is prepared following the schedule outlined below and in the [Older Youth Services \(OYS\) Timeline](#).
3. Provide the [Indiana DCS Bill of Rights for Youth in Care](#) and review the document with youth beginning at age 14.

The FCM or Collaborative Care Case Manager (3CM) will:

1. Hold follow-up meetings every six (6) months until case closure to review and update the [Transition Plan for Successful Adulthood \(SF 55166\)](#). See below for a list of required items to be discussed at each CFT Meeting and review the [Older Youth Services \(OYS\) Timeline](#); and
2. Hold a Case Plan Conference with the youth if he or she is unable to or refuses to participate in the CFT process (see policy [5.08 Developing the Case Plan](#)).

Note: If unable to participate, document in the plan the reasons for the youth's inability to participate in the development of the plan. If the youth refuses to participate, document the efforts made to obtain the child's input or participation in the development of the plan.

Transition Plan for Successful Adulthood Schedule

At 14 years of age, the FCM will:

1. Assist the youth in applying for the [21st Century Scholars Program](#) if the youth is not already enrolled (see policy [11.15 Post-Secondary Education](#));
2. Make a referral to Vocational Rehabilitation Services [Vocational Rehabilitation Services](#) for all youth with an Individualized Education Plan (IEP); and
3. Engage the CFT to develop the [Transition Plan for Successful Adulthood \(SF 55166\)](#). This initial plan shall:
 - a. Address the youth's current level of independent living skills mastery,
 - b. Identify independent living skills to work on,
 - c. Set goals in identified areas of need, and
 - d. Determine methods to achieve these goals.

Note: The [Transition Plan for Successful Adulthood \(SF 55166\)](#) must be updated at least every six (6) months until case closure.

At 16 years of age, the FCM will:

1. Convene a Transition Plan for Successful Adulthood meeting to review the initial [Transition Plan for Successful Adulthood \(SF 55166\)](#) and update the goals as needed;

Note: Beginning at 16 years of age, the youth must be provided all documents listed on the [Transition Plan for Successful Adulthood \(SF 55166\)](#), including the [Foster Care Verification Letter \(SF 56571\)](#), at the time of case closure. When the youth is 16 years of age, if the case has transitioned, a 3CM may take on the responsibilities of reviewing and updating the [Transition Plan for Successful Adulthood \(SF 55166\)](#).

2. Make a referral for OYS for youth placed in a DCS licensed foster home, unlicensed relative placements, or non-licensed court approved placements; and

Note: If the youth has been referred to the Bureau of Developmental Disabilities (BDDS), a referral for OYS should be staffed with a member of the Older Youth Initiatives (OYI) Team to determine if a referral for OYS is appropriate.

3. Assist the youth in creating and/or updating a [Successful Adulthood Lifebook](#).

At 17 years of age, the FCM or 3CM will:

1. Convene a Transition Plan for Successful Adulthood meeting to focus on goals to be achieved before the youth leaves out-of-home placement, including post-secondary options, employment, and housing;

Note: Beginning at 16 years of age, the youth must be provided all documents listed on the [Transition Plan for Successful Adulthood \(SF 55166\)](#), including the [Foster Care Verification Letter \(SF 56571\)](#), at the time of case closure.

2. Invite a member of the OYI or CC Team to attend the Transition Plan for Successful Adulthood meeting to present information regarding Older Youth Services (OYS);
3. Provide the youth with information regarding post-secondary financial aid, including the [Free Application for Federal Student Aid \(FAFSA\)](#), federal aid such as [Pell grants](#), the John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) [Education and Training Voucher \(ETV\) grant](#), and the Indiana Commission of Higher Education's [Division of Student Financial Aid](#). See policies [11.10 Education and](#)

[Training Voucher Program](#) and [11.15 Post-Secondary Education](#) for further information; and

Note: This information may be provided earlier if the youth is applying to colleges before 17 years of age or is pursuing a High School Equivalency (HSE) Diploma.

4. Ensure that the youth and the caregiver have signed the [Acknowledgement of Receipt of Information about Various Educational Programs \(SF 55743\)](#). Give the youth and caregiver a copy and place the original in the child's case file and upload in the case management system.

At 17 years of age, a member of the OYI or CC Team will:

1. Attend the youth's Transition Plan for Successful Adulthood meeting/Case Plan Conference to present information regarding OYS; and

Note: Beginning at 16 years of age, the youth must be provided all documents listed on the [Transition Plan for Successful Adulthood \(SF 55166\)](#), including the [Foster Care Verification Letter \(SF 56571\)](#), at the time of case closure.

2. Complete the National Youth in Transition Database (NYTD) Youth Outcomes Survey, as applicable (see policy [11.17 National Youth in Transition Database \[NYTD\]](#)).

At age 17 years and six (6) months, the FCM or 3CM will:

1. Convene a Transition Plan for Successful Adulthood meeting to focus on preparing the youth for transitioning to CC (see policy [11.21 Collaborative Care Case Transfers](#)) or transitioning out of out-of-home placement;
2. Continue to assist the youth in identifying his or her interests, possible career options, post-secondary education possibilities, and employment possibilities; and
3. Make a referral for OYS for a youth who will have his or her DCS case dismissed at age 18 if he or she is placed in a LCPA foster home, group home, residential facility, or at home on a THV.

Note: Beginning at 16 years of age, the youth must be provided all documents listed on the [Transition Plan for Successful Adulthood \(SF 55166\)](#), including the [Foster Care Verification Letter \(SF 56571\)](#), at the time of case closure.

Ninety (90) days before the youth's 18th birthday, the FCM or 3CM will:

1. Convene a Transition Plan for Successful Adulthood meeting to complete the Transitional Services Plan portion of the [Transition Plan for Successful Adulthood \(SF 55166\)](#);

Note: Beginning at 16 years of age, the youth must be provided all documents listed on the [Transition Plan for Successful Adulthood \(SF 55166\)](#), including the [Foster Care Verification Letter \(SF 56571\)](#), at the time of case closure.

2. Ensure the youth has received the [Advance Directive](#) packet (available on the [Older Youth Initiatives](#) website), is given the chance to watch the video explaining the packet, and 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; and

3. Confirm the youth is enrolled in Medicaid.

After the youth turns 18 years of age, the FCM or 3CM will send the Medicaid Enrollment Unit (MEU) an e-mail to confirm the Medicaid case indicates the youth is a ward at the age of 18 so the youth is eligible for Medicaid for Former Indiana Foster Children (MA 15).

The FCM Supervisor or 3CM Supervisor will:

1. Ensure the FCM or 3CM has completed the appropriate sections of the [Transition Plan for Successful Adulthood \(SF 55166\)](#) are completed at the appropriate times, as outlined above;
2. Assist the FCM or 3CM in completing referrals as needed; and
3. Provide [Clinical Supervision](#) to the FCM or 3CM.

PRACTICE GUIDANCE

Legal Advice

The FCM/3CM cannot give legal advice. The FCM/3CM shall not be the health care legal representative for any youth known to DCS unless the FCM/3CM is given advance approval of this arrangement by the Regional Manager (RM) for FCM or the OYI Manager or designee for 3CMs.

Child Representatives

Beginning at 14 years of age, FCMs should advise youth that they may select up to two (2) child representatives. The child representatives must be at least 18 years of age, members of the CFT, and may not be a foster parent or FCM. The youth may select one (1) of the child representatives to also be an adviser and, if necessary, advocate for age appropriate activities. Child representatives are subject to the approval of DCS, and they may be rejected if there is cause to believe that they would not act in the best interest of the child.

Successful Adulthood Lifebook

At 14 years of age, at the CFT Meeting, each youth should begin developing a Successful Adulthood Lifebook. The Successful Adulthood Lifebook should provide information to help the youth become 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, OYI Team member, or OYS provider may assist the youth, if necessary, in locating items for completing the Successful Adulthood Lifebook. There is no pre-set format for a Successful Adulthood Lifebook. The Successful Adulthood Lifebook should be individualized and tailored to fit the youth's needs. The Successful Adulthood 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: The Successful Adulthood Lifebook is the property of the youth and should remain with the youth through any placement changes.

Permanency Plan of Reunification or Adoption

In certain cases, a youth's permanency plan at age 16 years will be reunification or adoption with a concurrent plan of Another Planned Permanent Living Arrangement (APPLA). In these cases, a youth's [Transition Plan for Successful Adulthood \(SF 55166\)](#) may be focused on the skills the youth will need to live successfully at home with his or her parent or adoptive family. However, as the youth gets closer to 18 years of age, the team should ensure that the youth is prepared for potentially living on his or her own.

Note: APPLA is only an option for youth 16 years of age and older. DCS must document why every other permanency plan option is not in the best interest of the child, as well as, document continuous efforts to locate relatives of the youth.

FORMS AND TOOLS

1. [Transition Plan for Successful Adulthood \(SF 55166\)](#)
2. [Transition Plan \(TP072117JDJS\)](#)
3. [Acknowledgement of Receipt of Information about Various Educational Programs \(SF 55743\)](#)
4. [Advance Directives packet](#)- Available on the [Older Youth Initiatives](#) website.
5. [Older Youth Services \(OYS\) Timeline](#)
6. [Foster Care Verification Letter \(SF 56571\)](#)
7. [Indiana DCS Bill of Rights for Youth in Care](#)

RELATED INFORMATION

Transition Plan for Successful Adulthood

The [Transition Plan for Successful Adulthood \(SF 55166\)](#) and its Transitional Services Plan component is a comprehensive, written plan that is personalized for each youth and is to be used at each meeting with the youth and at the CFT Meeting to guide the transition planning process with the youth. The [Transition Plan for Successful Adulthood \(SF 55166\)](#) must include information and specific options relating to the following:

1. Education and training;
2. Employment services and work force supports;
3. IL placement;
4. Health care, including prevention and treatment services and referral information;
5. Health insurance availability and options;
6. Local opportunities for mentors and continuing support services, including development of lifelong adult relationships and informal continuing supports;
7. Identification and development of daily living and problem-solving skills;
8. Procedures available under Indiana law for, and the importance of [advance directives](#);
9. Availability of local, state, and federal resources including financial assistance, relating to any parts of the plan described above; and
10. OYS, which may include any of the following kinds of services that are intended to prepare the youth for self-support and living arrangements that are self-sufficient and not subject to supervision by another individual or institution:
 - a. Arrangements for the youth to participate in CC for a youth who is 17 and 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.

The Transitional Services 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.

Advance Directives


"Advance directives" is a term that refers to spoken and written instructions about an individual's future medical care and treatment. By stating health care choices in an advance directive, this allows family members and physicians to understand the individual's wishes about medical care. Indiana law pays special attention to advance directives.

Advance directives are normally one (1) or more documents that list the individual's health care instructions. An advance directive may name a person of choice to make health care choices for when the individual is unable to make the choices. The individual may also use an advance directive to prevent certain people from making health care decisions on one's behalf. For more information go to the [Indiana State Department of Health](#) or [Older Youth Initiatives](#) websites.

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise or skill provides support while overseeing and facilitation the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: February 1, 2019
	Section 7: Voluntary Older Youth Services	Version: 3

STATEMENTS OF PURPOSE

DCS will ensure that Voluntary Older Youth Services (OYS) are available through contracted OYS service providers in every county in the state for youth who meet the eligibility criteria in policy [11.02 Eligibility for Older Youth Services](#).

Code References

[42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

PROCEDURE

The Family Case Manager (FCM) or Collaborative Care Case Manager (3CM) will refer all eligible youth as identified in separate policy, [11.02 Eligibility for Older Youth Services](#) for Voluntary OYS.

The 3CM will assist in the referral of a youth who was a ward or in the custody of another state once eligibility is established through contact with the other state.

The Independent Living (IL) Specialist will:

1. Provide follow-up with the OYS service providers to ensure that appropriate services are being provided to youth who are eligible for voluntary services and request services according to the OYS Service Standards; and
2. Provide assistance to all OYS service providers regarding eligibility for youth referred for Voluntary OYS.

PRACTICE GUIDANCE

Closure of Voluntary Services Cases

Voluntary OYS will end when:

1. The youth has achieved interdependence to the extent that financial support and social service support are no longer needed;
2. The youth has made a voluntary decision not to participate in the program;
3. The youth has been adopted and no longer desires to continue in services;
4. The youth has consistently demonstrated unwillingness or inability to participate in services or follow the terms of the voluntary agreement; or
5. The youth turns 23 years of age.

Note: An OYS provider shall not refuse OYS to any youth without approval from the IL Specialist, after staffing with his or her supervisor.

Relocating to another Region

If the youth moves to a region other than the region where he or she was a CHINS, JD/JS, or Collaborative Care youth and chooses to access Voluntary OYS, the youth or OYS provider must notify an OYS team member. The 3CM will create an appropriate Voluntary OYS service referral.

Reinitiating Services

Youth who have been previously discharged from Voluntary OYS either voluntarily or involuntarily may contact their previous OYS provider to reinitiate services without a new referral unless a new referral is needed.

FORMS AND TOOLS

[OYS Service Standards](#)


RELATED INFORMATION

Services Available

Youth age **18 up to the day before the youth's 23rd birthday** who have left foster care will be offered guidance on financial issues, assessment services, housing, health care, counseling, employment, education opportunities, and other support services as identified in the [OYS Service Standards](#).

Voluntary Participation

Youth leaving foster care or former foster youth requesting Voluntary OYS must participate on a voluntary basis with the service provider for case management services, according to the [OYS Service Standards](#). This agreement outlines the services to be provided, the length of time expected for the service, and the plan for the youth's contribution. In addition, the IL Learning Plan must include an operational plan describing how the young adult is going to assume responsibility once assistance ends.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: February 1, 2019
	Section 8: John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) Room and Board Services	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) has determined the following former foster youth meet the eligibility requirements for room and board (R&B) services (see [Practice Guidance](#) and [OYS Service Standards](#) for details of services):

1. A youth who turns 18 years of age while placed in foster care¹;
2. A youth who turned 18 years of age in foster care, who was a “ward or in the custody of another state”; or
3. A youth between age 18 up to the day before his or her 23rd birthday who, on his or her 18th birthday, was on a trial home visit (THV) or in runaway status with an open Child in Need of Services (CHINS) or Juvenile Delinquent/Juvenile Status (JD/JS) youth case.

Note: R&B services include a lifetime maximum of \$3,000 for assistance until the day before the youth’s 23rd birthday.

DCS will ensure:

1. All youth receiving R&B services also receive case management through Voluntary Services;
2. R&B funds are not expended for youth under 18 years of age;
3. R&B funds are not expended for a youth to reside with his or her biological or adoptive family or legal parent; and
4. R&B payments are made only through a contracted service provider that is providing Older Youth Service (OYS) case management services to youth referred for services.

Code References

[42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

PROCEDURE

The Collaborative Care Case Manager (3CM) will complete an OYS Voluntary Services Referral for eligible youth, who meet the criteria described in the policy statement above.

¹ Foster care is defined as 24-hour substitute care for children placed away from their parent, guardian, or custodian and for whom the State agency has placement and care responsibility. Facilities that are outside the scope of foster care include, but are not limited to: detention facilities; psychiatric hospital acute care; forestry camps; or facilities that are primarily for the detention for children who are adjudicated delinquents.

PRACTICE GUIDANCE

Trial Home Visits

Trial Home Visits (THV) are encouraged for youth who voice a strong desire to return to their parents' homes following case dismissal. This provides the youth with an opportunity to experience life with his or her family while being provided a safety net if the youth determines that living independently would be more appropriate. The youth remains eligible for R&B services if he or she turns 18 while on a THV.

Room and Board (R&B) Services

Youth may access R&B services as long as the youth continues to participate in case management services and participates in a full-time schedule of work or part-time work and part-time school. These funds are only for rent and utility payments and deposits. R&B services include a lifetime maximum of \$3,000 for assistance until the day before the youth's 23rd birthday. R&B payments will only be made through a contracted service provider who is also providing OYS case management services to the youth.

Because stability may be unpredictable, it is possible that a youth may become homeless due to a job loss, eviction, or other reason, despite the fact that he or she was self-sufficient through the fifth month of receiving R&B assistance. In the event this occurs, the youth may request assistance again provided he or she has not expended the maximum funds allowed as identified above, has not reached the age of 23, or is actively seeking employment. This assistance is intended to temporarily supplement the youth's efforts, not as a means of on-going supplemental support.

Note: Requests for additional funds in excess of \$3,000 will be considered on a case-by-case basis with approval by the DCS Older Youth Initiatives Manager or designee, based on availability of funds.

Housing Options

Potential housing options may include informal host homes, shared houses/apartments, single room occupancy units, boarding houses, semi-supervised apartments, and subsidized housing. The monthly R&B assistance should be based on need and should be determined using the [Budget Worksheet](#).

Payment for R&B Services

If the youth is already 18, the housing deposit may be paid within the month prior to the youth's case being dismissed. This will hold the apartment for the youth until the case is dismissed and he or she is ready to move in. If the youth is leaving the system at age 18, the payment may not be made until the 18th birthday.

The R&B assistance will be tailored to the needs of the youth. Youth who need the maximum assistance may access these funds using the payment guide below. While receiving R&B funds, youth are expected to make incremental payments toward their own housing and utility expenses beginning in the third month of assistance and should be prepared to accept full responsibility by the sixth month unless there are extenuating circumstances. In cases where there is a request for an adjustment to the payment guide, approval must be received from the DCS IL Specialist. In cases where the youth is unable to accept full responsibility for 50% of their rent in the fourth month and each incremental payment thereafter, approval must be received from the DCS IL Specialist. Requests for an extension of this capped amount will be

considered on a case-by-case basis by DCS Older Youth Initiatives Manager or designee, based on availability of funds. R&B payments will only be made through a contracted service provider who is providing older youth case management services to the youth.

Payment Guide

The following is a payment guide detailing the youth's responsibilities for payment. The R&B funds are subject to approval by a 3CM Supervisor or Independent Living (IL) Specialist. DCS will not expend funds if the youth is unable to pay his or her portion as detailed below:

1. Deposit and 1st and 2nd month's rent can be paid for youth;
2. Youth pays 25% of the rent the 3rd month;
3. Youth pays 50% of the rent the 4th month;
4. Youth pays 75% of the rent the 5th month; and
5. Youth pays all of the rent the 6th month on.

Note: An alternative payment arrangement including length of stay and rental amount will be negotiated under the [Voluntary Services Host Home Agreement](#). This agreement is subject to approval by DCS. Requests to adjust the [Voluntary Services Host Home Agreement](#) must be approved by an Independent Living (IL) Specialist or 3CM Supervisor. See separate policy, [11.09 Voluntary Services Host Home](#). Requests for adjustments to the payment guide must be approved by an IL Specialist or 3CM Supervisor.


FORMS AND TOOLS

1. [Service Referral Form – available in the case management system](#)
2. [11.A Tool: Budget Worksheet](#)
3. [11.B Tool: Voluntary Services Host Home Agreement](#)
4. [OYS Service Standards](#)

RELATED INFORMATION

Use of John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) R&B Funds and Education Training Voucher Program for Housing Assistance

Youth may not access housing assistance from both the Chafee Program R&B funds and the Education and Training Voucher Program (see separate policy, [11.10 Education and Training Voucher Program](#)) at the same time. Those attending school full-time or part-time must access assistance for housing through the Education and Training Voucher Program at www.indianaetv.org.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: June 1, 2016
	Section 9: Voluntary Services Host Home	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) may assist an older youth whose Child in Need of Services (CHINS) or Juvenile Delinquent/Juvenile Status (JD/JS) case has been dismissed after the age of 18 with making living arrangements through voluntary services host home arrangements (see definition in Practice Guidance).

For youth participating in Collaborative Care (CC), refer to separate policy, [11.25 Collaborative Care Host Home](#).

Code References
[42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

PROCEDURE

- The Family Case Manager (FCM) or Collaborative Care Case Manager (3CM) will:
1. Ensure that each youth who has his or her 18th birthday while in foster care is given the option of locating a possible voluntary services host home, if desired by the youth, when his or her case is dismissed. This includes youth placed in a relative home through an Interstate Compact for the Placement of Children (ICPC);
 2. Determine if a voluntary services host home agreement would be appropriate and in the youth's best interest in the following situations when his or her case is dismissed:
 - a. The youth's current resource parent and the youth mutually agree for him or her to remain in the foster home as a renter,
 - b. The youth's relatives, other than his or her legal or biological parents, and the youth mutually agree for him or her to become a renter in their home, or
 - c. The youth has an appropriate adult (e.g., a neighbor, coach, fellow church member, etc.) in his or her life in which the adult and the youth mutually agree for him or her to become a renter in the home; and
 3. Refer eligible youth requesting a voluntary services host home arrangement to the Older Youth Services (OYS) service provider for room and board (R&B) service (see [OYS Service Standards](#) for details).

The OYS service provider will assist the relative, resource parent, or other appropriate adult in developing a reasonable, mutually agreed upon [Voluntary Services Host Home Agreement](#) between the voluntary services host home and the youth.

PRACTICE GUIDANCE

Definition of a Voluntary Services Host Home

A voluntary services host home living arrangement is one where a youth rents a room in a family or single adult's home (related or unrelated), shares basic facilities and utilities, and agrees to basic rules, but the youth is not under the supervision of the adults in the home. Voluntary services host homes are a possible solution in rural areas where apartment buildings are scarce and house rentals may be cost prohibitive. Voluntary services host homes are similar to resource homes, except the host is not necessarily a licensed resource parent and does not usually have to go through the process of having the home licensed. Voluntary services host home arrangements are not appropriate for peer roommates, biological parents, or adoptive parents. Voluntary services host home living arrangements provide an opportunity for a youth to develop skills prior to becoming independent and living on his or her own.

A voluntary services host home may include, but are not limited to: a former resource parent, teacher, coach, relative, or church member with whom the youth has a positive relationship. In this environment, the youth is able to come and go as he or she chooses and is expected to manage his or her time, money, school, work, and appointments without oversight from the voluntary services host home. The youth is expected to follow the rules of the home as with any other rental agreement.

Determining the Appropriate Rent for a Voluntary Services Host Home

The youth and the host should mutually decide upon an amount of financial compensation the host will receive while the youth is living in the home, subject to approval of DCS. Factors to consider when determining financial compensation for a voluntary services host home should include:

1. The duration of time the youth will live in the home;
2. The employment status of the youth;
3. The financial status of the youth;
4. The educational and vocational goals of the youth; and
5. The health and behavioral needs of the youth.

Voluntary Services Host Homes When Receiving Education and Training Voucher (ETV) Assistance

Youth may access funding for a voluntary services host home through the ETV program while attending college or trade/vocational programs. The [Voluntary Services Host Home Agreement](#) may be developed between the youth and the voluntary services host home with the assistance of the OYS service provider prior to receiving ETV funding or may be developed with the assistance of the youth's FCM or 3CM. The signed [Voluntary Services Host Home Agreement](#) must be provided to the ETV program in order for the voluntary host home to receive financial compensation from this program.

FORMS AND TOOLS

1. [11.B Tool: Voluntary Services Host Home Agreement](#)
2. [OYS Service Standards](#)

RELATED INFORMATION

Room and Board (R&B) Payments

R&B payments will only be made through a contracted service provider who is providing OYS case management services to the youth.

An alternative payment arrangement including length of stay and rental amount will be negotiated under the [Voluntary Services Host Home Agreement](#). This agreement is subject to approval of DCS. Requests to adjust the [Voluntary Services Host Home Agreement](#) must be approved by an IL Specialist or 3CM Supervisor.


Housing Assistance

Youth may not access housing assistance from both the John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) R&B funds and the ETV at the same time. Those attending school full-time or part-time must access assistance for housing through the ETV Program at www.indianaetv.org.

Expectation of the Older Youth and the Voluntary Services Host Home Adult

Expectations of the voluntary services host home arrangement will be discussed and agreed upon in the Child and Family Team Meeting held prior to the youth's transition. The following topics, which are included in the [Voluntary Services Host Home Agreement](#), shall be discussed:

1. Physical description of living space;
2. Refraining from discriminating against the youth based on race, religion, national origin, gender, disability, ethnicity, sexual or gender identity, or sexual orientation;
3. Expectations, roles, and responsibilities of the youth and voluntary services host home adult, as well as, consequences for the youth; and
4. Per diem and payments.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: June 1, 2021
	Section 10: Education and Training Voucher Program	Version: 4

POLICY OVERVIEW

Indiana receives federal funding to ensure that foster care youth are educated, housed, financially stable, employed, and connected to a support system. Through the Education and Training Voucher (ETV) Program, eligible youth may access funding and academic supports to assist with the cost of postsecondary education, college, or vocational training programs.

PROCEDURE

The Indiana Department of Child Services (DCS) will make funds of up to \$5,000 (not to exceed the cost of attendance) available for eligible students for the Education and Training Voucher (ETV) Program through a contracted service provider; as funds are made available from the federal government. The ETV Program is contingent upon available funding.

The following youth meet DCS eligibility requirements for ETV assistance:

1. A youth in foster care who is between age 16 and 18 and is not enrolled in secondary school, who has earned a High School Equivalency (HSE) certificate or diploma, Vocational Certificate, or has a high school diploma;
2. A youth who turns age 18 while placed in foster care and has a high school diploma or earned an HSE certificate or diploma;
3. A youth adopted or placed in a guardianship from foster care on or after the youth's 16th birthday;
4. A Juvenile Delinquent/Juvenile Status (JD/JS) youth in foster care (out-of-home placement ordered by the juvenile court that is not a detention placement) on the youth's 18th birthday;
5. A youth participating in the ETV program may continue until the youth turns 26 years of age. The youth must:
 - a. Reapply every year on the Indiana ETV webpage,
 - b. Be enrolled in a post-secondary education or training program,
 - c. Be making satisfactory progress toward completion of that program with a cumulative 2.0 grade point average (GPA), and

Note: An academic success plan will be created for youth who receive a semester/term GPA of 2.0 or lower.

- d. Send the Indiana ETV provider his or her transcript every semester/term.
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. The

youth must notify ETV if any classes are dropped. If a youth is currently receiving funds and enrolled, the youth must show progress toward that degree or certificate.

Note: Eligible youth may not participate in the ETV program for more than five (5) years regardless of whether or not the years are consecutive.

Older Youth Initiatives (OYI) staff will:

1. Monitor the ETV applications as submitted and determine eligibility for all applications in a timely manner;
2. Respond timely to queries regarding ETV eligibility and eligible services through ETV funding;
3. Monitor the ETV contract expenditures. ETV funding may be used for tuition and fees, textbooks and supplies, a computer package, housing expenses, childcare expenses, and transportation expenses;
4. Verify eligibility for youth applying for ETV funds who were in foster care on their 18th birthday in the State of Indiana or in another state and are current residents of Indiana; and

Note: Residency in Indiana may be established for post-secondary education reasons.

5. Maintain e-mail contact with the ETV provider and provide information regarding available scholarships, internships, and other areas of interest to youth participating in post-secondary opportunities.

LEGAL REFERENCES

- [42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- [Indiana ETV](#)

Related Policies

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2015
	Section 15: Post-Secondary Education	Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure that all youth receiving Older Youth Services (OYS) are aware of the options available for post-secondary education. DCS will encourage all youth to take the Preliminary Scholastic Aptitude Test (PSAT) and prepare for taking the SAT. DCS will also ensure that children under the care and supervision of DCS who are in grades seven (7) through 12 are enrolled in the 21st Century Scholars program.

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

1. Pell grants;
2. John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) grants;
3. Federal supplemental grants;
4. The Free Application for Federal Student Aid (FAFSA); and
5. Individual Development Accounts (IDA).

Code References

1. [IC 21-12-6: Twenty-First Century Scholars Program; Tuition Grants](#)
2. [IC 21-12-6-5: Qualifications to participate in program](#)
3. [IC 31-25-2-21: Transitional services plan; participation by child representatives](#)
4. [42 USC 675\(5\)\(H\): Transition Plan for Children Aging Out of Foster Care](#)
5. [IC 21-12-6-14: Foster care children; caseworker to provide information](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Ensure that youth in 7th through 12th grade who have not already enrolled in the 21st Century Scholars program submit an application. Applications for the 21st Century program may be completed by visiting www.scholars.in.gov. Additional information is available at the youth's school or by calling toll free 1-888-528-4719. The application process requires the FCM to:
 - a. Assist the youth in completing the application, and
 - b. Ensure the youth marks "yes" to the Pre-Application Question concerning foster care status.
2. Update the youth's address with 21st Century Scholars annually;
3. Ensure that the youth signs the 21st Century Scholars Affirmation Statement during his or her senior year of high school. See <http://www.in.gov/ssaci/2384.htm> for more information;
4. Provide youth with information regarding Pell grants, the Chafee Program grants, federal supplemental grants, and the FAFSA during the Child and Family Team (CFT) Meeting

held at age 17 to develop/modify the youth's [Transition Plan for Successful Adulthood \(SF 55166\)](#). See separate policy, [11.06 Transition Plan for Successful Adulthood](#);

Note: This information may be provided earlier if the youth will be applying to colleges prior to age 17.

5. Provide youth who have obtained over \$400 in earned income with information about opening an IDA;
6. Have the youth and caregiver sign an [Acknowledgement of Receipt of Information about Various Educational Programs \(SF 55743\)](#). Give the youth and caregiver a copy and place the original in the youth's case file;
7. Support the youth in researching financial aid options, completing necessary forms and paperwork, and following up to ensure that the proper aid is received;
8. Visit <http://www.fafsa.ed.gov/> for information about federal financial aid and <http://www.in.gov/ssaci/2359.htm> for information about state financial aid with youth prior to completing the FAFSA;
9. Assist all youth in completing the FAFSA prior to the deadline of **March 10th** of the student's final year of high school;
 - a. Ensure the youth has all information needed to complete the FAFSA (i.e., social security number, place of birth, etc.),
 - b. Pay special attention to questions in the Student Dependency Status section (see Related Information), and
 - c. Discuss Independent Student Status with the youth to ensure he or she understands the meaning of this term and that youth in foster care do not have to provide information about biological parents, foster parents, or guardians to their college of choice or on their FAFSA (see Related Information).
10. Assist the youth in applying for the Education and Training Voucher (ETV) Program; and
 - a. Ensure the youth has all required information to complete the ETV application (e.g., FCM contact information, OYS worker contact information, etc.),
 - b. Ensure the youth completes the ETV application each year after July 1st,
 - c. Ensure the youth has submitted all necessary ETV documents to his or her financial aid office, and
 - d. Follow up with the youth and school to ensure ETV has received the proper documentation from the school.
11. Engage the youth and CFT, including the youth's child representatives, to develop a plan for emotional support and guidance the youth can rely on once he or she is in college.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Acknowledgement of Receipt of Information about Various Educational Programs \(SF 55743\)](#)
2. [Transition Plan for Successful Adulthood \(SF 55166\)](#)

RELATED INFORMATION

21st Century Scholars Program

The 21st Century Scholars Program was established in 1990 to ensure that all Indiana families could afford a college education for their children. This program guarantees eligible students up to four (4) years of undergraduate college tuition at any participating public college or university in Indiana.

Persons who meet ALL of the following criteria may apply for the 21st Century Scholars Program:

1. Be a resident of Indiana as both an applicant and an award recipient (determined by residency of parent/legal guardian) and a U.S. Citizen or eligible non-citizen;
2. Be a student in the 7th or 8th grade;

Note: Children in grades 9 -12 who are in foster care are also eligible for the program.

3. Meet program income guidelines or be in foster care;
4. Attend a charter school, freeway school, or other Indiana school recognized by the Department of Education; and
5. Make a commitment to fulfill the Scholars Program.

For more information, visit: <http://www.scholars.in.gov>.

Free Application for Federal Student Aid (FAFSA)

The FAFSA is a document that must be completed to apply for both federal and state financial aid. The FAFSA collects a family's financial information to determine how much assistance a prospective student may receive. The FAFSA must be completed each calendar year between January 1st and March 10th (for Indiana residents). Be aware that some colleges may have earlier deadlines- please check with the specific college for more information.

In order to be eligible to receive federal student aid, a youth must:

1. Be enrolled in or accepted to college;
2. Have a high school diploma or verification of completion of the high school equivalency test;
3. Be a United States (US) citizen or an eligible non-citizen;
4. Be registered with the selective service, if required;
5. Have a valid Social Security number; and
6. Not have a drug conviction that occurred while receiving federal student aid.

Foster youth need to pay special attention to the Student Dependency Status section (section 2):

1. I was in foster care since turning age 13;
2. I was a dependent or ward of the court since turning age 13;
3. I am currently or I was an emancipated minor; or
4. I am currently or I was in legal guardianship since turning age 13.

Note: If the student can answer yes to any of the above questions (which youth in foster care, relative placement, and in-home CHINS can), they are eligible for Independent Student Status.

Independent Student Status means that a student is a 'family of one' and only his or her individual income is considered when determining how much federal and state aid the student needs. Foster youth do not include their biological parent, resource parents, guardian, or anyone else's financial information on the FAFSA. Annual income taxes must be completed before the FAFSA can be completed (if applicable).

For more information and to complete the online application, visit <http://www.fafsa.ed.gov/index.htm>.

Pell Grants


The Federal Pell Grant Program provides need-based grants to undergraduate and certain post-baccalaureate students to promote access to postsecondary education. Financial need is determined by the U.S. Department of Education using a standard formula established by Congress to evaluate the financial information reported on the *Free Application for Federal Student Aid* (FAFSA) and to determine the family's estimated financial contribution (EFC). Federal Pell Grants are direct grants awarded through participating institutions to students with financial need. In order to apply for Pell Grants, students must submit a FAFSA form before their state's deadline. For more information about Pell Grants, visit <https://studentaid.ed.gov/sa/types/grants-scholarships/pell>.

Individual Development Accounts (IDA)

An IDA is a matched savings account program designed to assist individuals in achieving self-sufficiency through financial literacy and asset generation. There are a limited number of IDAs available in Indiana. In order to open an IDA, individuals must meet the following eligibility requirements:

1. Indiana resident;
2. Below 175% of the Federal Poverty Guidelines;
3. Have at least \$400 per year in earned income;
4. Be able to save a minimum of \$35 per month; and
5. Meet minimum screening requirements.

Youth interested in opening an IDA should visit www.ihcda.in.gov 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: January 1, 2019
	Section 17: National Youth in Transition Database (NYTD)	Version: 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require data reporting for youth in Older Youth Services (OYS) by using the National Youth in Transition Database (NYTD).

Data outcome measures will be collected via a NYTD survey for all qualified youth who are in a foster care¹ eligible placement between the ages of 17 and 17 and 45 days during the survey period. DCS will ensure the youth surveys are completed by the qualified youth and entered into the case management system.

Data outcome measures will also be collected for a NYTD follow-up survey for a sample population of youth who completed the initial survey and are now in a foster care eligible placement or who have aged out of foster care. The follow-up surveys will be completed at the age of 19 and 21. DCS will ensure a contracted NYTD provider assists these qualified youth in completing the survey, and the DCS NYTD Coordinator or designee will then enter it into the case management system.

Code References

[42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

PROCEDURE

Outcomes Survey for Youth Age 17

The qualified youth’s FCM or 3CM will receive an e-mail notification generated by the case management system that the youth is eligible to participate in the youth outcomes survey for NYTD. Upon receipt of the e-mail, the FCM or 3CM will:

1. Ensure the qualified youth and his or her caregiver is notified of the youth’s eligibility to participate in the NYTD youth outcomes survey;
2. Educate the qualified youth and his or her caregiver about NYTD by:
 - a. Providing the qualified youth/caregiver with information received in the e-mail notification,
 - b. Referring the qualified youth/caregiver to the [DCS NYTD website](#), and
 - c. Encouraging the qualified youth/caregiver to contact the [DCS NYTD help desk](#) with any questions they may have regarding the youth outcomes survey.
3. Ensure each qualified youth on his or her caseload has the tools necessary to complete the youth survey. The youth survey must reflect **the youth’s own understanding and perspective of the survey questions.**

¹ The federal definition of foster care is “24 hour substitute care for all children placed away from their parents or guardians and for whom the State agency has placement and care responsibility.” The full definition is available at <http://www.gpo.gov/fdsys/pkg/CFR-2002-title45-vol4/xml/CFR-2002-title45-vol4-sec1355-20.xml>.

Note: The NYTD survey must be completed by the qualified youth. The qualified youth may complete the survey alone or with assistance from a trusted adult, which includes, but is not limited to; the youth's parent, guardian, or caregiver; adult sibling; other relative; mentor; John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) OYS service provider; therapist; foster parent; or Licensed Child Placing Agency (LCPA) case manager.

4. Submit the survey through one (1) of the following methods:
 - a. Through the web portal, which may be accessed by clicking on the NYTD logo located on DCS' homepage, or by following the link: <https://magik.dcs.in.gov/Portal/Home/Login>. The username and password for the survey are included in the notification e-mail received,
 - b. Providing the youth a blank [NYTD Youth Survey](#) to complete. The survey may then be submitted via e-mail to the [DCS NYTD help desk](#) for entry, or
 - c. Over the phone with an adult asking the questions on the survey and entering the youth's answers into the web portal.

Note: For youth with an open Juvenile Delinquency (JD) case, the youth's Probation Officer (PO) will complete the above steps. In cases of dual status, the lead agency is responsible for completing the above steps (see separate policy, [2.25 Dual Status](#)). The youth's FCM, 3CM, or PO may request that the Chafee Program OYS contracted service provider assist the qualified youth in completing the NYTD youth survey, using the methods described above.

Questions or concerns about a qualified youth's willingness or ability to complete the survey should be directed to the [DCS NYTD help desk](#).

Reporting for Older Youth Services:

The FCM or 3CM will ensure the Chafee Program OYS contracted service provider and other required NYTD reporters:

1. Submit a monthly report through the [DCS NYTD Provider Login](#) each month that a reportable NYTD service is provided to a youth age 16 or older who resides in a foster care eligible placement;
2. Mark all eligible NYTD services that were provided during the reporting period corresponding to the report that is being submitted; and
3. Update the youth's address, education, and any other applicable information as necessary.

Note: For youth with an open Juvenile Delinquency (JD) case, the youth's Probation Officer (PO) will complete the above steps. In cases of dual status, the lead agency is responsible for completing the above steps (see separate policy, [2.25 Dual Status](#)).

Reporting Demographic and Case Information:

The FCM or 3CM will:

1. Ensure the youth's demographic information, including the youth's race, ethnicity, and tribal membership, is complete and up to date in the case management system and/or KidTraks;
2. Update the youth's educational information required for NYTD (e.g., special education status and last grade completed). This information should be entered through the education/school module in the case management system for every youth age 16 and older;

3. Ensure all youth in a DCS foster home, relative care, or a non-licensed court-approved placement have a referral for older youth services made to a Chafee Program OYS service provider at age 16 or older; and
4. Ensure the youth's placement information is accurate.

Note: For youth with an open JD case, the youth's PO will complete the above steps in KidTraks. In cases of dual status, the lead agency is responsible for completing the above steps.

PRACTICE GUIDANCE

The NYTD survey gives older youth the opportunity to provide direct feedback to DCS regarding their personal foster care experience. Educating youth regarding the purpose of NYTD and how their participation will positively impact future foster youth is highly encouraged. Engagement of the youth during the survey process will assist in increasing participation rates and follow-up surveys.

NYTD service element definitions may be found at the following link: [NYTD Service Elements](#).

FORMS AND TOOLS

1. [NYTD Forms and Links](#)
2. [NYTD 101: Guidebook for FCMs](#)
3. [NYTD Youth Survey](#)
4. [NYTD Youth Outcomes Survey Login](#)
5. [Service Provider Portal](#)


RELATED INFORMATION

NYTD is a data collection system developed to track older youth services provided to youth. NYTD is used to collect demographic and outcome information on certain youth in foster care eligible placements whom the State of Indiana will follow over time to collect additional outcome information. Information regarding older youth services received will be collected for all youth over the age of 16 and in a foster care eligible placement.

Eligible NYTD services do not always align with Indiana's OYS standards due to NYTD being a federal program administered by the state. Accurate reporting for NYTD requires the reporter to be familiar with the [NYTD Service Elements Definitions](#).

More information regarding NYTD can be found on the [DCS NYTD website](#), which includes the following:

1. [Spotlight on NYTD \(Informational Video\)](#);
2. [Take the NYTD Survey \(Informational Video\)](#); and
3. [Give the NYTD Survey \(Informational Video\)](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2021
	Section 18: Eligibility to Participate in Collaborative Care (CC)	Version: 5

POLICY OVERVIEW

Collaborative Care (CC) is a voluntary program that allows Child in Need of Services (CHINS) and Probation youth 18 years of age and older to remain under the care and placement of DCS in order to continue to receive services. CC focuses on youth-adult partnerships, positive youth development, and encourages youth to develop a strong social network and/or social capital.

PROCEDURE

The Indiana Department of Child Services (DCS) will make CC available to eligible youth who are currently or were formerly in out-of-home placement. DCS has determined that a youth is eligible to participate in CC if the youth meets all of the following criteria:

1. Youth who are at least 18 but have not yet reached 21 years of age;

Note: In the event the governor declares a state of disaster emergency under IC10-14-3-12, the DCS Director or designee may extend CC per IC 31-28-5.8-5.

2. Currently in an out-of-home placement under an Indiana court order or was formerly in an out-of-home placement through an Indiana court order on the day of the youth's 18th birthday;

Note: Older youth placed in the state of Indiana under a court order for an Interstate Compact on the Placement of Children (ICPC) are not eligible for CC. Indiana wards placed out of state and who do not intend to reside in Indiana upon turning 18 are also not eligible for CC.

3. Continuously meet **one** (1) of the following:
 - a. Enrolled in a secondary education institution or a program leading to an equivalent credential, or enrolled in an institution which provides post-secondary or vocational education,
 - b. Participating in a program or activity designed to promote employment,
 - c. Employed for at least 80 hours per month, or
 - d. Incapable of performing any of the activities described above due to a medical condition documented in the youth's case plan.
4. Have signed a Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services that covers the youth's specialized Transition Plan for Successful Adulthood (see policy 11.22 Voluntary Collaborative Care [CC] Agreement).

A youth is ineligible to participate in CC:

1. On or after the youth's 21st birthday;

Note: In the event the governor declares a state of disaster emergency under IC10-14-3-12, the DCS Director or designee may extend CC per IC 31-28-5.8-5.

2. When the youth fails to continuously maintain eligibility requirements as provided in the policies or rules adopted by DCS; or

Note: If the youth does not continue to meet eligibility requirements or voluntarily decides to leave CC, the Collaborative Care Case Manager (3CM) Supervisor will consult with the DCS Staff Attorney who may file a motion to dismiss.

3. The youth indicates a desire to withdraw from CC.

If DCS terminates a collaborative care agreement before the expiration date without the agreement of the youth, the court may, upon the request of the youth or a Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) participating with the consent of the older youth:

1. Hold a hearing regarding the cause of the termination of the collaborative care agreement; and
2. Enter an order containing findings and conclusions regarding whether DCS properly terminated the agreement for good cause.

IV-E Eligibility

In order to be IV-Eligible under CC, the following must be met in addition to the CC eligibility criteria (see policy 15.01 Eligibility Overview for Field and Legal Staff for additional information):

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.

The Family Case Manager (FCM) will:

1. Invite members of the Older Youth Initiatives Team to the Transition Plan for Successful Adulthood meeting corresponding to the youth's 17th birthday; and
2. Begin preparations for the youth to transfer to CC at 17 ½ years of age or older (see policy 11.21 Collaborative Care Case Transfers).

Note: CC is a voluntary program. Not all youth may be interested or eligible (at age 18) to participate in the program. Youth who are interested and eligible to participate in CC will be transferred to a 3CM. Younger siblings who are not eligible or interested in the program shall remain on the FCM's caseload.

The Older Youth Initiatives Team will:

1. Accept referrals from FCMs who have identified a youth who is interested in participating in CC;
2. Have an informational meeting to determine if the youth is eligible for CC;
3. Have a transition meeting with the youth, FCM, 3CM, the youth's child representatives, and any other relevant persons if the youth chooses to participate in CC. These team members will work with the DCS Staff Attorney to submit the completed Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services and petition to open a CC case immediately after the CHINS Case is closed.

LEGAL REFERENCES

- [IC 10-14-3-12 Disaster emergency; emergency gubernatorial powers](#)
- [IC 31-28-5.8-4: "Older youth"](#)
- [IC 31-28-5.8-5: Eligibility; petitions](#)
- [IC 31-28-5.8-8: Closing collaborative care cases](#)

RELEVANT INFORMATION

Definitions

Collaborative Care (CC)

CC is a voluntary program that DCS youth are allowed to begin transferring to CC at 17 ½ years of age. The program is for DCS and JD youth 18 to 21 years of age and allows them to remain in the care and placement of DCS in order to continue to receive services.

Collaborative Care Agreement

The Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services 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 the youth has transferred into CC.

Legal Permanency

Permanency, as defined by Child Welfare Systems, is a safe, stable, secure home, and family. There are five (5) federal Permanency Goals:

1. Reunification;
2. Adoption;
3. Guardianship;
4. Fit & Willing Relative; and
5. Another Planned Permanent Living Arrangement (APPLA).

Note: APPLA is only an option for youth 16 years of age and older. DCS must document why every other permanency plan option is not in the best interest of the child, as well as, document continuous diligent efforts made to locate adult relatives of the youth.

Relational Permanency


In *A Reason, A Season, A Lifetime: Relational Permanence Among Young Adults with Foster Care Backgrounds* (2008), G. Samuels 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).

Forms and Tools

- [CC Brochure for Youth](#)- Available in hard copy
- [CC 101: A practical guide for DCS Staff](#)- Available in hard copy
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)
- [Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services \(SF 55159\)](#)

Related Policies

- [11.21 Collaborative Care Case Transfers](#)
- [11.22 Voluntary Collaborative Care \(CC\) Agreement](#)
- [15.01 Eligibility Overview for Field and Legal Staff](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2019
	Section 19: Entry into Collaborative Care (CC) for Previously Discharged Older Youth	Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make Collaborative Care (CC) available to older youth who are at least 18 but not yet 21 years of age, and who were:

1. Formerly in out-of-home placement through an Indiana court order on the day of their 18th birthday;
2. Wish to participate in CC; and
3. Meet the eligibility criteria. See separate policy, [11.18 Eligibility for Collaborative Care](#).

Entry into CC for previously discharged older youth is initiated through the Indiana DCS Child Abuse Hotline (Hotline). The youth must call the Hotline. A service request for assistance is initiated by the Hotline Intake Specialist (IS). In situations where the youth is homeless, an immediate referral is made to the Collaborative Care Case Manager (3CM) to assist the youth with arrangements.

If the youth is not in a crisis situation, a 3CM will meet with eligible older youth interested in participating in the CC program within two (2) business days from the time the older youth makes initial contact with DCS.

Code References

[IC 31-28-5.8-5: Eligibility; petitions](#)

PROCEDURE

For older youth with an open Child in Need of Services (CHINS) case or open Juvenile Delinquency (JD) case who are in out-of-home placement in Indiana and are interested in and eligible to participate in CC, please see policy [11.21 Collaborative Care Case Transfers](#).

Older youth interested in participating in CC, shall contact the Hotline at 1-800-800-5556 to initiate a service request for assistance. If the youth arrives at a local DCS office and requests assistance for re-entry into care, the local office staff will make arrangements for the youth to call the Hotline while in the office. The Hotline IS will route the youth's request to the local office as a service request.

Note: If the youth is homeless, the Hotline IS should contact the appropriate 3CM Supervisor for the county where the youth is located (or contact the afterhours on-call phone number for Collaborative Care) so a 3CM or designee can be dispatched to assist the youth with emergency arrangements.

The 3CM is responsible for:

1. Determining the older youth's eligibility to participate in CC;

2. Making telephone contact with the older youth within two (2) business days of the youth's inquiry. During this call, the 3CM shall;
 - a. Notify the older youth of his or her eligibility status to participate in CC,

Note: If an older youth is **not eligible** for CC, but is eligible for Voluntary Older Youth Services (OYS), the 3CM may complete the Voluntary OYS Referral, with the youth's permission.
 - b. Schedule a meeting with the older youth to discuss CC if the older youth is eligible. The meeting should take place within two (2) business days, and
 - c. Inform the older youth about local resources the youth may need to access prior to the time the youth re-enters out-of-home placement (e.g., homeless shelters, food banks, or medical clinics) regardless of the youth's eligibility status.
3. Ensuring the following are completed during the initial meeting (different from the initial call);
 - a. Provide an explanation of CC to the interested older youth. This explanation should include:
 - i. A general timeline for re-entry,
 - ii. The youth's rights and responsibilities, and
 - iii. A description of the re-entry process including necessary paperwork, court information, and placement information.
 - b. Prepare the older youth for a re-entry Child and Family Team (CFT) Meeting if the youth is interested in participating in CC,
 - c. Make arrangements for and provide resources to assist a youth who is in crisis in gaining stability,
 - d. Provide the older youth a copy of the [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) and discuss emergency and long-term placement options (see separate policy, [11.22 Voluntary Collaborative Care \(CC\) Agreement](#)), and
 - e. Complete a Voluntary OYS Referral with the older youth who is not interested in participating in CC, but is eligible for and not receiving Voluntary OYS.

The 3CM Supervisor is responsible for:

1. Administering the youth's grievance process if the youth is determined ineligible for CC and requests an Eligibility Review. This review will include the following:
 - a. The youth's written request for review,
 - b. A written statement from the youth explaining why the youth believes he or she is eligible, and
 - c. A written statement from the youth identifying any barriers prohibiting eligibility.

Note: After the 3CM Supervisor reviews eligibility, the 3CM Supervisor will send a letter to the youth within three (3) business days of receipt regarding the determination and the right to request an Administrative Review.

The Collaborative Care Division Manager (or designee) is responsible for reviewing the older youth's Request for Administrative Review, which includes:

1. Reviewing all relevant documentation from the 3CM Supervisor and the older youth to determine whether the 3CM Supervisor correctly determined eligibility for entry into CC, and

2. Sending an Administrative Review outcome letter to the youth within five (5) days of receipt of the request for Administrative Review.

Note: The determination of the Collaborative Care Division Manager or designee is not subject to further agency review.

The IL Specialist is responsible for:

1. Verifying the eligibility of those youth referred for Voluntary Services (OYS);
2. Ensuring that a Voluntary Services Referral is completed for those youth **not eligible** for CC;
3. Ensuring that an IL case type is open in the case management system; and
4. Monitoring the progress of those youth receiving voluntary services through an OYS Provider.

PRACTICE GUIDANCE

Eligible older youth in out-of-home placement on the day of his or her 18th birthday may participate in CC, so long as the youth meets eligibility criteria as defined in policy [11.18 Eligibility to Participate in Collaborative Care](#).

Information regarding local community resources to discuss with the youth may include the following:


1. How to access community services such as homeless shelters or food banks;
2. How to access public assistance services such as Women Infants and Children (WIC), Temporary Assistance for Needy Families (TANF), the Healthy Indiana Plan (HIP), or food stamps; and
3. The availability of services specific to former foster youth, such as Voluntary OYS or Medicaid.

FORMS AND TOOLS

[Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2015
	Section 20: Youth Adjudicated as Juvenile Delinquents Accessing Collaborative Care (CC)	Version: 3

STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will accept referrals from Probation Officers (PO) for youth with an open Juvenile Delinquency (JD) case who are eligible and interested in participating in Collaborative Care (CC). See separate policy, [11.18 Eligibility for Collaborative Care](#).

Note: Youth who have an open JD case can access CC services through their PO.

In order for the CC case to properly open for these youth, the following must occur in this order:

1. The JD case must close;
2. A [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) must be signed by the youth and the Collaborative Care Case Manager (3CM) the same day as the court’s JD case closes (see separate policy, [11.22 Voluntary Collaborative Care \(CC\) Agreement](#)); and
3. A CC petition must be filed on the same day as JD case closure.

The [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) and petition to open the CC case shall be filed with the court of jurisdiction by the DCS Staff Attorney.

Code References
[IC 31-30-2-1: Continuing juvenile court jurisdiction](#)

PROCEDURE

The Older Youth Initiatives Team will accept referrals from POs who have identified a youth who is interested in participating in CC. An informational meeting will be held 90 days prior to the youth’s 18th birthday to determine if the youth will likely be eligible for CC. This can take place at the youth’s regularly scheduled Transition Plan for Successful Adulthood meeting held by the PO. See separate policy, [11.06 Transition Plan for Successful Adulthood](#). If the youth chooses to participate in CC, a transition meeting will be held, including the youth, PO, 3CM, and the youth’s child representatives. These team members will work with the DCS Staff Attorney to submit the completed [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) and petition to open a CC case immediately after the JD case is closed. See separate policy, [11.22 Voluntary Collaborative Care \(CC\) Agreement](#).

The 3CM Supervisor will:

1. Identify a 3CM for the case;

2. Identify the appropriate DCS Staff Attorney for the case¹; and
3. Assign the 3CM the CC case in the case management system within 48 hours of the case transition meeting.

The 3CM will:

1. Meet with the youth and the youth's PO to determine whether the youth is eligible and interested in participating in CC;
2. Complete the [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) with the youth at the transition meeting;
3. Attend the court hearing in which the [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) and the petition to open a CC case is reviewed;
4. Thoroughly review the case file;
5. Ensure continuity of services, particularly those services that are related to the youth's physical and mental health and well-being including, but not limited to:
 - a. Psychiatric treatment/care,
 - b. Treatment/care for a chronic medical condition,
 - c. Establishing a primary health care provider, dentist, ophthalmologist, gynecologist (if applicable), etc.,
 - d. Therapeutic treatment/care, and
 - e. Continuation of service referrals through DCS.
6. Ensure that the youth does not lose contact with any siblings, family members, or other informal supports due to the case transition.

PRACTICE GUIDANCE

Preparing a Youth for Collaborative Care

When the youth enters CC, ensuring a youth's safety is given the highest priority. The best way to ensure safety is to maintain consistency with services for the youth. The youth will have likely begun to develop a relationship with his or her 3CM at Transition Plan for Successful Adulthood meetings that took place prior to the CC case opening. At these meetings, the youth, 3CM, and the youth's child representatives may begin to identify formal and informal supports in the new community, if applicable. Immediately after opening the CC case, a youth may need a higher level of support from the 3CM because he or she will be adjusting to his or her new surroundings and may not have access to the same services/formal/informal support systems as before.

Placement Disruption

When a CC case is opened, the placement of the youth is not expected to be disrupted unless all parties agree that it would be in the best interest of the youth. When making a decision regarding a youth's CC placement the youth and the youth's Child and Family Team (CFT) should take into account the youth's [Transition Plan for Successful Adulthood \(SF 55166\)](#).

FORMS AND TOOLS

1. [Transition Plan for Successful Adulthood \(SF 55166\)](#)

¹ Contact the Practice Development Supervisor Attorney if unsure which DCS Staff Attorney to contact.

2. [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#)

RELATED INFORMATION

Collaborative Care Agreement


The [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) documents an arrangement between the youth in CC and DCS. The agreement outlines CC as well as youth rights and responsibilities once he or she has transferred into CC. This agreement must be signed by the youth. Any representative from the DCS Older Youth Initiatives team may review and sign the [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) with the potential youth. The DCS Staff Attorney is responsible for filing the agreement with the court of jurisdiction, which cannot be filed until the JD case is closed. This agreement is effective upon the date the last party has signed. See separate policy, [11.22 Voluntary Collaborative Care \(CC\) Agreement](#).

Transition Meetings

If possible, transition meetings may take place during the youth's Transition Plan for Successful Adulthood meeting. The PO, 3CM (or a supervisor/designee), and the youth's child representatives should be present at the transition meeting.

Examples of information that should be shared and discussed at the transition meeting include, but are not limited to:

1. The youth's individual strengths and needs;
2. Needs that may arise in the near future, especially with the opening of the CC case;
3. What supports are currently in place to support those needs;
4. What support will need to be in place after the opening of the CC case;
5. Review/update of the youth's Transition Plan for Successful Adulthood;
6. Clarify expectations of what the next steps are for the case;
7. Formal and informal supports for the youth that will be utilized after the opening of the CC case;
8. Addressing steps for what could go wrong; and
9. Visitation arrangements, as applicable.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: November 1, 2021
	Section 21: Collaborative Care (CC) Case Transfers	Version: 5

POLICY OVERVIEW

In order to support a youth’s transition to successful adulthood, a youth’s case is transferred to a Collaborative Care Case Manager (3CM) if the youth is 16 years of age or older with a Permanency Plan of Another Planned Permanency Living Arrangement (APPLA) and plans to either voluntarily enter Collaborative Care (CC) or remain under a Child in Need of Services (CHINS) case. During the youth’s transfer, a Transition Plan for Successful Adulthood is developed to maintain the youth’s services, which will help to ensure the youth’s safety. The youth’s essential connections are also identified during the transfer process, and there is a discussion about how to help the youth develop those connections.

PROCEDURE

The Indiana Department of Child Services (DCS) will engage the youth to determine the best path based on the youth’s direction and voice. The youth may request to do one (1) of the following upon turning 18:

1. Remain under the care and supervision of DCS through the CHINS case;
2. Enter CC under the care and supervision of DCS; or
3. Request that the youth’s CHINS case be dismissed and enter into Voluntary Older Youth Services (OYS).

Note: Probation youth 18 years of age and over with an open Juvenile Delinquency (JD) case may be able to receive CC services (see policy 11.20 Youth Adjudicated as Juvenile Delinquents Accessing Collaborative Care).

Continuity of care will be ensured when transferring a case from the Family Case Manager (FCM) to the 3CM by conducting a transition Child and Family Team (CFT) Meeting that includes the FCM, 3CM, the youth, the youth’s child representative(s), and any other relevant persons (see policy 5.07 Child and Family Team Meetings).

In addition to the transition CFT Meeting, there may be circumstances in which a case transfer meeting may need to be conducted with the FCM, 3CM, FCM Supervisor, and 3CM Supervisor. Examples of circumstances that would require a case transfer meeting include, but are not limited to:

1. Placement instability;
2. Safety concerns; and
3. High profile cases.

Case transfer meetings provide the opportunity to discuss effective case planning, address barriers to stepdown plans, and ensure a seamless case transition. The timing and/or necessity

of this case conference would be negotiated between the FCM Supervisor and 3CM Supervisor; however, it should not disrupt the general flow of the case transfer process.

For youth 16 years of age or older, the FCM will:

1. Staff the case with the FCM Supervisor to determine if the youth's Case Plan/Prevention Plan goal should change to APPLA and if the case should transfer to a 3CM;
2. Complete a CFT to ensure the team, including the Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL), supports and approves of the decision to change the Case Plan/Prevention Plan goal to APPLA prior to transferring the case to a 3CM (see policy 5.07 Child and Family Team Meetings);

Note: Prior to selecting APPLA as a Case Plan/Prevention Plan goal and transitioning a youth at age 16, it is critical to ensure other viable Permanency Plan options (i.e., reunification, adoption, guardianship, or fit and willing relative placement) have been considered and actively pursued. Invite a 3CM or Independent Living Specialist to the CFT Meeting to provide information.

3. Request that the Regional Permanency Team (RPT), including a member of the Collaborative Care Team (see the Collaborative Care Supervisor Map for contact information) reviews and approves of the decision to change the Permanency Plan to APPLA. A Permanency Plan of APPLA must then be approved by the Regional Manager (RM) (see policy 8.51 Regional Permanency Teams);
4. Meet with the DCS Staff Attorney and, if appropriate, seek court approval of the Case Plan/Prevention Plan goal change;
5. Ensure case information is documented in the case management system and is current. This information includes, but is not limited to:
 - a. Court hearings, reports, orders, and notices,

Note: If the court hearing is within 30 calendar days of the transfer, the FCM is responsible for this report, unless negotiated otherwise at the transition meeting.

- b. Placements,
- c. Services,
- d. Visitation Plan (if applicable) (see policy 8.12 Developing the Visitation Plan),
- e. Case Plan/Prevention Plan (see policy 5.08 Developing the Case Plan),
- f. Transition Plan for Successful Adulthood (see policy 11.06 Transition Plan for Successful Adulthood),
- g. Demographic information,
- h. Information entered in the National Youth in Transition Database (NYTD) (see policy 11.17 National Youth in Transition Database [NYTD]),
- i. Contacts,
- j. Current contact information for the youth's parent, guardian, or custodian (if applicable),
- k. School information and other related education information (e.g., Individualized Education Program [IEP]),
- l. Medicaid number,
- m. Health information (e.g., medical and dental health issues and current treatment),
- n. Indiana Support Enforcement Tracking System (ISETS) interface, if appropriate,
- o. Mental health screen,
- p. Medical Passport (including immunization records),

- q. A list of all of the youth's essential connections,
 - r. Other information not included in the above list that is:
 - i. Specific to the youth's individual circumstances; and
 - ii. Pertinent to the continuity of the youth's services and case.
6. Document the following in the hard copy case file:
 - a. Court reports (e.g., if the court hearing is within 30 calendar days of the transfer, the FCM is responsible for this report, unless negotiated otherwise at the transition meeting),
 - b. Court notices,
 - c. The Transition Plan for Successful Adulthood,
 - d. Completed Collaborative Care Case Transfer Checklist, and
 - e. Completed Family Network Diagram/Genogram (see the 5.B Tool: Family Network Diagram Instruction Guide).
 7. Schedule a transition CFT Meeting within 15 calendar days of the case transfer, and ensure all identified necessary participants are invited (e.g., youth, youth's child representatives, informal supports, substitute caregivers or resource parents, CASA/GAL, therapists, and OYS providers);
 8. Document the notification of all parties in the case management system; and
 9. Notify the DCS Staff Attorney and the youth's CASA/GAL of the case transfer, if applicable.

The FCM Supervisor will:

1. Ensure the FCM continues to attend all court hearings and monitor the youth's safety, stability, and well-being until the case is transferred to a 3CM;
2. Ensure the youth's pertinent information and the current contact information for the youth's parent, guardian, or custodian (if applicable) has been updated in the case management system prior to the case transfer; and
3. Work with the 3CM Supervisor and FCM to ensure that any missing or incomplete information from the youth's electronic or hard copy file is completed.

The 3CM Supervisor will:

1. Identify and assign the case to a 3CM in the case management system within 48 hours of the case transfer meeting;
2. Ensure the case management system has all pertinent information and is up to date upon case transfer; and

Note: If information is incomplete or missing, it is the 3CM Supervisor's responsibility to work with the FCM Supervisor to ensure the youth's former FCM completes the data input/updates.

3. Ensure the 3CM receives the hard copy case file from the youth's FCM after the case transfer meeting.

The 3CM will:

1. Attend and co-facilitate the transition CFT Meeting;
2. Thoroughly review the case file in the case management system and the hard copy case file;

3. 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),
 - d. Therapeutic treatment and care,
 - e. Education, employment, and financial literacy, and
 - f. Continuation of service referrals through DCS.
4. Ensure the youth does not lose contact with any siblings by adhering to the established visitation plan. If a visitation plan has not been created or is out of date, the 3CM will ensure that the visitation plan is completed; and
5. Ensure that the youth does not lose contact with family members and other informal supports due to the case transfer.

RELEVANT INFORMATION

Definitions

N/A

Forms and Tools


- [5.B Tool: Family Network Diagram Instruction Guide](#)
- [Collaborative Care Case Transfer Checklist \(SF 56107\)](#)
- [Collaborative Care Supervisor Map](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [8.12 Developing the Visitation Plan](#)
- [8.51 Regional Permanency Teams](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [11.17 National Youth in Transition Database \(NYTD\)](#)
- [11.20 Youth Adjudicated as Juvenile Delinquents Accessing Collaborative Care \(CC\)](#)

LEGAL REFERENCES

- [IC 31-9-2-13: "Child"](#)
- [IC 31-28-5.8-7: Periodic reviews by court: notice: participation: orders](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2015
	Section 22: Voluntary Collaborative Care (CC) Agreement	Version: 2

STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will ensure that youth who are eligible and interested in participating in Collaborative Care (CC) sign a [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) on or after their 18th birthday. See separate policy, [11.18 Eligibility to Participate in Collaborative Care](#).

In order for the CC case to properly open for these youth, the following must occur in this order:

1. The Child in Need of Services (CHINS) or Juvenile Delinquency (JD) case must close;
2. A [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) must be signed by the youth and the Collaborative Care Case Manager (3CM) the same day as the court's CHINS or JD case closes; and
3. A CC petition must be filed on the same day as CHINS or JD case closure.
 - a. The [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) and the CC petition should be filed in the county of wardship if the youth has a current open CHINS or JD case and will reside in the county of wardship,
 - b. The [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) and CC petition should be filed in the county of wardship and a Motion for Change of Venue to the county in which the youth resides if the youth has a current open CHINS or JD case and will reside in a different county from the county of wardship, or
 - c. The [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) and the CC petition should be filed in the county in which the youth resides if the youth has been previously discharged from care and wishes to enter CC.

Code References

[IC 31-28-5.8-2: "Collaborative care agreement"](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Work with the Collaborative Care Case Manager (3CM) to schedule a Child and Family Team (CFT) Meeting with the youth to ensure CC is discussed with the youth at a Transition Plan for Successful Adulthood meeting at the child's 17th birthday (see separate policy, [11.06 Transition Plan for Successful Adulthood](#));
2. Prepare the youth for possible transition to a 3CM when the youth is 17 years and 6 (six) months of age; and
3. Work with the 3CM to ensure proper case transfer in accordance with policy [11.21 Collaborative Care Case Transfers](#).

The 3CM will:

1. Complete the [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) with the youth on or after the youth's 18th birthday;

Note: Any member of the Older Youth Initiatives team may complete the [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) with the youth.

2. Request that the DCS Staff Attorney submit the completed [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) to the court of proper jurisdiction;
3. Attend the court hearing in which the [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) is reviewed;
4. Monitor the case to ensure DCS and the youth are actively participating in the development of the youth's [Case Plan \(SF 2956\)](#) to assist the youth in moving toward independence; and
5. Work with the FCM to ensure proper case transfer in accordance with policy [11.21 Collaborative Care Case Transfers](#).

The DCS Staff Attorney will:

1. Draft the Verified Joint Petition to Allow Older Youth to Enter into the Collaborative Care Program and Order;
2. Ensure the Verified Joint Petition to Allow Older Youth to Enter into the Collaborative Care Program and [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) is signed by the youth; and
3. File the Verified Joint Petition to Allow Older Youth to Enter into the Collaborative Care Program and [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) with the Court, if applicable.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS


1. [Case Plan \(SF 2956\)](#)- available in the case management system
2. [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#)

RELATED INFORMATION

Voluntary Collaborative Care Agreement

The [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) documents an arrangement between the potential youth in CC and DCS. The agreement outlines CC as well as the youth's rights and responsibilities once he or she has transferred into CC. This agreement must be signed by the youth on or after the youth turns 18 years of age. Any representative from the DCS Older Youth Initiatives team may review and sign the [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) with the youth. The DCS Staff Attorney in the county where the youth

will reside is responsible for filing the agreement with the court of jurisdiction, which cannot be filed until the CHINS or JD case is closed. This agreement is effective upon the date the last party has signed.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 23: Collaborative Care (CC) Court Hearings	Version: 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will attend and participate in Collaborative Care (CC) hearings for all youth in CC based on the following schedule:

1. Every six (6) months, based upon the effective date of the [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) (see separate policy, [11.22 Voluntary Collaborative Care \(CC\) Agreement](#)) or
2. More often, if ordered by the juvenile court.

DCS or the youth may request that the court hold a CC Hearing at any time.

Code References

[IC 31-28-5.8-7: Periodic reviews by court; notice; participation; orders](#)

PROCEDURE

The Collaborative Care Case Manager (3CM) will:

1. Follow all procedures outlined in a separate policy, [11.24 Providing Notice of Collaborative Care Hearings to Youth](#);
2. Provide a Progress Report to the court with the following information attached:
 - a. The youth's current [Case Plan \(SF 2956\)](#),
 - b. The youth's current [Transition Plan for Successful Adulthood \(SF 55166\)](#),
 - c. Notes from any Child and Family Team (CFT) Meetings held since the previous court hearing, and
 - d. Any other pertinent information related to the youth.
3. Ensure that a copy of the Progress Report and all attachments are printed and given (in person or via mail) to required parties, including filing all documents with the court, at least 10 calendar days prior to the court hearing;
4. Enter court hearing data in the case management system; and
5. Ensure that the youth attends the hearing.

Note: Youth's attendance at the hearing to open the CC case is mandatory. There may be situations that occur and a youth is not able to attend the Periodic Review hearings. These situations should be infrequent as the youth should take an active and participative role in his or her court case. However, youth should be encouraged to attend all hearings.

The 3CM Supervisor will review and approve the Progress Report and all attachments.

PRACTICE GUIDANCE

Court Orders


The 3CM should contact the Local Office Attorney (LOA) if a court orders a CC youth to participate in a service, placement, or program.

FORMS AND TOOLS

1. [Case Plan \(SF 2956\)](#)- available in the case management system
2. [Transition Plan for Successful Adulthood \(SF 55166\)](#)
3. [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 24: Providing Notice of Collaborative Care (CC) Hearings to Youth	Version: 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) shall give written notice of all Collaborative Care (CC) hearings, by mail or personal service at least seven (7) days before the date of the hearing, to the following:

1. The older youth;
2. The resource parent, including host home Adult(s), with whom the older youth is living, if applicable;
3. Any caseworker responsible for visitation with the older youth;
4. Any person or agency identified in the [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) (see separate policy, [11.22 Voluntary Collaborative Care \(CC\) Agreement](#)) as a provider of services to the older youth;
5. The youth’s Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL) (if applicable); and
6. Any person or entity providing Older Youth Services (OYS) to the youth.

Note: DCS policy [6.04 Providing Notice](#) must be followed for all youth in CC.

Providing proper notice that permits CC cases to proceed is the responsibility of the DCS Staff Attorney, who is to provide such legal notice pursuant to the Indiana Trial Rules.

Code References

[IC 31-28-5.8-7: Periodic reviews by court; notice; participation; orders](#)

PROCEDURE

The DCS Staff Attorney will ensure that proper notice is given to all appropriate parties in a timely manner through a DCS approved method.

The youth’s Collaborative Care Case Manager (3CM) will educate the older youth regarding:

1. Appropriate court etiquette and dress;
2. The purpose of the court hearing and possible outcomes;
3. The youth’s rights and responsibilities in regards to the hearing;
4. The role of all court participants; and
5. Debriefing with the youth after the court hearing.

PRACTICE GUIDANCE

Encouraging youth participation in court hearings is a positive way to practice youth-adult partnering. The youth’s full involvement in court hearings and giving the youth the responsibility


for making meaningful decisions regarding his or her CC case shows full support of the youth as a partner.

FORMS AND TOOLS

1. [Notice of Periodic Case Review \(SF 48997\)](#)- available in the case management system
2. [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: January 1, 2015
	Section 25: Collaborative Care (CC) Host Homes	Version: 2

STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will offer a Host Home placement option for eligible youth in Collaborative Care (CC).

Host Home Adults should be at least 21 years of age. However, the Collaborative Care Case Manager (3CM) may submit a waiver for potential Host Home Adults between the ages of 18 and 21 for approval by the Older Youth Initiatives Manager or designee.

The Host Home is not required to be licensed, but will be monitored by the 3CM. Background checks will be completed prior to or within 30 days of placement in the Host Home. The 3CM will follow DCS policy [8.10 Minimum Contact](#) to ensure monthly face-to-face contact requirements are met for youth placed in a Host Home.

Code References

1. [IC 31-28-5.8-3: Host home](#)
2. [IC 31-28-5.8-5.5: Conduct criminal history check](#)

PROCEDURE

The 3CM will:

1. Facilitate the discussion and signing of the [Foster Home/Host Home Agreement](#) between the Host Home Adult and the youth;
2. Complete an initial visit to the Host Home residence and complete the [Host Home Environment Checklist for Older Youth Placements](#);
3. Conduct the following background checks on Host Home Adults as Collaborative Care Volunteers, which will vary based on the age of the subject of the check and the type of check being conducted:
 - a. Fingerprint-Based National Criminal History Check (Fingerprint-Based Check). See Exceptions and Special Fingerprinting Issues in Practice Guidance;
 - b. Child Protection Services (CPS) History Check in every state the subject of the check has lived in the last five (5) years,
 - c. National Sex Offender Registry check in every state the subject of the check has lived in the last five (5) years, and
 - d. Law Enforcement Agency (LEA) records check must be completed by requesting a search from the appropriate LEA corresponding to each residential address the subject of the check has resided in during the past five (5) years.

Note: Any of the above listed background checks **may** be conducted on any other adults (age 18 or older) living in the Host Home if the 3CM has reason to believe conducting a check is in the best interest of the youth.

4. Complete face-to-face visits with the Host Home Adult, at a minimum, every other month;
5. Ensure the Host Home Adult is providing adequate opportunity for the youth to further develop his or her independent living skills. This includes the Host Home Adult completing the [Casey Life Skills \(CLS\) Assessment](#) as a caregiver and the youth completing the CLS Assessment as a youth. This also includes the Host Home Adult assisting the older youth in developing interdependence in the community and positive social connections; and
6. Evaluate the results of the background check information and determine the appropriateness of the information in relation to the use of the Host Home. See Practice Guidance.

Note: The 3CM will share the results with the subject of the checks only.

PRACTICE GUIDANCE

Host Home

A Host Home setting is one where a youth resides in the home of a family, single, related, or unrelated adult's home. The youth shares basic facilities and agrees to expectations as established by both the Host Home and [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#) (see separate policy, [11.22 Voluntary Collaborative Care \(CC\) Agreement](#)). This placement shall be used when an existing positive adult relationship has been identified by the youth or members of the youth's team with the youth's agreement. Host Home Adults are mentors to youth who practice healthy youth-adult partnerships. Host Home placements are not appropriate for peer roommates, biological parents, or adoptive parents. 3CMs shall complete the above mentioned background checks on the Host Home Adults who will be providing supervision for the older youth who is placed in the home. 3CMs may require other adults in the home to also complete the background checks, as noted above, and these will be done at the discretion of the 3CM in consultation with the 3CM Supervisor.

The services provided in CC should be specific to the needs of the youth. The Host Home Adult will assist in the facilitation of services through cooperative communication with the 3CM as to the areas of opportunity that arise. The Host Home Adult will complete the CLS Assessment as a caregiver and administer the CLS Assessment to the youth. These tools will be utilized to assist the youth to remain in accordance with the youth's [Transition Plan for Successful Adulthood \(SF 55166\)](#). Host Home Adults will recognize teachable moments and assist the youth in budgeting funds, purchasing personal items, and setting up bank savings and/or checking accounts to promote and increase the youth's financial responsibility, and other independent living skills as outlined in the Older Youth Service Standards. The need for a referral to a Collaborative Care Service Provider will be determined by the youth, with the guided support of the 3CM, Host Home Adult, and assessment tools.

Exceptions to Fingerprinting

An exception may only be granted by the DCS Central Office Background Check Unit (COBCU) and is for limited and case-specific situations, such as the following:

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

3. When a qualified medical practitioner has documented the subject's disabling condition prevents fingerprinting.

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

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

If the exception is granted, the COBCU will complete the Indiana Limited Criminal History Check (LCH) on the subject of the check and provide official notice of the fingerprint exception status. If the subject lived in any other state in the last five (5) years, contact the COBCU for guidance on what type of check is needed in that state.

Special Fingerprinting Issues

Homebound

If the subject of a check is unable to leave his or her home for fingerprinting, the 3CM should contact the COBCU for appropriate instruction and approval.

Unreadable Prints and Reprint Notice

Fingerprints may be rejected by the Indiana State Police (ISP) or the Federal Bureau of Investigations (FBI) for a number of reasons. Each rejection is evaluated individually. For each reprint notice issued, the subject of the check must schedule a reprint appointment. Once the necessary number of rejections within the appropriate timeframe has been obtained, COBCU will request that a nonemergency Name-Based Check be processed. Once the name-based check has been requested the processing timeframe is longer than a fingerprint check.

FORMS AND TOOLS

1. [Foster Home/Host Home Agreement](#)- Available in hard copy
2. [Host Home Environment Checklist for Older Youth Placements](#)- Available in hard copy
3. [Casey Life Skills Assessment](#)- Available in hard copy
4. [Transition Plan for Successful Adulthood \(SF 55166\)](#)
5. [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#)


RELATED INFORMATION

Host Home Adults shall provide independent living training that includes, but is not limited to:

1. Providing food and shelter for the youth residing in the home;
2. Displaying positive role modeling behaviors;
3. Utilizing teachable moments that provide the youth opportunities to engage in healthy risk taking, fostering both positive and negative consequences;
4. Adhering to the expectations of the [Foster Home/Host Home Agreement](#) resulting in positive and negative consequences; and
5. Establishing progressive and appropriate expectations based on the needs and age of the youth.

Expectations of the Host Home placement will be discussed and agreed upon in the Child and Family Team (CFT) Meeting held prior to the youth's transition. The following topics, which are included in the [Foster Home/Host Home Agreement](#), shall be discussed:

1. Physical description of living space ([Host Home Environment Checklist for Older Youth Placements](#));
2. Refraining from discriminating against the youth based on race, religion, national origin, gender, disability, or sexual orientation;
3. Expectations, roles, responsibilities, and consequences of the youth and Host Home Adult;
4. Frequency of services and provider visits and meetings; and
5. Per Diem and Payments.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: September 1, 2021
	Section 26: Minimum Contact for Collaborative Care Placements	Version: 2

POLICY OVERVIEW

Regular contact with youth in Collaborative Care (CC) is the most effective way that the Indiana Department of Child Services (DCS) may promote timely implementation of the Case Plan/Prevention Plan for children and families served by DCS, monitor progress toward goals, and revise service plans, as needed.

Regular contact with the youth allows DCS to:

1. Assess the youth’s health, safety, well-being, and permanency;
2. Develop and maintain a trusting and supportive relationship with the youth;
3. Assess the youth's progress;
4. Discuss the youth's thoughts and feelings about living on their own or with the resource parent, if applicable; and
5. Discuss social connections and interactions for optimal functioning as an adult.

PROCEDURE

DCS will have monthly face-to-face contact with all youth participating in CC. Contact should occur on a monthly basis and should not exceed 30 calendar days between contact. The contacts may alternate between the youth’s residence and other locations (e.g., school and court). DCS will have face-to-face contact with the resource parent, including host homes, at a minimum of every other month.

During case junctures involving the youth or resource parent, contact with the youth and/or resource parent, including host homes, must be made weekly by the assigned Collaborative Care Case Manager (3CM) until the episode has been stabilized. The 3CM will communicate and partner with the resource parent 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.

The 3CM will have contact with each youth admitted to residential treatment at least weekly and face-to-face contact, including time alone, at least monthly, with no more than 30 calendar days between contacts. The weekly contact may be by phone or virtual (i.e., using virtual technology), depending on the residential agency’s capacity.

At each contact with the youth, the 3CM will:

1. Assess the youth's safety, stability, permanency, and well-being, including mental health (e.g., emotional distress), physical health (e.g., injuries and illness), educational status (e.g., attendance and grade level achievement), and progress toward successful adulthood transition, and gather information to complete the Face-to-Face Contact form;
2. Discuss progress toward the goals identified in the Transition Plan for Successful Adulthood. See policies 5.08 Developing the Case Plan/Prevention Plan and 11.06 Transition Plan for Successful Adulthood for additional guidance;
3. Review progress of current services to determine if any additional services are needed and make appropriate referrals. See policy 5.10 Family Services for additional guidance;
4. Document the visit and any new information gained using the Face-to-Face Contact form and enter the information in the case management system within three (3) business days; and
5. Determine if a Child and Family Team (CFT) Meeting should be convened to assess whether a case juncture warrants continued weekly visits, if applicable, for youth who are not placed in residential treatment. See policy 5.07 Child and Family Team Meetings for additional information.

Note: If contact cannot be made, the 3CM will document in the case management system what efforts were made. A discussion about actions taken and next steps should be made with the 3CM Supervisor.

At each contact with the resource parent, including host home, the 3CM will:

1. Discuss the youth's safety, stability, permanency, and well-being;
2. Review and discuss progress of current services and determine if additional services are needed for the youth and/or family and make appropriate referrals; and
3. Document the visit and any new information gained using the Face-to-Face Contact form and enter the information in the case management system within three (3) business days.

The 3CM Supervisor will:

1. Guide the 3CM as necessary during regular staffing and clinical supervision and discuss next steps if the 3CM is unable to make contact with the youth and/or the youth's resource parent (including host home); and
2. Ensure information is entered timely in the case management system.

LEGAL REFERENCES

- [IC 31-28-5.8-6: Updating case plans: transitional services plan: visitation with family case manager](#)

RELEVANT INFORMATION

Definitions

Case Juncture

A case juncture is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the Case Plan/Prevention Plan, Safety Plan, and or the Plan of Safe Care. Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement;

2. Formal or informal supports;
3. Family Involvement;
4. Visitation;
5. Behavior;
6. Diagnosis (mental or physical);
7. Sobriety;
8. Skills acquisition; or
9. Education.

Clinical Supervision


Clinical Supervision is a process in which an individual with specific knowledge, expertise or skill provides support while overseeing and facilitating the learning of another individual.

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- [Face-to-Face Contact \(SF 53557\)](#)
- [5.C Tool: Face-to-Face Contact Guide](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.10 Family Services](#)
- [11.06 Transition Plan for Successful Adulthood](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2019
	Section 27: Permanency for Older Youth in Collaborative Care (CC)	Version: 3

STATEMENTS OF PURPOSE

The Department of Child Services (DCS) is committed to ensuring permanency for youth in Collaborative Care. In extraordinary cases, the legal permanency options of Reunification, Adoption, Legal Guardianship, and Permanent Placement with a Fit and Willing Relative may not meet a particular youth’s permanency needs. When such cases have been identified, alternative types of Another Planned Permanency Living Arrangements (APPLA) may be considered which include, but are not limited to:

1. Relational Permanency;
2. Adult Adoption; or
3. Re-connecting with biological family members.

Note: APPLA is only an option for youth 16 years of age and older. DCS must document why every other permanency plan option is not in the best interest of the child, as well as, document continuous diligent efforts to locate adult relatives of the youth (see Practice Guidance).

DCS will ensure Collaborative Care (CC) youth can identify at least one (1) supportive adult who he or she believes will be a lifelong connection. If the CC youth is unable to identify a supportive adult, a referral to the Youth Connections Program may be made.

Code References

1. [IC 31-28-5.8-7: Periodic reviews by court; notice; participation; orders](#)
2. [IC 31-34-21-7.5: Placement prohibited in residence of individual who committed certain acts or offenses; criminal history check; contents of permanency plans](#)

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 [5.B Tool- Family Network Diagram Instruction Guide](#) as a tool to aid the youth in identifying possible supportive adults or connections;
3. Engage the Child and Family Team (CFT) in conversations regarding the youth’s permanency status;
4. Make a referral for the Youth Connections Program if the youth cannot identify a supportive adult or connection;
5. Document all diligent efforts made to locate adult relatives; and
6. Document the reasons every other permanency plan options are not in the best interest of the child.

PRACTICE GUIDANCE

While youth and young adults are still in out-of-home placement related programs, efforts should be made to enhance and develop existing relationships with adults who youth trust or with whom trust could be strengthened. Building the capacity of existing relationships to offer more empathetic and insightful emotional support could provide important resources for the youth as he or she leaves out-of-home placement and continues to deal with the emotions and questions raised by his or her experiences prior to, and during, placement.

APPLA is a federal permanency option that is to be used sparingly, in very limited situations when attempts to achieve other permanency options have not been successful. APPLA may only be identified as a permanency plan for a youth age 16 and older, and it must be supported and approved by the CFT. When a youth age 16 and older has a permanency plan of APPLA, documentation is required at each periodic case review hearing. The documentation should reflect intensive, ongoing, and current diligent efforts to return the child home or secure placement with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent, including through efforts that utilize search technology (including social media) to find relatives for the youth. DCS must document compelling reasons why it continues to be in the best interest of the youth to have APPLA as a permanency plan and why alternative permanency plans, such as Reunification, Adoption, Legal Guardianship, or Placement with a Fit and Willing Relative, are not in the best interest of the child.

FORMS AND TOOLS

[5.B Tool- Family Network Diagram Instruction Guide](#)

RELATED INFORMATION

Relational Permanency


Samuels (2008)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, which are recognized in a court of law:

1. Reunification,
2. Adoption,
3. Guardianship,
4. Fit & Willing Relative, and
5. Another Planned Permanent Living Arrangement (only for youth 16 years of age and older).

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 POLICY	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2021
	Section 28: Dismissing a Collaborative Care (CC) Case	Version: 3

POLICY OVERVIEW

Collaborative Care (CC) is a voluntary program available to eligible youth who are currently or were formerly in out-of-home placement (see policy 11.18 Eligibility to Participate in Collaborative Care [CC]). A CC case may be dismissed when a youth is no longer eligible for CC or the youth asks for the case to be dismissed.

PROCEDURE

The Indiana Department of Child Services (DCS) will request a CC case be dismissed when a youth is no longer eligible to participate in CC or the youth asks that the youth's case be dismissed.

A youth is ineligible to participate in CC:

1. On or after the youth's 21st birthday;

Note: In the event the governor declares a state of disaster emergency under IC 10-14-3-12, the DCS Director or designee may extend CC per IC 31-28-5.8-5.

2. When the youth fails to continuously maintain eligibility requirements as provided in the policies or rules adopted by DCS; or

Note: If the youth does not continue to meet eligibility requirements for a period of 30 days, voluntarily decides to leave the youth's CC placement, or otherwise demonstrates a lack of interest in receiving services and/or remaining in placement, the Collaborative Care Case Manager (3CM) Supervisor will consult with the Local Office Attorney who may file a motion to dismiss.

3. The youth indicates a desire to withdraw from CC.

If DCS terminates a Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services before the expiration date without the agreement of the youth, the youth or a Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA) participating with the consent of the older youth may, within 15 calendar days of the date of the notice that DCS intends to terminate the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services, request that the court:

1. Hold a hearing regarding the cause for terminating the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services; and
2. Enter an order containing findings and conclusions regarding whether DCS properly terminated the agreement for good cause.

Note: Following the dismissal of a CC case, youth who are otherwise eligible for CC

may request re-entry to CC or participate in Voluntary Older Youth Services (see policies 11.07 Voluntary Older Youth Services and 11.18 Eligibility to Participate in Collaborative Care).

If a youth notifies the 3CM that the youth no longer desires to participate in CC, the 3CM will:

1. Request that the youth document in writing the reasons why the youth would like to have the CC case closed by completing the Collaborative Care Case Request for Case Dismissal;
2. Schedule a Child and Family Team (CFT) Meeting with the youth to discuss the youth's desire to leave CC and continuing needs;

Note: If the youth declines to participate in a CFT Meeting, the 3CM will document the efforts made to schedule a meeting and the youth's responses.

3. Develop a plan with the youth and CFT to address the youth's living arrangements, informal supports, and the youth's option to return to CC if the youth desires to do so in the future;
4. Ensure the youth has all required documents listed in the Transition Plan for Successful Adulthood, including the Foster Care Verification Letter;
5. Staff the request to dismiss the youth's case with the 3CM Supervisor;
6. Obtain reports from the youth's service providers, including the providers' recommendations regarding case closure and a description of the youth's participation in services;
7. Submit a request to the court for the CC case to be dismissed. This request should include a copy of the youth's request for case closure from the youth, notes from the CFT Meeting (if applicable), a plan for the youth's living arrangements and supports, reports from providers, and the recommendation of the youth's GAL/CASA (if applicable);
8. Document all of the information from the above steps in the case management system; and
9. Close the the case in the case management system.

If a youth runs away or does not participate in CC services for a period of 30 days, DCS will take these actions as an indication that the youth desires to no longer participate in CC. In such cases, the 3CM will:

1. Attempt to contact the youth and document the outcome of all attempts;
2. Document in the case management system any damage done to the apartment or home where the youth lived if damages are noted;
3. Document in the case management system any criminal charges filed against the youth as a result of the youth's behavior;
4. Obtain reports from the youth's service providers, including the providers' recommendations regarding case closure and a description of the youth's participation in services;
5. Staff the request to dismiss the youth's case with the 3CM Supervisor;
6. Submit a request to the court for the CC case to be dismissed. This request should include a description of the youth's lack of involvement in CC or runaway status and any damages to the youth's placement and resulting criminal charges (if applicable), copies of the reports from providers, and the recommendation of the youth's GAL/CASA (if applicable);

7. If contact with the youth is successful, ensure the youth has all required documents listed in the Transition Plan for Successful Adulthood, including the Foster Care Verification Letter;
8. Send a copy of the request for the CC case to be dismissed to the youth's last known address.

Note: In the event the youth wants a hearing on DCS' request to dismiss the CC case, the youth is responsible for requesting a hearing if there is no GAL/CASA assigned to the case. The 3CM must advise the youth that the youth must request the hearing. If there is a GAL/CASA assigned to the case, the GAL/CASA may request a hearing.

Before submitting the request for case dismissal to the court, the 3CM Supervisor will staff the case for closure with the Collaborative Care Management team to review and confirm documentation is completed and closure is appropriate.

LEGAL REFERENCES

- [IC 10-14-3-12 Disaster emergency; emergency gubernatorial powers](#)
- [IC 31-28-5.8-8: Closing collaborative care cases](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- [Collaborative Care Case Request for Case Dismissal \(SF 56005\)](#)
- [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)
- [Foster Care Verification Letter \(SF 56571\)](#)

Related Policies

- [11.07 Voluntary Older Youth Services](#)
- [11.18 Eligibility to Participate in Collaborative Care](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Budget Worksheet	Effective Date: July 1, 2006
	Reference: 11.A (Chapter 11 – Older Youth Services)	Version: 1

SUGGESTED BUDGET WORKSHEET

EXPENSES		INCOME		
Housing		Main Income		
House payment/rent		Second Income		
Taxes & Insurance (Renter's)		Other Income		
		Total Income		
Other Bills		Income Available for Savings		
Car Payment				
Car Insurance		Total Income		
Life & Health Insurance		Total Expenses Minus	-	
Electric		Savings		
Other Utilities (i.e. water)		Approximate Bill Percentages		
Telephone				
Internet Fees		Housing (approximately 30%)		
Credit Card 1		Household Expenses (approximately 30%)		
Credit Card 2		Other Bills (approximately 30%)		
Credit Card 3		Savings (approximately 10%)		
Loans		Paycheck Distribution with approximate percentages		
Cable				
Other Bill 1		Amount Deposited in Checking for Housing & Other Bills 60%	<u>Monthly</u>	<u>Weekly</u>
Other Bill 2			Amount of Cash For Household expenses 30%	
Other Bill 3		Amount for Long Term Savings (invested) 5%		
		Amount for Crisis Fund (Savings Account) 5%		
Household				
Household Budget				
Total Expenses				

Below is a list of items to be listed under each topic. This list is only to be used as a guide and does not include all possible items.

Housing

Rent
Renter's Insurance
House Payment
Property Taxes
Property Insurance

Other Bills

Utilities (lights, phone, gas, water)
Car Payments
Credit Card Payments
Installment Loans
Life & Health Insurance
Internet Fees
Cable/Sat TV
Telephones
Auto Insurance

Household


Groceries
Health & Beauty
Car Gas
Public Transportation
Dining Out
Entertainment
Haircuts & Beauty Shop
Books & Magazines
Church Offering
Gifts
Pet food & Supplies

Savings

Crisis Fund
Home Repair & Maintenance
Auto Repair & Maintenance
Appliance Repair or Replacement
Unexpected Expenses or Bills
Pet Veterinarian bills

Long Term Savings

College Fund
Home Purchase
Auto Purchase

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Voluntary Services Host Home Agreement	Effective Date: June 1, 2016
Reference: 11.B (Chapter 11 – Older Youth Services)	Version: 3	

VOLUNTARY SERVICES HOST HOME AGREEMENT

Part I

Name of Youth: _____

Voluntary Services Host Home Name:

Address: _____ **Phone:** _____

The agreed upon monthly rate to be paid by the youth is: \$ _____ per month. This is a month to month agreement and begins on _____.

Rent is due on the 1st Saturday of each month by 5 p.m. and must be paid by cash, money order, or cashier's check. The Voluntary Services Host Home will provide a receipt upon payment.

A deposit of \$ _____ is due with the first month's payment prior to the youth moving into the home. Notice of the youth wishing to end this contract must be given 30 days in advance of move out. The deposit will be returned upon move out provided the renter has followed the guidelines of the agreement listed below in Part II-A-1, 2, and 3.

Part II

- I. The Voluntary Services Host Home will provide the following to the youth:**
- Bedroom will include the use of a bed, pillow, two (2) sets of sheets, blanket, bedspread, desk, chest of drawers, dresser with mirror, closet, and laundry basket.
 - Shared bathroom or private bath with shower or bathtub, towels, cleaning supplies, shampoo, bath soap.
 - Use of the common areas of the home such as the living room, kitchen, dining room, porch, garage, and outbuildings. Use of the TV or other common area items such as appliances if they are shared with the Voluntary Services Host Home family members.
 - Use of cleaning equipment (e.g., sweeper, broom, mop, etc.) will be made available.
 - Guidelines regarding garbage, dirt, litter or refuse are as follows: _____.
 - Food for two (2) meals a day (may or may not be prepared by the host family) and scheduled meal times if prepared. Guidelines regarding the storage of food and where food may be eaten are as follows: _____.

- Use of laundry facilities including laundry supplies such as detergent, fabric softener, and bleach.
- Parking space for vehicle, if applicable, and guidelines for friends' vehicles that may visit.
- Guidelines regarding non-working vehicles and the repair of them.
- Curfew hours, if any, or written expectations regarding coming and going from the residence.
- Guidelines for acceptable noise level regarding music, TV, or other areas that this may apply are as follows: _____.
- Guidelines for others who may visit the youth in the home are as follows: _____.
- Rules that may apply when the Voluntary Services Host Home family is home or not at home are as follows: _____.

II. The Youth will be responsible to do the following:

- Maintain the bedroom in the same condition, with allowance for normal wear, that it was when the contract began including weekly cleaning and dusting. Maintain clothing in closet, drawers or laundry basket.
- Maintain the bathroom in the same condition that it was when the contract began including weekly cleaning.
- Maintain orderliness in the common areas of the home when using and leave the areas as they were upon entering. Follow the guidelines as to the use of the TV or other common area items.
- Clean the bedroom and bath using designated cleaning equipment and return equipment following use.
- Garbage, dirt, litter, or refuse must be deposited in garbage cans used for that purpose.
- Acknowledge the scheduled time for meals and be available for such or upon preparation of meals, leave the kitchen in the same condition that it was upon arrival. Follow the rules of the Voluntary Services Host Home regarding the storage of food and where food may be eaten in the home.
- Use laundry facilities when there is a sufficient amount of clothing for a load and at times that do not inconvenience the Voluntary Services Host Home's plans for laundry. Inform the Voluntary Services Host Home if laundry supplies run low after use.
- Follow the Voluntary Services Host Home rules regarding parking the vehicle and where any friends may park, if visiting.
- Follow the rules regarding repairing a non-working vehicle.
- Follow the expectations of the Voluntary Services Host Home regarding coming and going from the residence.
- Follow the guidelines that are acceptable for noise levels such as music, TV, or other areas that this may apply.
- Follow the expectations regarding the presence of the renter's friends in the home when the Voluntary Services Host Home family is home or not at home.

III. Rules and regulations not listed in I or II above:

- Smoking by the youth may only be done outside of the house. No smoking at any time inside the house.
- No birds, cats, dogs, or other animals may be maintained in or about the Voluntary Services Host Home without written consent from the Voluntary Services Host Home.
- When using electrical appliances such as irons, fans, hair dryers, curling irons, etc., it is the responsibility of the renter to be sure they are turned off after use.

- The Voluntary Services Host Home must approve, prior to installation, the use of small refrigerators, air conditioning units, and heaters in the rented room.
- Follow the rules of safety when using any electrical appliances in the home.

Part III


I understand that this agreement will remain in effect as long as I follow these guidelines and that the agreement will be terminated if I do not follow through with this agreement. I understand that either the Voluntary Services Host Home or I may terminate this agreement by a 30 day notice in writing.

I understand that the Indiana Department of Child Services (DCS) and/or the Older Youth Services (OYS) service provider assisting me with OYS will not have any legal responsibility for me, including financial responsibility for damages that I am responsible for, nor will DCS provide legal counsel for me if I am involved in any legal situation.

I understand DCS and/or the OYS service provider will not be financially responsible for any agreements I enter into and will assume no liability.

Youth's Signature: _____ **Date:** _____

Voluntary Services Host Home signature: _____ **Date:** _____

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2019
	Section 1: Authority To License	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) is responsible for issuing a license to all foster family homes.

Foster family homes caring for related children must begin the licensing process by either submitting an [Application for Criminal History Background Check \(SF 53259\)](#) or an [Application for Foster Family Home License \(SF 10100\)](#). See separate policy, [12.03 Initial Licensing Packet](#).

DCS will issue a license to qualified applicants who comply with all applicable statutes and regulations. DCS requires all potential foster parents to:

1. Be individuals at least 21 years of age;
2. Have a stable living arrangement;
3. Maintain sufficient income to live without foster care per diem;
4. Exercise good judgment in the handling of a child;
5. Possess physical and mental health that is not detrimental to the health and welfare of the foster children; and
6. Be a married couple, an unmarried cohabitating couple who have lived together at least one (1) year, or a single person. For married couples and unmarried cohabitating couples, both individuals must be approved as foster parents.

A foster family home license is issued for a period of four (4) years.

All licensed foster family homes will follow the same licensing procedures and documentation requirements regardless of licensure by a DCS local office or an LCPA.

Code References

1. [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)
2. [IC 31-9-2-9.3: "Applicant"](#)
3. [IC 31-9-2-46.7: "Foster Care"](#)
4. [IC 31-9-2-46.9: "Foster family home"](#)
5. [IC 31-9-2-89\(c\): "Person"](#)
6. [IC 31-9-2-99.3\(c\): "Provider"](#)
7. [IC 31-27-2-1: Duties of department of child services](#)
8. [IC 31-27-4-1: License required to operate foster family home; exception](#)
9. [IC 31-27-4-16: Duration of license; limitations; renewal](#)

PROCEDURE

DCS Local Office Directors (LOD) or their designees are responsible for the:

1. Home study of prospective foster family homes;

2. Completion of final review; and
3. Approval of licensing DCS local office resource parents.

Licensed Child Placing Agencies (LCPAs) are responsible for the:

1. Home study of prospective foster family homes; and
2. Making a recommendation to the Central Office Licensing Unit regarding issuing a license to an LCPA foster family home.

PRACTICE GUIDANCE

If a potential foster family home caring for a related child is located outside the county where the Child in Need of Services (CHINS) petition has been filed, the DCS local office where the relative lives will license the home, regardless of where the CHINS petition has been filed. See separate policy, [8.5 Out of County Placements](#).

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF 53259\)](#)
2. [Application for Foster Family Home License \(SF 10100\)](#)

RELATED INFORMATION

Resource parent's homes are categorized as:

1. Foster family homes;
2. Prospective adoptive homes (licensed and unlicensed); and
3. Unlicensed relative homes.

Homes with the intent of adoption only are not required to be licensed. Next steps for adoption only homes are included in separate policy, [12.02 Responding to Initial Inquiries](#).

Foster Family Home

A foster family home is a place where an individual resides and provides care and supervision on a 24 hour basis to a child who is receiving care and supervision under a juvenile court order or for purposes of placement.

Foster Family Homes with a Therapeutic Certificate

A foster family home that has been granted a certificate indicating the home is able to provide care to a child who has serious emotional disturbances, significant behavioral health needs and functional impairments or developmental or physical disabilities; or the child receives treatment in a family home through an integrated array of services supervised and supported by qualified program staff from DCS, a provider that contracts with the Division of Mental Health and Addiction (DMHA), or an LCPA.


Licensure of Noncitizens

DCS may issue a foster family home license to an applicant or licensee with legal status of permanent resident or who possess a permanent resident card (form I-551). DCS may issue a foster family home license to an applicant or licensee with the legal status of qualified alien with prior written approval from the Deputy Director of Field Operations or designee.

Undocumented aliens may be considered as a relative placement. Critical decision making skills should be utilized when assessing the appropriateness for placement.

Resource Care for Related Placements

If a child alleged to be a Child In Need of Services (CHINS) is taken into custody under an order of the court, the court is required to consider placing the child with a relative. Relatives to be considered for placement include, but are not limited to adult siblings including step- and half-siblings, maternal or paternal grandparents, adult aunt or uncle, adult cousins, parents and extended family of half-siblings, former step-parents and extended family, or any other adult relative suggested by either parent of a child. The DCS local office should issue a foster family home license to the relative upon completion of all licensing requirements. DCS does not mandate the removal of related children from homes of relatives who are denied licensure, voluntarily withdraw their application, or who do not complete the licensing requirements.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 2: Responding to Initial Inquiries	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will accept and respond to inquiries from prospective foster parents via telephone, e-mail, fax or face-to-face. The Regional Foster Care Specialist (RFCS) or Licensed Child Placing Agency (LCPA) will be responsible for collecting, tracking, and responding to initial inquiries. Inquiry statistics should be reported by the LCPA when requested by DCS.

Code References

[IC 31-27-4-10: Investigation of applicants](#)

PROCEDURE

DCS staff will forward all initial inquires from prospective foster parents to the RFCS by:

1. Recording all contact information on the [Initial Inquiry Regarding Foster Family Home Licensure \(SF 53204\)](#); and/or
2. Entering the prospective foster parent’s demographic information into the case management system as an inquiry.

After receipt of an initial inquiry from prospective foster parents, the RFCS (or LCPA for LCPA licensed homes) will:

1. Contact the prospective applicant within three (3) business days;
2. Provide general introductory information that explains the purpose of foster care and adoption, the need for foster care and adoption in the community, roles and expectations of resource and adoptive parents, and so forth;
3. Provide basic information on licensing requirements, including training and an overview of the family preparation process; and
4. Provide prospective applicants training information (i.e., schedule and location) for Resource and Adoptive Parent Training (RAPT).

See separate policies, [12.03 Initial Licensing Packet](#), [12.05 Pre-Service Training Requirements](#), and [12.07 First Licensing Home Visit](#).

PRACTICE GUIDANCE

Inquiry Conversation Outline

The following are suggested topics that could be addressed during the inquiry conversation:

1. Purpose of foster care and role of foster parent;
2. Agency foster care needs;
3. Foster Parent Qualities;
4. Family matters to consider in foster parenting; and


5. Practical matters:
 - a. Licensing requirements,
 - b. Responsibilities of the foster parent, including his or her role in Child and Family Team (CFT) Meetings and Case Conferencing, and
 - c. Utilizing current supports.

FORMS AND TOOLS

[Initial Inquiry Regarding Foster Family Home Licensure \(SF 53204\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 3: Initial Licensing Packet	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure that all prospective foster parents receive and complete an initial licensing packet. See Forms and Tools for necessary forms.

It is recommended that the Initial Licensing Packet be distributed prior to the prospective foster parent attending the first pre-service training session.

Code References

[465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)

PROCEDURE

The licensing 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, [12.02 Responding to Initial Inquiries](#));
3. At the first home visit; or
4. At the RAPT I pre-service training session.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Application for Foster Family Home License \(SF10100\)](#)
2. [Medical Report for Caregivers \(SF45145\)](#)
3. [Medical Report for household Members \(SF 45144\)](#)
4. [Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#)
5. [Foster/Adoptive Family Inventory \(SF54607\)](#)
6. [Resource Parent Role Acknowledgement \(SF54642\)](#)
7. [Water Agreement \(SF54612\)](#)
8. [Application for Criminal History Background Check \(SF53259\)](#)
9. [Child Care Plan \(SF54608\)](#)
10. [Record of Child Placement \(SF54610\)](#)
11. [Residential Pool Requirements/Body of Water Safety Plan \(SF54609\)](#)

¹ The licensing worker refers to the DCS Regional Foster Care Specialist or the Licensed Child Placement Agency worker

12. [Initial Licensure Checklist for Foster Family Homes \(SF53153\)](#)
13. [Automated Direct Deposit Authorization Agreement \(SF 47551\)](#)
14. [Request for Taxpayer Identification Number and Certification \(W-9\)](#)
15. [Resource Family Home Physical Environment Checklist \(SF53186\)](#)
16. [Claim for Support of Children Payable from Family and Children Funds \(SF28808\)](#)

RELATED INFORMATION

Medical Forms


Medical forms must be completed by a licensed physician or a certified health practitioner (Nurse practitioner).

Completing the Licensing Packet

The documentation involved in completing the packet may be overwhelming to the prospective foster parent. The licensing worker should assist the prospective foster parent in completing the forms as needed. If special circumstances are required for assistance, the procedure is to be flexible in order to accommodate all prospective applicants.

Agency Accreditation

Due to accreditation standards, LCPAs may require additional documentation. This information may be added in the comment section of state forms or documented in the licensing file. State forms cannot be altered.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: June 1, 2020
	Section 5: Pre-Service Training Requirements	Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require all applicants for a foster family home to successfully complete 10 hours of Pre-Service Training prior to initial licensure.

DCS will require applicants seeking a therapeutic certificate through a Licensed Child Placing Agency (LCPA) to complete 20 hours of Pre-Service Training. The training must include:

1. Ten (10) hours of Pre-Service Training to be licensed as a foster parent; and
2. Ten (10) hours of additional preselected training in therapeutic foster care.

If an application for licensure has been closed through a voluntary withdrawal by the applicant, the Pre-Service training should be taken again under a new application if more than four (4) years have lapsed since the training completion date. If less than four (4) years have lapsed since the training completion date, the previous Pre-Service training hours may be used in obtaining the license. A waiver may be requested to carry forward previously taken Pre-Service training if more than four (4) years have passed. The waiver will be approved through the Central Office Licensing Unit on a case by case basis (see separate policy, [12.19 Waivers](#)).

Code References

[465 IAC 2-1.5-22: Foster parent training](#)

PROCEDURE

For DCS licensed foster homes, after Resource and Adoptive Parent Training (RAPT) I, the Regional Foster Care Specialist (RFCS) will inform the RAPT Coordinator of the applicant's completion of the RAPT sessions.

Following completion of the RAPT sessions, the RAPT Supervisor for DCS licensed homes will:

1. Obtain any written feedback regarding the applicant's training experience using the [Pre-Service/In-Service Evaluation of Trainee \(SF52760\)](#) from the RAPT trainer;
2. Evaluate feedback for any strengths or concerns;
3. Submit the written feedback to the licensing worker¹; and
4. Place a copy in the applicant's file.

Following the completion of the Pre-Service Training, the licensing worker will:

1. Verify that all Pre-Service Training has been completed by each person being licensed; and
2. Ensure training hours are documented in the case management system.

¹ The licensing worker refers to the Regional Foster Care Specialist (RFCS) or the LCPA worker.

The applicant remains in applied status until the effective date of their license. Issuance of the foster care license demonstrates that all license requirements are met.

PRACTICE GUIDANCE

DCS has established a statewide Pre-Service Training program, using the RAPT Curriculum, as a component of the family preparation process designed to complement the mutual assessment process.

FORMS AND TOOLS

[Pre-Service/In-Service Evaluation of Trainee \(SF52760\)](#)

RELATED INFORMATION

Resource and Adoptive Parent Training (RAPT)

Pre-Service Training for RAPT licensing consists of:

- RAPT I- Introduction to DCS (three [3] hours)
- RAPT II- Effects of Abuse and Neglect (three [3] hours). Classes may be taken on-line using [Indiana University \(IU\) CANVAS](#). The RFCS will provide instructions for DCS foster parents to access IU CANVAS. LCPAs will be responsible for providing RAPT II to their foster parents.
- RAPT III- Discipline, Attachment, and Effects of Care Giving on the Family (four [4] hours)
- RAPT IV- Adoption (six [6] hours). This training should **only** be taken by those interested in or planning to adopt and may be taken at a later date for in-service training hours (see separate policy, [12.14 In-Service Training Requirements](#)).

All families pursuing adoption of children in care of DCS must complete RAPT I, II, III, and IV.

Note: Waivers to Adoption Training Requirement for Relative Resource

DCS may provide a waiver to the adoption requirement for relative resource homes that desire to adopt a child in their family. The pre-service adoption training required prior to initiation of the adoption home study process for unlicensed relative resource homes and the six (6) hours of RAPT IV training may be waived if the DCS Local Office Director (LOD) approves the exception in writing. The approved written exception should be placed in the child's case file.

RAPT I-III Curriculum

The RAPT curriculum incorporates 10 hours of training (both in person and online) and focuses on the following competencies:


1. Teambuilding;
2. Impact of Abuse and Neglect on Child Development;
3. Attachment, Separation, and Placement;
4. Discipline; and
5. Effects of Care Giving on the Family.

Pre-Service Requirements for LCPAs

The therapeutic pre-service requirements include RAPT I- III and the following classes:

1. Trauma Informed Care;

2. Sexual Abuse; and
3. Understanding and Managing Challenging Behavior.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: September 1, 2019
	Section 6: Medical Training Requirements	Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require a licensee to complete Cardiopulmonary Resuscitation (CPR), First Aid, and Universal Precautions training prior to initial licensure. Additionally, licensees must have continuous certification in order to maintain a foster family home license.

Code References

[465 IAC 2-1.5-22: Foster parent training](#)

PROCEDURE

The licensing worker¹ will:

1. Ensure that training accepted for credit meets the minimum requirements of these guidelines:
 - a. The CPR program must be certified in pediatric CPR and pediatric airway obstruction under the [American Heart Association Guidelines](#);
 - b. Blended learning, which includes classroom and on-line components, is acceptable;
 - c. First Aid training must include first aid for seizures, poisoning, and hemorrhaging. Any nationally accredited agency that provides First Aid training to public and private agencies is acceptable. Blended learning, which includes classroom and on-line components, is acceptable; and
 - d. Universal Precautions training must cover blood-borne pathogens which include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and the transmission of communicable diseases. Any nationally accredited agency that provides Universal Precautions training to public and private agencies is acceptable. The trainer must be certified. On-line, internet-based courses are acceptable.

Note: Foster parents must have continuous certification. For additional information on certification timeframes, please refer to the [American Red Cross](#).

2. Ensure documentation of the completed medical training is entered in the case management system; and
3. Maintain copies of certificates and documentation supporting completion of training.

The foster family home applicant or licensee will submit a copy of the certificate of completion to the licensing worker.

¹ The licensing worker refers to the Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

Note: Prior medical training received as part of applicant’s profession (e.g., Medical Doctor [M.D.], Registered Nurse [R.N.], paramedic) may replace the training requirements upon approval by the Central Office Licensing Unit. Applicants with medical training must continue to meet the certification requirements for pediatric CPR and pediatric airway obstruction under the [American Heart Association Guidelines](#), as well as the certification requirements for First Aid and Universal Precautions (see separate policy, [12.20 Variances](#)).

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

1. [American Heart Association Guidelines](#)
2. [American Red Cross](#)

RELATED INFORMATION

DCS staff may consult with staff development about training options for DCS licensed foster homes. DCS has a contract for instructor led classroom courses for foster parents licensed by DCS. The contract is only valid for DCS foster homes and does not include homes licensed by LCPAs. DCS will **not** reimburse the cost of training through any other source.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: June 1, 2019
	Section 7: Licensing Home Visits	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS), its designee, or a licensing worker will conduct a minimum of two (2) visits to the home of the prospective foster family for the purpose of assessing the physical environment of the home and engaging in a thoughtful dialogue with all members of the household about foster parenting or adoption.

Dually licensed homes are licensed to provide both foster care and licensed child care or adult foster care. Licensing of child care homes is done by Family Social Services Agency (FSSA) Division of Family Resources and adult foster care homes is done by the Bureau of Developmental Disability Services (BDDS). In the event that a licensed home is a foster family home and a child care home/adult foster care home, licensing workers from each agency are to coordinate the licensing process. A foster family home must have DCS approval prior to being licensed for daycare/adult foster care. A waiver will be required for homes seeking to be dually licensed.

Code References

1. [IC 31-27-4-4: Consultation with fire prevention and building safety commission](#)
2. [IC 31-27-4-10: Investigation of applicants](#)
3. [IC 31-27-4-16: Duration of license; limitations; renewal](#)
4. [IC 31-27-4-18: Inspection of foster family homes](#)
5. [IC 31-27-4-19: Records of monitoring activities and inspections](#)
6. [IC 31-27-4-20: Cooperation by licensees](#)

PROCEDURE

The licensing worker will:

1. Ensure the applicant has received the forms in the licensing packet prior to the first licensing visit using the [Initial Licensure Checklist for Foster Family Homes \(SF53153\)](#). See separate policy, [12.03 Initial Licensing Packet](#);
2. Schedule the first home visit concurrently with the Pre-service Training phase;
3. At the home visits:
 - a. Ensure the applicant has received the [Foster Parent Resource Guide](#);
 - b. Review and discuss the content of all forms with the applicant and answer any questions;
 - c. Provide the applicant with assistance in completing the forms, if necessary; and
 - d. Collect all completed forms.

Note: The medical forms, child care plan, residential pool requirements/body of water safety plan and water analysis forms may be completed and returned as late as at the second home visit.

4. Discuss family members' feelings (attitudes, expectations, concerns) about resource parenting;
5. Discuss the family's [Child Care Plan \(SF54608\)](#);
6. Conduct an assessment of the physical environment of the home, documenting findings on the [Resource Family Home Physical Environment Checklist \(SF53186\)](#);
7. Discuss any concerns about the physical environment of the home with the applicant;
8. Verify the identity of all household members. See separate policy, [2.09 Verifying Identity](#);
9. Verify marriage and divorce status, if applicable;
10. Complete the [Financial Profile](#), included in the [Foster/Adoptive Family Inventory \(SF54607\)](#);
11. Ensure appropriate background checks have been completed. See separate policy, [13.9 Conducting Background Checks for Foster Home Licensing](#); and
12. Request a waiver from the Central Office Foster Care Licensing Unit for the home to be dually licensed if needed. See separate policy, [12.19 Waivers](#).

When the licensing worker receives the forms from the applicant, copies of the [Child Care Plan \(SF54608\)](#) and [Resource Parent Role Acknowledgement \(SF54642\)](#) forms should be:

1. Given to the applicant; and
2. Placed in the licensing file.

PRACTICE GUIDANCE

Discussing Family Member Feelings About Fostering

When adults make a decision to become foster parents they also make the decision for their children to become part of a family that fosters. Fostering is a very significant change in anyone's life, even more so for the children within the family. Children, even within the same family, will often have very different views about the prospect of becoming a family that fosters.

Initially, many children are very enthusiastic about the idea of fostering. During the course of the assessment, if the child is capable of understanding, the licensing worker must talk to him or her about the idea of a foster child coming to stay. The licensing worker will evaluate how realistic the child's expectations are and how difficult or easily they might adapt to life within a family that fosters. The licensing worker must talk to them regularly throughout the application process. The parents should have regular family meetings to discuss how becoming a resource family will affect each family member and how current or future difficulties will be addressed.

Children's views may change from loving fostering to hating it, particularly in the early stages when the expectations of the children come up against the realities of the situation. For example, a child may have been looking forward to a new playmate that they could play football and other sports with, but then later find out that the foster child is not interested in sports and only wants to play computer games. This kind of disappointment may be quite hard on him or her.

The licensing worker should also bear in mind that many children will not want to tell their parents about their dissatisfactions with fostering, for fear they might be seen as letting their parents down. The licensing worker should continuously explore how the children are feeling and coping with fostering. This should continue even after they have fostered for a few years. As children mature, they may be more open to the idea of having foster children in their home at certain times and less open at others. It is not uncommon for a foster family to take a break from fostering for short periods of time to focus on their family and children.

Evaluating a home for dual license

The Licensing Unit should evaluate and update the following information annually to determine whether a family or individual should be granted a waiver to be dually licensed:


1. How many biological children does the foster parent have in the home and what are their ages?
2. Have any of the household children been adopted, and if so, what are their current needs?
3. How many children does the foster parent provide daycare for and what are each of their ages? If it is adult foster care, how many adults do they provide care for or plan to provide care for and what are each of their needs?
4. Does the foster parent have anyone who works in the daycare on a regular basis, and if so, what is their schedule? Does this person provide care for daycare children and foster children?
5. What is the family structure within the home?
6. Who are the foster family's support system?
7. Check the following link: www.childcarefinder.in.gov and note if there are any concerns regarding the daycare license.

FORMS AND TOOLS

1. [Resource Parent Role Acknowledgement \(SF54642\)](#)
2. [Child Care Plan \(SF54608\)](#)
3. [Initial Licensure Checklist for Foster Family Homes \(SF53153\)](#)
4. www.childcarefinder.in.gov
5. [Foster Parent Resource Guide](#) – Available in hard copy
6. [Resource Family Home Physical Environment Checklist \(SF 53186\)](#)
7. [Foster/Adoptive Family Inventory \(SF 54607\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: November 1, 2021
	Section 08: Foster Family Home Application	Version: 3

POLICY OVERVIEW

Children need alternative caregivers that are willing to provide a safe and stable home while in out-of-home care. In order to become a licensed foster home a Foster Family Home Application must be completed and approved.

PROCEDURE

The application for a foster family home license will be completed by the applicant and should be collected by the licensing worker at the earliest possible time in the licensing process. Relative families who have placement of a related child must sign the Application for Criminal History Background Check form on or prior to the date of placement to begin the licensing process.

Once an application has been received, one (1) of the following disposition decisions will occur:

1. The application is approved and the applicant becomes licensed;
2. The application is denied; or
3. The application is voluntarily withdrawn by the applicant.

Note: If the applicant is in the denial process, the applicant may not voluntarily relinquish the application unless the Department of Child Services (DCS) consents. See policy 12.18 License Denials for additional information.

Upon receipt of the Application for Foster Family Home License form, the licensing worker will:

1. Input the application date and other information in the case management system;

Note: The application date for a foster family home license shall be the date that the Application for Foster Family Home License form is signed.

2. Determine if all required documentation has been provided by the agency or individual;
3. Notify the applicant in writing of any incomplete forms or omission in the documentation and the date forms are due by utilizing the Initial Licensure Checklist for Foster Family Homes form; and
4. Mail the Request for Personal Reference Statement for Foster Family Home License Applicants forms to a minimum of four (4) of 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 form. This form is used to document 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 form, the licensing worker will:

1. Process the voluntary closure in the case management system; and
2. Submit the recommendation electronically for approval as follows:
 - a. A DCS local office licensing worker submits the recommendation to the licensing worker's Local Office Director (LOD) or designee;
 - b. The LOD or designee submits the recommendation to the Central Office Licensing Unit Manager for processing; and
 - c. A Licensed Child Placing Agency (LCPA) licensing worker submits the recommendation to the Central Office Licensing Unit.

Upon receipt of the recommendation, the Central Office Licensing Unit Manager will process the recommendation in the case management system.

If a license is being denied or revoked, see separate policies, 12.18 License Denials and 12.21 Revocations.

Note: The application will automatically be closed by the electronic case management system if a disposition decision has not occurred 365 days from the application date.

LEGAL REFERENCES

- [IC 31-27-4-5: Apply for licenses; criminal history checks](#)
- [IC 31-9-2-107: Relative](#)

RELEVANT INFORMATION

Definitions

Licensing Worker

Licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker

Relative Family

A relative is defined in IC 31-9-2-107 as any of the following in relation to a child:

1. A parent
2. A grandparent
3. A brother
4. A sister
5. A stepparent
6. A stepbrother
7. A stepsister
8. A first cousin
9. An uncle
10. An aunt


11. Any other individual with whom a child has an established relationship

Forms and Tools

- [Application for Criminal History Background Check \(SF 53259\)](#)
- [Application for Foster Family Home License \(SF 10100\)](#)
- [Initial Licensure Checklist for Foster Family Homes \(SF 53153\)](#)
- [Request for Personal Reference Statement for Foster Family Home License Applicants \(SF 5320\)](#)
- [Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey \(SF 53237\)](#)

Related Policies

- [12.18 License Denials](#)
- [12.21 Revocations](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	
	Section 11: Foster Family Home Licensing Study	
	Effective Date: February 1, 2022	Version: 5

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) requires a foster family home licensing study be completed and/or updated during initial licensure, annual review, and relicensure. Information obtained in the foster family home licensing study determines the family's ability to provide a safe, stable, and supportive environment for a child placed in their care.

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PROCEDURE

The Indiana Department of Child Services (DCS) will require all foster family home studies to be prepared using the state-approved foster family home licensing study.

The licensing worker will complete the state-approved foster family home licensing study by:

1. Incorporating feedback from prospective foster family interviews completed during all licensing home visits, information from the training feedback form, and information from other required forms;
2. Conducting additional interviews or obtaining additional records as necessary; and
3. Documenting the licensing recommendation and supporting evidence within the summary.

Following the completion of the state-approved foster family home licensing study, the licensing worker will:

1. Meet with the applicant to have the applicant review the summary and submit any feedback; and
2. Obtain signatures as required on the appropriate forms for the state-approved foster family home licensing study.

The state-approved foster family home licensing study must be updated by completing an addendum within 30 days when any significant changes occur within the foster family home, such as, but not limited to:

1. Change in address;
2. Change in employment or finances of the foster family;
3. Household members being added or deleted from the family composition; and
4. Changes to the living environment that affect the structure of the home.

Note: The state-approved foster family home licensing study will also be updated at the time of annual review and re-licensure.

RELEVANT INFORMATION

Definitions

Licensing Worker

The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker.

Forms and Tools

- [Child Behavioral/Health Challenges \(SF 53199\)](#)

Related Policies

- N/A

LEGAL REFERENCES

- [IC 31-27-4-10: Investigation of applicants](#)
- [IC 31-27-4-14: Delegation of investigations](#)


PRACTICE GUIDANCE- DCS POLICY 12.11

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

State-approved Foster Family Home Licensing Study

The Structured Analysis Family Evaluation (SAFE) home study must be used by all DCS Regional Foster Care Specialists and LCPA licensing staff. Additional information regarding the SAFE home study may be found at <http://www.safehomestudy.org/Home.aspx> or by contacting the Central Office Foster Care Licensing Unit.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: July 1, 2019
	Section 12: Foster Family Home Capacity	Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require the foster family home to only care for the number of children authorized on the license and only at the address that is designated by the license.

The maximum capacity requirements are based on the age, needs and category of supervision of the child.

A foster family home may not provide supervision and care for more than six (6) individuals at once. No more than four (4) of the individuals may be children who are less than six (6) years of age and each individual must be either:

1. Less than 18 years of age, or
2. At least 18 years of age and receiving care and supervision under an order of a juvenile court.

Note: The maximum capacity includes the children in the home for whom the foster parent is a parent, stepparent, guardian, custodian, or other related or non-related children for whom the provider provides continuous and direct care and supervision.

A foster family home may not provide overnight or regular and continuous care and supervision to a child who is the subject of a power of attorney while providing care to a child placed in the home by DCS or probation without an exception.

A foster family home with a therapeutic certification may not provide supervision and care as a therapeutic foster family home to more than four (4) total children at the same time; including the children for whom the foster family home is a parent, stepparent, guardian, custodian, or other relative. Only two (2) of the four (4) may be foster children.

Note: The capacity for a foster home with a therapeutic certificate will also apply to all licensed homes who generally care for a child who has a Child and Adolescent Needs and Strengths (CANS) score of three (3) or four (4).

A foster family home that has a child who has a CANS score of three (3) or four (4) placed with them may not accept a non-related child who does not have a CANS score of three (3) or four (4) unless it is in the best interest of the child being placed. An exception must be granted for non-siblings.

A child specific exception to capacity may be requested for any of the following reasons:

1. To allow a parenting youth in foster care to remain with the child of the parenting youth;
2. The placement of siblings in the same foster family home is desirable;
3. A foster child has an established, meaningful relationship with the foster family;

4. To allow a family with special training or skills to provide care to a child who has a severe disability;
5. The:
 - a. Child is being placed in the foster family home for a second or subsequent time under [IC 31-34-23-5](#),
 - b. Placement would not cause the foster family home to be out of compliance with federal law, and
 - c. DCS determines that the placement would not present a safety risk for the child or for any other resident of the foster family home; or
6. It is otherwise in the foster child's best interest.

Respite care is not considered a placement. However, when choosing a respite provider the FCM and licensing worker should consider the same factors they would consider when identifying placement options, including caregiver capacity and ability.

Code Reference

1. [IC 29-3-9-1\(h\): Delegation of powers by executed power of attorney; limitations](#)
2. [IC 31-27-4-1: License required to operate foster family home; exception](#)
3. [IC 31-27-4-8: Supervision and care limits; exceptions](#)
4. [IC 31-34-23-5: Placement of a child with a previous placement](#)

PROCEDURE

Prior to requesting initial capacity for a foster family home or an exception to capacity, the licensing 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 [Resource Family Home Physical Environmental Checklist \(SF53186\)](#) can accommodate the number of children who need placement;
3. Evaluate the ability of the foster parent to meet the needs of the children currently in the home, in addition to the foster children;
4. Submit an exception request **prior** to placing children in the home if an exception is required (see practice guidance section); and
 - a. Submit an **urgent** email to the Foster Care Licensing Unit including the resource ID number and the required information below for emergency placements occurring during business hours, and
 - b. Submit all required information the next business day if an emergency occurs after business hours or over the weekend.
5. Request an exception in the case management system.

Note: Once the exception is no longer needed, a request to reduce capacity should be submitted via the case management system.

The Central Office Licensing Unit Manager or designee will:

1. Print the approved license reflecting the capacity; and

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

2. Mail the license to the licensing worker so it can be forwarded to the foster family and a copy should be retained for Central Office files.

PRACTICE GUIDANCE

Below is a list of necessary information needed for the Central Office Foster Care Licensing Unit to evaluate a request for a **child specific** exception to capacity. Use the outline below as a format for submitting information regarding exception requests:


1. The number of household children under the age of 18 (e.g., biological, adopted, and guardianship); their age, sex, category of supervision; and a brief summary of their behavioral, emotional, and physical needs;
2. The number of foster children currently in the home and a brief summary of their behavioral, emotional, and physical needs. Include their age, sex, and category of supervision;
3. The names of the children who need placement and a brief summary of their behavioral, emotional, and physical needs at the time of placement, including category of supervision;
4. A description of the foster family's support system;
5. A description of the foster parents' work schedules and their child care plan;
6. Written statements (email or letter) from each FCM who has foster children placed in the home, detailing whether they are in support of the additional child being placed in the home;
7. The experience of the foster family:
 - a. Number of years fostering,
 - b. Areas of expertise, and
 - c. Any specific training they have received to meet the needs of the children in their home.
8. An explanation of the following; and
 - a. Placement of siblings in the same foster family is desirable,
 - b. The foster child has an established, meaningful relationship with the foster family, or
 - c. It is otherwise in the foster child's best interest for the exception to be granted.
9. The sleeping arrangements for household members.

FORMS AND TOOLS

[Resource Family Home Physical Environmental Checklist \(SF53186\)](#)

RELATED INFORMATION

DCS will require the applicant or licensee to notify the licensing worker within 24 hours of any change in the household composition, such as the number of persons living in the home.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: July 1, 2021
	Section 13: Licensing Recommendation and Approval Process	Version: 3

POLICY OVERVIEW

In order for the Indiana Department of Child Services (DCS) to ensure a foster family is equipped to meet the needs of a child and ensure a child’s safety, the foster family must complete the recommendation and approval process to be licensed.

PROCEDURE

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. Ask the applicant if they need a reasonable accommodation due to a disability;

Note: If an applicant has a disability, DCS will take into account the provision of reasonable accommodations. DCS will not discriminate against an applicant who is a person with a disability.

3. Consider the demographics and number of children that can best be served in the home;
4. Ensure the home fully complies with the licensing requirements and regulations;
5. Ensure all required documents and training have been completed; and
6. Ensure all information is entered in the case management system.

When processing the licensing recommendation, the licensing worker will:

1. Process the request for licensure in the case management system within five (5) business days of the completion of the state-approved foster family home licensing study (see policy 12.11 Foster Family Home Licensing Study); and

Note: The licensing worker who requests licensing approval cannot be the same person who approves the license.

2. Submit a recommendation for approval to:
 - a. The Local Office Director (LOD) or designee for DCS local offices, or
 - b. The Central Office Licensing Unit for Licensed Child Placing Agencies (LCPAs).

Note: DCS will not recommend children to be placed in a home until final approval has been given to license unless the home is a relative or kinship home. See policy 8.48 Relative or Kinship Placements for more information.

DCS will process all recommendations received by the licensing worker within 30 calendar days of receipt as follows:

1. The DCS LOD or designee will process the licensure approval or endorse the denial in the case management system for DCS local offices. See policy 12.18 License Denials for further guidance regarding license denials; or
2. The Central Office Licensing Unit will process the license approval or denial in the case management system for LCPAs. See policy 12.18 License Denials for further guidance regarding license denials.

Note: If the license is approved, the Central Office Licensing Unit will print the approved license and mail the license to the licensing worker, who will maintain a copy in the file and provide a copy to the foster family home.

The case management system will automatically set the effective date of the license to be the date the applicant completes the requirements. 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.

License Revisions

Licensing workers are required to make revisions in the case management system when a change occurs. After receiving the notification of a change, the licensing worker will follow the approval process outlined in this policy. Changes may include, but are not limited to:

1. The family moving to a new residence within the licensing agency's jurisdiction;
2. People entering or leaving the household (see policy 12.12 Foster Family Home Capacity); and
3. Licensee name change.

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. Ensure a copy of the license is mailed to the licensing worker to be filed and forwarded to the foster family home.

LEGAL REFERENCES

- [IC 31-27-4-16: Duration of license; limitations; renewal](#)
- [IC 31-27-4-6.5](#)
- [42 USC 12102: Definition of disability](#)

RELEVANT INFORMATION

Definitions

Licensing Worker


The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the LCPA worker.

Forms and Tools

N/A

Related Policies

- [12.11 Foster Family Home Licensing Study](#)
- [12.12 Foster Family Home Capacity](#)
- [12.18 License Denials](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: April 1, 2020
	Section 14: In-Service Training Requirements	Version: 6

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require all Foster Family Home licensees to successfully complete in-service training. The in-service training requirements will need to be completed by each licensee in the foster family household.

Issuance of the foster care license demonstrates that all license requirements are met and begins the annual cycle for completion of in-service training requirements. The applicant is in applied status until the effective date of their license.

DCS requires each licensee in the foster family home to successfully complete 15 hours of in-service training annually, which includes any 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.

Each DCS region will provide opportunities for in-service training on a regular basis.

DCS will allow licensees to earn up to eight (8) hours through alternative trainings (e.g., online trainings, books, and videos). The remaining hours must be earned through face-to-face trainings (e.g., conferences, live conferences, and trainings through support groups).

Note: CPR, First Aid, and Universal Precautions will **not** count as in-service credit as they are considered mandatory licensing requirements.

DCS will allow up to five (5) in-service training hours, which were 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. Rationale for exceptions to in-service training requirements must be documented and maintained in an individual file at each licensing agency.

Code Reference

1. [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)
2. [IC 31-27-4-2: Therapeutic foster home; certificates; requirements; supervision and care limits](#)

PROCEDURE

[REVISED] Each licensee will:

1. Complete required in-service training hours for licensure annually; and
2. Seek approval for alternative trainings (if applicable) by:
 - a. Verifying alternative training activities are on [Approved Alternative In-Service Training](#) document lists,
 - b. Submitting a summary of the non-approved training activity, which may include an agenda, a PowerPoint, a speaker biography, or an outline of the training to DCSRAPTRRegistrations@dcs.in.gov to request approval of the non-approved training activities by the RAPT and Provider Assistant Deputy Director. The submission of the request should be done in a timely manner that allows for sufficient time for the RAPT and Provider Assistant Deputy Director to review the training and determine if it is approved (e.g., submitting the request the week of the training does not allow sufficient time for approval), and
 - c. Completing the [Alternative Training Verification \(SF52643\)](#) if the training is approved, and
 - d. Submitting to the licensing worker¹.

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 case management system;
3. Track training hours and documentation by each licensee, not by family or home;
4. Request approval from the RAPT and Provider Assistant Deputy Director for any alternative training requests that are not listed on the [Approved Alternative In-Service Training](#) document lists. Submit all requests to DCSRAPTRRegistrations@dcs.in.gov. The submission of the request should be done in a timely manner that allows for sufficient time for the RAPT and Provider Assistant Deputy Director to review the training and determine if it is approved (e.g., submitting the request the week of the training does not allow sufficient time for approval); and
5. Notify the foster parent of the decision to approve or deny the requested alternative training if the foster parent is not included in the notification of the decision by the RAPT and Provider Assistant Deputy Director.

The RAPT and Provider Assistant Deputy Director will:

1. Review all requests for approval of alternative trainings that are not listed on the [Approved Alternative In-Service Training](#), including requests from LCPAs;
2. Determine if the requested alternative training increases the knowledge and parenting skills of the foster parent; and
3. Notify the foster parent and licensing worker of the decision to approve or deny the requested alternative training.

PRACTICE GUIDANCE

N/A

¹The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker.

FORMS AND TOOLS

1. [Approved Alternative In-Service Training](#)
2. [Alternative Training Verification \(SF52643\)](#)

RELATED INFORMATION

Alternative Training

For foster family homes licensed by a local DCS office, all in-service training curriculum must be related to the roles of the foster parent in working with families and children and must be approved by the RAPT and Provider Assistant Deputy Director. All requests for additions to the [Approved Alternative In-Service Training](#) document list, including requests from LCPAs, should be sent to the RAPT and Provider Assistant Deputy Director for review and approval. Submit all requests to DCSRAPTRegistrations@dcs.in.gov. The training must increase the knowledge and parenting skills of the foster parents for the population of children they serve.

Note: LCPAs may approve trainings provided during Foster Parent support groups organized by an LCPA as long as the training is related to the role of the foster parent in working with families and children and/or increasing the foster parent's ability to parent children. Any Foster Parent support groups not organized by DCS or an LCPA will require approval by the RAPT and Provider Assistant Deputy Director. Only the actual amount of time the training takes during the support group may be counted as training hours (e.g., a training that lasts 45 minutes during a two [2] hour Foster Parent support group will count as 45 minutes of training credit).

Foster parents may only be awarded training hours from training received through employment if it directly relates to increasing their ability to parent children. The types of training that may be awarded include live conference trainings, webcasts, webinars, zoom, or live podcast hours.

Note: Live Conferences held online (i.e., in live time) may be counted as face-to-face training credit rather than alternative training. When a foster parent is unable to watch the live version of the Live Conference at the time it was held, and instead watches a recording of the Live Conference, the conference may not be counted as face-to-face training credit.

Training hours will be rounded to the nearest 15 minute. Only materials written or produced by credentialed authorities which are available to all foster parents free of charge or at a minimal cost will be approved.

Those who view the materials on the [Approved Alternative In-Service Training](#) document may receive in-service training credit following these established guidelines:

1. For videos, 60 minutes equals one (1) hour of training credit.
2. For written resources, 60 pages equals one (1) hour of training credit.
3. Time is figured in quarter hour (15 minute) increments and rounded when necessary. For example, 53 pages rounds to 1 hour, 47 pages rounds to .75 hours.
4. Credit hours are not given for completing the [Alternative Training Verification \(SF52643\)](#) form.
5. Each person is responsible for completing their own verification form even if two (2) people from the same household review the same resource.

Web Based Courses

There are currently only two (2) approved on-line trainings:

1. www.fosterparents.com; and
2. [Indiana University \(IU\) CANVAS](http://Indiana University (IU) CANVAS).

These sites offer training on issues directly related to fostering and foster children. When tests are required by the website, a score of at least 80% is needed to earn in-service training credit. A printed certificate will be provided by the website. This certificate must be submitted to the licensing worker 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. The Regional Foster Care Specialists (RFCS) may provide instructions to the foster parent to access IU CANVAS.

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 foster parent must provide a transcript with a passing grade and a syllabus and/or course schedule. Credit may be given for the completion of appropriate college courses with the number of college credit hours being doubled upon receiving the required documentation. (For example: If a foster parent attends a three (3) hour college course; with appropriate documentation, they could receive six (6) hours of in-service credit.) Partial credit may be given when only portions of the course are applicable. This would be done on a percentage basis and be determined by the RAPT and Provider Assistant Deputy Director or LCPA. If the LCPA is unsure whether the specific course would count as training hours, the LCPA should contact DCSRAPTRegistrations@dcs.in.gov with any clarifying questions and to request additional review for final approval.

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 (1) in-service hour may be awarded will be made by the RAPT and Provider Assistant Deputy Director or LCPA after careful review of the information regarding the banquet activities. If the LCPA is unsure whether the specific training would count as training hours, the LCPA should contact DCSRAPTRegistrations@dcs.in.gov to request additional review for final approval and with any clarifying questions.

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 foster parent licensed through a local DCS office to submit information related to the training to the RFCS to determine if there is a training component suitable for awarding in-service training credit. Suitability will be determined based upon the training topic, its relevance to the role of the foster care provider or foster children, and the credentials of the presenter. Credit will be awarded based upon length of actual training time. The RAPT and Provider Assistant Deputy Director 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. Submit all requests to DCSRAPTRegistrations@dcs.in.gov.

Individual Instruction Opportunities

When service providers come to a foster parent's home to work with a child, this time cannot be used as in-service training hours for the foster parents. If the service provider is providing a training to the foster parent in a one-on-one (1-on-1) situation that includes a curriculum or medical training that will increase the foster parent's knowledge of the population being served and documents that contact, then that time may be used as in-service training hours (e.g., being trained on medical equipment). If this is a provider training (i.e., non-medical), the training should be approved by the RAPT and Provider Assistant Deputy Director.

If a foster parent is trained by a medical or mental health professional on issues related to a specific child in the foster parent's care, in-service training credit may be awarded if there is documentation about the curriculum or teaching provided by the professional. This documentation should also indicate the date of the instruction, length of time spent, topic covered, the reason for the session, and the credentials of the professional providing the instruction, which may include the professional's education, experience, and/or certification. This may be on letterhead or a prescription pad. Credit for this method of instruction would be the same as a classroom session, minute for minute. This time would be considered as classroom training and not alternative training.

If a foster parent is told by a medical or mental health professional to read a specific resource that will assist them in understanding and dealing with the issues related to the care of a specific child placed with them, and that resource is not on the state approved list, in-service training credit may still be awarded for the review of this material (following the Alternative Training Guidelines, including the completion of the [Alternative Training Verification \(SF52643\)](#), and the training does not exceed the limit of the maximum hours) if a statement is received from that professional confirming the request.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 15: Annual Review	
	Effective Date: February 1, 2022	Version: 4

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

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.

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PROCEDURE

DCS requires the annual review to be completed each year until re-licensure 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.

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. Assist the foster parents with completing forms or documentation, as necessary; and

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 policy 12.26 Withdrawing from the Foster Family Home Program.

7. Recommend revocation of the foster parent's license to the DCS Local Office Director (LOD), if the licensed foster parent fails to respond within 90 days of the annual review and does not submit a voluntary withdraw of their license. See policy 12.21 Revocations for additional information.

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 using the Annual Report Regarding Resource Family Home; and
2. Collect the following:
 - a. Results from annual well water testing, if applicable, and
 - b. Verification of completed In-Service Training Requirements. See policy 12.14 In-Service Training Requirements.

Following the annual review home visit, the licensing worker will:

1. Complete a search on MyCase on all household members who are 18 years of age and older. See policy 13.09 Conducting Background Checks for Foster Family Home Licensing for more information;
2. Place the licensed foster family home on a Corrective Action Plan if all licensing requirements are not met by the annual licensure date; and

Note: If there are safety concerns, the home should be placed on a Corrective Action Plan until all licensing requirements are met.

3. Staff with the licensing worker Supervisor throughout the annual review process; and
4. Sign the Annual Report Regarding Resource Family Home, as appropriate.

The licensing worker Supervisor will:

1. Provide support to the licensing worker, as needed, throughout the annual review process; and
2. Sign the Annual Report Regarding Resource Family Home form, as appropriate, and process the form in the case management system.

See policies 12.16 Foster Family Home Relicensure and 12.22 Licensing File Requirements for additional guidance.

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RELEVANT INFORMATION

Definitions

Licensing Worker

The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker.

Forms and Tools

- [Annual Report Regarding Resource Family Home \(SF 53213\)](#)

Related Policies

- [12.14 In-Service Training Requirements](#)
- [12.16 Foster Family Home Relicensure](#)
- [12.21 Revocations](#)
- [12.22 Licensing File Requirements](#)
- [12.26 Withdrawing from the Foster Family Home Program](#)
- [13.09 Conducting Background Checks for Foster Home Licensing](#)

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LEGAL REFERENCES

- [IC 31-27-2-5: Monitoring of licensed entities](#)
- [IC 31-27-4-18: Inspection of foster family homes](#)
- [IC 31-27-4-19: Records of monitoring activities and inspections](#)
- [465 IAC 2-1.5-12: Physical facilities of the foster family home; safety; cleanliness and sanitation](#)
- [465 IAC 2-1.5-22: Foster parent training](#)


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PRACTICE GUIDANCE- DCS POLICY 12.15

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

N/A

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 16: Foster Family Home Relicensure	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires each licensed foster family home to complete relicensure every four (4) years.

An application for relicensure should be signed and dated before the date of expiration of the license.

If the application for relicensure is not received timely, and the home intends to apply for 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 policy [12.17 Probationary Status](#).

If the non-compliance of a licensing requirement constitutes a safety concern the licensing worker¹ 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 policy [12.17 Probationary Status](#).

If a licensee submits an application for relicensure, whether timely or not, DCS will process the application and issue a decision of licensure or denial.

If the home is relicensed, the relicensure would be effective at the time of expiration of the previous license.

Code Reference

[IC 31-27-4-16: Duration of license; limitations; renewal](#)

PROCEDURE

The application for relicensure of a foster family home should be completed, signed and dated on, or prior, to the expiration date of the license that is in effect. This signature date will be entered into the case management system as the application date.

Ninety (90) days prior to the license expiration, the licensing worker will:

1. Communicate with the foster parents about the relicensing timeframes and inquire if they wish to be relicensed;

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

2. Provide applicable forms and documents to be completed for licensure renewal; and
3. Inform the foster family that a visit will be scheduled when it is time for relicensure.

During the relicensure home visit, the licensing worker will:

1. Conduct a home visit to update information and determine if the family continues to meet the requirements for licensure;
2. Complete the [Resource Family Home Physical Environment Checklist \(SF53186\)](#) to ensure the safety of the home;
3. Utilize the [Re-Licensure Checklist for Foster Family Homes \(SF53155\)](#) to track completion of all the relicensure requirements;
4. Collect the following relicensure forms and documents; and
 - a. [Application for Foster Family Home License \(SF10100\)](#),
 - b. Verification of the number of training hours required by level of care for the supervision provided by the foster home. See policy [12.14 In-Service Training Requirements](#),
 - c. Verification of completion of medical trainings. See policy [12.6 Medical Training Requirements](#),
 - d. Updated [Foster/Adoptive Family Inventory \(SF54607\)](#),
 - e. Signed [Application for Criminal History Background Check \(SF53259\)](#),
 - f. Signed [Resource Parent Role Acknowledgment \(SF54642\)](#) for the renewal period,
 - g. Results from the [Water Agreement \(SF54612\)](#), if applicable,
 - h. Completed [Medical Report for Caregivers \(SF45145\)](#), and
 - i. Completed [Medical Report for Household Members \(SF45144\)](#), if applicable.
5. Provide feedback to the foster family home from the Family Case Manager (FCM) by using the [Licensing Staff Inquiry Regarding Foster Family Home \(SF53214\)](#) form regarding the children currently placed in the foster family home, if applicable.

Following the home visit and collection of forms, the licensing worker will:

1. Inform the foster family home of any missing documentation by utilizing the [Initial Licensure Checklist for Foster Family Homes \(SF53153\)](#) form;
2. Process the background checks. See policy [13.9 Conducting Background Checks for Foster Home Licensing](#);
3. Update the Foster Family/Adoptive Home Preparation Assessment Summary incorporating changes from the previous three (3) years;
4. Discuss the recommendation with his or her Supervisor;
5. Update the case management system with the date each requirement was completed; and
6. Process the licensure recommendation in the case management system.

See policies [12.13 Licensure Recommendation and Approval Process](#), [12.18 License Denials](#), [12.26 Withdrawing from the Foster Family Home Program](#), and [13.10 Evaluating Background Checks for Foster Family Licensing](#).

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 \(SF10100\)](#)
5. [Application for Criminal History Background Check \(SF53259\)](#)
6. [Foster/Adoptive Family Inventory \(SF54607\)](#)
7. [Resource Parent Role Acknowledgment \(SF54642\)](#)
8. [Water Agreement \(SF54612\)](#)
9. [Medical Report for Caregivers \(SF45145\)](#)
10. [Medical Report for Household Members \(SF45144\)](#)
11. [Initial Licensure Checklist for Foster Family Homes \(SF53153\)](#)
12. [Licensing Staff Inquiry Regarding Foster Family Home \(SF53214\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 17: Probationary Status	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Central Office Licensing Unit Manager, or designee, may revise a license to a probationary status for noncompliance with licensing regulations upon recommendation from the Local Office or from a Licensed Child Placing Agency (LCPA).

A licensee with a current valid license may be revised to a probationary status. The probationary status:

1. Will be issued for a specific time period, not to exceed 12 months;
2. May not extend past the expiration date of the license; and
3. May be issued to any licensee if:
 - a. The noncompliance is safety related but does not present an immediate threat to the safety, health or well-being of the child,
 - b. The licensing agency files a [Corrective Action Plan \(SF53171\)](#) with the Central Office Licensing Unit using the case management system to correct the areas of noncompliance within the probationary period, and
 - c. The Central Office Licensing Unit approves the plan.

Note: If a foster family home is placed on probation, no new placements can be made in the home until the home is removed from probationary status. The licensing worker¹ should initiate a placement hold in the case management system.

If the non-compliance is not safety related, a [Corrective Action Plan \(SF53171\)](#) without probation can be implemented for violations of the following:

1. DCS policy;
2. Indiana statute; or
3. Administrative rule.

The licensing worker can recommend the revocation of a license if a licensee fails to meet the terms of the probation or corrective action plan. See separate policy, [12.21 Revocations](#).

Code Reference

[IC 31-27-4-17: Probationary status; duration; expiration; extension](#)

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

PROCEDURE

The licensing worker may request a probationary status for a foster family home by completing the following steps:

1. Work with the family to create a plan of correction;
2. Enter the plan for corrective action into the case management system;
3. Submit to the local DCS office or LCPA director the required plan of correction stating the noncompliance, the method of correction, and the date that compliance will be achieved;
4. DCS local offices will submit the revision for the probationary status to the DCS Local Office Director or designee for endorsement prior to submission to the Central Office Licensing Unit; and
5. LCPAs will submit the revision for the probationary status to the Central Office Licensing Unit for approval.

The Central Office Licensing Unit Manager will approve or deny the request for the probationary status within 30 business days.

At the end of the probationary status period, the licensing worker will take one of the following actions:

1. Upon successful completion of the corrective action plan:
 - a. Enter the family's compliance into the case management system,
 - b. DCS local offices will submit the request for reinstatement of the original license to the DCS Local Office Director, or designee, for endorsement prior to submission to the Central Office Licensing Unit,
 - c. LCPAs will submit the request for reinstatement of the original license to the Central Office Licensing Unit for approval, and
 - d. The Central Office Licensing Unit Manager will:
 - i. Approve or deny the request for licensure reinstatement within 30 business days; and
 - ii. Print and mail a license to the family if the request has been approved.
2. Upon the family's noncompliance, process the recommendation for revocation in the case management system. See separate policy, [12.21 Revocations](#).

The licensing worker may request a [Corrective Action Plan \(SF53171\)](#) without probationary status by:

1. Signing the plan;
2. Obtaining the foster parent's signature; and
3. Submitting it to the LOD or designee for approval.

The LOD will:

1. Approve or deny the request for a [Corrective Action Plan \(SF53171\)](#) without probationary status; and
2. Notify the licensing worker within seven (7) business days.

If approved the licensing worker must:

1. Place a copy of the [Corrective Action Plan \(SF53171\)](#) without probationary status in the licensing file;
2. Monitor the [Corrective Action Plan \(SF53171\)](#) and ensure compliance occurs:

- a. The Corrective Action Plan can be in place for up to six (6) months,
- b. If the foster family home meets all the requirements prior to six (6) months, the family should be notified in writing that they have been removed from the Corrective Action Plan, and
- c. If the licensed foster family has made substantial progress over a period of six (6) months but has not yet met the licensure requirements, then the licensing worker can consider requesting an extension of up to six (6) months.

Note: If the foster parent refuses to sign the [Corrective Action Plan \(SF53171\)](#) and fails to 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

Examples of the use of a plan of correction without probation:

1. Lack of training hours;
2. Licensing paperwork not completed;
3. Licensing complaints; and/or
4. Background checks not completed.

The Corrective Action Plan

The purpose of the Corrective Action Plan is to support the foster parent in the development and utilization of more appropriate methods of meeting the needs of children under DCS care and supervision. In addition, the Corrective Action Plan clarifies the role of DCS and the foster parent to prevent further violations of DCS policy. The Corrective Action Plan serves as a supportive intervention rather than a punitive intervention.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: July 1, 2021
	Section 18: License Denials	Version: 8

POLICY OVERVIEW

When an applicant for a foster family home license has failed to meet the foster care licensing requirements as set out in Indiana Code (IC) or Indiana Administrative Code (IAC), and/or is unable to ensure the safety and well-being of a child, denial of the foster family home initial or relicensure application may be recommended.

PROCEDURE

The Indiana Department of Child Services (DCS) and licensing workers should not recommend licensing a foster family home if there are any concerns about placing a child with the family. 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 policies 13.09 Conducting Background Checks for Foster Home Licensing and 13.10 Evaluating Background Checks for Foster Family Licensing); or
2. The applicant made false statements on the application or the records required for licensure or relicensure.

If a denial is based on a report of CA/N that was substantiated prior to October 15, 2006, the Regional Manager (RM) or designee must review the appropriateness of the substantiation prior to the licensing worker requesting the denial. The applicant may also request this review at any time in the process (see policy 2.03 Child Care Worker Assessment Review Process).

DCS will not allow an applicant to voluntarily withdraw or transfer their foster home license application to another licensing entity once a denial recommendation has been made.

The licensing worker should consult with other DCS staff or Licensed Child Placing Agency (LCPA) 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 policy 13.10 Evaluating Background Checks for Foster Family Licensing); and

Note: A denial recommendation may be made upon receipt of information supporting a denial.

2. Any other information obtained through the state-approved foster family home licensing study related to:
 - a. The current home environment, and
 - b. The ability of the prospective foster parent to provide for the child's safety, well-being, and permanency.

Note: A complete written home study is not required if a denial is recommended. However, the license must not be denied due to a disability and reasonable accommodations should be made.

For all denials, the licensing worker will:

1. Develop a denial recommendation letter, within 90 days of the decision to deny, containing the following:
 - a. Any specific statute or rule with which the foster family home is not in compliance,
 - b. A general description of the circumstances which constitute the non-compliance or other grounds for denial, and
 - c. Documentation supporting the decision.
2. Ensure each denial recommendation letter is signed by the following individuals:
 - a. The RM, Regional Foster Care Specialist (RFCS) Supervisor, and the DCS licensing worker (for DCS Licensed Foster Family Homes), or
 - b. LCPA licensing worker, LCPA Director, or designee (for LCPA Licensed Foster Family Homes).
3. Upload the following information into the case management system:
 - a. Denial recommendation letter,
 - b. Supporting documentation that provides evidence of non-compliance (e.g., case management system contact notes, e-mail communications, background check information, and assessment information),
 - c. The Foster Home Revocation or Denial Due Process Verification form if the denial is based on substantiated CA/N.
4. Submit the denial request in the case management system to the Central Office Foster Care Licensing Unit for approval;
5. Ensure the applicant is aware of the denial recommendation and has a basic understanding of the process that will occur; and
6. Ensure any DCS or agency staff responsible for placement of a child is notified of the concerns and recommendation to deny the renewal of the license if there are children currently placed in the home.

Upon receipt and **agreement** with the recommendation to deny, the Central Office Foster Care Licensing Unit will:

1. Send a certified letter, within 60 days of the recommendation, to the applicant advising the individual of:
 - a. The application for a new foster family home license or renewal of the current license is being denied, effective 30 days from receipt of the letter,
 - b. The nature of the allegations of non-compliance with IC, IAC, or other foster family home requirements,
 - c. The right to appeal the decision within 30 calendar days of receipt of the letter (see Relevant Information),
 - d. The statutory authority of DCS to license resource family homes, and
 - e. The civil and criminal penalties for operating a foster family home without a license.
2. Send a copy of the certified letter denying the license to the licensing worker for the case file.

If Central Office disagrees with the recommendation to deny a license, the Central Office Licensing Unit will return the recommendation to the recommending agency with guidance on next steps. The recommending agency will follow up based upon the guidance received from DCS Central Office.

If the denial is based on a substantiated report of CA/N that was approved prior to October 15, 2006, the RM (or designee) for the region where the assessment took place will, prior to sending the request for denial to Central Office, complete a file review of the substantiated assessment.

If the foster family appeals the license denial and requests an Administrative Appeal Hearing as provided in IC 31-27-4-13 and 465 IAC 3-3 (also see Indiana Office of Administrative Law Proceedings (OALP) Policies):

1. DCS Hearings and Appeals will review the Request for Administrative Hearing Foster Home License Denial or Revocation and the denial letter and forward any complete and timely requests to OALP;
2. An Administrative Law Judge (ALJ) (also sometimes referred to as Administrative Hearing Officer) assigned by the OALP will schedule the hearing date and any prehearing conferences;
3. The OALP staff will notify the assigned DCS attorney, the foster family home, and any attorney representing the license applicant for purposes of the appeal, of the date, time, and location of the scheduled hearing;
4. A DCS attorney will represent DCS during the hearing;
5. After the ALJ issues the Proposed Finding of Fact and Conclusions of Law, the DCS Final Agency Authority (FAA) will automatically conduct Final Agency Review of the case and the ALJ's Proposed Finding of Fact and Conclusions of Law and issue a decision upholding, denying, or remanding the decision to deny the application for foster home license. The DCS FAA shall utilize their experience and training in the relevant subject matter when conducting their review; and

Note: The DCS FAA may schedule status conferences or briefing deadlines during the review, however, failure to attend these status conferences or respond to briefing deadlines will not result a dismissal of the case or a failure of the FAA to issue a decision on the case.

6. OALP and the parties will be notified of the decision, including any right to seek judicial review, as provided in IC 4-21.5-5.

LEGAL REFERENCES

- [IC 31-27-4-5: Apply for licenses; criminal history checks](#)
- [IC 31-27-4-6: Grounds for denial of license applications; waiver](#)
- [IC 31-27-4-13: Denial of license; notice; administrative hearing upon written request](#)
- [IC 31-27-4-16: Duration of license; limitations; renewal](#)
- [IC 4-21.5-5Chapter 5. Judicial Review](#)
- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)
- [465 IAC 3-2-2: Administrative review procedure for child care workers and licensed foster parents](#)
- [465 IAC 3-3: Administrative Hearings](#)
- [42 USC 12102: Definition of disability](#)

RELEVANT INFORMATION

Definitions

Administrative Hearing Officer

Administrative Hearing Officer refers to as an individual who presides over an administrative hearing. An Administrative Hearing Officer is also commonly referred to as an ALJ.

Final Agency Action

Final agency action means, with respect to an administrative action taken by the department, the issuance of an order by the ultimate authority of the department that:

1. Disposes of all issues for all parties to an administrative proceeding regarding the action after the parties to the administrative proceeding have exhausted all administrative remedies concerning the action; and
2. Is designated as a final order by the ultimate authority of the department.

Final Agency Authority (FAA)

For purposes of an administrative proceeding regarding an action taken by DCS, the director or the director's designee is the FAA (referred to in Indiana Code as the ultimate authority) of DCS. A designee of the director must be:

1. A Deputy Director of DCS; or
2. An individual who:
 - a. Is an attorney in good standing who is admitted to the practice of law in Indiana; and
 - b. Is an employee of DCS, except as otherwise allowed under state and federal law.

Licensing Worker


A licensing worker refers to the DCS RFCS or the LCPA worker.

Forms and Tools

- [Foster Home License Revocation or Denial Due Process Verification \(SF 55232\)](#)
- [Indiana Administrative Code](#)
- [Indiana Statute](#)
- [Request for Administrative Hearing Foster Home License Denial or Revocation \(SF 55227\)](#)

Related Policies

- [2.03 Child Care Worker Assessment Review Process](#)
- [13.09 Conducting Background Checks for Foster Home Licensing](#)
- [13.10 Evaluating Background Checks for Foster Family Licensing](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 19: Waivers	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) may grant a waiver for a foster family home to be noncompliant with a specific rule or regulation, only upon approval from the Central Office Licensing Unit.

Waivers shall be granted only for rules and regulations and not for Indiana statutory requirements.

To receive a waiver, the applicant or licensee must provide proof that compliance with the rule or regulation would constitute an undue hardship and that noncompliance does not compromise the health, safety, and welfare of children.

The Central Office Licensing Unit has sole authority to approve or deny a waiver.

Code Reference

1. [IC 31-27-2-8: Granting of variances and waivers](#)
2. [IC 31-27-2-9: Expiration of variances and waivers](#)
3. [IC 31-27-2-10: Renewal of variances and waivers](#)
4. [IC 31-27-2-11: Revocation of variances and waivers](#)
5. [IC 31-27-4-12: Eligibility for waivers and variances](#)

PROCEDURE

To request a licensing waiver, the applicant or licensee will submit documentation that:

1. Compliance with the rule or regulation specified in the application for the waiver will create an undue hardship on the applicant for the waiver; and
2. Noncompliance with the rule or regulation specified in the application for a waiver will not be adverse to the health, safety, or welfare of any child receiving services from the applicant for the waiver.

To request a waiver, the licensing worker¹ must:

1. Process the waiver request, including the documentation narrative, in the case management system; and
2. Submit the request for waiver to the Central Office Licensing Unit.

Upon receipt of the waiver request, the Central Office Licensing Unit will:

1. Review the request and ask for additional information, if applicable;
2. Approve or deny the request; and

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

3. Notify the licensing worker of waiver approval or denial.

The licensing worker will notify the applicant or licensee of the approval or denial.

PRACTICE GUIDANCE

Case by case waivers of non-safety related licensing requirements are permitted. An example of a safety related licensing requirement that **cannot** be waived is background checks. Common examples of non-safety related licensing requirements that can be waived include, but are not limited to:

1. Pre-service/in-service training (with the exception of RAPT 1);
2. CPR, Universal Precautions and First Aid (all or just one);
3. Square footage of bedrooms;
4. Bedrooms in a hall, basement or living area;
5. Children must have their own beds;
6. Reference letters; and
7. Licensing a married applicant without licensing his or her spouse due to spouse's physical absence from the household.

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 POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 20: Variances	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) may grant a variance for a foster family home to meet the intent of a DCS rule or regulation in an alternate method that still protects the health, safety, and welfare of children. A variance can be granted only upon approval from the Central Office Licensing Unit.

Variances can be granted only for rules and regulations and not for Indiana statutory requirements.

The Central Office Licensing Unit has sole authority to approve or deny a variance.

Code Reference

1. [IC 31-27-2-8: Granting of variances and waivers](#)
2. [IC 31-27-2-9: Expiration of variances and waivers](#)
3. [IC 31-27-2-10: Renewal of variances and waivers](#)
4. [IC 31-27-2-11: Revocation of variances and waivers](#)
5. [IC 31-27-4-12: Eligibility for waivers and variances](#)

PROCEDURE

To request a licensing variance, the applicant or licensee will submit documentation that outlines the alternative plan for meeting the regulation and supporting information as to how this plan does not compromise the health, safety, or welfare of any child receiving services.

To request a variance, the licensing worker¹ must:

1. Process the variance request, including the documentation narrative, in the case management system; and
2. Submit the request for variance to the Central Office Licensing Unit.

Upon receipt of the variance request, the Central Office Licensing Unit will:

1. Review the request and ask for additional information, if applicable;
2. Approve or deny the request; and
3. Notify the licensing worker of variance approval or denial.

The licensing worker will notify the applicant or licensee of the approval or denial.

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

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 POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: July 1, 2021
	Section 21: Revocations	Version: 8

POLICY OVERVIEW

It is the responsibility of licensed caregivers to ensure the safety and well-being of children placed in their care. When a licensed caregiver has failed to meet any of the foster care licensing requirements that help to ensure a child’s safety, a revocation of the foster family home license may be recommended.

PROCEDURE

The Indiana Department of Child Services (DCS) and its licensing workers will recommend revocation of a foster family home license if:

1. The licensee or the licensee’s household members, employees, or volunteers who are required to have background checks do not pass the background checks (see policies 13.09 Conducting Background Checks for Foster Home Licensing and 13.10 Evaluating Background Checks for Foster Family Licensing);
2. The licensee made false statements on the application or the records required for licensure;
3. The licensee failed to meet any other foster care licensing requirements as set out in Indiana Code (IC) or Indiana Administrative Code (IAC);
4. The licensee failed to meet the terms of progressive discipline developed with the licensing worker; or
5. There has been a substantiation of Child Abuse and/or Neglect (CA/N) against the licensee or a member of the licensee’s household.

Note: If a revocation is based on a report of CA/N that was substantiated prior to October 15, 2006, the Regional Manager (RM) or designee must review the appropriateness of the substantiation determination prior to the licensing worker requesting the revocation. The licensee may also request this review at any time in the process (see policy 2.03 Child Care Worker Assessment Review Process).

DCS will not allow a licensee to voluntarily relinquish the foster home license or transfer to another Licensed Child Placing Agency (LCPA) once the revocation process has begun unless approved by the Central Office Foster Care Licensing Unit.

DCS will not place children in a foster family home whose license is on probationary status, placement hold, pending revocation, or has been revoked.

To arrive at a written recommendation regarding revocation of a license the licensing worker should consult with other DCS staff or LCPA staff, as applicable, based on:

1. Information found in all background checks (see policy 13.10 Evaluating Background Checks for Foster Family Licensing);

2. Any information obtained through the state-approved foster family home licensing study; and/or
3. Any other information related to the current home environment, and the ability of the foster parent to provide for the child's safety, well-being, and permanency.

For all revocations, the licensing worker will:

1. Develop a revocation recommendation letter, within 90 days of identification of non-compliance, containing the following:
 - a. Any specific statute or rule with which the foster family home is not in compliance,
 - b. A general description of the circumstances which constitute the non-compliance or other grounds for revocation, and
 - c. Documentation supporting the decision.
2. Ensure each revocation recommendation letter is signed by the applicable group:
 - a. A revocation recommendation letter for DCS licensed foster family homes should be signed by the RM, Regional Foster Care Specialist (RFCS) Supervisor, and DCS licensing worker, or
 - b. A revocation recommendation letter for LCPA licensed foster family homes should be signed by the LCPA licensing worker and the LCPA Director or designee.
3. Upload the following information into the case management system:
 - a. Revocation recommendation letter,
 - b. Supporting documentation that provides evidence of the violations (e.g., case management system contact notes, e-mail communications, background check information, and assessment information), and
 - c. The Foster Home Revocation or Denial Due Process Verification form if the revocation is based on substantiated CA/N.
4. Submit the revocation request in the case management system to the Central Office Foster Care Licensing Unit for approval;
5. Ensure the foster home is aware of the revocation recommendation and has a basic understanding of the process that will occur; and
6. Ensure any person or agency responsible for the supervision of a child placed in the home is notified of the concerns and resulting recommendation.

Upon receipt and agreement with the recommendation to revoke, the Central Office Foster Care Licensing Unit will:

1. Send a certified letter, within 60 days of receipt of recommendation, to the foster family home advising the individuals of:
 - a. The fact that the license for a foster family home is being revoked effective 30 days from receipt of the letter,
 - b. The nature of the allegations of non-compliance with IC, IAC, or other foster parent requirements,
 - c. The right to request an informal meeting with the Resource Unit Local Office Director (LOD) or designee within 10 business days of receipt of the letter (if the home is licensed by an LCPA, an LCPA representative must attend the informal meeting),

Note: DCS management involved in staffing the revocation should not complete the informal meeting with the foster family.

- d. The right to appeal the decision within 30 days of receipt of the letter,
- e. The statutory authority of DCS to license foster family homes, and

- f. The civil and criminal penalties for operating a Foster Family Home without a license.
2. Send a copy of the certified letter revoking the license to the licensing worker for their file.
3. Notify all DCS local offices and any other agency responsible for supervision of a child placed in the home that the license has been revoked; and
4. Enter the revocation effective date in the case management system 30 days after the date the foster parent received the revocation letter or when the Administrative Appeal process was completed, if applicable.

If the request to revoke a foster family home license is not approved, the Central Office Foster Care Licensing Unit will:

1. Notify the recommending DCS office or LCPA of the decision to deny the request; and
2. Require the recommending DCS office or LCPA to discuss and address areas of concern with the foster family home.

Revocation Appeals

If the foster family home appeals the license revocation and requests an Administrative Appeal Hearing as provided in IC 31-27-4-13 and 465 IAC 3-3 (also see Indiana Office of Administrative Law Proceedings [OALP] Policies and policy 2.05 Administrative Appeal Hearings):

1. DCS Hearings and Appeals will review the Request for Administrative Hearing Foster Home License Denial or Revocation form and the revocation letter and forward any complete and timely request to OALP;
2. An Administrative Law Judge (ALJ) (also referred to as an Administrative Hearing Officer) assigned by OALP will schedule the hearing date and any prehearing conferences;
3. The OALP staff will notify the assigned DCS attorney, the foster family home, and any attorney representing the license applicant for purposes of the appeal, of the date, time, and location of the scheduled hearing;
4. A DCS attorney will represent DCS during the hearing;
5. After the ALJ issues Proposed Findings of Fact and Conclusions of Law, the DCS Final Agency Authority (FAA) will automatically conduct a FAA review of the case and the ALJ's Proposed Findings of Fact and Conclusions of Law and issue a decision upholding, denying, or remanding the decision to deny the application for foster home license. The DCS FAA's experience and training in the relevant subject matter may be considered; and

Note: The DCS FAA may schedule status conferences or briefing deadlines during the review, however, failure to attend these status conferences or respond to briefing deadlines will not result in a dismissal of the case or a failure of the FAA to issue a decision on the case.

6. OALP and the parties will be notified of the decision, including any right to seek judicial review, as provided in IC 4-21.5-5.

If the licensee does not appeal or is not successful in the appeal and the home has not ceased operation, the Central Office Foster Care Licensing Unit will:

1. Notify the prosecuting attorney in the county where the home is located and the Indiana Attorney General regarding the illegal operation; and
2. Notify all DCS local offices and, if applicable, the supervising LCPA responsible for supervision of a child placed in the home that the license has been revoked.

If the licensee is successful on appeal, the Central Office Foster Care Licensing Unit will:

1. Notify the licensing agency of the decision and direct them to reinstate the license; and
2. Ensure the license is effective in the case management system.

LEGAL REFERENCES

- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)
- [470 IAC 1-4: Administrative Appeals](#)
- [465 IAC 3-2-2: Administrative review procedure for child care workers and licensed foster parents](#)
- [465 IAC 3-3: Administrative Hearings](#)
- [IC 4-21.5-5 Chapter 5. Judicial Review](#)
- [IC 31-27-4-22: Notice of enforcement actions; informal meetings](#)
- [IC 31-27-4-23: Administrative hearings](#)
- [IC 31-27-4-24: Procedure for administrative hearings](#)
- [IC 31-27-4-30: Notice](#)
- [IC 31-27-4-32: Grounds for revocation of license; waiver](#)
- [IC 31-27-4-33: Compliance with rules; disciplinary sanctions; revocations of license](#)

RELEVANT INFORMATION

Definitions

Administrative Hearing Officer

An Administrative Hearing Officer refers to an individual who presides over an administrative hearing. An Administrative Hearing Officer is also commonly referred to as an Administrative Law Judge (ALJ).

Final Agency Action

Final agency action means, with respect to an administrative action taken by the department, the issuance of an order by the ultimate authority of the department that:

1. Disposes of all issues for all parties to an administrative proceeding regarding the action after the parties to the administrative proceeding have exhausted all administrative remedies concerning the action; and
2. Is designated as a final order by the ultimate authority of the department.

Final Agency Authority (FAA)

For purposes of an administrative proceeding regarding an action taken by DCS, the director or the director's designee is the FAA (referred to in Indiana Code as the ultimate authority) of DCS. A designee of the director must be:

1. A deputy director of DCS; or
2. An individual who:
 - a. Is an attorney in good standing who is admitted to the practice of law in Indiana; and
 - b. Is an employee of DCS, except as otherwise allowed under state and federal law.

Licensing Worker

The licensing worker refers to the DCS RFCS or the LCPA worker.

Progressive Discipline

Progressive discipline is a process of improving the performance of a foster home. It may include, but is not limited to guiding discussion, education, team meetings, developing a working agreement, safety planning, a corrective action plan, a placement hold, and probation with or without a placement hold.

Forms and Tools

- [Foster Home Revocation or Denial Due Process Verification \(SF 55232\)](#)
- [Request for Administrative Hearing Foster Home License Denial or Revocation \(SF 55227\)](#)

Related Policies

- [2.03 Child Care Worker Assessment Review Process](#)
- [2.05 Administrative Review Process](#)
- [13.09 Conducting Background Checks for Foster Home Licensing](#)
- [13.10 Evaluating Background Checks for Foster Family Licensing](#)



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 12: Foster Family Home Licensing

Section 22: Licensing File Requirements

Effective Date: February 1, 2022

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) local office or Licensed Child Placing Agency (LCPA) is 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.

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PROCEDURE

Licensing files are the property of DCS. The Child Welfare Services Division will conduct random reviews and/or audits of DCS local office and LCPA licensing files.

The licensing worker will:

1. Use forms, Initial Licensure Checklist for Foster Family Homes, and Re-Licensure Checklist for Foster Family Homes, to aid in gathering all the necessary documentation for the relevant licensure action (i.e., initial licensure, annual review, or re-licensure). These forms may also be used for supervisory review;
2. Log dates of completed forms and other materials in the appropriate checklists in the case management system; and
3. Ensure the forms and other materials listed below are in the licensing file, as appropriate, for foster family homes to be licensed and to maintain licensure:
 - a. Completed Application for Foster Family Home License,
 - b. Resource Family Home Physical Environment Checklist completed at initial licensure, annual review, and re-licensure,
 - c. Water Agreement and documentation of results or statement of city water completed at initial licensure, annual review (well water testing only, if applicable), and re-licensure,
 - d. Original state-approved foster family home licensing study,

Note: If the original home study was not the Structured Analysis Family Evaluation (SAFE), the signed Resource Family Preparation Assessment Cover Page should also be included in the licensing file.

- e. Original signed Resource Parent Role Acknowledgment and each subsequent signed agreement at initial licensure and re-licensure,

- f. Completed Licensing Staff Inquiry Regarding Foster Family Home form regarding each child placed in the foster family home at the time of the child's departure from the home or at re-licensure, whichever comes first,
- g. Verification the foster parent has met the pre-service training requirement (copy of training records) completed at initial licensure, annual review, and re-licensure,
- h. Completed Pre-Service/In-Service Evaluation of Trainee if applicable,

Note: The Pre-Service/In-Service Evaluation of Trainee will be completed by the Resource and Adoptive Parent Training (RAPT) Trainer if there are concerns or issues that arise during RAPT training.

- i. Verification of the required annual in-service training hours (copy of training records),
- j. Verification of Cardiopulmonary Resuscitation (CPR), first aid, and universal precautions training (copy of training records) at initial licensure, annual review, and re-licensure to ensure certification of the licensee remains current,
- k. Completed Application for Criminal History Background Check at initial licensure and re-licensure,
- l. Results of all required background checks completed as outlined in policy 13.09 Conducting Background Checks for Foster Family Home Licensing,
- m. Copy of supporting documentation for any waiver, variance, or exception, if applicable (see policies 12.12 Foster Family Home Capacity, 12.19 Waivers, 12.20 Variances),
- n. A copy of the Medical Report for Caregivers for each applicant at initial licensure and re-licensure,
- o. A copy of the Medical Report for Household Members for each household resident at initial licensure and re-licensure,
- p. Four (4) Request for Personal Reference Statement for Foster Family Home License Applicants,
- q. Completed Financial Verification for Foster Family Homes completed at initial licensure and re-licensure (see policy 12.31 Financial Verification for Licensure),
- r. Completed Kinship Connection Diagram completed at initial licensure and re-licensure,
- s. Completed Compatibility Inventory,
- t. Completed Child Care Plan completed at initial licensure and re-licensure,
- u. Verification of the applicant or licensee's birth (birth certificates or other forms of verification),
- v. Verification of the applicant or licensee's marriage and divorce (if applicable),
- w. 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,
- x. Completed Initial Licensure Checklist for Foster Family Homes,
- y. Completed Re-Licensure Checklist for Foster Family Homes,
- z. Foster Parent Safety Agreement Regarding Firearms and Other Weapons completed at initial licensure and re-licensure, if applicable,
- aa. Completed Record of Child Placement, and
- bb. Documentation of Corrective Action Plan, if applicable.

The DCS Central Office Licensing Unit will conduct a licensing file Quality Assurance Review (QAR) process for DCS local offices and LCPAs. Random samplings of hard copy licensing files will be reviewed. The process will be as follows:

1. 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 complete file to the Central Office Licensing Unit. Documentation should be organized as requested. The complete licensing case files are due in Central Office two (2) weeks after the QAR notice is received by the DCS Local Office or LCPA. The licensing worker will provide a copy of the requested information to the Central Office Licensing Unit via mail or scanned into email;
2. Upon completion of the review, a feedback notification will be forwarded to the licensing agency. The licensing worker will be expected to correct any errors and provide missing documentation within a two (2) week time-period. Anything received by the Central Office Licensing Unit after the two (2) week period will not be reviewed as part of the QAR and will be noted as an error or omission;
3. The Central Office Licensing Unit may request additional licensing case files to be reviewed when errors or omissions appear to be consistent throughout the initial sample files; and
4. A summary outlining the general findings will be sent to each LCPA and DCS local office within 60 days of the QAR completion.

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RELEVANT INFORMATION

Definitions

Licensing Worker

The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker.

Forms and Tools

- [Application for Foster Family Home License \(SF10100\)](#)
- [Application for Criminal History Background Check \(SF53259\)](#)
- [Child Behavioral / Health Challenges \(SF53199\)](#)
- [Child Care Plan \(SF54608\)](#)
- [Compatibility Inventory](#)
- [Corrective Action Plan \(SF 53171\)](#)
- [Council on Accreditation](#)
- [Financial Verification for Foster Family Homes \(SF 55734\)](#)
- [Foster Parent Safety Agreement Regarding Firearms and Other Weapons \(SF 56320\)](#)
- [Initial Licensure Checklist for Foster Family Homes \(SF53153\)](#)
- [Kinship Connection Diagram](#)
- [Licensing Staff Inquiry Regarding Foster Family Home \(SF53214\)](#)
- [Medical Report for Caregivers \(SF45145\)](#)
- [Medical Report for Household Members \(SF45144\)](#)
- [Record of Child Placement \(SF 54610\)](#)
- [Re-Licensure Checklist for Foster Family Homes \(SF53155\)](#)
- [Request for a Child Protection Service \(CPS\) History Check \(SF 52802\)](#)
- [Request for Personal Reference Statement for Foster Family Home License Applicants \(SF53203\)](#)
- [Resource Family Home Physical Environment Checklist \(SF53186\)](#)
- [Resource Parent Role Acknowledgment \(SF54642\)](#)
- [Structured Analysis Family Evaluation \(SAFE\)](#)

- [Water Agreement \(SF54612\)](#)

Related Policies

- [12.12 Foster Family Home Capacity](#)
- [12.19 Waivers](#)
- [12.20 Variances](#)
- [12.31 Financial Verification for Licensure](#)
- [13.10 Evaluating Background Checks for Foster Family Licensing](#)

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LEGAL REFERENCES

- [IC 31-27-2-5: Monitoring of licensed entities](#)
- [IC 31-27-4-19: Records of monitoring activities and inspections](#)
- [IC 31-27-4-20: Cooperation by licensees](#)

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PRACTICE GUIDANCE- DCS POLICY 12.22

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


Additional Information

Due to the accreditation standards of the Council on Accreditation (COA), the licensing agency may require additional documentation. This information may be added in the comments section of state forms or documented in the licensing file. State forms may not be altered.

DCS Central Office Licensing Unit Address

DCS Central Office Licensing Unit
Indiana Department of Child Services, Central Office
302 West Washington Street, E306
Indianapolis, IN 46204

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 23: Assessment for Negative Licensing Action	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will assess any Child Abuse and/or Neglect (CA/N) allegation regarding licensees of Licensed Child Placing Agency (LCPA) or DCS local office foster homes.

The DCS local office or LCPA responsible for licensing compliance will investigate allegations of licensing rule violations that do not meet the statutory definition of CA/N.

DCS or an LCPA licensing 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 2-1.5: Licensing of Foster Family Homes for Children](#)
2. [IC 31-27-4-17: Probationary status; duration; expiration; extension](#)
3. [IC 31-27-4-18: Inspection of foster family homes](#)
4. [IC 31-27-4-19: Records of monitoring activities and inspections](#)
5. [IC 31-27-4-20: Cooperation by licensees](#)
6. [IC 31-27-4-33: Compliance with rules; disciplinary sanctions; revocation of license](#)

PROCEDURE

DCS Field Staff will:

1. Assess CA/N allegations on foster family homes licensed by DCS local offices and LCPAs;
2. Evaluate the results of the assessment and make appropriate findings; and
3. Submit the completed report to the licensing worker

Upon receipt of the CPS assessment findings or after a licensing complaint investigation, the licensing worker will:

1. Evaluate the findings and present to the DCS Local Office Director or designee, or the LCPA director, and DCS Staff Attorney for review;
2. Process the recommendation for probationary or negative action in the case management system. See separate policies, [12.17 Probationary Status](#) and [12.21 Revocations](#);
3. Submit written recommendations to the Central Office Licensing Unit for approval;

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

4. Cooperate with the Central Office Licensing Unit by providing necessary records, documentation, and witnesses upon the request of the Central Office Licensing Unit.

Upon receipt of the findings of the CPS assessment or licensing complaint investigation, the Central Office Licensing Unit will:

1. Gather and review additional information as needed;
2. Make decisions concerning any appropriate sanctions and provide direction and recommendations to the licensing staff; and
3. Inform the appropriate parties of decision.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2019
	Section 24: Staff as Foster Parents	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) prohibits an employee who is a licensed foster parent from having any professional responsibilities related to the employee's own license.

DCS prohibits a DCS local office or Licensed Child Placing Agency (LCPA) from providing pre-service or in-service training for an applicant or licensee who is employed by the agency.

DCS prohibits staff of an LCPA who are licensed foster parents from being licensed through or having placements monitored by the agency by which they are employed.

Licensed foster parents who become employed by a DCS local office or LCPA must immediately transfer their license to a DCS local office in a region other than the region in which they are employed or to an LCPA.

Licensed foster parents who become employed by an LCPA must immediately transfer their license to a DCS local office or to another LCPA.

Any individual employed by a DCS local office choosing to become a licensed foster parent must be licensed by an LCPA or a DCS local office in a region other than the region in which he or she is employed. The employee may not accept placement of children from the DCS local office in which he or she is employed unless prior approval is obtained by the Deputy Director of Field Operations.

Note: Regional Foster Care Specialists (RFCS) must be licensed in a region other than the region in which they are employed.

Any individual employed by a LCPA and choosing to become a licensed foster parent must be licensed by another LCPA or a DCS local office. The employee may not accept placement of children who are supervised by the LCPA in which he or she is employed unless prior approval is obtained by the Deputy Director of Field Operations.

Code Reference
N/A

PROCEDURE

The RFCS will notify his or her Supervisor when a foster parent or individual applying to be a foster parent is an employee of DCS .

The RFCS Supervisor will:

1. Determine if the foster parent or individual applying to be a foster parent is employed by a DCS local office; and
2. Ensure no conflict of interest exists by requesting the RFCS to begin transferring an employee's existing license or application to a different region or an LCPA, whichever is chosen by the licensee or applicant.

The RFCS will then:

1. Contact the foster parent applicant or foster parent to discuss getting licensed in another region, or transferring their license to an LCPA;
2. Discuss with the foster parent or applicant which DCS local office (outside of the region where he or she is employed) or LCPA is most appropriate to hold the license in order to ensure there are no conflicts;
3. Contact the DCS local office in the region where the foster parent chooses to maintain their license or the LCPA and ask if the transfer is possible; and
4. Begin transferring the license or application in the case management system. See separate policy, [12.27 Transferring a Foster Family Home License](#).

The LCPA licensing worker will notify the Central Office Licensing Unit when a foster parent or applicant is an employee of the LCPA.

The LCPA licensing worker will:

1. Contact the foster parent or applicant to discuss being licensed by another LCPA or DCS local office;
2. Discuss with the foster parent which local office or LCPA is most appropriate to hold the license in order to ensure there are no conflicts of interest;
3. Contact the DCS local office or the LCPA and ask if the transfer is possible; and
4. Begin transferring the license or application in the case management system. See separate policy, [12.27 Transferring a Foster Family Home License](#).

If the two (2) agencies involved agree that it would be in the child's best interest to have case management services provided by the agency where the foster parent works, a proposal may be submitted to the Central Office Licensing Unit outlining why this arrangement is best for the child and what procedures and/or policies have been put in place to avoid any potential conflict.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

LCPAs may develop a Memorandum Of Understanding (MOU) to prevent the disruption of case management services until the child in question reaches permanency. LCPAs may continue providing therapeutic services which are Medicaid reimbursed regardless of which agency is providing the service.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 26: Withdrawing from the Foster Family Home Program	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will allow an applicant or licensee to cease participation in the program as a foster parent by:

1. Voluntary closure of initial or relicensure application; or
2. Voluntary closure of a license prior to expiration.

If a foster family does not voluntarily withdraw, then the foster home license will be revoked. See separate policy, [12.21 Revocations](#).

Code Reference

N/A

PROCEDURE

To withdraw from the foster family program, the applicant or licensee will complete and submit to the licensing 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 case management system; and
3. Notify each Family Case Manager (FCM) of the pending closure of the foster home so that a transition plan may be developed for the child and a new placement located to accommodate the needs of the child. See separate policies, [8.38 Placement Changes](#) and [8.41 Transitioning from Out-of-Home Care](#).

PRACTICE GUIDANCE

Foster parents should be informed that they have the right to withdraw from the foster family home program if they wish. There will be no penalty for implementing a voluntary withdrawal and, if they do so, the home will remain in good standing. If a foster parent wishes to withdraw and does not provide the appropriate documentation, a revocation will be sought. Revoking a foster parent license means that the license is forcibly closed and is not considered in good standing.


¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

FORMS AND TOOLS

[Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey \(SF53237\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: April 1, 2015
	Section 27: Transferring a Foster Family Home License	Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will allow a licensed foster family home or a foster family home with an application pending to transfer their current license or application to a different licensing agency.

If a foster family home license transfer is requested, the receiving agency must complete a new state-approved foster family home licensing study (see separate policy, [12.11 Resource Family Preparation Assessment](#)). The remainder of the licensing file must be copied and sent by the originating agency to the receiving agency. Any prior home study should remain in the file so the receiving agency has all of the historical information on the family. The licensing worker¹ at the receiving agency will be required to complete a new home study.

Note: For purposes of this policy, the “licensing file” is defined as those documents that are required by Indiana code to license a foster family home (see separate polices, [12.03 Initial Licensing Packet](#) and [12.11 Resource Family Preparation Assessment](#)).

A foster family home license may only be transferred if communication has occurred throughout the evaluation process between both agencies and the agencies have determined the home to be in good standing. A home that is not in good standing shall not have its license transferred unless the Central Office Licensing Unit has granted prior approval (see Practice Guidance).

Code Reference

[465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)

PROCEDURE

When a licensed foster family home is transferring its license, the following procedures must be followed:

1. The foster parent will provide the originating agency a signed letter of intent indicating a request to transfer;
2. The originating agency will evaluate the foster home and determine if the home is in good standing (see Practice Guidance). If necessary, the originating agency will contact Central Office Licensing for assistance in determining if the home is in good standing;
3. The originating agency will complete the [Resource Home License Transfer \(SF54781\)](#) and send it to the receiving agency. The originating agency will advise the receiving agency if the home is in good standing. The receiving agency may contact Central Office Licensing for guidance if they feel the transfer should occur even though the foster family home may not be in good standing.

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

4. The receiving agency will obtain statements from all Family Case Managers (FCMs) who have children in the home, if there are children currently placed in the home, stating whether they are supportive of the foster family home transferring to a different agency. If an FCM is not supportive and the licensing worker believes it is in a child's best interest, a request may be made to Central Office Licensing for a review;
5. The receiving agency will review the [Resource Home License Transfer \(SF54781\)](#) for consideration of the transfer and will send written notification to the originating agency regarding whether or not they are willing to evaluate the transfer;
6. The originating agency has 14 business days to send the licensing file to the receiving agency once they have received written notification from the receiving agency that they are willing to evaluate the transfer of the foster family home;
7. The receiving agency will conduct an initial home visit and complete the [Resource Family Home Physical Environment Checklist \(SF53186\)](#) and the state-approved foster family home licensing study once the licensing file has been received;
8. The receiving agency will send a letter to the originating agency regarding whether or not they are willing to accept the transfer, pending approval by the Central Office Licensing Unit;
9. Both agencies will coordinate a transfer date if all parties agree to accept the licensure transfer;
10. The originating agency will maintain all licensing responsibilities for the foster family home until the agreed upon transfer date;
11. The originating agency will update the case management system with regard to all current licensing activities and information;
12. The originating agency will update the case management system and click "Edit" on the "Foster Family Home Details" bar and change the "Supervising Agency" and the "Assigned Worker" information on or prior to the agreed upon transfer date;

Note: Once the "Supervising Agency" and the "Assigned Worker" information has changed, the originating agency will no longer be able to edit or update information in the case management system pertaining to the foster family home, so it is imperative to have all licensing information entered in the system prior to changing the "Supervising Agency" and "Assigned Worker".

13. The receiving agency will enter the case management system and submit a recommendation for transfer to the Central Office Licensing Unit, which will include completing the [Transfer Checklist](#). The agreed upon date for the transfer must be entered in the last field of the [Transfer Checklist](#) in order for the effective date to be correct. The receiving agency will upload a new home study as well as other pertinent documents and e-mails and update any other licensing information prior to submitting the foster family home for approval in the case management system;

Note: It is important to double check the dates entered on the [Transfer Checklist](#), as corrections cannot be made once the transfer is approved if the dates are entered incorrectly.

14. The Central Office Licensing Unit will approve or deny the transfer request in the case management system and ensure the following are completed:
 - a. Review each recommendation for transfer, including one (1) from the originating agency and one (1) from the receiving agency,
 - b. Document the approval or denial of the transfer in the case management system,

- c. Print the approved license reflecting the transfer and ensure the licensure dates from the original license remain the same, and
 - d. Mail the receiving agency's licensing worker a copy of the new license to be filed and maintained. The receiving agency has the responsibility to send the license to the foster parent.
15. The Central Office Licensing Unit will contact the originating and receiving agencies if the request for transfer is denied to notify each of the reasons for denial.
 16. The receiving agency will send the new hard copy license to the foster family home once it is received from Central Office Licensing Unit if the transfer is approved;
 17. The receiving agency licensing worker will send an e-mail to the DCS Resource Unit (DCSResourceunit@dcs.in.gov) and the FCM for each child in the home advising of the approved transfer and the effective date in order for the home to be associated with the new agency for payment purposes; and
 18. The FCM for each child in the home will complete a new Individual Child Placement Referral (ICPR) once the transfer is completed.

When a foster home application (the home is in Initial Application Pending status) is transferred, the following procedures must be followed:

1. The licensing worker will advise the applicant of his or her right to transfer his or her application to another agency;
2. The applicant will provide a written request to the originating agency to transfer his or her application and provide the reason for the request to transfer;
3. The originating agency will send to the receiving agency a summary with information regarding the applicant's progress through the licensing process up to the point of the request for transfer;
4. The originating agency will update the case management system with all pertinent information, including uploading pertinent documents and e-mails;
5. The originating agency will send the file to the receiving agency;
6. The receiving agency will send an e-mail to the originating agency indicating whether they accept or deny the transfer;
7. The originating agency will request the Central Office Licensing Unit to reassign the license if the transfer is from one (1) Licensed Child Placing Agency (LCPA) to another upon acceptance of the transfer;
8. The Central Office Licensing Unit will reassign the license to the receiving agency, if necessary; and
9. The receiving agency will complete the assessment of the home and update the case management system for the purpose of sending their request for approval or denial of the license.

PRACTICE GUIDANCE

A foster family home is considered "not in good standing" if the home is on a placement hold, probation, pending revocation, has a Corrective Action Plan, or has an open CPS assessment or licensing investigation (see separate policies, [12.17 Probationary Status](#) and [12.21 Revocations](#)). If not successfully remedied, other issues that may result in the home being considered "not in good standing" include, but are not limited to:

1. Lack of cooperation with DCS, the LCPA, and/or service providers;


2. Problems communicating in a professional, respectful, or productive manner with DCS, LCPA staff, service providers, members of the family, and/or members of the community;
3. Multiple placement disruptions;
4. Multiple or unresolved child abuse and neglect assessments and/or licensing complaints; or
5. Failure to provide information relevant to child case planning or the foster home license that is requested by the court, DCS, and/or the LCPA.

FORMS AND TOOLS

1. [Resource Family Home Physical Environment Checklist \(SF53186\)](#)
2. [Request for Personal Reference Statement for the Foster Family Home License Applicants \(SF53203\)](#)
3. [Resource Home License Transfer \(SF54781\)](#)
4. [Transfer Checklist](#)- Available in the case management system.

RELATED INFORMATION

No fees may be charged for transfer of documents.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: September 1, 2019
	Section 28: License Reinstatement	Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will allow an individual to request reinstatement of a withdrawn foster family home license if the request is received when there would be at least one (1) year remaining on the license had it not been withdrawn. Only foster family homes withdrawn in good standing will be eligible for license reinstatement. (See Practice Guidance for information about why a foster family home is considered “not in good standing”.)

DCS will assess the ability of both DCS’ and Licensed Child Placing Agencies’ (LCPAs’) foster family home license applicants to foster and ensure the requirements of the Indiana Administrative Code for licensure are met. DCS shall assess all individuals requesting license reinstatement as a new applicant and shall approve or deny the applicant’s request for license reinstatement. The effective date of reinstatement is the date of approval in the case management system.

Note: If the license reinstatement is approved, any previous non-compliance from the prior license may not be held against the foster parent under the new license in a later decision to revoke unless the non-compliance continues to be an issue under the new license or the non-compliance is related to, or similar in some way to, the new non-compliance.

If the request for reinstatement is approved, DCS will require the individual to meet the training requirements for the previous annual review, if not previously completed, as well as the requirements needed for the annual review of the current year (see separate policy, [12.15 Annual Review](#) and Related Information below).

The following foster family homes are not eligible for reinstatement and may seek relicensure (see separate policy, [12.16 Foster Family Home Relicensure](#)):

1. License was revoked/not in good standing (see Related Information);
2. License has expired; and/or
3. License was voluntarily withdrawn in good standing but has less than one (1) year remaining on latest licensure period.

Code References

[465 IAC 2-1.5-22: Foster parent training](#)

PROCEDURE

If there is no history of denial or revocation of a license and the licensing worker is recommending license reinstatement, the licensing worker will complete the following upon receipt of a new application for the purpose of foster family home license reinstatement:

1. Verify all initial application verifications and annual requirements have been met (see separate policies, [12.03 Initial Licensing Packet](#), [12.05 Pre-Service Training Requirements](#), [12.06 Medical Training Requirements](#), [12.08 Receipt of Application](#), and [13.9 Conducting Background Checks for Foster Home Licensing](#));

Note: A limited criminal history check may substitute for a fingerprint-based check only if a fingerprint-based check was completed within one (1) year of the reinstatement date. The [Medical Report for Caregivers \(SF 45145\)](#) and [Medical Report for Household Members \(SF 45144\)](#), if applicable, must be completed if the forms were last completed one (1) or more years before the reinstatement date.

2. Open the existing resource in the case management system and select “add a Reinstatement License request”, which will move the resource to Reinstatement Pending status and will generate a Reinstatement Checklist;
3. Complete the required information in case management system; and
4. Submit the recommendation in case management system for appropriate approval. The effective date of reinstatement is the date of approval in the case management system.

If the licensing worker receives a new application for the purpose of foster family home license reinstatement and he or she does not recommend licensure, the licensing worker will:

1. Open the existing resource in case management system and select “add a Reinstatement License request”, which will move the resource to Reinstatement Pending status and will generate a Reinstatement Checklist;
2. Add the application for Reinstatement to the licensing file; and
3. Complete a “Deny License” request and submit for the appropriate approval. See separate policy, [12.18 License Denials](#).

PRACTICE GUIDANCE

A foster family home is considered “not in good standing” if the home is on a placement hold, probation, pending revocation, has a Corrective Action Plan, or has an open CPS assessment or licensing investigation (see separate policies, [12.17 Probationary Status](#) and [12.21 Revocations](#)). If not successfully remedied, other issues that may result in the home being considered “not in good standing” include, but are not limited to:

1. Lack of cooperation with DCS, the LCPA, and/or service providers;
2. Problems communicating in a professional, respectful, or productive manner with DCS, LCPA staff, service providers, members of the family, and/or members of the community;
3. Multiple placement disruptions;
4. Multiple or unresolved child abuse and neglect assessments and/or licensing complaints; or
5. Failure to provide information relevant to child case planning or the foster home license that is requested by the court, DCS, and/or the LCPA.

FORMS AND TOOLS

1. [Medical Report for Caregivers \(SF 45145\)](#)
2. [Medical Report for Household Members \(SF 45144\)](#)


RELATED INFORMATION

Prior Denial or Revocation

If an applicant for a foster family home license was previously denied a license or his or her license was revoked, he or she is not eligible for reinstatement.

Determining Training Requirements

When a family desires for their foster home license to be reinstated, it is important to ensure the training they receive is relevant to their previous length of service, previous experiences, skill level, etc. Therefore, it is important for the licensing worker to thoroughly assess the training needs of the applicants and have a discussion with them regarding an appropriate training plan for reinstatement purposes. For some individuals with limited length of service and experience, it may be best practice to have them complete portions of pre-service training again, which would count toward the total of 15 hours needed. For others who have extensive service and experience, their training plan may consist of specific in-service trainings, which are relevant to the specific needs of children for which the applicants are interested in having placed in their home or care. This process should mirror the development of a training plan which should occur each year at annual review with all licensed homes.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	Effective Date: December 1, 2021
	Section 31: Financial Verification for Licensure	Version: 3

POLICY OVERVIEW

Foster care payments received on behalf of the child are intended for the sole benefit and care of the child while in foster care. 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.

PROCEDURE

Foster family applicants will complete the Financial Verification for Foster Family Homes form as part of the licensure, and re-licensure process. The financial information section will include:

1. Source and amount of monthly household income; and
2. Source and amount of monthly expenses and outstanding debts.

Note: All income and expense information should be verified with appropriate supporting documentation including, but not limited to: paycheck stubs, tax forms, and monthly utility or other account statements. Required items needing verification are indicated on the Financial Verification for Foster Family Homes form.

The licensing worker will:

1. Review the information submitted by the applicants and address any missing or unclear information;

Note: When reviewing/evaluating the financial stability of a foster family home for licensure purposes, the licensing worker should consider monthly income including, but not limited to:

- a. Wages from employment,
- b. Rental property income,
- c. Investment income,
- d. Monthly trust fund payments, and
- e. Child support payments.

Recurring, but not time limited payments, may also be considered as monthly income.

This includes but is not limited to:

- a. Social Security (RSDI) payments,
- b. Title IV-E Adoption Assistance (AAP),
- c. Supplemental Security Income (SSI), and
- d. Veteran Benefits.

2. Evaluate the financial information received on the Financial Verification for Foster Family Homes form to determine whether the foster family home has adequate income to meet monthly financial obligations without utilizing foster care maintenance payments as income;

Note: Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) are not considered monthly income for the purposes of foster family home licensure. Receipt of these funds does not automatically disqualify an applicant from becoming a foster parent.

3. Discuss with the foster family home the importance of utilizing foster care maintenance payments (per diems) for the benefit and care of the child while in foster care including, but not limited to:
 - a. Food for the child (including infant formula);
 - b. Clothing (e.g., replacement clothing, repairs, mending, and alterations);
 - c. Shelter (e.g., summer camp or hotel accommodations during school trips);
 - d. Supervision that substitutes for daily supervision (i.e., day-care/babysitter);
 - e. School supplies (e.g., paper, pens, and calculator); and
 - f. Child's ongoing personal incidentals (e.g., soap, shampoo, toothpaste, diapers, and wipes).

Note: 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. See policy 16.01 Clothing, Personal Items, and Permitted Per Diem Expenses for additional information.

4. Re-evaluate the financial stability of the home if at any point circumstances of the foster family home suggest the need for reassessment due to any significant changes in monthly income or expenses (e.g., unexpected change in employment, relocation, or any additional children through adoption/custody change). A new Financial Verification for Foster Family Homes form may be requested to document the re-evaluation of financial stability.
5. Document all verifications of income and expenses in the case management system.

LEGAL REFERENCES

- [IC 31-27-2-5: Monitoring of licensed entities](#)
- [IC 31-27-4-33: Compliance with rules; disciplinary sanctions; revocation of license](#)
- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)

RELEVANT INFORMATION

Definitions

Licensing Worker


A licensing worker is a DCS Regional Foster Care Specialist [RFCS] or a Licensed Child Placing Agency (LCPA) worker.

Forms and Tools

- [Financial Verification for Foster Family Homes \(SF 55734\)](#)

Related Policies

- [16.01 Clothing, Personal Items, and Permitted Per Diem Expenses](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family	Effective Date: March 1, 2021
	Section 32: Physical Environment Requirements	Version: 3

POLICY OVERVIEW

Foster care provides a temporary, safe, nurturing, and stable environment for children who can no longer remain in their own homes due to the risk of abuse and/or neglect. Minimum requirements for the physical environment of a foster family home ensure the child is in an environment that will meet the child’s health, safety, and well-being needs.

PROCEDURE

The Indiana Department of Child Services (DCS) will ensure that all foster family homes meet the minimum requirements for the physical environment as required by law IAC 2-1.5-8 through IAC 2-1.5-12. DCS requires foster parents to report to DCS or the supervising licensed child placing agency (LCPA) any change within the foster family home impacting the health, safety, or general well-being of the child.

The Family Case Manager (FCM), Regional Foster Care Specialist (RFCS), and/or the LCPA worker will:

1. Conduct a visit to the home of the foster family;
2. Engage the family to gather information, and complete the Resource Family Home Physical Environment Checklist;
3. Ensure all bedrooms and bathrooms meet the requirements for foster family homes as outlined in 465 IAC 2-1.5-9;
4. Complete the Residential Pool Requirements/Body of Water Safety Plan and/or the Foster Parent Safety Agreement Regarding Firearms and Other Weapons, if applicable;
5. Obtain copies of required documents;
6. Discuss safe sleep expectations;
7. Notify the foster parent of the availability to enroll in foster care liability insurance by contacting dcinsurance@dcs.in.gov;
8. Create a Plan of Correction, Safety Plan, Waiver, or Variance as appropriate for any licensing requirement not met; and
9. Upload all documents and forms into the case management system.

The FCM Supervisor will ensure best practice and offer guidance and assistance as necessary in supporting the FCM in completing required steps.

Foster parents are required to report to DCS or the supervising LCPA any changes within the foster family home that may impact the health, safety or general well-being of the child including, but not limited to the following:

1. The physical location or mailing address of the foster family home, the telephone number of the foster parents, or both;

2. The physical condition of the foster family home or the use of bedrooms in the foster family home as it relates to the child, or both; and
3. Any new household member.
4. Disclosure of all business conducted on the premises of a foster family home.

Note: Commercial activities that adversely affect the welfare of children are prohibited.

LEGAL REFERENCES

- [465 IAC 2-1.5 Licensing of Foster Family Homes for Children](#)
- [465 IAC 2-1.5-8: Physical facilities of the foster family home; general](#)
- [465 IAC 2-1.5-9: Physical facilities of the foster family home; bedrooms and bathrooms](#)
- [465 IAC 2-1.5-10: Physical facilities of the foster family home; safety; general](#)
- [465 IAC 2-1.5-11: Physical facilities of the foster family home; safety; fire and safety hazards](#)
- [465 IAC 2-1.5-12: Physical facilities of the foster family home; safety; cleanliness and sanitation](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- [Foster Parent Safety Agreement Regarding Firearms and Other Weapons \(SF 56320\)](#)
- [Residential Pool Requirements/Body of Water Safety Plan \(SF 54609\)](#)
- [Resource Family Home Physical Environment Checklist \(SF 53186\)](#)
- [Riley Hospital Safe Sleep Information](#)

Related Policies

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Resource Family Preparation Assessment	Effective Date: March 1, 2007
	Reference: 12.A (Chapter 12 - Foster Family Home Licensing)	Version: 1

Overview of the Family's Preparation

1. How did the family learn about adoption or resource parenting?
2. How long has the family been considering becoming an adoptive or resource parent?
3. What is the reason for adoption or resource parenting?
4. How many children are they interested in adopting or resource parenting?
5. What characteristics (e.g., age, race, sex, handicap) is the family expecting in a child?
6. Has the family received Foster, Adoptive, and Kinship Training pre-service training and when?

Current Family Structure, Family Network Diagram, Description of the current family:

Ecomap portion of the [5.B Tool- Family Network Diagram Instruction Guide](#)

1. Who currently resides in the household?
2. Who helps out with the children?
3. Who visits regularly?
4. Who stays over?
5. To whom do they go for advice?
6. Describe the family's formal and informal support system.
7. For single persons, is there a special person in the single person's life?
8. Describe the relationship prospective resource parents have with their parents?
9. What supportive resources does the family currently have?
10. Anticipate issues affecting the family's Ecomap after the adoption or foster placement of a child, such as resources needing to be developed or changes in relationships with larger systems.

The Genogram portion of the [5.B Tool- Family Network Diagram Instruction Guide](#):

1. Who raised the prospective resource parents?
2. Describe any recent losses (death, moves, divorces, fights, estrangements, etc.) within the extended family, non-blood kin, or friendship network?
3. Present a brief biographical sketch of each parent, including date of birth, race, where born, who raised each, and present occupation.
4. Marital history of each parent, where they met, how long married.

Current Relationship

1. How does each partner describe the strengths of their relationship?
2. How does the couple describe the challenges in their relationship?
3. Describe how the couple plans to work together with discipline issues (or does currently if they have children).
4. How do members of the adoptive or resource family see their family's history and life experience leading to their decision to adopt or foster a child with special needs?
5. What is the extended family's history and experience with adoption or fostering?
6. Describe the extended family's attitude toward the family's decision to be resource parents.

Parenting Style and Strengths

1. How were the potential resource parents parented as children?
2. What experience has this family had with parenting?
3. What discipline methods were used with them and what discipline methods have they used?
4. Describe the couple's understanding of child development.

If children are presently in the household:

1. How do the parents describe each child, including the child's adjustment and needs?
2. How comfortable is the family with the agency's policy on discipline?
3. Describe the parents' expectations of each child?
4. Are there particular stresses and strains with each child, and how are they handled?
5. Are children included in decision-making?
6. How does the family deal with or control anger, rage, possessiveness, or withdrawal in parent and child interactions?
7. How are anger, affection, joy, sadness, and other feelings expressed?
8. What are the family's expectations of adoption; of the adoptive child; of fostering; of the foster child; of siblings; and of themselves as adoptive parents?

Home Environment - Community

1. Describe the home, neighborhood, and community.
2. Can the home adapt to the needs of any child or a child with physical limitations?

Financial Profile

1. For an adoption summary, attach the financial profile to the summary.
2. For a resource family summary, the financial profile can be attached or the information can be included in the narrative in a financial subsection.
3. Does the family have enough income to meet their ongoing expenses?
4. Has all income and expenses been verified?

Parental Understanding of Child's History

1. Visualize a specific child in the Family's Network Diagram and genogram.
2. Discuss the family's preparedness to deal with the child's previous history.
3. Consider physical abuse, sexual abuse, and neglect.
4. Address attitudes toward openness in adoption.
5. Address helping a child to adjust emotionally to the stress of separation and placement.
6. Discuss the family's ability to help a child maintain cultural and ethnic identity.
7. Address the family's readiness to maintain contact with the child's birth parents.

Child Specific Assessment

1. What are the needs and strengths in this proposed placement?
2. What child-specific preparation occurred?
3. What training needs have been identified? Include scores for the Casey Foster Applicant Inventory (CFAI) or Completing the Casey Home Assessment Protocol (CHAP), if available.
4. What are the factors that indicate success for this family with this child?
5. Can the family realistically project how their decision to adopt or foster this specific child will impact the family one year, three years, five years, ten years from now? Is the family open to seeking help in these areas?
6. Are there specific child safety risk factors?
7. What risk management techniques have been put into place to minimize these risks?

8. Describe the parent's expectations regarding the child's behavior.

Verifications

Complete the Requirements Checklist for foster care. For adoption summaries, address the information received from the following as required by the state adoption code and agency policies:


1. References
2. Medical report
3. Limited criminal history information

Family's Understanding of Agency Role

1. Describe the family's understanding of their role and responsibilities as resource parents?
2. Describe the family's understanding of the agency's role?
3. What is the family's expectation of supportive services?
4. Describe the couple's availability of time in their life to parent a foster child.
5. Describe the couple's readiness to seek appropriate help and support from the agency?
6. Describe the couple's readiness to inform the family case manager of critical challenges and concerns?

General and Summary Assessment

1. What are your impressions of this family?
2. Describe the family's strengths and needs?
3. How were they addressed?
4. What plans have the family developed to minimize safety risks for a child?
5. What are the family's potential areas of vulnerability?
6. What are the necessary supports and supervision?
7. Comments and signatures of resource parent.
8. Comments and recommendation of agency completing the assessment.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks	Effective Date: December 1, 2021
	Section 01: Conducting Background Checks for Licensed Residential Agencies and Child Placing Agencies	Version: 7

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires background checks for the purpose of residential and child placing agency licensing (referred to collectively as “DCS licensed agencies”) on all persons who are a(n):

1. Employee, volunteer, contractor, and/or intern in DCS licensed agencies;
2. Manager of a DCS licensed agency; or
3. Licensing applicant of a DCS licensed agency.

The following background checks will be conducted on DCS licensed agencies:

1. Fingerprint-Based National Criminal History Check (Fingerprint-Based Check);
2. Child Protective Services (CPS) History Check;
3. National Sex Offender Registry Check; and
4. Local Criminal Court Records Check.

The types of background checks 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. See policy [13.15 Fingerprint-Based Checks](#) for further information.

Initial and Relicensure of a DCS Licensed Agency

The following background checks must be completed:

1. A CPS History Check for Indiana and every state in which the subject of the check resided during the last five (5) years, for all persons six (6) years of age and older;
2. A National Sex Offender Registry Check on all possible aliases in every state in which the subject of the check has resided during the last five (5) years, for all persons 14 years of age and older;
3. A Local Criminal Court Records Check in every criminal court jurisdiction in which the subject of the check has resided during the last five (5) years, for all persons 18 years of age and older; and
4. A Fingerprint-Based Check returned with qualified results, for all persons 18 years of age and older. See policy [13.15 Fingerprint-Based Checks](#) for further guidance.

New Hires

Once a DCS licensed agency has an active license, all background checks must be completed and passed on or prior to the start date for all new employees, volunteers, contractors, and interns.

The DCS licensed agency will need to complete another background check on employees, volunteers, contractors, and interns if the agency license is being renewed and more than one (1) year has passed since the individual was printed.

Annual Reviews

DCS recommends that all DCS licensed agency employees, volunteers, contractors, and interns that are required to have background checks at hiring, licensure, and relicensure have the following annual checks completed:

1. CPS History Check for Indiana and every state resided in the past five (5) years from the date of the annual review completion;
2. National Sex Offender Registry Check; and
3. Local Criminal Court Records Check (18 years of age and older) in every criminal court jurisdiction the applicant has resided in the past five (5) years from the date of the annual review completion.

DCS will maintain confidentiality of all information gained during the background check process, by following all applicable state and federal laws. See policy [2.06 Sharing Confidential Information](#) for additional information.

Code References

1. [IC 31-27-3-3: Apply for licenses; criminal history checks](#)
2. [IC 31-27-3-5: Grounds for denial of license applications; waiver](#)
3. [IC 31-27-5-4: Apply for licenses; criminal history checks](#)
4. [IC 31-27-5-6: Grounds for denial of license applications; waiver](#)
5. [IC 31-27-6-2: Apply for licenses; criminal history checks](#)
6. [IC 31-27-6-3: Grounds for denial of applications; waiver](#)
7. [IC 31-9-2-22.5: Conduct a criminal history check](#)

PROCEDURE

DCS residential licensing staff will ensure that the licensing applicant for the DCS licensed agency completes all steps of the background check process on the facility administrator and attests that the licensing applicant has not been convicted or charged with a disqualifying event when submitting the application for licensure or re-licensure to the DCS Central Office Residential Licensing Unit (RLU). Refer to policy [13.02 Evaluating of Background Checks for Licensed Residential Agencies and Child Placing Agencies](#) for information regarding evaluation of the background checks.

DCS residential licensing staff will check for the DCS licensed agency's compliance with the completion of the following background checks for all required personnel:

1. Verify the identity of each subject of the check, regardless of age (see policy [2.09 Verifying Identity](#)), by reviewing one (1) available and current, government-issued identification (ID) document such as, but not limited to a:
 - a. Driver's License,
 - b. Government issued picture ID,
 - c. Passport,
 - d. Social Security Card, or
 - e. Birth Certificate.

2. Have the subject of the check complete the [Application for Criminal History Background Check \(SF 53259\)](#) using their legal name as it appears on a current government issued picture ID:
 - a. The subject of the check must sign and date the form, and
 - b. Place the original in the subject's personnel file after the completion of the background check process.
 - c. Register the person 18 years of age and older for the Fingerprint-Based Check. See policy [13.15 Fingerprint-Based Checks](#) for further guidance.
3. Conduct a National Sex Offender Registry Check for all persons, using the [Dru Sjodin National Sex Offender Public website](#):
 - a. Search each name or combination of names used within the subject's lifetime individually.

Note: If searching a common name and results show multiple matches, narrow the search by state. If this occurs, search every state the subject has resided for the past five (5) years.

- b. Print out the results of each name searched,
 - c. Sign and date by the printed results, and
 - d. Write "NO MATCH" on the printed page, if there is no match and place in the subject's personnel file.
4. Conduct a CPS History Check for all persons:
 - a. For Indiana: Initiate the necessary search utilizing the CPS electronic portal submission or:
 - i. The agency will complete Section A of the [Indiana Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#);
 - ii. The subject of the check, or representative if a minor, will complete Section B the [Indiana Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#); and
 - iii. Submit the form to the DCS local office, who will complete Section C with the results and return to the licensed agency.
 - b. For all other states, conduct a CPS History Check search for every other state in which the individual has resided during the past five (5) years, if applicable, locate information for a CPS administration or local office designee to process your search request at [Out-of-State CPS Contact List](#).
5. Conduct a Local Criminal Court Records Check for all persons 18 years of age and older who work, volunteer, or are contracted by a licensed agency by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided the past five (5) years. For further instructions about completing Local Criminal Court Records Checks, see the [Local Criminal Court Records Check Instructions](#).

PRACTICE GUIDANCE

Notifying DCS of Arrest, Convictions, or Substantiation of Child Abuse and/or Neglect (CA/N)

DCS requires the applicant and/or the employing agency's Human Resources Department or designee to notify the assigned DCS Residential Licensing Specialist (RLS) within 24 hours of the arrest, conviction, or substantiation of CA/N of the applicant or any employee, volunteer, contractor, or intern in the agency. The RLS should evaluate the severity and seriousness of the offense on a case-by-case basis and contact the Central Office Background Check Unit (COBCU) if additional guidance is needed.


FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF 53259\)](#)
2. [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
3. [Local Criminal Court Records Check Instructions](#)
4. [Out-of-State CPS Contact List](#)

RELATED INFORMATION

Inaccurate Criminal Records

If any of the Fingerprint-Based criminal checks conducted 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 Indiana State Police (ISP).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks	Effective Date: June 1, 2021
	Section 02: Evaluating Background Checks for Licensed Residential Facilities and Child Placing Agencies	Version: 7

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will evaluate the results of Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) on all required persons for the purpose of Licensing Residential Facilities and Child Placing Agencies (referred to collectively as “DCS licensed agencies”). DCS licensed agencies will evaluate the remaining background checks. See policy [13.01 Conducting Background Checks for Licensed Residential Facilities and Child Placing Agencies](#) for additional information.

DCS licensed agencies will immediately ensure the subject of the check will not be employed, volunteer, or contract with the agency if the background check or waiver process subsequently reveals:

1. Disqualified criminal history that is not eligible to be waived;
2. Disqualified criminal history or substantiated Child Protective Services (CPS) history in which a waiver action is not supported or pursued by the DCS licensed agency; or
3. Disqualifying criminal history or substantiated CPS history in which a waiver is not granted by DCS.

Fingerprint-Based Check

The DCS Central Office Background Check Unit (COBCU) will evaluate the results of the Fingerprint-Based Checks and notify the assigned DCS licensed agency contact person of the criminal history clearance status by e-mailing the Fingerprint-Based Check Status Letter. See policy [13.15 Fingerprint-Based Checks](#) for additional information.

Child Protective Services (CPS) History Check

DCS licensed agencies will review the completed CPS History Check results from Indiana and all other states of residency within the past five (5) years (if applicable) and determine if there are reports of any substantiations of Child Abuse and/or Neglect (CA/N) for the subject of the check. The existence of substantiated CPS history in Indiana or the equivalent in another state means that unless a waiver is granted (see policy [13.16 Waivers](#)), the subject of the check is ineligible to be a(n):

1. Applicant for a license;
2. Director or Manager of a DCS licensed agency; or
3. Employee, volunteer, and/or contractor for a DCS licensed agency.

National Sex Offender Registry Check

DCS licensed agencies will evaluate the National Sex Offender Registry Check to determine if there are any matches. If there is a match, the subject of the check cannot be employed by, volunteer for, or contract with the facility, and the DCS licensed agencies will notify the COBCU immediately at COBCUinquiry@dcs.in.gov. The COBCU will re-evaluate the Fingerprint-Based Check report and reissue an amended Fingerprint-Based Check Status Letter, if applicable.

Local Criminal Court Records Check

DCS licensed agencies will evaluate the results of the Local Criminal Court Records Check. See policy [13.01 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agency](#) for more information regarding who should complete the Local Criminal Court Records Checks. If the Local Criminal Court Records Check returns convictions for a felony, total of four (4) or more misdemeanors, or a misdemeanor that may relate to the health and safety of a child, the DCS licensed agency shall contact COBCU for additional guidance if the Fingerprint Based Status Letter was qualified.

Code References:

1. [IC 31-27-3-3: Applying for a Child Caring Institution License](#)
2. [IC 31-27-3-5: Grounds for denial of license applications; waiver](#)
3. [IC 31-27-5-4: Apply for licenses; criminal history checks](#)
4. [IC 31-27-5-6: Grounds for denial of license applications; waiver](#)
5. [IC 31-27-6-2: Apply for licenses; criminal history checks](#)
6. [IC 31-27-6-3: Grounds for denial of license applications; waiver](#)
7. [IC 31-9-2-84.8: Nonwaivable offense](#)

PROCEDURE

The DCS Residential Licensing Specialist (RLS) will ensure each DCS licensed agency has conducted background checks, as required in policy [13.01 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agencies](#), and completes the following:

1. Review the Fingerprint-Based Check Status Letter received from COBCU. The fingerprint based status must be “Qualified” for the subject of the check to be employed, volunteer, or contract with the agency, unless a waiver has been granted. See policy 13.15 Fingerprint Based Checks for additional required steps, guidance on evaluating the Fingerprint-Based Check, and information regarding possible fingerprint qualification statuses (i.e., Qualified, Conditionally Disqualified, and Disqualified). See policy 13.16 [Waivers](#) for information regarding eligibility for and requesting a waiver;

Note: If the subject of the check is already employed, volunteering, or contracting with the agency and receives a fingerprint qualification status of:

- a. “Conditionally Disqualified”, the subject of the check must have the conditionally disqualified status resolved within 10 business days. If resolved satisfactorily, the DCS licensed agency will receive an amended Fingerprint-Based Check Status Letter from COBCU of “Qualified” before the end of the 10th business day, or
- b. “Disqualified”, the DCS licensed agency will immediately remove the subject from the work schedule unless a waiver has been granted.

If the DCS licensed agency does not receive an amended “Qualified” fingerprint-based status within the timeframe or a waiver decision of “Waiver Granted”, the DCS licensed agency will immediately remove the subject of the check from the schedule.

2. Review the results of the CPS History Check and:
 - a. Provide the subject of the check with a copy of the completed [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#) form showing substantiated history if a substantiated CPS history is discovered from Indiana. See policy [2.06 Sharing of Confidential Information](#) for additional information, and

- b. Work with the subject of the check to submit a complete waiver packet to COBCU as quickly as possible if a CPS substantiation is discovered and the DCS licensed agency is in support of pursuing a CPS history waiver. See policy [13.16 Waivers](#) for information regarding applying for a waiver.

Note: A CPS waiver should be requested and processed at initial agency licensing, agency re-licensure, hiring, or discovery of any additional CPS substantiations, which have not previously been granted a CPS waiver, if discovered between these points. The request for the waiver must be granted by COBCU for the employee, volunteer, or contractor to be hired, volunteer, or contract in the DCS licensed agency. If the subject of the check is already hired, volunteering, or contracting, the DCS licensed agency will immediately remove the subject from the work schedule unless the necessary waiver has been granted.

3. Review the results of the National Sex Offender Registry Check for a match to the subject of the check. If there is a match for the subject of the check, do not hire or allow the subject to volunteer or contract with the facility. If already employed, volunteering, or contracting, the subject of the check must be dismissed;
4. Review the results of the Local Criminal Court Records Check. For further information, see the [Local Criminal Court Records Check Instructions](#); and

Note: Contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter within five (5) days if the Fingerprint-Based Check Status Letter was qualified and the Local Criminal Court Records Check returns conviction of:

- a. A felony,
- b. Four (4) or more misdemeanors, or
- c. A misdemeanor related to the health and safety of a child

In addition, if the DCS licensed agency believes the Local Criminal Court Records Check report may alter the Fingerprint-Based Check Status, the DCS licensed agency will contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter for further action.

5. File a copy of the results for all background checks and any waiver letters in the subject's personnel folder.

Note: A criminal history or CPS waiver granted for the purpose of employment by, volunteering for, or contracting with a DCS licensed agency may not be used for any additional purpose. A new waiver request must be submitted and granted for each additional purpose.

The DCS COBCU will:

1. Evaluate the criminal history report within five (5) business days of receipt of the Fingerprint-Based Check and notify, by e-mail, the DCS licensed agency's assigned contact person regarding the Fingerprint-Based Check status. See policy [13.15 Fingerprint-Based Checks](#) for additional information;
2. Provide guidance regarding conditionally disqualified or disqualified applicants to DCS licensed agency staff; and
3. Re-evaluate history based on the documentation received from the subject and issue a new Fingerprint-Based Check Status Letter, when applicable.

Note: For waivers of disqualified criminal history and substantiated CPS history see policy [13.16 Waivers](#).

PRACTICE GUIDANCE

Disclosing Fingerprint-Based Check Information


A copy of the official Federal Bureau of Investigations (FBI) and the Indiana State Police (ISP) transcript will not be provided to the DCS licensed agencies nor the subject of the check. 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 in Indiana is made to ISP. A criminal history records Review Challenge outside of Indiana must be made to the Law Enforcement Agency (LEA) that posted the record. The subject of the check must be fingerprinted for the Review Challenge, at the subject's expense. The process of the Review Challenge takes place between ISP and the subject of the check, and DCS is not involved in the process.

FORMS AND TOOLS

1. [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
2. [Local Criminal Court Check Instructions](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks	Effective Date: June 1, 2021
	Section 03: Conducting Background Checks for DCS Contractors	Version: 6

STATEMENTS OF PURPOSE

This policy does not apply to contractors of Licensed Residential Agencies or Licensed Child Placing Agencies (LCPAs). See policy [13.01 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agency](#) for further information. This policy also does not apply to leases where DCS is the tenant or the subtenant.

The Indiana Department of Child Services (DCS) requires background checks on all employees, volunteers, and interns of DCS Contractors.

DCS defines a contractor as any individual, group of individuals, partnership company, agency, or corporation (or a division of a larger company/agency/corporation), as well as a subcontractor, who has direct contact with children and families served by DCS or access to child, family, employee, or contractor information.

Exception: Background Checks will not be required when a service or product being provided meets all three (3) of the following criteria:

- a. Meets an emergency need that is not anticipated to occur again in the future,
- b. The emergent nature of the situation prohibits the completion of background checks prior to service or products being provided, **and**
- c. The DCS contractor will be accompanied at all times by an individual who has cleared all DCS background checks successfully.

All required background checks must be completed prior to the contractor submitting the contract/Memorandum of Understanding (MOU)/Agreement for State/County/Agency signature.

DCS will conduct the following background checks for DCS Contractors (and their employees, volunteers, interns, and subcontractors):

- 1. Fingerprint-Based National Criminal History Check (Fingerprint-Based Check);
- 2. National Sex Offender Registry Check;
- 3. Child Protective Services (CPS) History Check and Child Protection Index (CPI); and
- 4. Local Criminal Court Records Check.

The type of background check conducted will vary based on the age of the subject for the Contractor.

DCS will maintain confidentiality of all information gained during the background check process, following all applicable state and federal laws. See policy [2.06 Sharing Confidential Information](#) for additional information.

Fingerprint-Based Checks conducted for a specific contractor and purpose may not be used for the same purpose with a different contractor. See policy [13.15 Fingerprint-Based Checks](#) for more information.

Initial Contract Award

For those with direct contact with children on a regular and continuing basis or any contact when a child is alone or only with the contractor's staff in connection with his or her performance of any services or activities pursuant to a contract ([A-1 Level Covered Personnel](#)) with DCS, a background check will consist of the following for initial award of a DCS contract:

1. A CPS History Check must be completed in every state in which the subject of the check has resided in the last five (5) years, for all persons 14 years of age and older;
2. A National Sex Offender Registry Check must be completed, on all possible aliases in every state in which the subject of the check has lived during the last five (5) years, for all persons 14 years of age and older;
3. A Local Criminal Court Records Check must be completed in every criminal court jurisdiction in which the subject of the check has lived during the last five (5) years, for all persons 18 years of age and older; and
4. A Fingerprint-Based Check must be completed and returned with qualified results, for all persons age 18 years of age and older. See policy [13.15 Fingerprint-Based Checks](#) for further guidance.

For those subjects who only have electronic or physical access to children's records ([A-2 Level Covered Personnel](#)), a background check will consist of the following for initial award of a DCS contract:

1. CPS History Check in every state in which the subject of the check has lived in the last five (5) years, and
2. National Sex Offender Registry Check in every state in which the subject of the check has resided during the past five (5) years for all possible aliases.

Any staff person who might serve as a substitute for a Covered Personnel, even in emergency circumstances, should undergo the checks required for the covered position. Any staff that either has a direct report that is a Covered Personnel or somewhere in their downline is a Covered Personnel, that manager is a Covered Personnel at the highest level of their downline, even if the manager does not complete the activities that require background checks.

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.

Four (4) Year Requirement

The required background checks must be performed every four (4) years, based on the anniversary of the initial checks.

Code References

1. [IC 10-13-3-27: Release of data to noncriminal justice organization or to individuals; national crime information center data restricted; penalties](#)
2. [IC 10-13-3-38.5: Use of fingerprints for employment or license; retention of fingerprints; requirement to submit to fingerprint background check based on access to confidential tax information](#)

PROCEDURE

DCS will check for the DCS Contractor's compliance with completion of the following for all [Covered Personnel](#):

1. Verify the identity of each subject of the check, regardless of age (see policy [2.09 Verifying Identity](#));
2. Have the subject of the check complete the [Application for Criminal History Background Check \(SF 53259\)](#):
 - a. The subject of the check must sign and date the form, and
 - b. The DCS Contractor will place the original form in the subject's personnel file.
3. Register the person 18 years of age and older for the Fingerprint-Based Check. See policy 13.15 Fingerprint-Based Checks for additional information;
4. Conduct a National Sex Offender Registry Check for all persons 14 years of age and older and print the results, using the [Dru Sjodin National Sex Offender Public website](#):
 - a. Each name or combination of names used within the subject's lifetime must be searched individually. Upon obtaining the results of the name-based search, the results should be printed,

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

- b. The results must be signed and dated by the reviewing DCS Contractor Agency worker,
- c. The reviewer at the DCS Contractor Agency will write "NO MATCH" on the printed page if there is no match.

Note: The DCS Contract Agency cannot hire or allow the subject of the check to volunteer at the facility if there is a match. If the subject of the check is already employed or volunteering, then he or she must be dismissed. See policy [13.04 Evaluation of Background Checks for DCS Contractors](#) for additional guidance.

5. Conduct a CPS History Check for all persons by:
 - a. Initiating the necessary search for a CPS History Check in Indiana by utilizing the CPI/CPS electronic portal submission;

Note: If the subject of the check has not resided in Indiana during the last 5 years a CPS History Check in Indiana is not required.

- b. Conducting a CPS History Check search for every other state in which the individual has lived for the past five (5) years, if applicable. Information for a CPS administrator to process your search request may be found on the [Out-of-State CPS Contact List](#), and
 - c. Referring to policy [13.16 Waivers](#) for further required action if the person has CPS history in any state.
6. Conduct a Local Criminal Court Records Checks by completing a court record search, on the subject's name and all aliases, within each county court and applicable city courts in jurisdictions in which the subject resided during the past five (5) years. For further guidance, see the [Local Criminal Court Records Check Instructions](#).

PRACTICE GUIDANCE

Notifying DCS of Substantiation of Child Abuse and/or Neglect (CA/N), Arrest, or Convictions

The contractor shall immediately (within 24 hours) notify DCS of any substantiation of CA/N, arrest, or conviction of [Covered Personnel](#). The DCS Division responsible for the contract will contact the Central Office Background Check Unit (COBCU) and the severity and seriousness of the offense will be evaluated on a case-by-case basis.

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF 53259\)](#)
2. [Request for a Child Protection Services \(CPS\) History Check SF 52802\)](#)
3. [Local Criminal Court Records Check Instructions](#)
4. [Out-of-State CPS Contact List](#)

RELATED INFORMATION

Inaccurate Criminal Records

If any of the Fingerprint-Based Criminal Checks conducted 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 Indiana State Police (ISP).

Covered Personnel

Covered personnel is any person that is required by a contract or DCS policy to have some level or type of a background check as a DCS contractor, subcontractor, administrator, employee, and/or volunteer. The two (2) levels of covered personnel are:

1. A-1 Level Covered Personnel: Personnel employed or volunteering in a capacity in which the subject of the check has the expectation of direct contact with children, in connection with performance of any services or activities pursuant to the contract with DCS; and

Note: Personnel designated as A-2 Level Covered Personnel could become A-1 Level Covered Personnel at any time as duties or responsibilities change to include A-1 Level Covered duties, services, or activities.

2. A-2 Level Covered Personnel: Personnel employed or volunteering in a capacity in which the subject of the check has the expectation of electronic or other access to children's child welfare or DCS information, in connection with performance of any services or activities pursuant to the contract with DCS.


Note: Personnel designated as not A-2 Level Covered Personnel could become A-2 Level Covered Personnel at any time as duties or responsibilities change to include A-2 Level Covered duties, services, or activities.

Other Access to Information

For purposes of the A-2 Level Covered Personnel definition, other access to a child's child welfare or DCS information includes both access to physical records and access to overhear information about a child's child welfare or DCS information.

Direct Contact with Children

For purposes of A-1 and A-2 Level Covered Personnel definitions, direct contact with children means any direct contact with a child, regardless of whether another adult or a parent is present.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks	Effective Date: June 1, 2021
	Section 04: Evaluating Background Checks for DCS Contractors	Version: 8

STATEMENTS OF PURPOSE
This policy does not apply to contractors of Licensed Residential Agencies or Licensed Child Placing Agencies (LCPAs). See policy [13.02 Evaluating Background Checks for Licensed Residential Agencies and Child Placing Agency](#) for further information. This policy also does not apply to leases where DCS is the tenant or the subtenant.

The Indiana Department of Child Services (DCS) will evaluate the results of Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) on all DCS Contractor Agencies and Subcontractor Agencies (referred to collectively as “DCS Contractor Agencies”). DCS Contractor Agencies will evaluate the remaining background checks. See policy [13.03 Conducting Background Checks for DCS Contractors](#) for additional information.

DCS Contractor Agencies will immediately ensure the subject of the check will not be employed or volunteer in connection with performance of any services of activities pursuant to the contract/subcontract with DCS if the criminal or waiver process reveals any of the following:

1. Disqualifying criminal history that is not eligible to be waived,
2. Disqualifying criminal history or substantiated CPS history in which a waiver action is not supported or pursued by the DCS Contractor Agency; or
3. Disqualifying criminal history or substantiated CPS history in which a waiver is not granted by DCS.

Fingerprint-Based Check

The DCS Central Office Background Check Unit (COBCU) will evaluate the results of the Fingerprint-Based Check and notify the assigned contact person at the DCS Contractor Agency by sending the Fingerprint-Based Check Status Letter via e-mail. See policy [13.15 Fingerprint-Based Checks](#) for additional information.

Child Protective Services (CPS) History Checks

DCS Contractor Agencies will review the completed CPS History Check results for persons from Indiana and all other states of residency within the past five (5) years (if applicable). DCS Contractor Agencies will determine if there are reports of any substantiations of child abuse and/or neglect (CA/N) for the subject of the check. If there is substantiated CPS history in Indiana or the equivalent in another state, the request and approval by COBCU of a CPS waiver is required for consideration of continued employment and/or volunteering. See policy [13.16 Waivers](#) for additional information.

National Sex Offender Registry Check

DCS Contractor Agencies will evaluate the National Sex Offender Registry Check to determine if there are any matches. If there is a match, the subject of the check cannot be employed or volunteer for the contractor; and the DCS Contractor Agency will immediately notify the COBCU via COBCUinquiry@dcs.in.gov. The COBCU will re-evaluate the Fingerprint-Based Check report and reissue an amended Fingerprint-Based Check Status Letter, if applicable.

Local Criminal Court Records Check

DCS Contractor Agencies will evaluate the results of the Local Criminal Court Records Checks. If the name-based court record check returns convictions for a felony, four (4) or more misdemeanors, or a misdemeanor that may relate to the health and safety of a child, DCS Contractor Agencies shall contact the [COBCU fingerprint consultant listed on the Fingerprint-Based Check Status Letter](#) for additional guidance if the Fingerprint-Based Check Status Letter was qualified.

Code References

1. [IC 10-13-3-38.5 Conducting Fingerprint Criminal History Checks for Contractors](#)
2. [IC 10-13-3-27 Disclosure of State Limited Criminal History Information](#)
3. [IC 31-9-2-84.8: Nonwaivable offense](#)

PROCEDURE

DCS Contractor Agencies will complete the following:

1. Review the Fingerprint-Based Check Status Letter received from COBCU;
The fingerprint-based status must be “Qualified” for the subject of the check to be hired or volunteer with a DCS Contractor Agency, unless a waiver has been granted. See policy [13.15 Fingerprint-Based Checks](#) for additional required steps, guidance on evaluating the Fingerprint Based Check, and information regarding possible fingerprint qualification statuses (I.e., Qualified, Conditionally Disqualified, and Disqualified). See policy [13.16 Waivers](#) for information regarding eligibility for and process of requesting a waiver;

Note: If the subject of the check is already employed or volunteering with the DCS Contractor Agency and receives a fingerprint qualification status of:

- a. “Conditionally Disqualified”, the subject of the check must have the conditionally disqualified status resolved within 10 business days. If resolved satisfactorily, the DCS Contractor Agency will receive an amended Fingerprint-Based Check Status Letter of “Qualified” from COBCU before the end of the 10th business day, or
- b. “Disqualified”, the DCS Contractor Agency will immediately remove the subject of the check from the work schedule, unless a waiver has been granted.

If the DCS Contractor agency does not receive an amended “Qualified” fingerprint-based status within the timeframe or a waiver decision of “Waiver Granted”, the DCS Contractor Agency will immediately remove the subject of the check from the work schedule in connection with the performance of any services or activities pursuant to the contract/subcontract with DCS.

2. Review the results of the CPS History Check;
 - a. Give the subject of the check a copy of the completed [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF52802\)](#) or equivalent CPI/CPS portal report showing substantiated history if substantiated CPS history is discovered from Indiana. See policy [2.06 Sharing of Confidential Information](#) for additional information, and
 - b. Work with the subject of the check to complete and submit a waiver packet to COBCU as quickly as possible if a CPS substantiation is discovered and the DCS Contractor Agency is in support of pursuing the CPS history waiver. See policy [13.16](#)

[Waivers](#) and [13.E Tool: DCS Contractor Waiver Packet](#) for information regarding applying for a waiver.

Note: A request for a CPS waiver should be filed and processed at the time of the initial contract award, every four (4) years (based on the anniversary of the covered individual's personnel initial checks), prior to hiring, or upon discovery of any additional CPS substantiation (which was not previously granted a CPS waiver) if discovered between these times. The request for the waiver must be granted by COBCU for the employee or volunteer to be employed or volunteer as part of the DCS Contractor Agency. If the subject of the check is already hired or volunteering, the DCS Contractor Agency will immediately remove the subject of the check from the work schedule, in connection with the performance of any services or activities pursuant to the contract/subcontract with DCS.

3. Review the results of the National Sex Offender Registry Check for a match to the subject of the check. If there is a match for the subject of the check, the DCS Contract Agency cannot hire or allow the subject to volunteer at the facility. If already employed or volunteering, then the subject of the check must be dismissed;
4. Review the results of the Local Criminal Court Records Checks. For further information regarding the Local Criminal Court Records Checks, see the [Local Criminal Court Records Check Instructions](#); and

Note: Contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter within five (5) days if the Fingerprint-Based Check Status Letter was qualified and the Local Criminal Court Records Check returns convictions of:

- a. A felony,
- b. Four (4) or more misdemeanors, or
- c. A misdemeanor related to the health and safety of a child.

The COBCU Consultant will re-evaluate the Fingerprint-Based Check Status Letter and, if necessary, issue a new amended status letter. If at any time a DCS contractor agency believes the Local Criminal Court Records Check report may alter the Fingerprint-Based Check Status, the DCS contractor will contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter for further action.

5. Place a copy of the results for all background checks and any waiver letters in the employee's or volunteer's personnel file.

Note: A criminal history or CPS waiver granted for the purpose of employment or volunteering with a DCS Contractor Agency may not be used for any additional purpose. A new waiver request must be submitted and granted if there is a change of position such as a promotion within the same agency or for each additional agency. See policy [13.03 Conducting Background Checks for DCS Contractors](#) for additional information.

The DCS COBCU will:

1. Evaluate the criminal history report within five (5) business days of receipt of the Fingerprint-Based Check and notify, by e-mail, the DCS Contractor Agency's assigned contact person regarding the clearance status. See policy [13.15 Fingerprint-Based Checks](#) for additional information;

2. Provide guidance regarding Conditionally Disqualified or Disqualified applicants and DCS Contractor Agencies. See policy [2.06 Sharing Confidential Information](#) for additional information; and
3. Re-evaluate history based on the documentation received from the subject and issue a new Fingerprint-Based Check Status Letter, when applicable.

Note: For waivers of disqualified criminal history and substantiated CPS history, see policy [13.16 Waivers](#).

PRACTICE GUIDANCE

Disclosing Criminal History Check Information


A copy of the official Federal Bureau of Investigations (FBI) and the Indiana State Police (ISP) transcript will not be provided to the DCS Contractor Agencies nor the subject of the check. 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. The process of the Review Challenge takes place between ISP and the subject of the check, and DCS is not involved in the process. A Review Challenge of inaccurate information in Indiana is made to ISP. A Review Challenge for criminal history records outside of Indiana must be made to the Law Enforcement Agency (LEA) that posted the record. The subject of the check must be fingerprinted for the Review Challenge, at the subject's expense.

FORMS AND TOOLS

1. [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF52802\)](#)
2. [Local Criminal Court Records Check Instructions](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks	Effective Date: June 1, 2021
	Section 05: Conducting Background Checks for Nonemergency Unlicensed Placements	Version: 9

STATEMENTS OF PURPOSE *This policy applies to [Non-Emergency Unlicensed Placements](#). For [Emergency Unlicensed Placements](#), see policy [13.11 Conducting Background Checks for Emergency Unlicensed Placements](#).*

The Indiana Department of Child Services (DCS) requires background checks for [non-emergency unlicensed placements](#). Background checks for a [non-emergency unlicensed placement](#) are required prior to the placement of a child in an unlicensed resource home for household members and all persons who:

1. Stay in the home 21 days or more, within a 12-month period. The days do not have to be consecutive; or
2. Work or volunteer in the home with children who are under the direct supervision of the unlicensed resource.

Background checks for [non-emergency unlicensed placements](#) must be completed and returned prior to placement of the child in the home and will consist of the following:

1. A Child Protective Services (CPS) History Check on all persons six (6) years of age and older in every state in which the subject of the check has resided during the last five (5) years;
2. A National Sex Offender Registry Check for all persons 14 years of age and older in every state in which the subject of the check has resided during the last five (5) years;
3. A Local Criminal Court Records Check on all persons 18 years of age and older in every criminal court jurisdiction in which the subject of the check has resided during the last five (5) years; and
4. A Fingerprint-Based Check must be completed and returned with qualified results, for all persons 18 years of age and older. See policy [13.15 Fingerprint-Based Checks](#) for further guidance.

Note: Fingerprint-Based Checks conducted for any other purpose (e.g., foster family home licensure, adoption, or employment) may not be used for the purpose of unlicensed placement. A new fingerprint-based check will be required.

An Interstate Identification Index (Triple I Check) will not be completed for [non-emergency placements](#). See policy [13.11 Conducting Background Checks for Emergency Unlicensed Placements](#) for additional information.

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

1. New household members who stay in the home for 21 days or more, within a 12-month period. The days do not have to be consecutive. Required background checks are to be completed and returned with qualified results prior to a new household member moving

- into the unlicensed resource home;
2. Current household members who turn six (6), 14, or 18 years old. Any required background checks not completed previously (based on the individual's age) must be initiated 30 days prior to the household member's birthday; and

Note: Fingerprints may not be completed prior to 18 years of age. Fingerprints must be obtained within 30 days after the subject's 18th birthday.

3. New employees and/or volunteers in the home. Required background checks are to be completed and returned with qualified results before the subject of the check may begin working or volunteering in the unlicensed resource home.

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

Code References

1. [IC 10-13-3-27.5: Record check by department of child services under exigent circumstances; transmittal of report copy; providing fingerprints; removal of child for failure to provide fingerprints; compliance with federal law; contesting denial of placement; fee](#)
2. [IC 10-13-3-31: Release of data to subject person; fee; challenge of data authorized](#)
3. [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
4. [IC 31-26-5: Family Preservation Services](#)
5. [IC 31-34-18-6.1: Predispositional report; contents](#)
6. [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
7. [240 IAC Article 6: Criminal History Record Information](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Verify the identity of each subject of a background check, regardless of age, by reviewing one (1) available and current, government-issued identification (ID). See policy [2.09 Verifying Identity](#) for further guidance. Examples of government-issued IDs include, but are not limited to:
 - a. Drivers' License,
 - b. Government issued picture ID,
 - c. Social Security Card,
 - d. Birth Certificate, or
 - e. Passport.
2. Have each subject of a background check, 18 years of age and older, complete the [Application for Criminal History Background Check \(SF 53259\)](#):
 - a. The subject of the check's legal name should be used as it appears on a current government issued picture ID,
 - b. The subject of the check must sign and date the form, and
 - c. The FCM should check the form for completeness, review the attestation statement, and must place the original in the case file.
3. Register persons 18 years of age and older for the Fingerprint-Based Check unless the individual is requesting an Exception to Fingerprinting. See policy [13.15 Fingerprint-](#)

- [Based Checks](#) for additional information;
4. Conduct a Local Criminal Court Records Check on all persons 18 years of age and older by completing a court record search, including all aliases, in each county court and applicable city courts where the subject of the check has resided during the past five (5) years. For further instructions see the [Local Criminal Court Records Check Instructions](#);
 5. Conduct a National Sex Offender Registry Check for all persons 14 years of age and older, using the [DRU SJODIN National Sex Offender Public Website](#):
 - a. Search each name or combination of names used within the subject's lifetime individually.

Note: If searching a common name and results show multiple matches, narrow the search by state. If this occurs, search every state the subject has resided for the past five (5) years.

- b. Print out the results of each name searched,
 - c. Sign and date the printed results, and
 - d. Write "NO MATCH" on the printed page if there is no match.
6. Conduct a CPS History Check for all persons six (6) years of age and older by:
 - a. Completing Section A of the [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#), as the local office is the requesting agency;
 - b. Have the subject of the check, or representative if a minor, complete Section B of [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#); and
 - c. Complete a state-wide search of the case management system and reflect the results in Section C of [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#).
7. Conduct a CPS History search for every other state in which the individual has resided during the past five (5) years, if applicable. Locate information for a CPS administrator or local office designee to process the search request by using the [Out-of-State CPS Contact List](#); and

Note: If the person has CPS history in any state, refer to policy [13.06 Evaluating Background Checks for Nonemergency Unlicensed Placements](#) for further guidance.

8. Document all information gathered in the case management system.

The FCM Supervisor will:

1. Staff with the FCM and provide guidance and assistance with required tasks, as needed;
2. Ensure safety concerns for the FCM and child are addressed; and
3. Ensure the FCM has completed all tasks and documented the information gathered regarding the completed background checks in the case management system.

PRACTICE GUIDANCE

Undocumented Individuals

An undocumented individual is required to complete background checks for the purpose of becoming an unlicensed placement. A request to COBCU should be emailed to cobcuinquiry@dcs.in.gov, when the undocumented individual is unable to provide verification of identity. For the purposes of non-emergency placement, a Social Security number (SSN) is not

required to register for fingerprints.

Note: The FCM may complete a Permanency and Practice Support (PPS) referral through KidTraks for the International and Cultural Affairs (ICA) liaison to assist in locating required documents. See policies [2.22 International and Cultural Affairs Services](#) and [2.23 Verifying Citizenship or Immigration Status](#) for further guidance.

Notifying the FCM of Arrest, Convictions or Substantiation of Child Abuse and/or Neglect (CA/N)

The subject of the check should notify the FCM within 24 hours of the arrest, conviction or substantiation of abuse or neglect of the subject, a household member, employee, and/or volunteer. The local office shall contact COBCU for additional guidance.

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF 53259\)](#)
2. [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
3. [Background Check Matrix for Unlicensed Placements and Foster Care](#)
4. [DCS Non-Emergency Relative Registration Instruction for Fingerprinting in Indiana](#)
5. [Local Criminal Court Records Check Instructions](#)
6. [Out-of-State CPS Contact List](#)


RELATED INFORMATION

Emergency Unlicensed Placement

Emergency Unlicensed Placement is defined as placement in a kinship or relative home (not a biological or adoptive parent's home) when a child must be placed in out-of-home care, but due to the urgent nature of the need for this placement, there is not enough time to wait for those in the home to be fingerprinted and for fingerprint results to be returned.

Non-Emergency Unlicensed Placement

Nonemergency Placement is defined as placement in a kinship or relative home (not a biological or adoptive parent's home) when a child will be placed in out-of-home care, but the nature of the situation allows the child to remain in the current placement for a period of time. The child would remain in the current placement until all background checks are completed and cleared. This includes the completion of required fingerprints, with results returned, and all necessary criminal and/or CPS waivers being granted prior to the change of placement.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks	Effective Date: June 1, 2021
Section 06: Evaluating Background Checks for Non-Emergency Unlicensed Placements	Version: 10	

STATEMENTS OF PURPOSE - *This policy applies to [Non-Emergency Unlicensed Placements](#). For [Emergency Unlicensed Placements](#), see policy [13.12 Evaluating Background Checks for Emergency Unlicensed Placements](#).*

The Indiana Department of Child Services (DCS) will evaluate the results of Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks), Child Protective Services (CPS) History Checks, National Sex Offender Registry Checks, and Local Criminal Court Records Checks, on all required persons prior to the placement of a child in an unlicensed out-of-home placement. See policy [13.05 Conducting Background Checks for Nonemergency Unlicensed Placements](#) for additional information.

DCS cannot recommend a home as a [non-emergency unlicensed placement](#) if the results of a criminal background check, criminal waiver, and/or CPS waiver process reveal one (1) or more of the following for the subject¹ of the check (who would stay, work, or volunteer in the home):

1. Disqualified criminal history that is not eligible to be waived;
2. Disqualified criminal history or substantiated CPS history for which the waiver is not supported or pursued by DCS; or
3. Disqualified criminal history or substantiated CPS history for which the waiver is not granted by DCS.

Note: If the household member with disqualified history no longer stays in the home (see policy [13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements](#) for information) and all other household members have passed all required background checks, the placement may be recommended after the disqualified subject moves out of the home.

Fingerprint-Based Check

The DCS Central Office Background Check Unit (COBCU) will evaluate the results of the Fingerprint-Based Check and notify the assigned contact person at the DCS local office by e-mailing the Fingerprint-Based Check Status Letter. See policy [13.15 Fingerprint-Based Checks](#) for additional information.

Child Protective Services (CPS) History Check

DCS will review the completed CPS History Check results from Indiana and from all other states of residency within the past five (5) years (if applicable) to determine if there are reports of any substantiation of Child Abuse and/or Neglect (CA/N) for the subject of the check. The existence of substantiated CPS history in Indiana or the equivalent in another state means that unless a waiver is granted (see policy [13.16 Waivers](#)), the subject of the

¹ For the purpose of this policy, the subject of a background check is defined as an individual who would stay, work, or volunteer in a nonemergency unlicensed placement.

check is ineligible to be a(n):

1. [Non-emergency unlicensed placement](#) caregiver;
2. Household member of a current or prospective [non-emergency unlicensed placement](#) (this excludes a child's biological parent who has been approved by the court to stay in the [non-emergency unlicensed placement](#) where the child is placed); or
3. Employee or volunteer working or volunteering inside the home of the [non-emergency unlicensed placement](#). See policy [13.16 Waivers](#) for additional information.

National Sex Offender Registry Check

DCS will evaluate the results of the National Sex Offender Registry Check to determine if there are any matches. If there is a match the subject of the check is not eligible to be considered as a placement resource and COBCU should be notified of the match immediately at COBCUinquiry@dcs.in.gov. The COBCU will re-evaluate the Fingerprint-Based Check Report and reissue an amended Fingerprint-Based Check Status Letter, if applicable.

Local Criminal Court Records Check

DCS will evaluate the results of the Local Criminal Court Records Check. If the Local Criminal Court Records Check returns convictions of a felony, total of four (4) or more misdemeanors, or a misdemeanor that may be related to the health and safety of a child, the DCS local office shall contact COBCU for additional guidance if the Fingerprint-Based Status Letter was qualified. See policy [13.15 Fingerprint-Based Checks](#) for additional information.

Code References

1. [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
2. [IC 31-34-4-2: Placement of child with relative caretaker or de facto custodian; evaluation; criminal history check required; exceptions; out-of-home placement; considerations](#)
3. [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)
4. [IC 31-9-2-84.8: Nonwaivable offense](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Review the Fingerprint-Based Check Status Letter received from COBCU for each Fingerprint-Based Check. See policy [13.15 Fingerprint-Based Checks](#) for additional information;
2. Review the results of each CPS History Check:
 - a. Provide the subject of the check with a copy of the completed [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF52802\)](#) form showing substantiated history if substantiated CPS history is discovered in Indiana. See policy [2.06 Sharing Confidential Information](#) for further guidance; and
 - b. Work with the subject of the check to submit a complete waiver packet to COBCU as quickly as possible, if there is substantiated CPS history in Indiana or the equivalent in another state. The filing and granting of a CPS waiver by COBCU is required for DCS to recommend the placement. See policy [13.16 Waivers](#) for additional information.

Note: A criminal history or CPS waiver granted for the purpose of a [non-emergency unlicensed placement](#) may not be used for foster family home licensure, adoption, employment, or any other purpose. A new waiver request must be submitted to and

granted by the COBCU for each additional purpose.

3. Review the results of each National Sex Offender Registry Check for a match to the subject of the check. If there is a match for the subject of the check, a child cannot be placed;
4. Review the results of each Local Criminal Court Records Check. See [Local Criminal Court Records Check Instructions](#) for more information;

Note: Contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter within five (5) days if the Fingerprint-Based Status Letter was qualified and the Local Criminal Court Records Check returns conviction of:

- a. A felony,
- b. Four (4) or more misdemeanors, or
- c. A misdemeanor related to the health and safety of a child.

In addition, if at any time the FCM believes the Local Criminal Court Records Check report may alter the status of the Fingerprint-Based Check, the FCM will contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter for further action.

5. Upload a copy of the results for all background checks and any waiver letters in the case management system. This may include scanning the official fingerprint-based status notices, waiver notices, and other background check information into the case management system and attaching to the subject of the check's person profile;
6. Submit the waiver decision to the court if applicable; and
7. Notify the family of the decision, and:
 - a. Develop a plan to prepare the child for placement if the decision is to approve the placement. See policy [8.08 Preparing Child for Placement](#) for further guidance; or
 - b. Develop an alternate placement plan for the child if the decision is to deny the placement. See policy [8.01 Selecting a Placement Option](#) for further guidance.

The FCM Supervisor will:

1. Staff with the FCM and provide any needed guidance and assistance;
2. Ensure safety concerns are addressed; and
3. Ensure the FCM has completed all tasks and documented the information gathered regarding the evaluation of background checks into the case management system.

The COBCU will complete requirements as outlined in policies [13.15 Fingerprint-Based Checks](#) and [13.16 Waivers](#).

PRACTICE GUIDANCE

Disclosing Fingerprint-Based Check Information

A copy of the official Federal Bureau of Investigations (FBI) and the Indiana State Police (ISP) transcript will not be provided to the DCS local office nor the subject of the check. 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 in Indiana is made to ISP. A criminal history records Review Challenge outside of Indiana must be made to the Law Enforcement Agency (LEA) that posted the record. The subject of the check must be fingerprinted for the Review

Challenge at the subject's expense.

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF 53259\)](#)
2. [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
3. [Background Check Matrix for Unlicensed Placements and Foster Care Desk Guide](#)
4. [Local Criminal Court Records Check Instructions](#)


RELATED INFORMATION

Emergency Unlicensed Placement

Emergency unlicensed placement is defined as placement in a kinship or relative home (not a biological or adoptive parent's home) when a child must be placed in out-of-home care, but due to the urgent nature of the need for this placement, there is not enough time to wait for those in the home to be fingerprinted and those fingerprint results to be returned.

Non-Emergency Unlicensed Placement

Non-emergency unlicensed placement is defined as placement in a kinship or relative home (not a biological or adoptive parent's home) when a child will be placed in out-of-home care, but the nature of the situation allows the child to remain in the current placement for a period of time. The child is able to remain in the current placement until all background checks are completed and cleared. This includes the completion of required fingerprints, with results returned, and all necessary criminal and/or CPS waivers being granted prior to the change of placement.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 13: Background Checks	Effective Date: June 1, 2021
	Section 07: Conducting Background Checks for Adoptions	Version: 10

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires background checks on all persons who:

1. Are members of the prospective DCS adoptive household;
2. Stay in a prospective DCS adoptive home for 21 days or more, within a 12-month period. The days do not have to be consecutive; or
3. Are members of a prospective [private adoptive](#) home who are applying for the Indiana Adoption Assistance Program (AAP).

The following background checks may be required depending upon the age of the subject of the check:

Note: Background checks are a requirement for a petitioner’s spouse, even when the married couple is not living together in the adoptive home.

1. A Child Protective Services (CPS) History Check on all persons six (6) years of age and older in every state in which the subject of the check has resided during the last five (5) years;
2. A National Sex Offender Registry Check for all persons 14 years of age and older in every state in which the subject of the check has resided during the last five (5) years;
3. A Local Criminal Court Records Check on all persons 18 years of age and older in every criminal court jurisdiction in which the subject of the check has resided during the last five (5) years; and
4. A Fingerprint-Based Check must be completed and returned with qualified results, for all persons 18 years of age and older. See policy [13.15 Fingerprint-Based Checks](#) for further guidance.

Note: Fingerprint-Based Checks conducted for any other purpose (e.g., foster family home licensure, unlicensed placement, or employment) may not be used for the purpose of adoption. A new Fingerprint-Based Check will be required.

Background checks must be completed for purposes of the adoption home study, adoption summary, or AAP eligibility determination. If it has been 12 months since the last adoption background check, new background checks must be completed prior to the following:

1. Pre-adoptive placement;
2. Adoption home study or adoption summary;
3. Submission of the Indiana Adoption Program Application; or
4. Filing the petition for adoption.

After a child is placed in a prospective adoptive home, DCS requires background checks on new household members who stay in the home for 21 days or more, within a 12-month period.

The days do not have to be consecutive. Checks must be completed prior to the new household member moving into the prospective adoptive home and must be completed annually. The checks not completed prior to the child's placement (due to the individual's age) must be initiated 30 days prior to the current household member's sixth (6th), 14th, or 18th birthday.

Note: Fingerprints may not be completed prior to 18 years of age. Fingerprints must be obtained within 30 days after the subject's 18th birthday.

DCS will maintain confidentiality of all information gained during the background check process, following all applicable state and federal laws as well as Criminal Justice Information Services (CJIS) security protocols. See policy [2.06 Sharing Confidential Information for additional information](#).

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

Code References

1. [IC 31-19-11-1: Decree; affidavit; criminal convictions and juvenile adjudications](#)
2. [IC 31-19-7-1: Prior written approval of placements; criminal history checks](#)
3. [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
4. [IC 31-19-2-7.3: Waiver of criminal history check requirements prohibited](#)
5. [IC 31-19-2-7.5: Submission of information, forms, or consents for criminal history check](#)
6. [IC 31-19-8-5: Agency report and recommendation; filing requirements; waiver of report](#)
7. [IC 12-17.2-2-8: Licensure exemptions](#)

PROCEDURE

The adoption worker¹ will complete the following (this includes [private adoption](#) cases where the prospective adoptive parent is applying for AAP):

1. Verify the identity of each subject of a background check, regardless of age, by reviewing one (1) available and current, government-issued identification (ID). See policy [2.09 Verifying Identity](#) for further guidance. Examples of government-issued IDs include, but are not limited to:
 - a. Drivers' License,
 - b. Government issued picture ID,
 - c. Social Security Card,
 - d. Birth Certificate, or
 - e. Passport.
2. Have each subject of a background check, 18 years of age and older, complete the [Application for Criminal History Background Check \(SF 53259\)](#):
 - a. The subject of the check's legal name should be used as it appears on a current government issued picture ID,
 - b. The subject of the check must sign and date the form, and
 - c. The adoption worker must place the original form in the file after completion of the Background Check Process.

¹ The "adoption worker" may either be DCS or the LCPA worker. The person conducting the home study would complete the required background checks.

3. Register each person 18 years of age and older for a Fingerprint-Based Check, unless he or she requests an Exception to Fingerprinting. See policy [13.15 Fingerprint-Based Checks](#) for further information.
4. Conduct a Local Criminal Court Records Check on all persons 18 years of age and older by completing a court record search, including all aliases, in each county court and applicable city courts where the subject of the check has resided the past five (5) years. For further instructions see the [Local Criminal Court Records Check Instructions](#);
5. Conduct a National Sex Offender Registry Check for all persons 14 years of age and older, using the [DRU SJODIN National Sex Offender Public Website](#):
 - a. Search each name or combination of names used within the subject's lifetime individually.

Note: If searching a common name and results show multiple matches, narrow the search by state. If this occurs, search every state the subject has resided for the past five (5) years.

- b. Print out the results of each name searched,
 - c. Sign and date the printed results, and
 - d. Write "NO MATCH" on the printed page if there is no match.
6. Conduct an Indiana CPS History Check for all persons six (6) years of age and older by:
 - a. Completing Section A of the [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#),
 - b. Having the subject of the check or representative, if a minor, complete Section B of the [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#), and
 - c. Completing a state-wide search within the case management system and reflect the results of the search in Section C of the [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#).

Note: LCPAs are unable to access this information and will need to submit a request to COBCU using the KidTraks Vendor Portal or send a copy of the [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#) (with section A and B complete) to the local office for completion.

7. Conduct a CPS search for each additional state in which the household member has resided during the past five (5) years, if applicable. Locate information for a CPS administrator to process the search request at [Out-of-State CPS Contact List](#).

Note: If a household member has CPS history in any state, refer to policy [13.08 Evaluating Background Checks for Adoptions](#) for further required action.

The FCM Supervisor will:

1. Ensure all appropriate background checks have been conducted and documented; and
2. Complete and submit the [Request for Additional Funding \(SF 54870\)](#) to the Division Manager (DM) or Local Office Director (LOD), when applicable.

PRACTICE GUIDANCE

Undocumented Individuals

Fingerprints are still required if an individual is undocumented. For adoptions, the adoption worker should contact the COBCU for instructions and approval. The fingerprint registration for the purpose of adoption cannot be completed without a valid SSN or the assistance of COBCU. A request to COBCU should be emailed to cobcuinquiry@dcs.in.gov, and include the following information (#1 - #14) for **each** applicant **and** all household members, that do not have a SSN:

1. Legal name, maiden name, and all aliases;
2. Date of birth (DOB);
3. Height;
4. Weight;
5. Eye color;
6. Hair color;
7. Country of birth;
8. Country of citizenship;
9. Short explanation of how long the individual has been in the United States of America (USA);
10. Steps taken by the individual, if any, to become a legal resident in the USA and obtain a SSN;
11. Copy of a current government-issued photo ID;
12. Completed and signed [Application for Criminal History Background Check \(SF 53259\)](#);
13. Address of the location where the individual wants to be printed; and
14. Three (3) dates and times that the individual is available to be printed.

Note: The FCM may complete a Permanency and Practice Support (PPS) referral through KidTraks for the International and Cultural Affairs (ICA) liaison to assist in locating the required documents. See policies [2.22 International and Cultural Affairs Services](#) and [2.23 Verifying Citizenship or Immigration Status](#) for further guidance.

Notifying the Adoption Worker of Arrest, Conviction, or Substantiation of Abuse or Neglect

The prospective adoptive home must notify the adoption worker within 24 hours of the arrest, conviction, or substantiation of abuse or neglect of the prospective adoptive parent, or a household member. The adoption worker and supervisor will evaluate the severity and seriousness of the offense on a case-by-case basis. If there is an arrest that results in a conviction or CPS substantiation, the COBCU should be contacted for additional guidance and instruction.

Employees, Contractors, and Volunteers of the Prospective Adoptive Home, including Child Care Providers

If the family utilizes a child-care provider who is licensed by the Division of Family Resources (DFR), all background checks have already been completed as part of the licensing process. DCS should not complete additional background checks. Background checks are not required on employees, contractors, and/or volunteers of a prospective adoptive home including child-care providers. Discretion may be used to decide if a CPS History Check, National Sex Offender Registry, and/or Limited Criminal History Check should be completed. However, Fingerprint-Based Checks should not be conducted.

Private Adoptions


DCS does not conduct Fingerprint-Based Checks for domestic or international private adoptions. The private adoption agencies and/or legal representative will run Fingerprint-Based Checks through the Indiana State Police (ISP). The only exception is when the prospective private adoptive home is applying for AAP through DCS.

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF 53259\)](#)
2. [Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#)
3. [Request for Additional Funding \(SF 54870\)](#)
4. [DCS Ward Adoption Registration Instruction for Fingerprinting in Indiana](#)
5. [Indiana DCS Statewide Electronic Child Protective Services Index Database](#)
6. [Out-of-State CPS Contact List](#)
7. [Local Criminal Court Records Check Instructions](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Adoption/Permanency	Effective Date: June 1, 2021
	Section 08: Evaluating Background Checks for Adoptions	Version: 9

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will evaluate the results of all required Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) for the purpose of adoption. The DCS or Licensed Child Placing Agency (LCPA) adoption worker¹ will evaluate the National Sex Offender Registry Checks, Child Protective Services (CPS) History Checks, and Local Criminal Court Records Checks. See policy [13.07 Conducting Background Checks for Adoptions](#) for additional information.

DCS cannot recommend adoption if background checks reveal that an individual living in the home has a disqualified criminal history or criminal and/or CPS history that is not waived by DCS.

Note: A court may not grant adoption if the petitioner is:

1. A sex or violent offender (as defined in [IC 11-8-8-5](#));
2. A sexually violent predator (as defined in [IC 35-38-1-7.5](#)); or
3. A person with nonwaivable criminal history (as defined in [IC 31-34-4-2](#) and [IC 35-38-1-7.5](#)).

Fingerprint-Based Check

The DCS Central Office Background Check Unit (COBCU) will evaluate the results of the Fingerprint-Based Check and notify the assigned contact person at the DCS local office or LCPA contact person of the criminal history clearance status by e-mailing the Fingerprint-Based Check Status Letter. See policy [13.15 Fingerprint-Based Checks](#) for additional information.

National Sex Offender Registry Check

The adoption worker will evaluate the National Sex Offender Registry Check to determine if there are any matches. If there is a match, the adoption cannot proceed. The adoption worker should notify the COBCU at COBCUinquiry@dcs.in.gov immediately. The COBCU will re-evaluate the Fingerprint-Based criminal history report.

Child Protective Services (CPS) History Checks

The adoption worker will review the completed CPS history results for persons six (6) years and older from Indiana and all other states of residency within the past five (5) years (if applicable), and determine if there are reports of a substantiation of child abuse and/or neglect (CA/N) for the subject of the check. If there is substantiated CPS history in Indiana or the equivalent in another state, the filing and granting of a CPS waiver by COBCU is required for DCS to recommend the adoption. See policy [13.16 Waivers](#) for further information.

¹ The “adoption worker” may either be the DCS or the LCPA worker. The person conducting the home study would complete the required background checks.

Local Criminal Court Records Check

The adoption worker will evaluate the results of the Local Criminal Court Records Check. If the name-based court record check returns a felony, four (4) or more misdemeanors, or a misdemeanor that relates to the health and safety of a child, the adoption worker shall contact COBCU for additional guidance if the fingerprint based status letter was qualified.

Code References

1. [IC 11-8-8-5: Sex or violent offender](#)
2. [IC 35-38-1-7.5: Sexually violent predators](#)
3. [IC 31-9-2-22.5: Conduct a criminal history check](#)
4. [IC 31-9-2-84.8: Nonwaivable offenses](#)
5. [IC 31-19-8-5 Agency report and recommendation; filing requirements; waiver of report](#)
6. [IC 31-34-4-2: Placement of child with relative caretaker or de facto custodian; evaluation; criminal history check required; exceptions; out-of-home placement; considerations](#)

PROCEDURE

The adoption worker will ensure that each background check required in policy [13.07 Conducting Background Checks for Adoptions](#) has been completed and follow the listed steps:

1. Review the background check results letter received from COBCU for a Fingerprint-Based check and provide a copy to the subject of the check:
 - a. 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, when the fingerprint-based check status returns disqualified and the adoption worker supports a waiver. See policy [13.16 Waivers](#) for further detail; and
 - b. 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 and provide the requested documentation to the COBCU consultant, if the Fingerprint-Based Check Status returns conditionally disqualified. Upon re-evaluation, if the status is disqualified refer to 'a' above.
2. Review the results of the CPS History Check:
 - a. Provide the subject of the check with a copy of the completed [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF52802\)](#) form showing substantiated history if substantiated CPS history is discovered in Indiana. See policy [2.06 Sharing Confidential Information](#) for further guidance; and
 - b. Work with the subject of the check to submit a complete waiver packet to COBCU as quickly as possible, if there is substantiated CPS history in Indiana or the equivalent in another state. The filing and granting of a CPS waiver by COBCU is required for DCS to recommend adoption. See policy [13.16 Waivers](#) for additional information.
3. Review the results of each National Sex Offender Registry check for a match to the subject of the check. If there is a match for the subject of the check, the adoption cannot proceed and any children already placed must be removed immediately;
4. Review the results of the Local Criminal Court Records Checks. For further instructions about completing Local Criminal Court Records Checks, see the [Local Criminal Court Check Instructions](#);

Note: Contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter within five (5) days if the Fingerprint-Based Status Letter was qualified and the Local Criminal Court Records Check returns conviction of:

- a. A felony,
- b. Four (4) or more misdemeanors, or
- c. A misdemeanor related to the health and safety of a child.

In addition, if at any time the adoption worker believes the Local Criminal Court Records Check report may alter the status of the Fingerprint-Based Check, the adoption worker will contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter for further action.

5. Follow steps outlined in policy [13.16 Waiver](#) to request a Waiver of disqualified criminal history and/or substantiated CPS history, if applicable; and

Note: A criminal history or CPS waiver granted for the purpose of adoption may not be used for any other purpose (e.g., foster family home licensure or employment). A new waiver request must be submitted and granted for each additional purpose.

6. Upload a copy of the results for all background checks and any waiver letters in the case management system (when the adoption worker is a local DCS office worker).

The DCS COBCU will complete requirements as outlined in policies [13.16 Waivers](#) and [13.15 Fingerprint-Based Checks](#).

PRACTICE GUIDANCE

Disclosing Fingerprint-Based Check Information


A copy of the official Federal Bureau of Investigations (FBI) and the Indiana State Police (ISP) transcript will not be provided to the LCPA, DCS local office nor the subject of the check. 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 in Indiana is made to ISP. A criminal history records Review Challenge outside of Indiana must be made to the Law Enforcement Agency (LEA) that posted the record. The subject of the check must be fingerprinted for the Review Challenge, at the subject's expense.

FORMS AND TOOLS

1. Background Check Matrix for Adoptions Desk Guide
2. [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
3. [Local Criminal Court Check Instructions](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks	
	Section 09: Conducting Background Checks for Foster Family Home Licensing	
	Effective Date: February 1, 2022	Version: 10

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) requires background checks for all foster family homes to help ensure the safety and well-being of children placed with a foster family.

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PROCEDURE

The Indiana Department of Child Services (DCS) requires background checks to be conducted for the purpose of initial licensing or relicensure of a foster family home on household members, including biological parents who reside in the foster family home, and all persons who:

1. Stay in the home for 21 days or more, within a 12-month period. The days do not have to be consecutive; or
2. Work or volunteer in the home on a regular and continuing basis with children who are or will be under the direct supervision of the foster parent.

DCS requires that the foster family home notify the licensing worker within 24 hours of the arrest, conviction, and/or substantiation of Child Abuse and/or Neglect (CA/N) of the licensee, a household member, employee, contractor, and/or volunteer. The licensing worker and licensing worker Supervisor will evaluate the severity and seriousness of the offense on a case-by-case basis and contact the Central Office Background Check Unit (COBCU) for further guidance.

The type of background checks required will vary based on the age of the subject of the check:

1. A Child Protective Services (CPS) History Check must be completed in every state in which the subject of the check has resided during the last five (5) years, for all persons six (6) years of age and older;
2. A National Sex Offender Registry Check must be completed in every state in which the subject of the check has resided during the last five (5) years, for all persons 14 years of age and older;
3. A Local Criminal Court Records Check must be completed in every criminal court jurisdiction in which the subject of the check has resided during the last five (5) years, for all persons 18 years of age and older;

Note: A search on MyCase shall be completed for Indiana to fulfill the Local Criminal Court Record Check requirement.

4. A Fingerprint-Based Check must be completed and returned with qualified results, for all persons 18 years of age and older. See policy 13.15 Fingerprint-Based Checks for further guidance.

Note: Fingerprint-Based Checks conducted for any other purpose (e.g., adoption, unlicensed placement, or employment) may not be used for the purpose of foster family home licensure. In this instance, a new fingerprint-based check will be required.

DCS will not conduct background checks on children under DCS care and supervision, including Youth in Collaborative Care (CC).

Note: Youth in CC 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 CC Division Manager (DM) will determine whether a search on MyCase is necessary. Fingerprints should not be completed for CC youth that have been out of DCS care, as DCS does not have the statutory authority to complete a Fingerprint-Based Check.

For household members and all persons who stay, work, or volunteer in the foster family home, the licensing worker will:

1. Verify the identity of each subject of a background check, regardless of age (see policy 2.09 Verifying Identity) by reviewing one (1) available and current government-issued identification (ID) document such as, but not limited to, a:
 - a. Driver's License,
 - b. Government issued picture ID card,
 - c. Social Security Card,
 - d. Birth Certificate, or
 - e. Passport.
2. Have each subject of the check 18 years of age and older complete the Application for Criminal History Background Check. The following items should be considered when completing the form:
 - a. The subject of the check's legal name should be used as it appears on a current government issued picture ID,
 - b. The subject of the check must sign and date the form, and
 - c. The licensing worker should check for completeness, review the attestation statement, and must place the original in the licensing file.
3. Register persons 18 years of age and older for the Fingerprint-Based Check, unless the individual is requesting an exception to fingerprinting. See policy 13.15 Fingerprint-Based Checks for additional information.
4. Conduct a National Sex Offender Registry Check for all persons 14 years of age and older, using the Dru Sjodin National Sex Offender Public website:
 - a. Search each name or combination of names used within the subject's lifetime individually.

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

- b. Print out the results of each name searched,

- c. Sign and date the printed results, and
 - d. Write "NO MATCH" on the printed page if there is no match and place in case file. If a match is found refer to policy 13.10 Evaluating of Background Checks for Foster Family Home Licensing.
5. Conduct an Indiana CPS History Check for all persons six (6) years of age and older by:
 - a. Completing Section A of the Indiana Request for a Child Protection Services (CPS) History Check,
 - b. Having the subject of the check or representative, if a minor, complete Section B of the Indiana Request for a Child Protection Services (CPS) History Check, and
 - c. Completing a state-wide search within the case management system and reflect the results of the search in Section C of the Indiana Request for a Child Protection Services (CPS) History Check.

Note: LCPAs are unable to access this information and will need to submit a request to COBCU using the KidTraks Vendor Portal or send a copy of the Indiana Request for a Child Protection Services (CPS) History Check (with section A and B complete) to the local office for completion.

6. Conduct a CPS History search for every other state in which the individual has resided during the past five (5) years, if applicable. Locate information for a CPS administrator or local office designee to process the search request by using the Out-of-State CPS Contact List; and
7. Conduct a Local Criminal Court Records Check on all persons 18 years of age and older by completing a court record search, including all aliases, in each county court and applicable city courts where the subject of the check has resided during the past five (5) years. For further instructions see the Local Criminal Court Records Check Instructions.

Note: It is the responsibility of the applicant to cover any fees for Out-of-State CPS history and Local Criminal Court Records Checks.

The RFCS or LCPA Supervisor will:

1. Ensure all appropriate background checks have been conducted and documented; and
2. Staff with the licensing worker and ensure all tasks are completed.

After a child is placed in a foster family home, DCS requires background checks on:

1. New household members who stay in the home for 21 days or more, within a 12-month period. The days do not have to be consecutive. Required background checks must be completed and returned with qualified results prior to the individual moving into the foster family home;
2. Current household members who will turn six (6), 14, or 18 years of age. Checks not completed previously (based on the individual's age) must be initiated 30 days prior to the current household member's birthday; and

Note: Fingerprints may not be completed prior to 18 years of age. Fingerprints must be obtained within 30 days after the subject's 18th birthday.

3. New employees, contractors, and/or volunteers in the home. Checks must be completed and returned with qualified results prior to beginning work or volunteering in that licensed resource home.

Annual Reviews

DCS requires a search on MyCase for all household members, including biological parents who reside in the foster family home, and those who stay, work, or volunteer in the foster family home, who are 18 years of age and older, at each annual review. Any household member who has not completed the required background checks for purposes of foster family home licensing during the existing licensing period, will need to complete the full background checks with satisfactory results. See policy 13.10 Evaluating Background Checks for Foster Family Home Licensing for additional information.

Note: Although all background checks are not included for the annual review process, background checks may be requested by the licensing worker on a case-by-case basis.

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RELEVANT INFORMATION

Definitions

Licensing Worker

The licensing worker is the Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

Forms and Tools

- [Application for Criminal History Background Check \(SF 53259\)](#)
- [Background Check Matrix for Unlicensed Placements and Foster Care Desk Guide](#)
- COBCU email address - cobcuinquiry@dcs.in.gov
- [Dru Sjodin National Sex Offender Public website](#)
- [Local Criminal Court Records Check Instructions](#)
- [MyCase](#)
- [Out-of-State CPS Contact List](#)
- [Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)

Related Policies

- [2.09 Verifying Identity](#)
- [2.22 International and Cultural Affairs Services](#)
- [2.23 Verifying Citizenship or Immigration Status](#)
- [12.01 Authority to License](#)
- [13.10 Evaluating of Background Checks for Foster Family Home Licensing](#)
- [13.15 Fingerprint-Based Checks](#)

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LEGAL REFERENCES

- [IC 10-13-3-31: Release of data to subject person; fee; challenge of data authorized](#)
- [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
- [IC 31-26-5: Family Preservation Services](#)
- [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
- [IC 31-34-18-6.1: Predispositional report; contents](#)
- [240 IAC Article 6: Criminal History Record Information](#)

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PRACTICE GUIDANCE- DCS POLICY 13.09

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

Inaccurate Criminal Records

If any of the Fingerprint-Based Criminal Checks conducted 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.

Undocumented Individuals

Fingerprints are still required if an individual is undocumented. For foster home licensing, the licensing worker should contact the COBCU for instructions and approval. The fingerprint registration for the purpose of foster home licensing cannot be completed without a valid SSN or the assistance of COBCU. A request to COBCU should be emailed to cobcuinquiry@dcs.in.gov and include the following information (#1 - #12) for **each** applicant **and** all household members, that do not have a Social Security Number (SSN). See policy 12.01 Authority to License for licensure of noncitizens:

1. Legal name, maiden name, and all aliases;
2. Date of Birth (DOB);
3. Height;
4. Weight;
5. Eye color;
6. Hair color;
7. Country of birth;
8. Country of citizenship;
9. Copy of a current government- issued picture ID;
10. Completed and signed Application for Criminal History Background Check;
11. Address of the location where the individual wants to be printed; and
12. Three (3) dates and times that the individual is available to be printed.

Note: The FCM may complete a referral through KidTraks for the International and Cultural Affairs (ICA) liaison to assist in locating the required documents. See policies 2.22 International and Cultural Affairs Services and 2.23 Verifying Citizenship or Immigration Status for further guidance.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 13: Background Checks

Section 10: Evaluating Background Checks for Foster Family Home Licensing

Effective Date: February 1, 2022

Version: 10

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) will evaluate background checks regarding the licensing decision for all foster family homes to help ensure the safety and well-being of children placed with a foster family.

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PROCEDURE

DCS Central Office Background Check Unit (COBCU) will evaluate the results of Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) on all required persons for the purpose of foster family home licensing. The DCS local office or Licensed Child Placing Agency (LCPA) licensing worker will evaluate the Child Protective Services (CPS) History Check, National Sex Offender Registry Check, and Local Criminal Court Records Check. See policy 13.09 Conducting Background Checks for Foster Home Licensing regarding required checks to be completed.

Note: A search on MyCase shall be completed for Indiana to fulfill the Local Criminal Court Record Check requirement.

A copy of the results of all background checks and any waiver letters will be placed in the licensing file and documented in the case management system. All documentation will be attached to the subject of the check's profile. This may include scanning the official Fingerprint-Based Status Letter, waiver notice, and other background check information into the case management system. The DCS COBCU will complete requirements as outlined in policies 13.15 Fingerprint-Based Checks and 13.16 Waivers.

The licensing worker will immediately recommend denial or revocation of the foster family home license if the background check or waiver process for a household member or person who is staying, working, or volunteering in the home subsequently reveals the subject has a:

1. Disqualified criminal history that is not eligible to be waived;
2. Disqualified criminal history or substantiated CPS history for which the waiver action is not supported by the licensing worker or is not pursued by the foster family home;
3. Disqualified criminal history or substantiated CPS history for which the waiver is not granted by DCS; or
4. Disqualified criminal history or substantiated CPS history for which the necessary waiver is not submitted to the DCS COBCU as a complete and valid waiver within 10 business

days from the date of the Fingerprint-Based Disqualified Status Letter or the date of CPS substantiation history discovery. This specifically applies to subjects already residing in a currently licensed foster family home when this history is discovered or at the point of the foster family home relicensure, and foster children are currently placed in that foster home.

Note: If the household member no longer stays in the home, the denial or revocation will not be necessary. See Relevant Information for additional guidance.

Fingerprint-Based Check

The licensing worker will ensure all background checks are completed, as required in policy 13.09 Conducting Background Checks for Foster Home Licensing, and will:

1. Review the Fingerprint-Based Check Status Letter received from COBCU for each Fingerprint Based Check. See policy 13.15 Fingerprint-Based Checks for additional information:
 - a. Provide a copy of the Fingerprint-Based Check Status Letter to the subject of the check,
 - b. Instruct the subject of the check to contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter and provide the required verification to the COBCU Consultant within 10 business days of the date of the Fingerprint-Based Check Status Letter when it is conditionally disqualified. Upon re-evaluation, if disqualified, refer to “c” below,
 - c. Contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter when the fingerprint-based status returns as disqualified and the licensing worker is interested in possibly pursuing a waiver action to determine if the subject of the check is eligible to apply for a waiver. See policy 13.16 Waivers for additional information, and

Note: A criminal history waiver is required prior to new household members moving into an existing licensed home if that household member has criminal history or if new history that was not previously granted a waiver is discovered at any point while the home is licensed. A criminal history waiver granted by COBCU is required for initial licensing approval and relicensing. A criminal history waiver granted for the purpose of foster family home licensure may not be used for any other reason. A new waiver request must be submitted and granted for each additional purpose.

- d. Immediately implement a placement hold in the case management system if the subject of the check is already residing in the currently licensed foster family home at the time the conditional disqualified status or disqualified status is discovered and refer to “b” and/or “c” above for appropriate action and timeframes.

Note: If a foster child is already placed in the home, the licensing worker will notify the child’s Family Case Manager (FCM) of the conditionally disqualified or disqualified status of the foster home. The licensing worker will also update the child’s FCM if the license will be recommended for revocation for lack of follow through on the part of the subject of the check or due to waiver ineligibility or denial.

The DCS COBCU will:

1. Evaluate the results of the Fingerprint-Based Check; and

2. Notify the assigned contact person at the DCS local office or LCPA of the results by e-mailing the Fingerprint-Based Check Status Letter. See policy 13.15 Fingerprint-Based Checks for additional information.

Child Protective Services (CPS) History Check

The licensing worker will:

1. Review the completed CPS History Check results from Indiana and all other states of residency within the past five (5) years (if applicable) and determine if there are reports of any substantiations of Child Abuse and/or Neglect (CA/N) for the subject of the check; and

Note: The existence of substantiated CPS history in Indiana or the equivalent in another state means that unless a waiver is granted (see policy 13.16 Waivers), the subject of the check is ineligible to be a(n):

- a. Foster parent;
 - b. Household member of current or prospective foster family home (this includes the child's biological parent who is also staying in the out-of-home placement where the child is placed, and the home is seeking foster family home licensure); or
 - c. Employee or volunteer within the foster family home.
2. Request a waiver of substantiated CPS history for initial licensing approval and relicensing, if applicable, by submitting the required information to the COBCU. See policy 13.16 Waivers for additional information.

Note: A CPS waiver is required prior to new household members moving into an existing licensed home if that household member has CPS history or if new CPS history that was not previously granted a CPS waiver is discovered at any point while the home is licensed. A CPS waiver granted for the purpose of foster family home licensure may not be used for any other reason. A new waiver request must be submitted and granted for each additional purpose. It is the responsibility of the applicant to cover any fees for out-of-state CPS history checks, if applicable.

Local Criminal Court Records Check (Initial and Relicensure)

The licensing worker will:

1. Review the results of the Local Criminal Court Records Check (see the Local Criminal Court Records Instructions for additional guidance); and
2. Contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter within five (5) business days if the Fingerprint-Based Status Letter is qualified and the Local Criminal Court Records Check returns a conviction of:
 - a. A felony,
 - b. A total of four (4) or more misdemeanors, or
 - c. A misdemeanor that may be related to the health and safety of a child.

Note: It is the responsibility of the applicant to cover any fees for Local Criminal Court Records check, if applicable.

The DCS COBCU will:

1. Re-evaluate the Fingerprint-Based Check Report; and
2. Reissue an amended Fingerprint-Based Check Status Letter, if applicable. See policy 13.15 Fingerprint-Based Checks for additional information.

National Sex Offender Registry Check

The licensing worker will:

1. Evaluate the results of the National Sex Offender Registry Check for a match to the subject of the check. If there is a match for the subject of the check, the licensing worker will not license the home or will recommend revocation of the license; and
2. Contact COBCUinquiry@dcs.in.gov for additional guidance if the Fingerprint-Based Status Letter was qualified.

The DCS COBCU will:

1. Re-evaluate the Fingerprint-Based Check Report; and
2. Reissue an amended Fingerprint-Based Check Status Letter, if applicable. See policy 13.15 Fingerprint-Based Checks for additional information.

Annual Review

The licensing worker will:

1. Review the results on MyCase and compare to previous Local Criminal Court Records Check results (see the Local Criminal Court Records Instructions for additional guidance);
2. Require the subject of the check to complete a new Fingerprint-Based Check for the purpose of foster family home licensing if unknown convictions are found on the MyCase search. See policy 13.15 Fingerprint-Based Checks for additional guidance; and
3. Contact COBCU if the new Fingerprint-Based Check returns a qualified letter and the MyCase search reveals one (1) or more of the following convictions:
 - a. A felony,
 - b. A total of four (4) or more misdemeanors, or
 - c. A misdemeanor that may be related to the health and safety of a child.

The DCS COBCU will:

1. Re-evaluate the Fingerprint-Based Check Report; and
2. Reissue an amended Fingerprint-Based Check Status Letter, if applicable. See policy 13.15 Fingerprint-Based Checks for additional information.

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RELEVANT INFORMATION

Definitions

Licensing Worker

The licensing worker is the Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

Household Member Staying in the Home

For purposes of DCS policy, “staying” in the home means to be in the home for 21 days or more, within a 12-month period. The days do not have to be consecutive.

Forms and Tools

- [Assessment of Alleged Child Abuse or Neglect \(SF 113\)](#)
- [Background Check Matrix for Unlicensed Placements and Foster Care Desk Guide](#)
- DCS COBCU email: COBCUinquiry@dcs.in.gov
- [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
- [Local Criminal Court Records Check Instructions](#)

Related Policies

- [13.09 Conducting Background Checks for Foster Home Licensing](#)
- [13.15 Fingerprint-Based Checks](#)
- [13.16 Waivers](#)

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LEGAL REFERENCES

- [IC 31-27-4-5: Apply for licenses; criminal history checks](#)
- [IC 31-27-4-6: Grounds for denial of license applications; waiver](#)
- [IC 31-27-4-13: Denial of license](#)
- [IC 31-27-4-32: Grounds for revocation of license](#)
- [IC 31-27-4-33: Compliance with rules; disciplinary sanctions; revocation of license](#)
- [IC 31-9-2-84.8: Nonwaivable offense](#)

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PRACTICE GUIDANCE- DCS POLICY 13.10

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

Disclosing Fingerprint-Based Check Information

A copy of the official Federal Bureau of Investigations (FBI) and the Indiana State Police (ISP) transcript will not be provided to the LCPA, DCS local office, nor the subject of the check. DCS may verbally disclose the specific crimes to the subject of the check. If any of the checks conducted reveal an inaccurate record, the subject of the check may formally challenge the record. A Review Challenge of inaccurate information in Indiana is made to ISP. A criminal history records Review Challenge outside of Indiana must be made to the Law Enforcement Agency (LEA) that posted the record. The subject of the check must be fingerprinted for the Review Challenge, at the subject's expense.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks	Effective Date: June 1, 2021
	Section 11: Conducting Background Checks for Emergency Unlicensed Placements	Version: 1

STATEMENTS OF PURPOSE *This policy applies to in-state [Emergency Unlicensed Placements](#). For [Nonemergency Unlicensed Placements](#), see policy [13.05 Conducting Background Checks for Nonemergency Unlicensed Placements](#). For Out-of-State Placements, see [chapter 9 Interstate Compact ICPC](#) policies.*

The Indiana Department of Child Services (DCS) requires background checks for an [emergency unlicensed placement](#) on:

1. Current permanent household members;
2. Persons who stay in the home for 21 days or more, within a 12-month period. The days do not have to be consecutive; and
3. Individuals who work or volunteer in the home with children who are or will be under the direct supervision of the unlicensed resource.

Note: Current household members and all persons who stay, work or volunteer in the home and turn six (6), 14, or 18 years of age must have any required background checks not completed previously (based on the individual's age) initiated 30 days prior to the household member's birthday. Fingerprints may not be completed prior to 18 years of age. Fingerprints must be obtained within 30 days after the subject's 18th birthday. DCS will not conduct background checks on children under DCS care and supervision.

The type of background check conducted will vary based on the age of the subject of the check:

1. An Interstate Identification Index (Triple I Check) must be completed prior to placement for individuals 18 years of age and older who are:
 - a. Current permanent household members,
 - b. Persons who stay in the home for 21 days or more, within a 12-month period. The days do not have to be consecutive, and
 - c. Individuals who work or volunteer in the home with children who are or will be under the direct supervision of the unlicensed resource.

A Fingerprint-Based Check must be completed or initiated within five (5) business days of a child being placed, even briefly, in the home and returned with qualified results for all persons 18 years of age and older. See policy [13.15 Fingerprint-Based Checks](#) for further guidance;

Note: Using the Triple I Check for reasons other than [emergency unlicensed placement](#) (e.g., nonemergency placements, foster care licensing, adoption, babysitters, minors, parents or parent's household members) violates the law and DCS policy.

2. A National Sex Offender Registry Check for all persons 14 years of age and older in every state in which the subject of the check has resided during the last five (5) years;

3. A Child Protective Services (CPS) History Check on all persons six (6) years of age and older in every state in which the subject of the check has resided during the last five (5) years; and
4. A Fingerprint-Based Check must be completed and returned with qualified results, for all persons 18 years of age and older. See policy [13.15 Fingerprint-Based Checks](#) for further guidance.

Codes References

1. [IC 10-13-3-27.5: Record check by department of child services under exigent circumstances; transmittal of report copy; providing fingerprints; removal of child for failure to provide fingerprints; compliance with federal law; contesting denial of placement; fee](#)
2. [IC 10-13-3-31: Release of data to subject person; fee; challenge of data authorized](#)
3. [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
4. [IC 31-26-5: Family Preservation Services](#)
5. [IC 31-34-18-6.1: Predispositional report; contents](#)
6. [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
7. [240 IAC Article 6: Criminal History Record Information](#)

PROCEDURE

The Family Case Manager (FCM) will take the following actions to complete background checks **prior to** placing a child in an [emergency unlicensed placement](#):

1. Verify the identity of each subject of the check, regardless of age, by reviewing one (1) available and current government-issued identification (ID). See policy [2.09 Verifying Identity](#) for further guidance. Examples of government-issued IDs include, but are not limited to:
 - a. Drivers' License,
 - b. Government issued picture ID,
 - c. Social Security Card,
 - d. Birth Certificate, or
 - e. Passport.
2. Have each subject of the check, 18 years of age and older, complete the [Application for Criminal History Background Check \(SF 53259\)](#):
 - a. The subject of the check's legal name should be used as it appears on a current government issued picture ID,
 - b. The subject of the check must sign and date the form, and
 - c. The FCM should check the form for completeness, review the attestation statement, and must place the original form in the case file.
3. Request a [Triple I Check](#) prior to placement for all household members 18 years of age and older (see [Exceptions for Completion of Triple I Checks](#)) by:
 - a. Contacting the Indiana State Police (ISP) Headquarters at 317-232-8294 or 1-800-622-4961, and completing the following:
 - i. Providing the assigned password, responding to a security question for identification, and identifying the DCS local office making the request; and
 - ii. Providing the name, date of birth (DOB), and Social Security Number (SSN) exactly as listed on the subject of the check's government issued IDs.

- b. Recording any arrests and/or convictions (provided by ISP) regarding the subject, in the case management system. See policy [13.12 Evaluating Background Checks for Emergency Unlicensed Placements](#) for additional information,
 - c. Staffing with the FCM Supervisor and documenting all decisions regarding the subject's results and child's placement in the case management system,
 - d. Registering any person 18 years of age and older for the Fingerprint-Based Check. The Fingerprint-Based Check should be completed within five (5) business days of the [Triple I Check](#). See policy [13.15 Fingerprint-Based Checks](#) for additional information, and
 - e. Completing the [Triple I Follow Up Action \(SF 53424\)](#) if the [Triple I Check](#) was completed for [emergency unlicensed placement](#), but the child was not placed with the prospective placement for **any** period of time. E-mail the form to DCS TripleIFollowUp@dcs.in.gov or fax it to 317 232-1567 within five (5) business days of the Triple I Check. See policy [13.15 Fingerprint-Based Checks](#) for further guidance on completing the [Triple I Follow Up Action \(SF 53424\)](#).
4. Conduct a National Sex Offender Registry Check for all persons 14 years of age and older, using the [DRU SJODIN National Sex Offender Public Website](#):
- a. Search each name or combination of names used within the subject's lifetime individually.

Note: If searching a common name and results show multiple matches, narrow the search by state. If this occurs, search every state the subject has resided for the past five (5) years.

- b. Print out the results of each name searched,
 - c. Sign and date the printed results, and
 - d. Write "NO MATCH" on the printed page if there is no match.
5. Conduct an Indiana CPS History Check for all persons six (6) years of age and older by:
- a. Completing Section A of the [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#), as the local office is the requesting agency,
 - b. Have the subject of the check, or representative if a minor, complete Section B of [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#); and
 - c. Complete a state-wide search of the case management system and reflect the results in Section C of [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#).
6. Record the results of all background checks in the case management system within 72 hours of receipt.

The FCM will initiate the following background checks within 72 hours of an [emergency unlicensed placement](#) and will record the results in the case management system within 72 hours of receipt:

- 1. Conduct a CPS History search for each state outside of Indiana in which the individual has resided the past five (5) years, if applicable. Locate information for a CPS administrator or local office designee to process your search request at [Out-of-State CPS Contact List](#); and

Note: If results are not received within 10 business days after initiation of the check, the FCM should follow-up with the contact listed on the [Out-of-State CPS Contact List](#). If

additional assistance is needed in obtaining CPS History Check results, the FCM should contact Central Office Background Check Unit (COBCU) at COBCUinquiry@dcs.in.gov. If the person has CPS history in any state, refer to policy [13.12 Evaluating Background Checks for Emergency Unlicensed Placements](#) for further action.

2. Conduct a Local Criminal Court Records Check on all persons 18 years of age and older by completing a court record search, including all aliases, in each county court and applicable city courts where the subject of the check has resided during the past five (5) years. For further instructions see the [Local Criminal Court Records Check Instructions](#);

The FCM Supervisor will::

1. Staff with the FCM and provide guidance and assistance with required tasks (e.g., contacting ISP), as needed;
2. Ensure safety concerns for the FCM and child are addressed; and
3. Ensure the FCM has completed all tasks and documented the information gathered and all decisions into the case management system.

PRACTICE GUIDANCE

Password Confidentiality

Passwords and/or challenge questions should ***not*** be shared with anyone, including other DCS staff. The designated DCS local office staff should send an e-mail requesting help to the COBCU at COBCUinquiry@dcs.in.gov when experiencing difficulty using the assigned username and/or challenge question.

Triple I Check

The Triple I Check is only for unlicensed relative resource homes being considered for [emergency unlicensed placement](#), and the Triple I Checks must be completed prior to the placement. Indiana statute allows DCS the ability to access the Triple I Check without fingerprints at the time an [emergency unlicensed placement](#) is being considered. The Triple I Check is only used to provide immediate results for an [emergency unlicensed placement](#). Completion of fingerprinting is required within five (5) business days of the Triple I Check.

Note: If the subject of the [Triple I Check](#) refuses to complete Fingerprint-Based Checks within five (5) business days and the child was placed in the home, the child must be removed from the home and a [Triple I Follow Up Action \(SF 53424\)](#) must be completed. Contact COBCU for further guidance regarding refusal to print.

Exceptions to Completion of Triple I Check

Triple I Checks should not be completed on biological parents or for a subject requesting a medical exception to exclude fingerprinting. Additionally, an emergency placement cannot occur if the subject is requesting a medical exception or does not have a SSN.

Notifying the FCM of Arrest, Convictions or Substantiation of Child Abuse and/or Neglect (CA/N)

The subject of the check should notify the FCM within 24 hours of the arrest, conviction or substantiation of abuse or neglect of the subject, a household member, employee, and/or volunteer. The local office shall contact COBCU for additional guidance.

FORMS AND TOOLS

1. [Triple I Follow Up Action \(SF 53424\)](#)
2. [Application for Criminal History Background Check \(SF 53259\)](#)
3. [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
4. [Out-of-State CPS Contact List](#)
5. [Local Criminal Court Records Check Instructions](#)
6. [Background Check Matrix for Unlicensed Relative/Kinship Placement Desk Guide](#)


RELATED INFORMATION

Emergency Unlicensed Placement

Emergency unlicensed placement is defined as placement in a kinship or relative home (not a biological or adoptive parent's home) when a child must be placed in out-of-home care but due to the urgent nature of the need for this placement, there is not enough time to wait for those in the home to be fingerprinted and those fingerprint results to be returned.

Nonemergency Unlicensed Placement

Nonemergency unlicensed placement is defined as placement in a kinship or relative home (not a biological or adoptive parent's home) when a child will be placed in out-of-home care, but the nature of the situation allows the child to remain in the current placement for a period of time. The child is able to remain in the current placement until all background checks are completed and cleared. This includes the necessary fingerprints, with results returning, and all necessary criminal and/or CPS waivers being granted prior to the change of placement.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks	Effective Date: June 1, 2021
	Section 12: Evaluating Background Checks for Emergency Unlicensed Placements	Version: 1

STATEMENTS OF PURPOSE *This policy applies to [Emergency Unlicensed Placements](#). For [Nonemergency Unlicensed Placements](#), see policy [13.06 Evaluating Background Checks for Nonemergency Unlicensed Placements](#). For Out-of-State Placements, see [chapter 9 Interstate Compact ICPC policies](#).*

The Indiana Department of Child Services (DCS) will evaluate the results of all required background checks, for the purpose of an [emergency unlicensed placement](#):

1. The Interstate Identification Index (Triple I Check), National Sex Offender Registry Check, and an Indiana Child Protective Services (CPS) History Check will be evaluated prior to an [emergency unlicensed placement](#);
2. The out-of-state CPS History Check, if applicable, and Local Criminal Court Records Check will be evaluated within 72 hours of an [emergency unlicensed placement](#) or upon receipt of the background check results; and
3. The Fingerprint-Based National Criminal History Check (Fingerprint-Based Check) will be evaluated upon receipt of the Fingerprint-Based Check Status Letter.

DCS may recommend a home for [emergency unlicensed placement](#) if a subject's¹ criminal and/or CPS background check reveals disqualified history only if it is:

1. Eligible to be waived; and
2. A waiver will be supported and pursued by DCS.

Note: If a child has been placed and the waiver for disqualified criminal history or substantiated CPS history is not granted by DCS the child must be immediately removed.

DCS will immediately remove a child who has been placed in a home through an [emergency unlicensed placement](#) or a court order to request a change of placement if the background check or waiver process (criminal or CPS) for a subject in the home reveals:

1. Disqualified criminal history that is not eligible to be waived;
2. Disqualified criminal history or substantiated CPS history for which a waiver is not granted by DCS; or
3. Disqualified criminal history or substantiated CPS history in which a complete and valid waiver packet is not submitted to the DCS Central Office Background Check Unit (COBCU) within 10 business days from the date of the Fingerprint-Based Check Status Letter showing "Disqualified" or the date of CPS substantiation history discovery. See policy [13.16 Waivers](#) for additional information.

¹ For the purpose of this policy, the subject of a background check is defined as an individual who would stay, work, or volunteer in an emergency unlicensed placement.

Note: If the household member with disqualified history no longer stays ²in the home permanently and all other household members have passed all required background checks, the child may remain in the home. If known, document the individual's new address.

Triple I Check

The results of the Triple I Check will be evaluated and DCS will ensure Fingerprint-Based Checks are completed within five (5) business days to verify identity and results. Using the Triple I Check for other reasons violates the law and DCS policy. This check retrieves information maintained by the Federal Bureau of Investigation (FBI). See policy [13.15 Fingerprint-Based Checks](#) for further guidance.

Note: If the subject of the Triple I Check refuses to complete a Fingerprint-Based Check within five (5) days and the child was placed in the home, the child must be removed from the home and a [Triple I Follow Up Action \(SF 53424\)](#) must be completed.

National Sex Offender Registry Check

DCS will evaluate the National Sex Offender Registry Check to determine if there are any matches. If there is a match and a child is already placed in the home, DCS will immediately remove the child and notify the COBCU. If there is a match but there has not yet been a placement, the subject of the check is not eligible to be considered as a placement resource and the COBCU will be immediately notified of the match at COBCUinquiry@dcs.in.gov. The COBCU will re-evaluate the Fingerprint-Based Check Report and reissue an amended Fingerprint-Based Check Status Letter, if applicable.

Child Protective Services (CPS) History Checks

DCS will review the completed CPS History Check results from Indiana and from all other states of residency within the past five (5) years (if applicable) to determine if there are reports of any substantiation of Child Abuse and/or Neglect (CA/N) for the subject of the check. The existence of substantiated CPS history in Indiana or the equivalent in another state means that unless a waiver is being actively pursued and/or granted (see policy [13.16 Waivers](#)), the subject of the check is ineligible to be a(n):

1. [Emergency unlicensed placement](#) caregiver;
2. Household member of a current or prospective [emergency unlicensed placement](#) (this excludes the child's biological parent who has been approved by the court to stay in the same out-of-home placement in which the child is placed); or
3. An employee or volunteer working or volunteering inside the home of the [emergency unlicensed placement](#).

Note: The results of the Out-of-State CPS History Check may be received after the initial placement of a child, but the check should be initiated within 72 hours of the [emergency unlicensed placement](#). If results are not received within 10 business days after initiation of the check, a follow-up is required.

Local Criminal Court Records Check

DCS will evaluate the results of the Local Criminal Court Records Check. If the Local Criminal Court Records Check returns convictions of a felony, total of four (4) or more misdemeanors,

² To be in the home for 21 days or more, within a 12-month period. The days do not have to be consecutive.

or a misdemeanor that may be related to the health and safety of a child, the DCS local office shall contact COBCU for additional guidance if the Fingerprint-Based Status Letter was qualified. See policy [13.15 Fingerprint-Based Checks](#) for additional information.

Note: The results of the Local Criminal Court Records Check may be received after the initial placement of a child, but the check should be initiated within 72 hours of the [emergency unlicensed placement](#).

Code References

1. [IC 31-34-20-1.5: Placement in household with certain individuals prohibited](#)
2. [IC 31-34-4-2: Placement of child with relative caretaker; criminal history check required; exceptions](#)
3. [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)
4. [IC 31-9-2-84.8: Nonwaivable offense](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Evaluate the following background checks **prior to** an [emergency unlicensed placement](#) and document all results in the case management system within 72 hours of receipt:
 - a. The Triple I Check;

Note: Ensure the follow-up Fingerprint-Based Check has been completed within five (5) business days if [emergency unlicensed placement](#) occurs, or ensure the [Triple I Follow-Up Action Form \(SF 53424\)](#) is completed if placement does not occur. Contact COBCU for further guidance regarding refusal to print. See policy [13.11 Conducting Background Checks for Emergency Unlicensed Placements](#) for additional information.

- b. The National Sex Offender Registry Check; and

Note: If there is a match for the subject of the check, a child cannot be placed in the home and any child already placed must be removed immediately.

- c. The Indiana CPS History Check:
 - i. Provide the subject of the check a copy of the completed [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#) showing substantiated history if substantiated CPS history is discovered in Indiana. See policy [2.06 Sharing Confidential Information](#),
 - ii. Submit a complete waiver packet within 10 business days of substantiated CPS History findings. See policy 13.16 Waivers for additional information.
2. Evaluate and document the results of the following background checks in the case management system within 72 hours of an [emergency unlicensed placement](#) or upon receipt of the results:
 - a. A CPS History search for each state, outside of Indiana, in which the individual has resided during the past five (5) years, if applicable, and

Note: If results are not received within 10 business days after initiation of the check, the FCM should follow-up with the contact listed on the [Out-of-State CPS Contact List](#). If additional assistance is needed in obtaining CPS History Check results, the FCM should contact COBCU at COBCUinquiry@dcs.in.gov. See policy [13.11 Conducting Background Checks for Emergency Unlicensed Placements](#) for further action.

- b. The Local Criminal Court Records Checks. For further information see [Local Criminal Court Records Check Instructions](#).

Note: Contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter within five (5) days if the Fingerprint-Based Status Letter was qualified and the Local Criminal Court Records Check returns conviction of:

- a. A felony,
- b. Four (4) or more misdemeanors, or
- c. A misdemeanor related to the health and safety of a child.

In addition, if at any time the FCM believes the Local Criminal Court Records Check report may alter the status of the Fingerprint-Based Check, the FCM will contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter for further action.

3. Evaluate the results of the Fingerprint-Based Check Status Letter received from COBCU for each Fingerprint-Based Check. See policy [13.15 Fingerprint-Based Checks](#) for additional information;
4. Submit criminal history or CPS waiver decision to the court, if applicable; and

Note: A criminal history or CPS waiver granted for the purpose of an [emergency unlicensed placement](#) may not be used for foster family home licensure, adoption, employment, or any other purpose. A new waiver request must be submitted to and granted by the COBCU for each additional purpose.

5. Notify the family of the decision, and:
 - a. Develop a plan to prepare the child for placement if the decision is to approve the placement and the child is not currently placed. See policy [8.08 Preparing Child for Placement](#) for further guidance; or
 - b. Develop an alternate placement plan for the child if the decision is to deny the placement. See policy [8.01 Selecting a Placement Option](#) for further guidance.

The FCM Supervisor will:

1. Staff with the FCM and provide any needed guidance and assistance;
2. Ensure safety concerns are addressed;
3. Ensure completion of the [Triple I Follow Up Action \(SF53424\)](#) and e-mailing or faxing the completed form to TripleIFollowUp@dcs.in.gov or 317-232-1567, respectively;
4. Ensure the FCM has completed all tasks and documented the information gathered regarding the evaluation of background checks into the case management system.

The DCS COBCU will complete requirements as outlined in policies [13.15 Fingerprint-Based Checks](#) and [13.16 Waivers](#).

PRACTICE GUIDANCE

Disclosing Fingerprint-Based Check Information

A copy of the official FBI and the Indiana State Police (ISP) transcript will not be provided to the DCS local office nor the subject of the check. 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 in Indiana is made to ISP. A criminal history records Review Challenge outside of Indiana must be made to the Law Enforcement Agency (LEA) that posted the record. The subject of the check must be fingerprinted for the Review Challenge, at the subject's expense.

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF 53259\)](#)
2. [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
3. [Triple I Follow-Up Action Form \(SF 53424\)](#)
4. [Background Check Matrix for Unlicensed Placements and Foster Care Desk Guide](#)
5. [Local Criminal Court Records Check Instructions](#)


RELATED INFORMATION

Emergency Unlicensed Placement

Emergency unlicensed placement is defined as placement in a kinship or relative home (not a biological or adoptive parent's home) when a child must be placed in out-of-home care, but due to the urgent nature of the need for this placement, there is not enough time to wait for those in the home to be fingerprinted and those fingerprint results to be returned.

Nonemergency Unlicensed Placement

Nonemergency unlicensed placement is defined as placement in a kinship or relative home (not a biological or adoptive parent's home) when a child will be placed in out-of-home care, but the nature of the situation allows the child to remain in the current placement for a period of time. The child is able to remain in the current placement until all background checks are completed and cleared. This includes the necessary fingerprints, with results returning and all necessary criminal and/or CPS waivers being granted prior to the change of placement.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks	Effective Date: June 1, 2021
	Section 13: Childcare Providers and Extracurricular Activities	Version: 1

STATEMENTS OF PURPOSE *This policy applies to children who have been removed from their homes and are in an out-of-home placement. This policy is **not** applicable to In-Home CHINS.*

The Indiana Department of Child Services (DCS) will conduct background checks in accordance with all applicable state and federal laws regarding childcare providers and extracurricular activities. DCS will maintain the confidentiality of all information gained during the background check process. See policy [2.06 Sharing Confidential Information](#) for further guidance.

Unlicensed Childcare Providers Outside of the Resource Home on a Regular and Continuing Basis

DCS will require that any unlicensed out-of-home childcare provider that supervises a child on a [regular and continuing basis](#) shall have the following background checks conducted for all household members of the childcare provider’s home:

1. [Child Protection Service \(CPS\) History Checks](#) in every state in which the subject of the check has resided the last five (5) years (for all subjects six [6] years of age and older);

Note: The unlicensed childcare provider or household members with CPS substantiation shall request a CPS Waiver to be approved as an authorized childcare provider or household member by DCS. See policy [13.16 Waivers](#) for additional information.

2. [National Sex Offender Registry Checks](#) in every state in which the subject of the check has resided the last five (5) years, (for all subjects 14 years of age and older); and
3. [Local Criminal Court Records Check](#) (for all subjects 18 years of age and older).

Fingerprint-Based Checks should not be conducted for unlicensed out-of-home childcare providers. DCS does not have the statutory authority to complete fingerprinting for this purpose. See policy [13.15 Fingerprint-Based Checks](#) for more information.

Unlicensed Childcare Providers Inside the Resource Home on a Regular and Continuing Basis

Unlicensed in-home childcare providers that supervise the child on a [regular and continuing basis](#) would be considered employees or volunteers of the resource home, and the background checks required for an employee or volunteer of the home should be completed. See policies [13.05 Conducting Background Checks for Unlicensed Placements](#) and [13.09 Conducting Background Checks for Foster Home Licensing](#) for information regarding required background checks.

Licensed Childcare

Background checks have already been completed by Family and Social Services Administration (FSSA), Office of Early Childhood and Out of School Learning for licensed child-care homes, licensed childcare centers, and unlicensed registered childcare ministries. No additional

background check is needed.

Childcare on an Irregular Basis (In-Home or Out-of-Home)

DCS does not have the statutory authority to fingerprint unlicensed childcare providers that supervise the child on an [irregular basis](#). Discretion should be used when deciding whether CPS History Checks, National Sex Offender Registry Checks via the [Dru Sjodin National Sex Offender Public Website](#), and/or [Local Criminal Court Records Checks](#) are needed.

Consideration of child's safety must remain a priority in addition to promoting a normal life for the child in care.

Extracurricular Activities

DCS does not have the statutory authority to fingerprint individuals involved in the child's participation in extracurricular activities. Discretion should be used when deciding whether [CPS History Checks](#), [National Sex Offender Registry Checks](#), and/or [Local Criminal Court Records Checks](#) are needed. Consideration of the child's safety must remain a priority in addition to promoting a normal life for the child in care. See [Related Information](#) for further information.

Code References

1. [IC 10-13-3-27: Release of data to noncriminal justice organization or to individuals; national crime information center data restricted; penalties](#)
2. [IC 10-13-3-38.5: Use of fingerprints for employment or license; retention of fingerprints; requirement to submit to fingerprint background check based on access to confidential tax information](#)
3. [IC 10-13-3-39: Department designated authorized agency for national criminal history background check; request for background check by qualified entity; exchange of identification records; results provided to public agency](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Discuss the use of background checks and whether there is a need for discretionary checks with the FCM Supervisor;
2. Ensure required background checks and any discretionary background checks decided are conducted:
 - a. Verify the identity of each subject of the check, regardless of age, by reviewing one (1) available and current government-issued identification (ID) document such as, but not limited to:
 - i. Driver's license (see policy [2.09 Verifying Identity](#));
 - ii. Government issued picture ID;
 - iii. Social Security Card;
 - iv. Birth Certificate; or
 - v. Passport.
 - b. Ensure each subject of the check, for all subjects 18 years of age or older, complete the [Application for Criminal History Background Check \(SF 53259\)](#) using the subject's legal name as it appears on a current government issued picture ID by signing and dating the form. Review the attestation statement and place the original in the file,
 - c. Conduct a [National Sex Offender Registry Check](#) for all subjects 14 years of age and older via the [Dru Sjodin National Sex Offender Public website](#) and print the results:
 - i. Each name or combination of names used within the subject's lifetime must be

searched individually. Upon obtaining the results of a name search, the results should be printed;

- ii. Sign and date the printed results; and
- iii. Write "NO MATCH" on the printed page, if there is no match.

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.

- d. Conduct a CPS History Check for all household members. If the mandatory person has CPS history in any state, refer to policy [13.16 Waivers](#) for further action required.
 - i. For Indiana conduct a search of the case management system and complete the [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#) for authorization of the subject of the check and documentation of the results;
 - ii. For all other states, conduct a CPS History Check for every other state in which the individual has lived during the past five (5) years, if applicable. Locate information for a CPS administration or local office designee to process your search request at [Out-of-State CPS Contact List](#).
 - e. Conduct a Local Criminal Court Records Check for all subjects 18 years of age and older by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided in the past five (5) years. For further instructions about completing Local Criminal Court Records Check, see the [Local Criminal Court Records Check Instructions](#).
3. Discuss background check results with the FCM Supervisor. If a CPS Search is mandatory and there is history, discuss completion of a CPS waiver. See policy [13.16 Waivers](#) for additional information;
 4. Notify the subject of the check and the child's placement of approval or denial of the individual for childcare or participation with the child in [extracurricular activities](#); and
 5. Place a copy of the results for all background checks conducted in the child's file and document all results in the case management system.

The FCM Supervisor will:

1. Discuss the details of the case with the FCM to determine which discretionary background checks should be conducted;
2. Guide the FCM in conducting required or discretionary background checks as well as any CPS waivers and provide assistance as needed;
3. Review background check results and discuss approval or denial of the individual for childcare or extracurricular activities with the FCM; and
4. Ensure all background check results, decisions, and any deviation from best practice are documented in the case management system.

PRACTICE GUIDANCE

Searching CPS History

Local DCS Offices may complete a CPS history check by searching the case management system.

National Sex Offender Registry Check

The National Sex Offender Registry Check is used to determine if there are any matches. If

there is a match, the individual is ineligible to be a childcare provider, and it is best practice that these decisions are staffed and documented at the local office level to reflect what is in the best interest of the child.

Local Criminal Court Records Check

A Local Criminal Court Records Check should be conducted for all persons 18 years of age and older by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided in the past five (5) years. For further instructions about completing Local Criminal Court Records Checks, see the [Local Criminal Court Records Check Instructions](#).

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF 53259\)](#)
2. [Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#)
3. [Out-of-State CPS Contact List](#)
4. [Background Check Matrix for Unlicensed Relative/Kinship Placement Desk Guide](#)

RELATED INFORMATION

Childcare on a Regular and Continuing Basis

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 or events.

Childcare on an Irregular Basis


Examples of irregular childcare include, but are not limited to: visiting or spending time at the home, including occasional overnights with friends and/or relatives; going to the movies; unforeseen/unpredictable situations; or other similar activities.

Note: Court approved relative/kinship visitation is not childcare. See policy [8.12 Developing the Visitation Plan](#) for additional information.

Extracurricular Activities

Extracurricular activities include, but are not limited to: scouting, sport teams, youth groups, school sponsored activities, sleepovers, family or friend outings, overnights with family, birthday parties, going to the movies, and going to the mall (see policy [8.23 Extracurricular Activities](#)).

Note: Although relative/kinship visitation is not considered an extracurricular activity, the same background check guidance as outlined for extracurricular activities should be followed. DCS doesn't have the statutory authority to fingerprint for the purpose of visitation. Discretion and local office staffing should be used when determining if optional checks will be completed. This guidance regarding the completion of background checks also is applicable to court-ordered relative/kinship visitation. See policy [8.12 Developing the Visitation Plan](#) for additional information.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks	Effective Date: June 1, 2021
	Section 14: Background Checks for Reunification	Version: 1

STATEMENTS OF PURPOSE

The Department of Child Services (DCS) may conduct criminal background checks on a child’s parent, guardian, custodian and/or any person residing with the parent, guardian, or custodian in the same home prior to reunifying a child with the family. DCS will consider case factors and use discretion in completing Child Protective Services (CPS) History Checks, National Sex Offender Registry Checks, Local Criminal Court Records Checks, and Fingerprint-Based Checks.

DCS **may** conduct the following **optional** background checks for the child’s parent, guardian, or custodian and/or any person residing in the home of the child’s parent, guardian, or custodian:

1. A CPS History Check in every state in which the subject of the check has resided the last five (5) years, for all persons six (6) years of age and older;
2. A National Sex Offender Registry Check in every state in which the subject of the check has resided the last five (5) years, for all persons 14 years of age and older;
3. A Local Criminal Court Records Check in every criminal court jurisdiction in which the subject of the check has resided the last five (5) years, for all persons 18 years of age and older;
4. A Fingerprint-Based Check for all persons 18 years of age and older. See policy [13.15 Fingerprint-Based Checks](#) for further guidance.

Note: The [Interstate Identification Index \(Triple I Check\)](#) must not be used on a child’s parent, guardian, custodian or household members. See policy [13.11 Conducting Background Checks for Emergency Unlicensed Placements](#) for additional information.

Code References

1. [IC 31-34-21-5.5 Reasonable Efforts to Preserve and Reunify Families](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Discuss details of the case and any concerns regarding reunification with the FCM Supervisor including, but not limited to:
 - a. Concerns about the household that have been communicated by the child and/or members of the Child and Family Team (CFT); and/or
 - b. Concerns regarding visitation (e.g., irregular visitation or concerns regarding interaction between the parent and the child).
2. Determine which background checks should be completed, if any;
3. When it is decided that checks will be completed:
 - a. Verify the identity of each subject of a background check, regardless of age by reviewing one (1) available and current government-issued identification (ID) document. See policy [2.09 Verifying Identity](#) for further guidance. A government-

- issued ID document may include but is not limited to, a:
- i. Drivers' license;
 - ii. Government issued picture ID;
 - iii. Social Security Card;
 - iv. Birth Certificate; or
 - v. Passport.
- b. Ensure each subject of a background check, 18 years of age or older, completes the [Application for Criminal History Background Check \(SF 53259\)](#) using the subject's legal name as it appears on a current government issued picture identification, and
- i. The subject of the check must sign and date the form; and
 - ii. The FCM must place the original form in the file after completion of the background check process.
- c. Discuss the results of all background checks with the FCM Supervisor to determine any steps needed to ensure the child's safety. See [Related Information](#) for additional guidance.
4. Ensure all decisions and actions taken are documented in the case management system.

The FCM Supervisor will:

1. Discuss details of the case and any concerns with the FCM to determine which, if any, background checks should be completed prior to the child's reunification;
2. Review the results of any background checks completed and guide the FCM in planning for the child's safety; and
3. Ensure all decisions and actions taken are documented in the case management system.

PRACTICE GUIDANCE

Fingerprint-Based Check Results for Reunification

The Fingerprint-Based Check Result Letter for checks conducted for the purpose of reunification will not return with Qualified, Conditionally Disqualified, or Disqualified. The results will be in an informational format to inform the FCM of what has been returned on the criminal history check results. The FCM or FCM Supervisor may contact the Central Office Background Check Unit (COBCU) worker to obtain additional details if needed.

Waivers for Reunification

Fingerprint-Based Checks and CPS History Checks are not mandatory for reunification. Therefore, there is no waiver process. The results of these checks provide additional information the local office may consider in conjunction with other case specifics to determine the overall safety of the home in which reunification of the child is being considered.

Undocumented Immigrants

For the purpose of reunification, an undocumented immigrant may be fingerprinted even if he or she does not have a valid Social Security Number as long as he or she has a current government issued picture ID, even if the ID is issued by the individual's native country. Under other circumstances, contact COBCUinquiry@dcs.in.gov for guidance.

Note: The FCM may complete a referral through KidTraks for the International and

Cultural Affairs (ICA) Liaison if assistance is needed in locating or verifying documents. See policy [2.22 International and Cultural Affairs Services](#) for additional information.


FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF 53259\)](#)
2. [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
3. [Background Check Matrix for Unlicensed Relative/Kinship Placement Desk Guide \(11x17\)](#)
4. [DCS Reunification Registration Instruction for Fingerprinting in Indiana](#)

RELATED INFORMATION

Inaccurate Criminal Records

If any of the Fingerprint-Based Criminal Checks conducted by DCS reveal an inaccurate record, the record may be formally challenged by the subject of the check. A Review Challenge of inaccurate information must be made to the arresting agency. For Indiana arrests, this would be made to the Indiana State Police (ISP).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 13: Background Checks	Effective Date: June 1, 2021
	Section 15: Fingerprint-Based Checks	Version: 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) as a part of all required Background Checks for the following:

1. Licensed Residential Agencies and Licensed Child Placing Agencies (LCPA). See policy [13.01 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agency](#);
2. DCS Contractors. See policy [13.03 Conducting Background Checks for DCS Contractors](#);
3. Unlicensed Placements. See policy [13.05 Conducting Background Checks for Unlicensed Placements](#);
4. DCS Adoptions. See policy [13.07 Conducting Background Checks for DCS Adoptions](#); and
5. DCS Foster Family Homes. See policy [13.09 Conducting Background Checks for Foster Family Home Licensing](#).

Fingerprint-Based Checks are not mandatory for reunification or Collaborative Care (CC). However, the DCS local office may use discretion to complete Fingerprint-Based Checks for these purposes. The Central Office Background Check Unit (COBCU) does not return a qualified, conditionally disqualified, or disqualified evaluation standards for reunification or CC. The results will provide additional information to the local office, which may be considered in conjunction with other case specifics to determine the overall safety of the home in which reunification of the child is being considered or the older youth may be living. See policies 13.XX Background Checks for Reunification and [11.25 Collaborative Care Host Homes](#) for additional information.

DCS will evaluate the results of Fingerprint-Based Checks on all required persons. DCS will maintain confidentiality of all information gained during the background check process and follow all applicable state and federal laws, as well as Criminal Justice Information Services (CJIS) security protocols. See policy [2.06 Sharing Confidential Information](#) for further guidance.

Fingerprint-Based Checks conducted for a specific individual and purpose (including contractors, unlicensed placements, or foster family home licensing) cannot be used for any other purpose. A new Fingerprint-Based Check will be required for each new purpose.

Code References

1. [IC 10-13-3-38.5: Use of fingerprints for employment or license; retention of fingerprints; requirement to submit fingerprint background check based on access to confidential tax information](#)

2. [IC 10-13-3-27.5: Record check by department of child services under exigent circumstances; transmittal of report copy; providing fingerprints; removal of child for failure to provide fingerprints; compliance with federal law, contesting denial of placement; fee](#)
3. [IC 10-13-3-27.5: Record check by department of child services under exigent circumstances; transmittal of report copy; providing fingerprints; removal of child for failure to provide fingerprints; compliance with federal law, contesting denial of placement; fee](#)
4. [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
5. [IC 31-19-8-5: Agency report and recommendation; filing requirements; waiver of report](#)
6. [IC 31-27-3-3: Application for license; criminal history checks \(child caring institution\)](#)
7. [IC 31-27-5-4: Application for license; criminal history checks \(group home\)](#)
8. [IC 31-27-6-2: Application for license; criminal history checks \(child placing agency\)](#)
9. [IC 31-27-4-5: Apply for licenses; criminal history checks](#)
10. [IC 31-28-5.8-5.5: Conduct criminal history check](#)
11. [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)

PROCEDURE

The individual or agency responsible for requesting the Fingerprint-Based Check will:

1. Complete the registration process for the subject of the check (for all persons 18 years of age and older) through the DCS approved fingerprint vendor, unless requesting an [Exception to Fingerprinting](#). See [Practice Guidance](#) for more information regarding exceptions;

Note: For [emergency unlicensed placements](#), fingerprinting must be completed within five (5) business days after the Interstate Identification Index (Triple I) was called into the Indiana State Police (ISP). See policy [13.11 Conducting Background Checks for Emergency Unlicensed Placements](#).

2. Provide the subject of the check with a copy of the registration confirmation number given at the end of the registration process, and remind the subject of the check to take the same valid government-issued picture identification (ID) used when registering for fingerprints;
3. Provide the subject of the check with the step-by-step instructions for registering for fingerprints, customized for the appropriate purpose, if the agency is unable to complete the registration. See [Practice Guidance](#) for more information regarding fingerprint registration;
4. Ensure the subject of the check is successfully fingerprinted. See [Practice Guidance](#) for additional guidance regarding fingerprints that are rejected;

Note: If the Fingerprint-Based Check is being completed for an [emergency unlicensed placement](#) and the subject of the check refuses to complete or initiate fingerprinting within five (5) business days, the child must be removed. If the fingerprints are rejected, the subject of the check must be actively pursuing the re-print process. See policy [13.12 Evaluation Background Checks for Emergency Unlicensed Placements](#) for additional information.

5. Obtain the results of the Fingerprint-Based Check;

Exception: For the purpose of reunification or CC, the COBCU will not provide a Qualified, Disqualified, or Conditionally Disqualified letter. For more information, see policy [13.14 Background Checks for Reunification](#).

6. Place a copy of the Fingerprint-Based Check results in the child's file and upload the results to the case management system. This may include scanning the official Fingerprint-Based Status Letter in the case management system; and
7. Provide a copy of the Fingerprint-Based Check Status Letter to the subject of the check.

DCS COBCU will:

1. Evaluate the results of the Fingerprint-Based Check;
2. Provide a Fingerprint-Based Status Letter via e-mail to the agency's assigned contact person handling all background check material and inform them of the Fingerprint-Based Check status;

Exception: For the purpose of reunification or CC, the COBCU will not provide a Qualified, Disqualified, or Conditionally Disqualified letter. For more information, see policy [13.14 Background Checks for Reunification](#).

3. Provide guidance regarding Conditionally Disqualified and Disqualified applicants; and
4. Re-evaluate history for Conditionally Disqualified and Disqualified applicants upon receipt of requested documentation, and issue a new Fingerprint-Based Status Letter, when applicable.

Note: For waivers of disqualified criminal history, see policy [13.16 Waivers](#).

PRACTICE GUIDANCE

Disclosing Fingerprint-Based Check Information

A copy of the official Federal Bureau of Investigations (FBI) and the ISP transcript will not be provided to the DCS local office nor the subject of the check. 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 in Indiana is made to ISP. A criminal history records Review Challenge outside of Indiana must be made to the Law Enforcement Agency (LEA) that posted the record.

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 fingerprints. The exception does not apply to subjects of the checks who can be printed, but the quality of the fingerprints is poor. The exception may only be granted by the COBCU and is for limited and case-specific situations, such as the following:

1. The individual does not have fingers;
2. A person trained to take fingerprints has documented that the subject of the check's disabling condition prevents fingerprinting; or
3. A qualified medical practitioner has documented the subject of the checks 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](#); or
6. A psychologist licensed under [IC 25-33](#).

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

1. A letter requesting the exception 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.

The following steps will be completed after an exception to fingerprinting is requested:

1. COBCU will run an Indiana Local Criminal History (LCH);
2. COBCU will grant the exception, if appropriate;
3. COBCU will provide the results of the LCH to the requestor of the exception;
4. COBCU will direct the requestor of the exception to run the checks for all other states in which the subject of the check has resided during the past five (5) years;

Note: Contact the COBCU for guidance on what type of check is needed in another state.

5. The COBCU will provide an exception granted notification to the agency contact person; and
6. A new fingerprint exception must be requested and granted each time fingerprinting is required.

Special Fingerprinting Issues

If the subject of a check is unable to leave his or her home for fingerprinting, the licensing worker¹ should contact the COBCU via COBCUinquiry@dcs.in.gov for appropriate instruction and approval.

Registering for Fingerprints

When the designated personnel 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 applicable form, which provides a step-by-step instruction for registering for fingerprinting through a DCS approved vendor:

1. Licensed Residential Agencies and DCS Contractors:
 - a. [DCS Licensed or Contractor Agency Employee Registration Instruction for Fingerprinting in Indiana](#)
 - b. [DCS Licensed or Contractor Agency Volunteer Registration Instruction for Fingerprinting in Indiana](#)
2. Unlicensed Placements:
 - a. [DCS Emergency Relative Instruction for Fingerprinting in Indiana](#)
 - b. [DCS Non-Emergency Relative Registration Instruction for Fingerprinting in Indiana](#)

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker

3. Adoption:
 - a. [DCS Ward Adoption Registration Instruction for Fingerprinting in Indiana](#)
 - b. [DCS LCPA Indiana Adoption Program or Special Situation Adoption Registration Instruction for Fingerprinting in Indiana](#)
4. Foster Family Home Licensing:
 - a. [DCS LCPA Foster Home Licensing Registration Instruction for Fingerprinting in Indiana](#)
 - b. [DCS Local Office Foster Home Licensing Registration Instruction for Fingerprinting in Indiana](#)
5. Reunification: [DCS Reunification Registration Instruction for Fingerprinting in Indiana](#)
6. Collaborative Care: [DCS Collaborative Care Fingerprint Registration Instruction in Indiana](#)

Unreadable Prints and Reprint Notice

Fingerprints may be rejected by the ISP or the FBI for a number of reasons. Each rejection is evaluated individually. When fingerprints are rejected, follow the instructions on the Reprint Notice. For each Reprint Notice issued, the subject of the check must schedule a reprint appointment. 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' appointment themselves.

Once the necessary number of rejections within the appropriate timeframe has been met, the COBCU will request that a non-emergency Name-Based Check be processed. Once the Name-Based Check has been requested, the processing timeframe is longer than a Fingerprint-Based Check.

Unauthorized Fingerprint-Based Checks

Neither the court nor any other person or organization may require DCS to complete Fingerprint-Based Checks on those subjects over which DCS has no statutory authority to fingerprint. Also, DCS may not be required to pay for the cost of such printing. If the FCM believes at any time that DCS is being required to complete background checks outside the statutory authority, please contact the DCS Deputy Director of Juvenile Justice Initiatives and Support for assistance.

DCS does not have the statutory authority to fingerprint the following:

1. Individuals involved in the child's participation in extracurricular activities (e.g., scouting, youth groups, school parties, sleepovers, and birthday parties). For more information, see policies [8.23 Extracurricular Activities](#) and [13.13 Childcare Providers and Extracurricular Activities](#);
2. In-home or out-of-home unlicensed childcare providers who supervise the child irregularly. Examples of irregular childcare should include, but are not limited to, visiting or spending time at the home, including occasional overnights with friends and/or relatives, going to the movies, unforeseen situations, and other similar activities. In addition to promoting a normal life for the child in care, consideration of the child's safety must remain a priority; and
3. Individuals who participate in visitation with the child. For more information, see policy [8.12 Developing the Visitation Plan](#).

DCS should not conduct fingerprints for the following:

1. Unlicensed out-of-home childcare providers; and
2. Domestic or international private adoptions.

Note: For domestic or international private adoptions, the private agencies and/or legal representative for the pre-adoptive parent will run Fingerprint-Based Checks through ISP. The only exception is when the prospective private adoptive home is applying for the Adoption Assistance Program (AAP) through DCS.

Undocumented Individuals

Fingerprints are still required if an individual is undocumented. For the purposes of unlicensed out-of-home placement, an undocumented individual shall be fingerprinted even if the individual does not have a valid Social Security Number (SSN). For the purposes of reunification and CC, an undocumented individual may be fingerprinted without a valid Social Security Number (SSN). The individual must have a current government-issued picture ID, even if it is issued by their native country.

Fingerprints are also required for the purposes of adoption and foster home licensing when the individual is undocumented. The fingerprint registration for the purpose of foster home licensing and/or adoption cannot be completed without a valid SSN or the assistance of COBCU. The adoption worker² or licensing worker (whichever is applicable) should email a request to COBCU at: cobcuinquiry@dcs.in.gov. The following information (#1 - #12) should be included in the request for **each** Applicant **and** all household members (If the purpose is for adoption, #13 and #14 must additionally be included):

1. Legal Name;
2. Date of Birth (DOB);
3. Height;
4. Weight;
5. Eye color;
6. Hair color;
7. Country of birth;
8. Country of citizenship;
9. Copy of a current government-issued picture ID;
10. Completed, signed [Application for Criminal History Background Check \(SF53259\)](#);
11. Address of the location where the individual wants to be printed;
12. Three (3) dates and times that the individual is available to be printed;
13. Short explanation of length of time the individual has been in the United States of America (USA), if fingerprinting is being requested for the purpose of adoption; and
14. Steps taken by the individual, if any, to become a legal resident of the USA and obtain a SSN, if fingerprinting is being requested for the purpose of adoption.

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF53259\)](#)
2. [Request for Additional Funding \(SF54870\)](#)
3. [DCS Emergency Relative Instruction for Fingerprinting in Indiana](#)
4. [DCS Non-Emergency Relative Instruction for Fingerprinting in Indiana](#)
5. [DCS Ward Adoption Instruction for Fingerprinting in Indiana](#)

² The adoption worker refers to the DCS or the LCPA worker.

6. [DCS Licensed or Contractor Agency Employee Registration Instruction for Fingerprinting in Indiana](#)
7. [DCS Licensed or Contractor Agency Volunteer Registration Instruction for Fingerprinting in Indiana](#)
8. [DCS LCPA Indiana Adoption Program or Special Situation Adoption Registration Instruction for Fingerprinting in Indiana](#)
9. [DCS LCPA Foster Home Licensing Registration Instruction for Fingerprinting in Indiana](#)
10. [DCS Local Office Foster Home Licensing Registration Instruction for Fingerprinting in Indiana](#)
11. [DCS Reunification Registration Instruction for Fingerprinting in Indiana](#)
12. [DCS Collaborative Care Fingerprint Registration Instruction in Indiana](#)

RELATED INFORMATION

Covered Personnel

Covered personnel is any person that is required by a contract or DCS policy to have some level or type of a background check as a DCS contractor, subcontractor, administrator, employee, and/or volunteer. The two (2) levels of covered personnel are:

1. A-1 Level Covered Personnel: Personnel employed or volunteering in a capacity in which the subject of the check has the expectation of direct contact with children, in connection with performance of any services or activities pursuant to the contract with DCS; and

Note: Personnel designated as A-2 Level Covered Personnel could become A-1 Level Covered Personnel at any time as duties or responsibilities change to include A-1 Level Covered duties, services, or activities.

2. A-2 Level Covered Personnel: Personnel employed or volunteering in a capacity in which the subject of the check has the expectation of electronic or other access to children's child welfare or DCS information, in connection with performance of any services or activities pursuant to the contract with DCS.

Note: Personnel designated as not A-2 Level Covered Personnel could become A-2 Level Covered Personnel at any time as duties or responsibilities change to include A-2 Level Covered duties, services, or activities.

Other Access to Information

For purposes of the A-2 Level Covered Personnel definition, other access to a child's child welfare or DCS information includes both access to physical records and access to overhear information about a child's child welfare or DCS information.

Direct Contact with Children

For purposes of A-1 and A-2 Level Covered Personnel definitions, direct contact with children means any direct contact with a child, regardless of whether another adult or a parent is present.

Fingerprint Qualification Status

The following are results that may be received for fingerprinting qualification status:

Qualified: As long as the subject of the check passes all other background checks, the subject of the check is eligible for the purpose or position in which the checks were completed.

Conditionally Disqualified: Until the conditionally disqualified conviction or arrest 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 placement provider, a household member, or to work in any of the positions listed above.

Note: Examples of reported information on a Fingerprint-Based Check Report that will lead to a “Conditionally Disqualified” result include, but are not limited to:

1. An arrest without a disposition,
2. A conviction without the level of the conviction being a misdemeanor or a felony, or
3. A conviction where additional information regarding the circumstances of the arrest and conviction are required.

Disqualified: Unless a waiver is granted, the subject of the check is ineligible to be a placement provider, a household member, or to work in any of the positions listed below.

Eligibility Based on Fingerprint Qualification

The type of fingerprint qualification status determines whether the subject of the check is eligible for the following (see [Fingerprint Qualification Status](#) for more information regarding each status):

1. Applicant for a license;
2. Director or manager of a DCS licensed agency;
3. Employee, volunteer, contractor (including subcontractor) working in a DCS licensed agency;
4. DCS contracted agency as an A-1 level [Covered Personnel](#);

Note: If the individual is an existing employee or volunteer, either the conditional status must be resolved in a timely manner, the employee or volunteer must be removed from the work schedule, or the employee or volunteer must be reassigned to other duties that don't allow contact with DCS wards until the Conditionally Disqualified status is changed to “Qualified” (or the status is changed to “Disqualified” and a waiver is subsequently granted).

5. Employee or volunteer who is working or volunteering inside the home of the unlicensed relative out-of-home placement or foster family home;
6. Placement option as an unlicensed relative out-of-home caregiver;
7. Household member of the unlicensed relative out-of-home placement (this excludes child's parent who has been approved by the court to live in the same out-of-home placement in which the child is placed);
8. Prospective adoptive parent or household member of a prospective adoptive parent; and
9. Foster parent or household member of a current or prospective foster family (this includes the child's parent who has been approved by the court to live in the out-of-home placement where the child is placed, and the home is seeking foster family home licensure).


Emergency Unlicensed Placement

Emergency unlicensed placement is defined as placement in a kinship or relative home (not a biological, adoptive, or other legal parent's home) when a child must be placed in out-of-home

care but due to the urgent nature of the need for this placement, there is not enough time to wait for those in the home to be fingerprinted and those fingerprint results to be returned.

Non-Emergency Unlicensed Placement

Non-emergency unlicensed placement is defined as placement in a kinship or relative home (not a biological, adoptive, or other legal parent's home) when a child will be placed in out-of-home care, but the nature of the situation allows the child to remain in his or her current placement for a period of time. The child is able to remain in his or her current placement until all background checks are completed and cleared. This includes the necessary fingerprints, with results returned, and all necessary criminal and/or CPS waivers being granted prior to the change of placement taking place.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 13: Background Checks	Effective Date: June 1, 2021
	Section 16: Waivers	Version: 1

STATEMENTS OF PURPOSE

Refer to this policy only after completion of steps in the [Chapter 13 policies](#) regarding *Evaluating Background Checks*.

The Indiana Department of Child Services (DCS) may grant a waiver of disqualified juvenile history or substantiated Child Protective Services (CPS) history. DCS shall not grant a waiver for disqualifying criminal history if the subject of the check has been convicted or has charges pending for any of the felonies listed below:

1. Murder ([IC 35-42-1-1](#));
2. Causing suicide ([IC 35-42-1-2](#));
2. Assisting suicide ([IC 35-42-1-2.5](#));
3. Voluntary manslaughter ([IC 35-42-1-3](#));
4. Involuntary Manslaughter ([IC 35-42-1-4](#));
5. Reckless homicide ([IC 35-42-1-5](#));
6. Feticide ([IC 35-42-1-6](#));
7. Battery ([IC 35-42-2-1](#)) within the last five (5) years;
8. Domestic Battery ([IC 35-42-2-1.3](#));
9. Aggravated battery ([IC 35-42-2-1.5](#));
10. Criminal recklessness ([IC 35-42-2-2](#)) within the past five (5) years;
11. Strangulation ([IC 35-42-2-9](#));
12. Kidnapping ([IC 35-42-3-2](#));
13. Criminal confinement ([IC 35-42-3-3](#)) within the last five (5) years;
14. Human and sexual trafficking ([IC 35-42-3.5](#));
15. A felony sex offense under ([IC 35-42-4](#));
16. Arson ([IC 35-43-1-1](#)) within the last five (5) years;
18. Incest ([IC 35-46-1-3](#));
19. Neglect of a dependent ([IC 35-46-1-4\(a\)](#)) ([IC 35-46-1-4\(b\)](#));
20. Child selling ([IC 35-46-1-4\(d\)](#));
21. Reckless supervision ([IC 35-46-1-4.1](#));
22. Nonsupport of a dependent child ([IC 35-46-1-5](#)) within the past five (5) years;
23. Operating a motorboat while intoxicated ([IC 35-46-9-6](#)) within the past five (5) years;
24. A felony involving a weapon ([IC 35-47](#)) within the last five (5) years;
25. A felony offense relating to controlled substances ([IC 35-48-4](#)) within the last five (5) years;
26. An offense relating to material or a performance that is harmful to minors or obscene under ([IC 35-49-3](#));
27. A felony under [IC 9-30-5](#) (driving while intoxicated) within the past five (5) years;
28. A felony related to the health or safety of a child (as defined in [IC 31-9-2-13\(h\)](#)) or an endangered adult (as defined in [IC 12-10-3-2](#));
29. Attempt ([IC 35-41-5-1](#)) to commit a felony listed in subdivisions one (1) through 28. If a conviction for a felony is non-waivable for a stated duration under subdivisions one (1)

through 28, a conviction for an attempt to commit the felony is non-waivable for the same duration under this subdivision; and

30. A felony that is substantially equivalent to a felony described in subdivisions one (1) - 28 for which the conviction was entered in another jurisdiction. If a conviction for a felony is non-waivable for a stated duration under subdivisions one (1) through 28, a conviction for a substantially equivalent felony in another jurisdiction is non-waivable for the same duration under this subdivision.

The decision of the [Background Check Waiver Committee](#) regarding criminal and/or CPS waiver is not subject to appeal. However, if the subject's situation were to change and/or additional information is obtained, a new waiver packet may be submitted for re-evaluation by the Central Office Background Check Unit (COBCU). A new evaluation will be completed and a subsequent official decision issued.

If the waiver is not granted, the following applies:

1. **Adoptions:** DCS cannot recommend the adoption.
2. **Unlicensed out-of-home placement:** DCS cannot support or recommend the placement of the child in the home or with the applicants, even if the court orders the placement over DCS objection.

Note: If the court orders the placement over DCS' objection, DCS must follow the court order, but DCS must continue to object to the placement at each court hearing while the child remains in the placement.

3. **Foster family home licensing:** The licensing worker¹ will immediately recommend denial or revocation of the foster family home license.
4. **Residential and Child Placing Agencies (referred to collectively as "DCS Licensed Agencies") licensing:** The manager, employee, intern, volunteer, contractor, or subcontractor may not be hired or volunteer in a DCS Licensed Agency. If the subject of the check is already hired or volunteering, the DCS Licensed Agency will immediately remove the employee or volunteer from the work schedule.
5. **DCS Contractor and Subcontractor (referred to collectively as "DCS Contractor"):** The employee or volunteer may not be hired or volunteer with the DCS Contractor. If already employed or volunteering, the DCS Contractor will complete the following for the appropriate level:
 - a. **A-1 level covered personnel:** Ensure the subject of the check, if A-1 level covered personnel, will not be employed or volunteer in any capacity in which the subject of the check has, or will have, access to the facility where children are housed or will be present, or any contact where a child is alone or only with contractor's staff in connection with the performance of any services or activities pursuant to the contract/subcontract with DCS, or
 - b. **A-1 and A-2 level covered personnel:** Ensure the subject of the check, if A-1 and A-2 level covered personnel, will not be employed or volunteer in a capacity where the subject of the check has or will have electronic or physical access to any records of children in connection with the performance of any services or activities pursuant to the contract/subcontract with DCS.

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker

Code References

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](#)
6. [IC 31-34-4-2: Placement of child with relative caretaker or de facto custodian; evaluation; criminal history check required; exceptions; out-of-home placement; considerations](#)
7. [42 U.S.C. 471\(a\)\(20\)\(A\): Family First Preservation Services Act](#)

PROCEDURE

To request a waiver, the person who conducted the background check will:

1. Instruct the subject of the check to contact the DCS COBCU Consultant listed on the Fingerprint-Based Check Status Letter if the fingerprint-based status returns as disqualified, in order to determine whether the subject of the check is eligible to apply for a waiver; and
2. Work with the subject of the check to submit a complete waiver packet to the COBCU if eligible. See below for the required timeframes to submit each waiver packet:
 - a. **Adoption:** The packet must be submitted within 10 business days from the date of the disqualified Fingerprint-Based Check Status Letter or discovery of CPS history. See [13.A Tool: Adoption Waiver Packet](#) for more information,
 - b. **Emergency unlicensed placement when the child is already living in the home:** The packet must be submitted within 10 business days from the date of the disqualified Fingerprint-Based Check Status Letter or discovery of CPS history. See [13.B Tool: Emergency and Non-Emergency Unlicensed Out-of-Home Waiver Packet](#).

Note: The DCS local office, in conjunction with DCS COBCU, must re-evaluate the appropriateness and safety of the child in the home upon discovery of new and/or previously unknown criminal history and/or CPS substantiation.

- c. **Unlicensed out-of-home placement when the child is not already placed in the home:** The packet must be submitted as quickly as possible. See [13.B Tool: Emergency and Non-Emergency Unlicensed Out-of-Home Placement Waiver Packet](#) for additional information;
- d. **Foster family home licensing (during initial licensure):** The packet must be submitted as quickly as possible. See [13.C Tool: Foster Family Home Licensing Waiver Packet](#) for additional information;
- e. **Foster family home licensing (after initial licensure):** The packet must be submitted within 10 business days from the date of the disqualified Fingerprint-Based Check Status Letter or discovery of CPS history. See [13.C Tool: Foster Family Home Licensing Waiver Packet](#) for additional information;

Note: Failure to complete or make sufficient progress toward the waiver may result in negative licensing action. Subjects of the check may not move into a currently licensed foster family home until the waiver is granted by COBCU.

- f. **DCS Licensed Agency and DCS Contractor:** The packet must be submitted as quickly as possible. See [13.D Tool: Residential and Child Placing Agency Waiver Packet](#) and [13.E Tool: DCS Contractor Waiver Packet](#) for additional information.

Note: A request for a criminal and/or CPS waiver should be filed and processed at the following times:

- a. Prior to contract execution,
- b. Initial agency licensing,
- c. Agency re-licensure,
- d. Hiring, including a change in position, and
- e. Discovery of any additional criminal or CPS substantiations, which have not previously been granted a criminal and/or CPS waiver if discovered between these points.

The COBCU Manager or designee will:

1. Submit the recommendation to the [Background Check Waiver Committee](#) for a joint decision within three (3) business days; and
2. Notify, by e-mail, the DCS Contractor, DCS Licensed Agency, or DCS Local Office's assigned contact person of the waiver decision. A decision will be returned in approximately 10 business days, via e-mail, after submission to the [Background Check Waiver Committee](#) members. The status will be "waiver granted" or "waiver not granted".

Note: Additional information may be requested, which will delay the issuance of the final waiver status. Additional information may be needed to submit a complete waiver, or after the waiver is submitted, questions may be asked by the [Background Check Waiver Committee](#) members. Failure to submit the requested information by the stated deadline may result in a waiver denial.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [13.A Tool: Adoption Waiver Packet](#)
2. [13.B Tool: Emergency and Non-Emergency Unlicensed Out-of-Home Placement Waiver Packet](#)
3. [13.C Tool: Foster Family Home Licensing Waiver Packet](#)
4. [13.D Tool: Residential and Child Placing Agency Waiver Packet](#)
5. [13.E Tool: DCS Contractor Waiver Packet](#)

RELATED INFORMATION

Covered Personnel

Covered personnel is any person that is required by a contract or DCS policy to have some level or type of a background check as a DCS contractor, subcontractor, administrator, employee, and/or volunteer. The two (2) levels of covered personnel are:

1. A-1 Level Covered Personnel: Personnel employed or volunteering in a capacity in which the subject of the check has the expectation of direct contact with children, in connection with performance of any services or activities pursuant to the contract with DCS; and

Note: Personnel designated as A-2 Level Covered Personnel could become A-1 Level Covered Personnel at any time as duties or responsibilities change to include A-1 Level Covered duties, services, or activities.

2. A-2 Level Covered Personnel: Personnel employed or volunteering in a capacity in which the subject of the check has the expectation of electronic or other access to children's child welfare or DCS information, in connection with performance of any services or activities pursuant to the contract with DCS.

Note: Personnel designated as not A-2 Level Covered Personnel could become A-2 Level Covered Personnel at any time as duties or responsibilities change to include A-2 Level Covered duties, services, or activities.

Other Access to Information

For purposes of the A-2 Level Covered Personnel definition, other access to a child's child welfare or DCS information includes both access to physical records and access to overhear information about a child's child welfare or DCS information.

Direct Contact with Children

For purposes of A-1 and A-2 Level Covered Personnel definitions, direct contact with children means any direct contact with a child, regardless of whether another adult or a parent is present.

Background Check Waiver Committee for DCS

The following members make up each Background Check Waiver Committee. Additional members may be consulted if needed:

1. **DCS Contractor:** Deputy Director of Child Welfare Services, DCS LOD, DCS RM, and the COBCU Team Manager or designee.
2. **DCS Licensed Agencies:** Residential Licensing Manager, DCS LOD, DCS RM, and the COBCU Team Manager or designee.
3. **Adoptions:** Adoption and Youth Connections Programs Manager, the DCS LOD, DCS RM, and the COBCU Team Manager.
4. **Foster Family Home Licensing:** Foster Family Home Licensing Programs Manager, DCS LOD, DCS RM, and the COBCU Team Manager or designee.
5. **Unlicensed Placements:** DCS LOD, DCS RM, and the COBCU Team Manager or designee.

Waiver Considerations for Criminal and/or CPS History

DCS Contractors and DCS Licensed Agencies

When evaluating background check information, the components considered by the DCS Contractor or DCS Licensed Agency and the [DCS Background Check Waiver Committee](#) should include, but are not limited to:

1. The length of time that has passed since the conviction, juvenile adjudication, or CA/N substantiation;
2. The severity of the offense;
3. Evidence of the person's rehabilitation, including current involvement in treatment for alcohol or drug use (especially if these contributed to previous criminal behavior or CPS substantiation); and
4. Duties of the applicant.

Adoptions

When evaluating background check information, the components considered by the adoption worker ²and the [DCS Background Check Waiver Committee](#) should include, but are not limited to:

1. The current home environment;
2. The ability of the proposed adoptive parent(s) to provide for the child's safety and well-being;
3. The length of time that has passed since the conviction, juvenile adjudication, or CA/N substantiation;
4. The severity of the offense;
5. Evidence of the person's rehabilitation. This includes reviewing all elements of the subject's current situation, lifestyle, and judgements. Examples include, but are not limited to:
 - a. Review of dates and reasons of unsubstantiated CPS reports,
 - b. Arrests without convictions,
 - c. Police runs to the subject's residency, and
 - d. Current involvement in treatment for alcohol or drug use (especially if these contributed to previous criminal behavior or CPS substantiation).
6. The duration and quality of the relationship between the child and the proposed adoptive family; and
7. Any impact the denial of the placement may have on the ability to keep the sibling group together, if applicable.

Foster Family Home Licensing

When evaluating background check information, the components considered by the licensing worker and the [DCS Background Check Waiver Committee](#) should include, but are not limited to:


1. The current home environment;
2. The ability of the proposed resource parent(s) to provide for the child's safety and well-being;
3. The length of time that has passed since the conviction, juvenile adjudication, or CA/N substantiation;
4. The severity of the offense;
5. Evidence of the person's rehabilitation. This includes reviewing all elements of the subject's current situation, lifestyle, and judgements. Examples include, but are not limited to:
 - a. Review of dates and reasons of unsubstantiated CPS reports,
 - b. Arrests without convictions,
 - c. Police runs to the subject's residency, and
 - d. Current involvement in treatment for alcohol or drug use (especially if these contributed to previous criminal behavior or CPS substantiation).
6. The duration and quality of the relationship between the child and the proposed resource family; and
7. Any impact the denial of the placement may have on the ability to keep the sibling group together, if applicable.

Unlicensed Placements

When evaluating background check information, the components the licensing worker and the [DCS Background Check Waiver Committee](#) should consider include, but are not limited the following:

² The adoption worker refers to the DCS or the LCPA worker.
DCS/CW Manual Chapter 13 Section 16: Waivers

1. The current home environment;
2. The ability of the unlicensed resource parent(s) to provide for the child's safety and well-being;
3. The length of time that has passed since the conviction, juvenile adjudication, or CA/N substantiation;
4. The severity of the offense;
5. Evidence of the person's rehabilitation. This includes reviewing all elements of the subject's current situation, lifestyle, and judgements. Examples include, but are not limited to:
 - a. Review of dates and reasons of unsubstantiated CPS reports,
 - b. Arrests without convictions,
 - c. Police runs to the subject's residency, and
 - d. Current involvement in treatment for alcohol or drug use (especially if these contributed to previous criminal behavior or CPS substantiation).
6. The duration and quality of the relationship between the child and the 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Adoption Waiver Packet	Effective Date: June 1, 2021
	Reference: 13.A (13.16 Waivers)	Version: 1

Adoption Waiver Packet

The following items are required to be submitted to the Central Office Background Check Unit (COBCU) in one (1) waiver packet within 10 business days from the date of the disqualified Fingerprint-Based Status Letter or discovery of a Child Protective Services (CPS) substantiation:

1. **Proof of Previous Waiver (if applicable)**

The official notice previously issued to the subject by COBCU granting the waiver;

2. **Letter from the Subject**

A signed letter from the subject of the check requesting the waiver. The letter should explain in detail the situation involving each arrest and Child Abuse and/or Neglect (CA/N) assessment. The letter should include, but is not limited to, the following:

- a. The date, location, and charge of each arrest during the subject's lifetime and:
 - i. Indicate which of the arrests resulted in any type of conviction,
 - ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
 - iii. Indicate the sentence given for each conviction, time served, time on probation/parole, as well as other court ordered fines, therapy, and other court ordered obligations,
 - iv. Indicate if the subject is currently on probation/parole or the date probation/parole officially ended for each conviction, and
 - v. Provide any information regarding self-referred services related to each conviction or arrest.

- b. The date of each CPS report and assessment involving the subject during the subject's lifetime and:
 - i. Indicate if the assessment resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
 - ii. Include the final findings (i.e., physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
 - iii. Indicate whether the child was removed from the subject's home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time the child was in out-of-home placement, and indicate whether the child has returned to the subject's home, and
 - iv. Identify the services the subject participated in, indicating which services were successfully completed, and whether these were court ordered services. Also, identify what the subject learned through the services and how the subject's behavior changed as a result of the services.

- c. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan by:
 - i. Explaining the subject's ability and long-term plan to provide for the child's safety and well-being in an environment that will allow the child to thrive, and

- ii. Explaining past and ongoing treatment if mental illness and/or substance abuse was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation.
- d. Additional reference letters or documentation that would support any rehabilitation that has occurred in the subject's lifetime, which may be included with a subject's waiver request.

3. Letter of support

A written recommendation from the child's current Family Case Manager (FCM) must be signed and submitted on DCS letterhead or sent from the FCM's business email address. The recommendation letter must include the following:

- a. The child's DCS county of wardship,
- b. The length of time the child has been in the placement with the subject requesting the waiver,
- c. The biological/kinship relationship between the child and the subject requesting the waiver, if any,
- d. The adoption worker's observations of interactions between the subject of the check and the child,
- e. The adoption worker's observations, as well as evidence, that would support the subject's ability and long-term plan to provide for the child's safety and well-being in an environment that will allow the child to thrive, and
- f. The adoption worker's recommendation to support or not to support the granting of the adoption criminal and/or CPS waiver, including reasons to support that recommendation.

Note: If the adoption home study was completed by an LCPA, a second letter of support must be submitted on LCPA letterhead by the LCPA worker who completed the home study.


4. CPS History Check

A CPS History Check must be completed and submitted for all states in which the subject of the check has resided in during the previous five (5) years, as outlined below:

- a. For Indiana:
 - i. DCS or the LCPA will either initiate the necessary search utilizing the Child Protection Index (CPI)/CPS electronic portal submission, or the DCS local office will complete Section A and Section C of the [Indiana Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#) and the subject of the check, or representative if a minor, will complete Section B, and
 - ii. A copy of the approved [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) for all assessments must be submitted with the CPS waiver request if there is substantiation in Indiana. **A screen print from the case management system is NOT an acceptable substitution for the completion of the appropriate form or copy of the approved 311.** This may mean locating the hardcopy case file and including supporting documentation from the hardcopy file with the waiver submission.
- b. For all other states:
 - i. Conduct a CPS History check search for all other states the subject of the check has resided during the past five (5) years. If applicable, locate information for a

CPS administration or local office designee to process your search request at [Out-of-State CPS Contact List](#), and

- ii. Obtain the approved assessment from the other state if there is a substantiation of CA/N found, and submit the approved assessment with the CPS waiver request.
5. **Screen Print of National Sex Offender Registry Check**
The National Sex Offender Registry Check is required for any subject 14 years of age or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at <https://www.nsopw.gov/>. **The National Sex Offender Registry website is the only acceptable search.** The adoption worker will:
- a. Search each name or combination of names used within the subject's lifetime. Upon obtaining the results of a name search, the results should be printed,
 - b. Sign and date the printed results, and
 - c. Write "NO MATCH" on the printed page if there is no match.
6. **Local Criminal Court Records Check Results**
A Local Criminal Courts Records Check is required for all persons age 18 and older (see [Local Criminal Court Records Check Instructions](#)); and
7. **Fingerprint-Based Check Status Letter**
Include a copy of the Fingerprint-Based Check Status Letter showing the subject of the check is qualified if requesting only a CPS waiver for subjects 18 years of age and older. This letter was emailed to the adoption worker.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Emergency and Non-Emergency Unlicensed Out-of-Home Placement Waiver Packet	Effective Date: June 1, 2021
	Reference: 13.B (13.16 Waivers)	Version: 1

Emergency and Non-Emergency Unlicensed Out-of-Home Placement Waiver Packet

The following items are required to be submitted to the Central Office Background Check Unit (COBCU) in one (1) waiver packet within 10 business days from the date of the disqualified Fingerprint-Based Status Letter or discovery of Child Protective Services (CPS) substantiation:

1. Proof of Previous Waiver (if applicable)

The official notice previously issued to the subject by COBCU granting the waiver;

2. Letter from the Subject

A signed letter from the subject of the check requesting the waiver. The letter should explain in detail the situation involving each arrest and Child Abuse and/or Neglect (CA/N) assessment. The letter should include, but is not limited to, the following:

- a. The date, location, and charge of each arrest during the subject's lifetime and:
 - i. Indicate which of the arrests resulted in any type of conviction,
 - ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
 - iii. Indicate the sentence given for each conviction, time served, time on probation/parole, as well as other court ordered fines, therapy, and other court ordered obligations,
 - iv. Indicate if the subject is currently on probation/parole or the date probation/parole officially ended for each conviction, and
 - v. Provide any information regarding self-referred services related to each conviction or arrest.

- b. The date of each CPS report and assessment involving the subject during the subject's lifetime and:
 - i. Indicate if the assessment resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
 - ii. Include the final findings (i.e., physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
 - iii. Indicate whether the child was removed from the subject's home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time the child was in out-of-home placement, and indicate whether the child has returned to the subject's home, and
 - iv. Identify the services the subject participated in, indicating which services were successfully completed, and whether these were court ordered services. Also, identify what the subject learned through the services and how the subject's behavior changed as a result of the services.

- c. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan by:
 - i. Explaining the subject's ability and long-term plan to provide for the child's safety and well-being in an environment that will allow the child to thrive, and

- ii. Explaining past and ongoing treatment if mental illness and/or substance abuse was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation.
- d. Additional reference letters or documentation that would support any rehabilitation that has occurred in the subject's lifetime, which may be included in the subject's waiver request.

3. Letter of support

A written recommendation from the child's Family Case Manager (FCM) must be signed and submitted on DCS letterhead or sent from the FCM's business email address. The recommendation letter must include the following:

- a. The FCM's observations of the subject of the check,
- b. The FCM's recommendation to support or not support the granting of the unlicensed relative placement criminal and/or CPS waiver, including reasons to support that recommendation,
- c. Whether the child has already been placed with the subject requesting the waiver,
- d. The relation between the child and the subject of the request,
- e. Services being provided in the home or community to support the caregiver and/or child,
- f. Copies of safety plans, and
- g. The FCM's point of view from the details outlined in the Letter from the Subject (#2 above).

4. CPS History Check

A CPS History Check must be completed and submitted for all states in which the subject of the check has resided in the previous five (5) years, as outlined below:

- a. For Indiana:
 - i. The agency will either initiate the necessary search utilizing the Child Protection Index (CPI)/CPS electronic portal submission, or the DCS local office will complete Section A and Section C of the [Indiana Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#) and the subject of the check, or representative if a minor, will complete Section B, and
 - ii. A copy of the approved [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) for all assessments must be submitted with the CPS waiver request if there is a substantiation in Indiana. **A screen print from the case management system is NOT an acceptable substitution for the completion of the appropriate form or copy of the approved 311.** This may mean locating the hardcopy case file and including supporting documentation from the hardcopy file with the waiver submission.
- b. For all other states:
 - i. Conduct a CPS History check search for all other states the subject of the check has resided during the past five (5) years. If applicable, locate information for a CPS administration or local office designee to process your search request at [Out-of-State CPS Contact List](#), and
 - ii. Obtain the approved assessment from the other state if there is a substantiation of CA/N found, and submit the approved assessment with the CPS waiver request.

5. **Screen Print of National Sex Offender Registry Check**

The National Sex Offender Registry Check is required for any subject 14 years of age or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at <https://www.nsopw.gov/>. **The National Sex Offender Registry website is the only acceptable search.** The FCM will:


- a. Search each name or combination of names used within the subject's lifetime. Upon obtaining the results of a name search, the results should be printed,
- b. Sign and date the printed results, and
- c. Write "NO MATCH" on the printed page if there is no match.

6. **Local Criminal Court Records Check Results**

A Local Criminal Courts Records Check is required for all persons age 18 and older (see [Local Criminal Court Records Check Instructions](#)); and

7. **Fingerprint-Based Check Status Letter**

Include a copy of the Fingerprint-Based Check Status Letter showing the subject of the check is qualified if requesting only a CPS waiver for subjects 18 years of age and older. This letter was emailed to the FCM.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Foster Family Home Licensing Waiver Packet	Effective Date: June 1, 2021
	Reference: 13.C (13.16 Waivers)	Version: 1

Foster Family Home Licensing Waiver Packet

The following items are required to be submitted to the Central Office Background Check Unit (COBCU) in one (1) waiver packet. The packet must be submitted as quickly as possible for initial licensure and within 10 business days from the date of the disqualified Fingerprint-Based Status Letter or discovery of a Child Protective Services (CPS) substantiation:

1. **Proof of Previous Waiver (if applicable)**

The official notice previously issued to the subject by COBCU granting the waiver;

2. **Letter from the Subject**

A signed letter from the subject of the check requesting the waiver. The letter should explain in detail the situation involving each arrest and CA/N assessment. The letter should include, but is not limited to, the following:

- a. The date, location, and charge of each arrest during the subject's lifetime and:
 - i. Indicate which of the arrests resulted in any type of conviction,
 - ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
 - iii. Indicate the sentence given for each conviction, time served, time on probation/parole, as well as other court ordered fines, therapy, and other court ordered obligations,
 - iv. Indicate if the subject is currently on probation/parole or the date probation/parole officially ended for each conviction, and
 - v. Provide any information regarding self-referred services related to each conviction or arrest.

- b. The date of each CPS report and assessment involving the subject during the subject's lifetime, and:
 - i. Indicate if the assessment resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
 - ii. Include the final findings (i.e., physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
 - iii. Indicate whether the child was removed from the subject's home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time the child was in out-of-home placement, and indicate whether the child has returned to the subject's home, and
 - iv. Identify the services the subject participated in, indicating which services were successfully completed, and whether these were court ordered services. Also, identify what the subject learned through the services and how the subject's behavior changed as a result of the services.

- c. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan by:
 - i. Explaining the subject's ability and long-term plan to provide for the child's safety and well-being in an environment that will allow the child to thrive, and

- ii. Explaining past and ongoing treatment if mental illness and/or substance abuse was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation.
- d. Additional reference letters or documentation that would support any rehabilitation that has occurred in the subject's lifetime, which may be included in the subject's waiver request.

3. Letter of support

A written recommendation from the licensing worker must be signed and submitted on Licensed Child Placing Agency (LCPA) or local office letterhead, or sent from the DCS Regional Foster Care Specialist (RFCS) licensing worker's business email address. The recommendation letter must include the following:

- a. The licensing worker's observations of the subject of the check,
- b. The licensing worker's recommendation to support or not support the granting of the foster family home licensing criminal and/or CPS waiver, including reasons to support that recommendation,
- c. Whether the child has already been placed with the subject requesting the waiver,
- d. Services being provided in the home,
- e. Copies of safety plans, and
- f. The licensing worker's point of view regarding the details outlined in the Letter from the Subject (#2 above).

4. CPS History Check

A CPS History Check must be completed and submitted for all states in which the subject of the check has resided in the previous five (5) years as outlined below:

- a. For Indiana:
 - i. The licensing worker will either initiate the necessary search utilizing the Child Protection Index (CPI)/CPS electronic portal submission, or the licensing worker will complete Section A and Section C of the [Indiana Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#) and the subject of the check, or representative if a minor, will complete Section B; and
 - ii. A copy of the approved [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) for all assessments must be submitted with the CPS waiver request if there is a substantiation in Indiana. **A screen print from the case management system is NOT an acceptable substitution for the completion of the appropriate form or copy of the approved 311.** This may mean locating the hardcopy case file and including supporting documentation from the hardcopy file with the waiver submission.
- b. For all other states:
 - i. Conduct a CPS History check search for all other states the subject of the check has resided during the past five (5) years. If applicable, locate information for a CPS administration or local office designee to process your search request at [Out-of-State CPS Contact List](#), and
 - ii. Obtain the approved assessment from the other state if there is a substantiation of CA/N found, and submit the approved assessment with the CPS waiver request.

5. **Screen Prints of National Sex Offender Registry Check**

The National Sex Offender Registry Check is required for any subject 14 years of age or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at <https://www.nsopw.gov/>. **The National Sex Offender Registry website is the only acceptable search.** The licensing worker will:


- a. Search each name or combination of names used within the subject's lifetime. Upon obtaining the results of a name search, the results should be printed,
- b. Sign and date the printed results, and
- c. Write "NO MATCH" on the printed page if there is no match.

6. **Local Criminal Court Records Check Results**

A Local Criminal Courts Records Check is required for all persons age 18 and older (see [Local Criminal Court Records Check Instructions](#)); and

7. **Fingerprint-Based Check Status Letter**

Include a copy of the Fingerprint-Based Check Status letter showing the subject of the check is qualified if requesting only a CPS waiver for subjects 18 years of age and older. This letter was emailed to the licensing worker.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Residential and Child Placing Agency Waiver Packet	Effective Date: December 1, 2021
	Reference: 13.D (13.16 Waivers)	Version: 2

Residential and Child Placing Agency Waiver Packet

The following items are required to be submitted to the Central Office Background Check Unit (COBCU) in one (1) waiver packet within 10 business days from the date of the disqualified fingerprint-based status letter or discovery of a Child Protective Services (CPS) substantiation:

1. Proof of Previous Waiver (if applicable)

The official notice previously issued to the subject by COBCU granting waiver;

2. Letter from the Subject

A signed letter from the subject of the check requesting the waiver. The letter should explain in detail the situation involving each arrest and Child Abuse and/or Neglect (CA/N) assessment. The letter should include, but is not limited to, the following:

- a. The date, location, and charge of each arrest during the subject's lifetime and:
 - i. Indicate which of the arrests resulted in any type of conviction,
 - ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
 - iii. Indicate the sentence given for each conviction, time served, time on probation/parole, as well as other court ordered fines, therapy, and other court ordered obligations,
 - iv. Indicate if the subject is currently on probation/parole or the date probation/parole officially ended for each conviction, and
 - v. Provide any information regarding self-referred services related to each conviction or arrest.

- b. The date of each CPS report and assessment involving the subject during the subject's lifetime, and:
 - i. Indicate if the assessment resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
 - ii. Include the final findings (i.e., physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
 - iii. Indicate whether the child was removed from the subject's home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time the child was in out-of-home placement and indicate whether the child has returned to the subject's home, and
 - iv. Identify the services the subject participated in, indicating which services were successfully completed, and whether these were court ordered services. Also, identify what the subject learned through the services and how the subject's behavior changed as a result of the services.

- c. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan by:
 - i. Indicating how the subject's personal experience and education will enhance the subject's ability to complete the job duties, and

- ii. Explaining past and ongoing treatment if mental illness and/or substance abuse was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation.
- d. Include any additional reference letters or documentation that would support any rehabilitation that has occurred in the subject's lifetime, which may be included in the subject's waiver request.

3. Letter of support

A written recommendation from the Residential or Child Placing Agency's (referred to collectively as "DCS Licensed Agencies") Executive Director or Human Resources (HR) Director in regard to the subject's criminal and/or CPS waiver request must be submitted on the DCS Licensed Agency's letterhead. The recommendation letter must include the following:

- a. The Executive Director or HR Director's observations of the subject of the check,
- b. the reasons the Executive Director or HR Director does or does not support the waiver request, and

Note: If the Individual is an existing employee or volunteer, the Executive Director or HR Director should indicate if the subject of the check has ever been requested and granted a waiver previously from COBCU.

- c. The subject's formal job description from the DCS Licensed Agency, which should be attached to the waiver request letter.

4. CPS History Check

A CPS History Check must be completed and submitted for Indiana and all states in which the subject of the check has resided in the previous five (5) years as outlined below:

- a. For Indiana:
 - i. The agency will initiate the necessary search utilizing the Child Protection Index (CPI)/CPS electronic portal submission; or the DCS licensed agency will complete Section A and the DCS local office will complete Section C of the [Indiana Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#); and the subject of the check, or representative if a minor, will complete Section B; and
 - ii. A copy of the approved [Assessment for Alleged Abuse or Neglect \(SF 113\) \(311\)](#) for all assessments must be submitted with the CPS waiver request if there is a substantiation in Indiana. **A screen print from the case management system is NOT an acceptable substitution for the completion of the appropriate form or copy of the approved 311.** This may mean locating the hardcopy case file and including supporting documentation from the hardcopy file with the waiver submission.
- b. For all other states:
 - i. Conduct a CPS History check search for all other states the subject of the check has resided during the past five (5) years. If applicable, locate information for a CPS administration or local office designee to process your search request at [Out-of-State CPS Contact List](#), and
 - ii. Obtain the approved assessment from the other state if there is a substantiation of CA/N found, and submitted the approved assessment with the CPS waiver request.

5. **Screen Print of National Sex Offender Registry Check**

The National Sex Offender Registry Check is required for any subject 14 years of age or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at <https://www.nsopw.gov/>. **The National Sex Offender Registry website is the only acceptable search.** The assigned worker will:


- a. Search each name or combination of names used within the subject's lifetime. Upon obtaining the results of a name search, the results should be printed,
- b. Sign and date the printed results, and
- c. Write "NO MATCH" on the printed page, if there is no match.

6. **Criminal Court Records**

A Local Criminal Courts Records Check is required for all persons age 18 and older. For further instructions for completing Local Criminal Court Records Check (see [Local Criminal Court Records Check Instructions](#)); and

7. **Fingerprint-Based Check Status Letter**

Include a copy of the Fingerprint-Based Check Status Letter showing the subject of the check is qualified if requesting only a CPS waiver for subjects 18 years of age and older. This letter was emailed to the DCS Licensed Agency.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: DCS Contractor Waiver Packet	Effective Date: June 1, 2021
	Reference: 13.E (13.16 Waivers)	Version: 1

DCS Contractor Waiver Packet

The following items are required to be submitted to the Central Office Background Check Unit (COBCU) for a DCS Contractor or Subcontractor (referred to collectively as “DCS Contractor”) in one (1) waiver packet within 10 business days from the date of the disqualified fingerprint-based status letter or discovery of a Child Protective Services (CPS) substantiation:

1. Proof of Previous Waiver (if applicable)

The official notice previously issued to the subject by COBCU granting waiver;

2. Letter from the Subject

A signed letter from the subject of the check requesting the waiver. The letter should explain in detail the situation involving each arrest and Child Abuse and/or Neglect (CA/N) assessment. The letter should include, but is not limited to, the following:

- a. The date, location, and charge of each arrest during the subject’s lifetime and:
 - i. Indicate which of the arrests resulted in any type of conviction,
 - ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
 - iii. Indicate the sentence given for each conviction, time served, time on probation/parole, as well as other court ordered fines, therapy, and other court ordered obligations,
 - iv. Indicate if the subject is currently on probation/parole or the date probation/parole officially ended for each conviction, and
 - v. Provide any information regarding self-referred services related to each conviction or arrest.

- b. Provide the date of each CPS report and assessment involving the subject during the subject’s lifetime, and:
 - i. Indicate if the assessment resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
 - ii. Include the final findings (i.e., physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
 - iii. Indicate whether the child was removed from the subject’s home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time the child was in out-of-home placement, and indicate whether the child has returned to the subject’s home, and
 - iv. Identify the services the subject participated in, indicating which services were successfully completed, and whether these were court ordered services. Also, identify what the subject learned through the services and how the subject’s behavior changed as a result of the services.

- c. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan by:
 - i. Indicating how the subjects personal experience and education will enhance the subjects ability to complete the job duties, and

- ii. Explaining past and ongoing treatment if mental illness and/or substance abuse was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation.
- d. Include any additional reference letters or documentation that would support any rehabilitation that has occurred in the subject's lifetime, which may be included in the subject's waiver request.

3. Letter of support

A written recommendation from the DCS Contractor's Executive Director or Human Resources (HR) Director must be signed and submitted on the DCS Contractor's letterhead. The recommendation must include the following:

- a. The Executive Director or HR Director's observations of the subject of the check, as well as the reasons the Executive Director or HR Director does or does not support the waiver request,

Note: If the individual is an existing employee or volunteer, the Executive Director or HR Director should indicate if the subject of the check has ever been requested and granted a waiver previously from COBCU.

- b. The subject's formal job description from the DCS Contractor, and
- c. Indication if the subject of the check is an A-1 or A-2 level covered personnel.

4. CPS History Check

A CPS History Check must be completed and submitted for all states in which the subject of the check has resided in the previous five (5) years.

- a. For Indiana:
 - i. The agency will either initiate the necessary search utilizing the Child Protection Index (CPI)/CPS electronic portal submission, or the DCS contractor will complete Section A and the DCS local office will complete Section C of the [Indiana Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#) and the subject of the check, or representative if a minor, will complete Section B, and
 - ii. A copy of the approved [Assessment for Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) for all assessments must be submitted with the CPS waiver request if there is a substantiation in Indiana. **A screen print from the case management system is NOT an acceptable substitution for the completion of the appropriate form or copy of the approved 311.** This may mean locating the hardcopy case file and including supporting documentation from the hardcopy file with the waiver submission.
- b. For all other states:
 - i. Conduct a CPS History check search for all other states the subject of the check has resided during the past five (5) years. If applicable, locate information for a CPS administration or local office designee to process your search request at [Out-of-State CPS Contact List](#); and
 - ii. Obtain the approved assessment from the other state if there is a substantiation of CA/N found, and submit the approved assessment with the CPS waiver request.

5. **Screen Print of National Sex Offender Registry Check**

The National Sex Offender Registry Check is required for any subject 14 years of age or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at <https://www.nsopw.gov/>. **The National Sex Offender Registry website is the only acceptable search.** The assigned worker at the DCS Contractor will:


- a. Search each name or combination of names used within the subject's lifetime. Upon obtaining the results of a name search, the results should be printed,
- b. Sign and date the printed results, and
- c. Write "NO MATCH" on the printed page if there is no match.

6. **Local Criminal Court Records Check Results**

A Local Criminal Courts Records Check is required for all persons age 18 and older (see [Local Criminal Court Records Check Instruction](#)); and

7. **Fingerprint-Based Check Status Letter**

Include a copy of the Fingerprint-Based Check Status Letter showing the subject of the check is qualified if requesting only a CPS waiver for subjects 18 years of age and older. This letter was emailed to the DCS Contractor.

	Indiana Department of Child Services Child Welfare Policy	
	Chapter 14: Guardianship	Effective Date: November 1, 2019
	Section 01: Guardianship Assistance Program (GAP)	Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will provide the Guardianship Assistance Program (GAP) to eligible [relatives](#) (including those defined as [other relative](#)) of a child for whom the permanency option of guardianship is in the best interest of the child and reunification and adoption are not feasible.

Children who are wards of DCS or Juvenile Delinquency/Juvenile Status (JDJS) and meet all of the following criteria will be eligible for GAP:

1. The child is age 13 or older; and

Exception: In some circumstances, a child under age 13, with a medical condition or physical, mental, or emotional disability as determined by a physician or psychiatrist licensed to practice in Indiana or another state may also be eligible for GAP if the Regional Manager (RM) approves application submission. DCS Central Eligibility Unit (CEU) will determine the final eligibility based on the RM approval and all other eligibility criteria listed in this policy.

2. The child has been placed in the licensed relative placement for at least six (6) consecutive months; and

Note: The relative must be licensed for the six (6) consecutive months that the child is placed in his or her care to be eligible for GAP.

3. The child has an approved permanency plan of legal guardianship indicating that neither reunification nor adoption are viable options; or

Sibling of the eligible child for GAP if:

1. The sibling is being placed in the same home as the eligible child;
2. DCS and the guardian agree on appropriateness of the guardianship arrangement for the siblings; and
3. The RM provides approval.

Any child eligible for a GAP payment is also eligible for payment of Nonrecurring Expenses associated with obtaining legal guardianship of the child. In order to be eligible for Medicaid, a IV-E GAP payment must be made.

Note: Eligible children who are wards of DCS or JD/JS and are placed out of state with relatives are also eligible for IV-E GAP.

Any child eligible for state-funded GAP will need a separate Medicaid eligibility determination by the Division of Family Resources (DFR) to receive Medicaid. See [Practice Guidance](#) for additional information.

DCS will ensure all children age 13 and older who are under DCS care and supervision and have a permanency plan of legal guardianship are consulted regarding the permanency option of legal guardianship. See policy [5.8 Developing the Case Plan](#) for additional information.

DCS will ensure any child whose guardianship is finalized in court on or after his or her 16th birthday is notified of the availability of Chafee Independent Living Services. Any interested child will be referred for IL services. See policies, [11.01 Older Youth Services \(OYS\)](#) and [11.2 Eligibility for Older Youth Services \(OYS\)](#) for further information.

All applications for GAP must be submitted to the [DCS Central Eligibility Unit \(CEU\)](#) for an eligibility determination. Prior to the entry of the order establishing legal guardianship, the GAP agreement must be signed by all required parties in order for the child to be eligible for GAP payments.

Note: The GAP application must be initiated in the DCS local office where the wardship or JD/JS was established.

GAP payments *shall* be administratively suspended or terminated based on the date the guardian no longer legally or financially supports the child.

Code Reference

1. [IC 29-3-1-7.5 Incapacitated person](#)
2. [IC 29-3-2-1\(b\) Application of article; jurisdiction of courts](#)
3. [IC 29-3-2-1\(c\) Jurisdiction of Juvenile Court](#)
4. [IC 31-30-1-1 Exclusive Original Jurisdiction](#)
5. [IC 31-9-2-17. 8\(1\) \(E\) Authorization for GAP as component of “ child services”](#)
6. [IC 31-9-2-107: “Relative”](#)
7. [IC 29-3-8-9\(f\) Guardian obligation to support child who is GAP beneficiary](#)
8. [42 U.S.C. 673\(d\) GAP eligibility and other conditions for payment under Title IV-E](#)
9. [465 IAC 4-2-1 Title IV-E Guardianship Assistance Program and State Guardianship Assistance Program](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Convene a Child and Family Team (CFT) Meeting or Case Plan Conference to review and discuss legal guardianship as a permanency goal for the child. The discussion should include:
 - a. The application process for participation in GAP,
 - b. The provisions necessary for assistance and support to the child and family, and/or
 - c. The possibility of a sibling group being placed together, if applicable.
2. Ensure the required documentation is included and the [Explanation of Indiana GAP Program and Background Information](#) form and the [Indiana GAP Program Application](#) are signed by all required parties;
3. Change the [Case Plan \(SF 2956\)](#) goal to legal guardianship, and ensure all GAP requirements are completed on the case plan;
4. Obtain RM approval for exceptions to program eligibility, if applicable;
5. Obtain court approval of legal guardianship as the permanency plan if the CFT determines this is the best permanency option for the child;

6. Verify the child has been placed with a licensed relative caregiver for an entire six (6) consecutive months. See policy [12.13 Licensing Recommendation and Approval Process](#) for additional information.
7. Submit the GAP application with supporting documentation to DCS CEU, including:
 - a. The current Foster Care License, and
 - b. The required background checks (including the prospective relative guardian's household members at the time of the GAP application) from the licensing file, including:
 - i. Child Protection Services (CPS) for all individuals ages 14 and older;
 - ii. Sexual Offender Registry for all individuals ages 14 and older; and
 - iii. 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 or psychiatrist detailing the child's mental, emotional, medical, or physical disabilities is required if the child was approved by the RM as an exception to the age requirement based on his or her disability, if applicable.
8. Verify that the guardian is not disqualified for placement of a child, based on the background check results. See policy [13.10 Evaluation of Background Checks for Foster Family Home Licensing](#) for additional information;
9. Obtain a copy of the petition for each child for whom legal guardianship is being sought;
10. Meet with prospective guardian to discuss the final GAP determination, proposed GAP agreement, [Payment Request Information \(PRI\) Indiana GAP](#) form and the [Request for Administrative Review Indiana GAP](#) (if applicable);
11. Inform the prospective guardian of the option to add a [successor guardian](#) to the proposed GAP agreement. See [Related Information](#) for more information about [successor guardian](#);

Note: In the event that the [successor guardian](#) assumes responsibility for the child, he or she will need to complete background checks and be appointed by the court in the guardianship proceeding, prior to receiving GAP assistance payments for the child.

12. Provide the DCS Local Office Attorney with the Final Guardianship Eligibility Determination, the un-finalized legal guardianship agreement, the GAP PRI completed and signed by the guardian and any information that may assist him or her in negotiating the GAP periodic payment. See policy [14.02 Negotiations for Guardianship Assistance Program](#) for additional information;
13. Return the signed legal guardianship agreement and court order establishing legal guardianship to the DCS CEU for processing (centralized.eligibility@dcs.in.gov) if the prospective guardian agrees to the amount of the periodic payment;

Note: If the prospective guardian disagrees with the Final Guardianship Eligibility Determination or the amount of the proposed legal guardianship agreement, the prospective guardian may submit a [Request for Administrative Review Indiana GAP](#) within 30 days of the date of the Final Guardianship Eligibility Determination or receipt of the DCS Final Offer letter concerning the periodic payment amount; and

14. Notify any child who entered GAP on or after his or her 16th birthday about the availability of Older Youth Services (OYS) and refer interested youth for OYS. See policies [11.1 Older Youth Services \(OYS\)](#) and [11.2 Eligibility for Older Youth Services \(OYS\)](#) for

additional information;

The FCM Supervisor will:

1. Review the file to ensure that the required documentation is included and the [Explanation of Indiana GAP Program and Background Information](#) form and the [Indiana GAP Program Application](#) are signed;
2. Ensure that the FCM has received required paperwork from the prospective guardian and submitted to the DCS CEU;
3. Ensure the Local Staff Attorney has received the completed PRI form and any related documentation; and
4. Ensure all parties sign the GAP agreement prior to the entry of order establishing legal guardianship.

The DCS Local Staff Attorney will:

1. Contact the prospective guardian or his or her attorney, to negotiate the periodic payment amount and obtain signatures on the legal guardianship agreement;
2. Work with the FCM to obtain any information needed for the legal guardianship;
3. Meet with the prospective guardian and/or their attorney to review the Final Guardianship Eligibility Determination and negotiate the periodic payment amount; and
4. Ensure all parties, prior to the legal guardianship being finalized in court, sign the Guardianship agreement.

RM will determine whether to approve a child for GAP if:

1. The child is a member of a sibling group in which at least one (1) child in the sibling group is an eligible child, or
2. The child has a medical condition or physical, mental, or emotional disability as determined by a physician or psychiatrist licensed to practice in Indiana or another state.

Note: The RM will only approve the submission of the GAP application. The final approval of eligibility will come from DCS CEU.

The DCS CEU will:

1. Make the eligibility determination once the GAP application is completed;

Note: CEU is not responsible for Medicaid eligibility determinations for state-funded GAP.

2. Review the case once the signed legal guardianship agreement and court order establishing legal guardianship is received to ensure all parties signed the agreement on or prior to the date of the legal guardianship order and that the negotiated amount does not exceed what the child would have received in foster care.

PRACTICE GUIDANCE

State-Funded GAP and Medicaid

A separate Medicaid determination is needed for all children on state-funded GAP. It is the responsibility of the family to apply for Medicaid through DFR.

FORMS AND TOOLS

1. [GAP Application](#) – Available via CEU

2. [Case Plan](#) – Available in the case management system
3. Payment Request Information (PRI) Indiana GAP (SF 55040) – Available via CEU
4. [Request for Administrative Review Indiana GAP](#)
5. Final Guardianship Eligibility Determination – Available via CEU
6. [Explanation of Indiana GAP Program and Background Information](#)

RELATED INFORMATION

Definition of Relative

Relative is defined in [IC 31-9-2-107](#) as any of the following in relation to a child:

1. A parent
2. A grandparent
3. A brother
4. A sister
5. A stepparent
6. A stepbrother
7. A stepsister
8. A first cousin
9. An uncle
10. An aunt
11. Any other individual with whom a child has an established relationship

Other Relative

An individual who is not related by blood, marriage or adoption may be considered a relative for purposes of placement and the Guardianship Assistance Program when the individual has an established and significant relationship with the child. The relationship with the child will be other relative and must:

1. Have the characteristics of a family relationship. The relationship should have the same characteristics or be similar to the relationship that the child has with an individual related to them by blood, marriage, or adoption;
2. Have existed prior to the agency's current involvement with the child or family; and
3. Be verified through interviews or attested by the written [Statement of Attestation Regarding Relationship \(SF 52727\)](#) or oral designation of the child or of another person, including other relatives related to the child by blood, marriage, or adoption.

Former long-term resource parents may be considered as relative placements in cases where the child is the victim of repeat maltreatment or returning to out-of-home care. The FCM should staff with the FCM Supervisor and Local Office Director (LOD) to determine which type of placement is appropriate, Foster Care or Relative Placement. Consideration should be given to the child's report of the relationship and the potential for permanency.

Credible evidence showing that the individual performs or has performed a substantial role in the upbringing or material support of the child should be documented in the case management system. The placement recommendation should be staffed with the FCM Supervisor and, if needed, the LOD. DCS and the court must agree with the placement.

Note: Placement with a suitable and willing relative related by blood, marriage, or adoption must be ruled out before considering any other out-of-home placement, with the first consideration being given to a suitable and willing noncustodial parent.

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 involve eligible children who are Indiana residents being placed outside of Indiana will be processed by CEU for Medicaid eligibility.

In order to be eligible for Medicaid under the IV-E GAP plan, a IV-E GAP payment must be made on behalf of the child.


Successor Guardian for the purpose of GAP

DCS shall make monthly assistance payments to a [successor guardian](#) on behalf of the child, if the [successor guardian](#):

1. Is named in the guardianship assistance agreement (including any amendment to the agreement that was effective before the date of death or determination of incapacity [[IC 29-3-1-7.5](#)] of the original guardian);
2. Has completed all required background checks which includes Fingerprint-Based National Criminal History Check (Fingerprint-Based Check); Child Protection Service (CPS) History Check; National Sex Offender Registry Check; and Local Criminal Court Records Check;
3. Has been appointed by the court in the guardianship proceeding as the child's guardian; and
4. Complies with all statutory duties and responsibilities of the guardian and the

guardianship assistance agreement as approved and signed by the department and the original guardian, or any new guardianship assistance agreement signed by the department and the [successor guardian](#).

Note: The home of the [successor guardian](#) does not need to be licensed as a foster family home at the time of placement of the child in that home or receipt of guardianship assistance on behalf of the child

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Adoption Assistance and Guardianship Assistance	Effective Date: July 1, 2021
	Section 02: Negotiations for Guardianship Assistance Program	Version: 4

POLICY OVERVIEW

The Indiana Guardianship Assistance Program (GAP) (includes federal title IV-E and state funded GAP) is provided to eligible children, to assist guardians with their obligation to meet the children’s needs. The goal of this program is to promote permanency in an efficient and expeditious way for children who may otherwise have their permanency delayed.

PROCEDURE

The Indiana Department of Child Services (DCS) will provide ongoing financial and other assistance through GAP. The GAP program is provided to eligible children to assist the legal guardian with obligations in meeting the child’s needs. See policy 14.01 Guardianship Assistance Program (GAP) for additional information. Eligible children may receive a periodic payment, as negotiated between the guardian and DCS. Eligibility for Medicaid and the reimbursement of appropriate Non-Recurring Adoption Expenses (NRAE) are not negotiated.

It is DCS’ responsibility to determine the periodic payment amount that is appropriate in each individual case. DCS will work collaboratively with families and/or their attorneys to understand and determine the current and ongoing needs of the children who are placed with guardians and the cost to meet those needs. The circumstances of each family will be considered in combination with the resources available to guardians to determine a periodic payment amount that will assist with integrating children into families. This policy outlines how such levels of assistance should be negotiated to determine the periodic payment amounts for guardianship assistance applicants who are determined to be eligible for guardianship assistance after July 1, 2012.

Note: The negotiated amount cannot exceed the amount that would have been payable for the child if the child were in foster care.

Upon the approval of a Final Guardianship Assistance Eligibility Determination that verifies a child is eligible for guardianship assistance, DCS will meet with the prospective guardian to discuss the steps for completing and finalizing the guardianship assistance agreement.

DCS will provide a copy of the following documents to the prospective guardian:

1. The notice of Final Guardianship Assistance Eligibility Determination form;
2. The Payment Request Information (PRI) Indiana GAP form, which describes the information needed from the prospective guardian for consideration by DCS in negotiating and determining any periodic payment to be paid by DCS under the agreement;

3. Other information prepared by DCS staff for consideration in determining the periodic payment amount; and
4. A guardianship assistance agreement in the form currently approved by DCS.

If DCS determines that a child is not eligible for guardianship assistance, DCS will provide the prospective guardian with the Request for Administrative Review Indiana Guardianship Assistance Program form.

Note: Other information will include, but will not be limited to, information about the availability of services after the guardianship is finalized and the ability of the prospective guardian to renegotiate certain terms of the agreement in the event the child or family's circumstances change.

Within 30 calendar days of receiving the Final Guardianship Assistance Eligibility Determination form and accompanying documents, the prospective guardian and/or the guardian's attorney will submit all information and supporting documentation identified in the PRI to the DCS Local Office Director (LOD). The prospective guardian and/or the prospective guardian's attorney may request in writing a 15-day extension of this deadline to gather and assemble information relevant to this submission. An extension requested by the prospective guardian and/or the prospective guardian's attorney may be approved by the DCS LOD or designee.

The amount of the periodic payment to be included in the agreement will be determined through discussion and negotiation between the prospective guardian, the prospective guardian's attorney, and DCS. Negotiations will occur through Central Office and will be approved by 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 Central 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.

Note: The negotiated amount cannot exceed the amount that would have been payable for the child if the child were in foster care. Effective for guardianships finalized on or after July 1, 2021, for a child identified with needs of therapeutic or therapeutic plus while in foster care, the amount of a guardianship assistance periodic payment will not be less than 50% of the amount that would have been payable for the child's care if the child were in foster care.

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 based on the documentation required by DCS and provided by the prospective guardian will be considered in negotiating the periodic payment amount:

1. The current needs of the child, needs that are anticipated to occur within one (1) year after the finalization of the guardianship, and the cost of the identified anticipated needs;
2. The circumstances of the guardian and the guardian's family, including the ability to provide for the child's current and identified anticipated future needs;
3. Resources available to the prospective guardian and the guardian's 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 the guardian's 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 integrating the child into the prospective guardian's family.

Note: Any child eligible for a GAP payment is also eligible for payment of NRAE associated with obtaining legal guardianship of the child. In order to be eligible for Medicaid, a IV-E GAP payment must be made. A child who is eligible for state-funded GAP will need a separate evaluation by the Division of Family Resources (DFR) to determine the child's Medicaid eligibility.

If negotiation of the periodic payment amount has not resulted in an approved agreement within 45 calendar days of DCS' receipt of the completed PRI, or other approved deadline, DCS will send a final offer letter to the prospective guardian, and/or the guardian's attorney, if applicable, 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 Central Office Attorney will send a \$1 final offer letter to the prospective guardian and/or the guardian's attorney. The final offer letter will include the Request for Administrative Review Indiana GAP form 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 while pursuing an administrative review of the amount. See policy 14.04 Administrative Review for Guardianship Assistance Program for additional information.

Except for determination of the periodic payment amount or the addition of a successor guardian, the provisions of the guardianship assistance agreement form approved by DCS cannot be altered or amended without approval of both the DCS General Counsel and the DCS Deputy Director of Field Operations, 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 agreement is not signed by all parties, the child is not eligible for any form of guardianship assistance under the Indiana Guardianship Assistance Program.

The DCS Central Office attorney shall ensure that the prospective guardian and/or the prospective guardian's attorney receives a copy of the signed Guardianship Assistance Agreement form.

The Family Case Manager (FCM) will:

1. Meet with the prospective guardian within 15 calendar days after receipt of the Final Guardianship Assistance Determination form for a child who is eligible and may

- potentially receive periodic payments under a signed agreement;
2. Provide the prospective guardian with a copy of the pertinent documents, including the PRI, and discuss the procedure for completing the agreement;
 3. Inform prospective guardian of the option to add a successor guardian to the GAP agreement.

Note: If the successor guardian assumes responsibility for the child, the successor guardian will need to complete background checks and be appointed by the court in the guardianship proceeding, prior to receiving GAP assistance payments for the child's care.

4. Explain the other steps and procedures needed for purposes of finalizing the guardianship of the child, including the opportunity to negotiate the amount of the periodic payment. See separate policy 14.01 Guardianship Assistance Program (GAP) for additional guidance;
5. Provide the prospective guardian with information about the availability of services that can be requested and provided by DCS;
6. Explain to the prospective guardian they may request a change in the periodic payment amount if the child's needs or family's circumstances change. See policy 14.03 Modifications and Continuation of a Guardianship Assistance Agreement for more information.

Note: A GAP agreement can be amended to add a successor guardian.

7. Explain to the prospective guardian that the Guardianship Assistance Agreement **must be signed before finalizing the adoption**;
8. Send a signed copy of the Guardianship Assistance Agreement form and order establishing legal guardianship to the DCS CEU inbox,

The DCS LOD or designee will:

1. Approve or deny a written request from the prospective guardian to extend the deadline to submit the completed PRI;
2. Approve or deny a written request to extend the negotiation deadline after receipt of the PRI; and
3. Provide the DCS Local Office Attorney with information necessary to negotiate the appropriate periodic payment amount;

The DCS Staff Attorney or designee will:

1. Review information from the DCS LOD and the prospective guardian necessary to negotiate the appropriate periodic payment amount;
2. Receive the completed PRI and supporting documentation from the prospective guardian and/or the prospective guardian's attorney;
3. Approve or deny a written request to extend the negotiation deadline after receipt of the PRI;
4. Provide the DCS Negotiations Attorney with the information necessary to negotiate the appropriate periodic payment amount; and
5. Sign the completed Guardianship Assistance Agreement on behalf of DCS;

The DCS Negotiations Attorney will:

1. Review information received from the DCS LOD and the prospective guardian necessary to negotiate the appropriate periodic payment amount;

2. Communicate with the DCS LOD about the information received and the calculations made in order to recommend to the DCS LOD a periodic payment range for the guardianship subsidy;
3. Document and retain how the information provided was evaluated to calculate a periodic payment amount;
4. Discuss the periodic payment with the prospective guardian and/or the prospective guardian's attorney, and negotiate the amount of the Guardianship Assistance Agreement;
5. Present the Guardianship Assistance Agreement for signature to the prospective guardian and DCS LOD or designee when the negotiations result in agreement, and
6. Prepare and send a final offer letter that includes information about the availability of administrative review to the prospective guardian and/or the prospective guardian's attorney when the negotiations do not result in agreement within 45 calendar days. Enclose the Request for Administrative Review Indiana Guardianship Assistance Program form.

The DCS CEU will send a packet to the FCM, which includes:

1. Notice of Final Guardianship Assistance Eligibility Determination;
2. The agreement (in the form currently approved by DCS) to the prospective guardian;
3. The PRI (if applicable);
4. Other information prepared by DCS to inform DCS staff and the prospective guardian concerning the determination and duration of the periodic payments of assistance or subsidies;
5. The Request for Administrative Review Indiana GAP form, if applicable; and

LEGAL REFERENCES

- [IC 29-3-1-7.5 Incapacitated person](#)
- [IC 29-3-8-9\(f\) Support obligation of guardian receiving GAP payments](#)
- [IC 31-9-2-17.8\(1\)\(E\): Child Services](#)
- [42USC 673\(d\)\(1\): Kinship guardianship assistance payment](#)

RELEVANT INFORMATION

Definitions

Periodic Payment

A periodic payment is a per diem amount, paid monthly, to be specified in a written Guardianship Assistance Agreement.

Final Offer Letter

The final offer letter is a letter sent by the DCS Negotiations Attorney which states DCS' final offer 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 Request for Administrative Review Indiana Guardianship Assistance Program form.


Forms and Tools

- [Central Eligibility](#)
- [DCS Negotiations](#)

- Final Guardianship Assistance Eligibility Determination – Available via CEU
- Payment Request Information (PRI) Indiana GAP – Available via CEU
- Request for Administrative Review Indiana GAP – Available via CEU
- State Guardianship Assistance Agreement (SGAP) – Available via CEU
- Title IV-E Guardianship Assistance Agreement (GAP) – Available via CEU

Related Policies

- [14.01 Guardianship Assistance Program \(GAP\)](#)
- [14.04 Administrative Review for Guardianship Assistance Program](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Adoption Assistance and Guardianship Assistance	Effective Date: July 1, 2021
Section 03: Modification and Continuation of a Guardianship Assistance Agreement	Version: 6	

POLICY OVERVIEW

The amount of financial assistance a guardian receives through the Indiana Department of Child Services (DCS) Guardianship Assistance Program (GAP) may be modified, upon request by the guardian.

GAP may also continue beyond the child turning 18 years of age, up to the child turning 21 years of age. In order for GAP assistance payments to continue, the guardianship must have been finalized on or after the child’s 16th birthday (but before the child’s 18th birthday) and the older youth must continue to meet at least one (1) of the following conditions:

1. Enrolled in secondary education or a program leading to an equivalent credential;
2. Enrolled in an institution which provides post-secondary or vocational education;
3. Participation in a program or activity designed to promote, or remove barriers to employment (e.g. Job Corps or attendance in classes on resume writing or interview skills);
4. Employed for at least 80 hours per month; or
5. Is incapable of doing any of the previously described educational or employment activities due to a medical condition (per the Severe Impairment Determination process).

Note: If the older youth intends to meet these conditions after age 18, the guardian should complete an Application for Continuation of Guardianship Assistance Beyond Age 18 before the child turns age 18, and submit it to the DCS Central Eligibility Unit (CEU).

PROCEDURE

The request for modification to the guardianship assistance agreement must be submitted to the DCS local office that handled the Child In Need of Services (CHINS) case or Juvenile Delinquency (JD) case at the time the guardianship was finalized. The request must include the information and documentation required, or that the guardian would consider relevant for an initial Payment Request Information (PRI) Indiana GAP response. The request shall also include a detailed explanation of the change in circumstances of the child or guardian that was not known or anticipated at the time the current periodic payment was negotiated or most recent amendment to the agreement was determined. A request for modification may not be submitted more frequently than once in a consecutive 12-month period.

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. 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 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 policy 14.04 Administrative Review for GAP Assistance for additional guidance.

The Family Case Manager (FCM) will:

1. Notify the DCS Staff Attorney when a child receiving guardianship assistance has been removed from the home;
2. Gather information including a detailed explanation of the change in circumstances if the guardian requests a modification. The detailed explanation should include circumstances related to the child or guardian that was not known or anticipated at the time the current periodic payment was negotiated and provide documentation to the DCS Local Office Director (LOD); and
3. Coordinate with the DCS CEU staff and other entities in obtaining and providing to the DCS Staff Attorney documents such as the guardianship assistance agreement, previous modifications, the order establishing legal guardianship, and information on subsequent removals and out-of-home placements.

The DCS LOD or designee will:

1. Obtain a copy of the original agreement from the guardian, DCS CEU, or the DCS local office file when a request for modification of an existing guardianship assistance agreement is received;
2. Gather information from relevant sources, including the guardian, within 30 calendar days of the request to appropriately consider the request for a modification of the agreement.

Note: 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.

3. Upon receipt of information, complete the following steps:
 - a. Determine whether a prior request for modification has been received from the guardian within the previous 12 months. If so, deny the request for modification and include the Request for Administrative Review Indiana GAP form with the denial,
 - b. Determine whether a change in circumstances exists that was not known or anticipated at the time the periodic payment was negotiated. If not, deny the request for modification and include the Request for Administrative Review Indiana GAP form with the denial, or
 - c. If no request was received within the previous 12 months and the request documents a change in circumstances warranting review of the current periodic payment amount, submit the documentation and information to the DCS Staff Attorney to negotiate any appropriate change in the periodic payment.

The DCS Staff Attorney will:

1. Contact the guardian or the guardian's 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;

Note: The amount of the modification cannot exceed the amount that would have been payable for the child's care if the child were in foster care. Effective for guardianships finalized on or after July 1, 2021, for a child identified with need of therapeutic or therapeutic plus while in foster care, the amount of the modified periodic payment cannot be less than 50% of the foster care maintenance payment that would have been payable for the child's care if the child were in foster care.

2. Contact the guardian and request that they renegotiate the periodic payment for the duration of the out-of-home placement;

Note: Any change in the periodic payment amount will be reflected in an amendment to the agreement that must be signed by both the guardian and the DCS CEU.

3. Prepare an amendment reflecting the revised terms if an agreement is reached;
4. Obtain the signature on the amendment by the guardian and the DCS LOD, or designee, and return the signed amendment to DCS CEU for processing;
5. Send a notice to the guardian stating that there is no agreement to the modification requested and include the Request for Administrative Review Indiana GAP form if no agreement can be reached within 45 calendar days of the receipt of the documents and information described above, or an approved extension of time; and
6. Request an appropriate child support order under IC 31-40-1-5 if the child is in an out-of-home placement for which DCS is making payment and no agreement has been reached with the guardian regarding an amendment to the periodic payment amount.

The DCS CEU will:

1. Complete the following when modifying the Guardianship Assistance Agreement upon receipt of the request of the guardian:
 - a. Provide the LOD (in the county where the CHINS case was closed due to guardianship) with the Guardianship Assistance Agreement if not provided by the guardian, and
 - b. Process the executed Amendment to the Guardianship Agreement.
2. Provide a copy of the original Guardianship Assistance Agreement and any amendments to the appropriate DCS local office when a guardian or DCS is requesting a modification;
3. Process amendments of guardianship assistance agreements.
4. Complete the following if the child returns to DCS care:

- a. Send the Guardianship Program Status Report to the guardian,
- b. Contact the guardian to discuss modification of the subsidy amount,
- c. Execute the Amendment to Guardianship Agreement upon agreement with the guardian,
- d. Process the Amendment to Guardianship Agreement,
- e. Advise the local office if no agreement to modify is reached, so that an appropriate child support order may be obtained under IC 31-40-1-5, and
- f. 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 financial support for the child; and

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. This determination will be made on a case-by-case basis.

5. Upon receipt of an Application for Continuation of Guardianship Assistance Beyond Age 18:
 - a. Review the application and all documentation submitted to determine if the child qualifies for a continuation of guardianship assistance and/or Medicaid beyond the age of 18 years,
 - b. Complete the Notice of Continuation Beyond Age 18 or Termination of the Guardianship Agreement form,
 - c. Send the determination to the guardian along with the Request for Administrative Review if the request for continuation beyond age 18 is denied,
 - d. Change the end date in KidTraks to the day before the youth's 21st birthday based on the youth's continued eligibility for assistance, and
 - e. Send an email to the DCS Medicaid Enrollment Unity (MEU) to advise if Medicaid should remain open or should be closed.

Successor Guardian for the purpose of GAP

DCS shall make monthly assistance payments to a successor guardian on behalf of the child, if the successor guardian:

1. Is named in the guardianship assistance agreement (including any amendment to the agreement that was effective before the date of death or determination of incapacity [IC 29-3-1-7.5] of the original guardian);
2. Has completed all required background checks, which include:
 - a. Fingerprint-Based National Criminal History Check (Fingerprint-Based Check),
 - b. Child Protective Service (CPS) History Check,
 - c. Sex Offender Registry Check, and
 - d. Local Law Enforcement Agency (LEA) Records Check.
3. Has been appointed by the court in the guardianship proceeding as the child's guardian; and
4. Complies with all statutory duties and responsibilities of the guardian and the guardianship assistance agreement as approved and signed by DCS and the original guardian, or any new guardianship assistance agreement signed by DCS and the

successor guardian.

Note: The home of the successor guardian does not need to be licensed as a foster family home at the time of placement of the child in that home or receipt of guardianship assistance on behalf of the child

Addition of Successor Guardian for GAP

In order to continue GAP assistance payments after the date of death or determination of incapacity (IC 29-3-1-7.5) of the original guardian, there must be a successor guardian named in the guardianship assistance agreement (including any amendment to the agreement that was effective before the date of death or determination of incapacity [IC 29-3-1-7.5] of the original guardian).

Note: In the event that the successor guardian assumes responsibility for the child, the successor will need to complete background checks and be appointed by the court in the guardianship proceeding, prior to receiving GAP assistance payments for the child.

LEGAL REFERENCES

- [42 USC 673\(d\)\(1\): GAP eligibility and other conditions for payment under Title IV-E](#)
- [42 USC 673 \(d\)\(2\): GAP eligibility and other conditions for payment under Title IV-E](#)
- [IC 31-40-1-5: Obligation of parent or guardian for costs of placement; remittance of support payment; enforcement](#)
- [IC 29-3-1-7.5: Incapacitated person](#)

RELEVANT INFORMATION

Definitions


NA

Forms and Tools

- Amendment to Guardianship Agreement – Available via CEU
- [Application for Continuation of Guardianship Assistance Beyond Age 18 \(SF 55156\)](#)
- Guardianship Assistance Agreement – Available via CEU
- Guardianship Program Status Report – Available via CEU
- [MEU Email Address](#)
- Notice of Administrative Suspension of Guardianship Assistance Periodic Payments – Available via CEU
- Request for Administrative Review Indiana GAP – Available via CEU
- [Payment Request Information \(PRI\) Indiana GAP \(SF 55040\)](#)
- [Severe Impairment Determination Process](#) – Available via CEU

Related Policies

- [14.04 Administrative Review for GAP Assistance](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Guardianship	Effective Date: July 1, 2020
	Section 04: Administrative Review for Guardianship Assistance Program	Version: 5

STATEMENTS OF PURPOSE

General Conditions

The Indiana Department of Child Services (DCS) will process a request for administrative review when a prospective guardian or guardian disagrees with a decision made by DCS under policy [14.01 Guardianship Assistance Program \(GAP\)](#), [14.02 Negotiations for Guardianship Assistance Program](#), and [14.03 Modification and Continuation of Guardianship Assistance Agreement](#) or when the guardian or prospective guardian alleges that his or her claim for Guardianship Assistance benefits under [14.01 Guardianship Assistance Program \(GAP\)](#), [14.02 Negotiations for Guardianship Assistance Program](#), and/or [14.03 Modification and Continuation of Guardianship Assistance Agreement](#) is not acted upon with reasonable promptness. DCS will also process a request for administrative review of a decision concerning the amount payable for nonrecurring expenses (NRE).

A prospective guardian must submit a written [Request for Administrative Review Indiana GAP](#) to DCS within 15 calendar days of service of notice by mail or hand delivery of any of the following decisions:

1. Final Guardianship Assistance Program (GAP) 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 beyond the age of 18; or
6. Termination or administrative suspension of payments under a Guardianship Assistance Agreement for any reason other than the age of the child, death of the child or guardian, or termination of the guardianship.

For a Request for Administrative Review based on an allegation of a claim not being acted upon with reasonable promptness, the guardian or prospective guardian must submit a written [Request for Administrative Review Indiana GAP](#) no sooner than 60 calendar days from the date on which the completed claim for benefits was submitted to DCS.

The [Request for Administrative Review Indiana GAP](#) must be submitted to DCS Hearings and Appeals, in the manner specified in the request form. The [DCS Administrative Reviewer](#) 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.

Review of Eligibility Determinations

DCS will process a [Request for Administrative Review Indiana GAP](#) from a prospective guardian

or guardian who has an application pending for GAP assistance concerning a determination made by DCS under policy [14.01 Guardianship Assistance Program \(GAP\)](#), [14.02 Negotiations for Guardianship Assistance](#), or [14.03 Modification and Continuation of Guardianship Assistance Agreement](#).

To overturn a DCS determination denying eligibility, the [DCS Administrative Reviewer](#) must find the determination was contrary to applicable federal or state law, rule, or policy as applied to the facts.

Review of initial Periodic Payment Amount

Following a final determination approving eligibility for the GAP assistance program, DCS will provide the determination proposed Guardianship Assistance Agreement, and a Payment Request Information form (PRI) to the prospective guardian or the attorney who represents the prospective guardian.

If negotiation of the periodic payment has not resulted in an approved Guardianship Assistance Agreement, DCS will send a Final Offer Letter to the prospective guardian or the guardian's attorney, stating the amount that DCS agrees to pay as the periodic payment for the Guardianship Assistance Agreement. The letter will include information about the availability of an administrative review process and the [Request for Administrative Review Indiana GAP](#) form. See policy [14.02 Negotiations for Guardianship Assistance Program](#) for additional information.

An eligible prospective guardian who has not agreed with DCS concerning the amount of the periodic payment, and has received a Final Offer Letter stating the amount that DCS has agreed to pay, may do any of the following:

1. Accept the amount stated in the Final Offer Letter by signing and returning to DCS the Guardianship Assistance Agreement that includes the agreed amount.
2. Sign the Guardianship Assistance Agreement with a condition added or attached to the Guardianship Assistance Agreement stating the prospective guardian's disagreement with the periodic payment amount and return the signed Guardianship Assistance Agreement to DCS with a completed [Request for Administrative Review](#) form.
3. Submit to DCS a completed [Request for Administrative Review](#) form without an accompanying signed Guardianship Assistance Agreement.

If the prospective guardian signs and returns the completed Guardianship Assistance Agreement, as provided in option (1) or (2) above, DCS will begin payment of the amount as stated in the Guardianship Assistance Agreement, effective on the date of entry of the order establishing guardianship of the child. If the amount of the periodic payment is subsequently changed as a result of the administrative review or an Administrative Appeal Hearing, the final approved payment amount will be implemented by an amended Guardianship Assistance Agreement, effective retroactive to the date of the order establishing guardianship. See policy [14.05 Administrative Appeals for Guardianship Assistance Program \(GAP\)](#) for additional information.

A prospective guardian who does not elect to sign the Guardianship Assistance Agreement may utilize the administrative review procedure provided in this policy. The administrative review procedure, and any available Administrative Appeal Hearing under policy [14.05 Administrative Appeals for Guardianship Assistance Program \(GAP\)](#), 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 GAP assistance.

Note: If the Guardianship Assistance Agreement is not signed prior to the order establishing guardianship, the child may not be eligible for Medicaid.

The [Request for Administrative Review Indiana GAP](#) must be submitted to DCS Hearings and Appeals. The request must be in the format specified in the [Request for Administrative Review Indiana GAP](#). The prospective guardian must state the reason(s) for requesting a review and should include documentation to support the basis for the request. [DCS Administrative Reviewer](#) 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, the [DCS Administrative Reviewer](#) must find one (1) or more of the following:

1. DCS did not substantially follow the procedures specified in this policy or any other applicable policy, rule, or statute relating to the determination of GAP assistance periodic payments; or
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 [14.02 Negotiations for Guardianship Assistance Program](#), in conducting the negotiation or submitting its Final Offer Letter; or
3. The periodic payment that DCS agreed to pay as stated in the Final Offer Letter; or unreasonable and not supported by relevant evidence presented by the prospective guardian or otherwise considered by DCS.

DCS will begin payment based on the signed Guardianship Assistance Agreement, effective upon entry of order establishing guardianship. A change in the periodic payment may only be made through the administrative review process or in accordance with the modification procedures in policies [14.02 Negotiations for Guardianship Assistance Program \(GAP\)](#) and [14.03 Modification and Continuation of a Guardianship Assistance Agreement](#). DCS will not consider the failure of the guardian to obtain from DCS the requested periodic payment amount as grounds for revoking or setting aside his or her guardianship of the child.

Review of Requested Modification of Periodic Payment Amount

After a Guardianship Assistance Agreement and an order establishing guardianship of the child has been entered, the guardian may request a modification of the periodic payment amount or term stated in an existing Guardianship Assistance Agreement under policy [14.03 Modification and Continuation of a Guardianship Assistance Agreement](#).

If the decision by the DCS local office is unsatisfactory to the guardian, a [Request for Administrative Review Indiana GAP](#) and a copy of the Administrative Review Decision must be submitted to DCS Hearings and Appeals within 15 days of the date of the decision.

To justify the increase of a periodic payment, the guardian must show that a change of circumstances concerning the child or family occurred after the original Guardianship Assistance Agreement was signed, and that those circumstances were not known or anticipated at the time the Guardianship Assistance Agreement was signed.

Note: A request for modification may not be submitted more frequently than once in a consecutive 12-month period. See policy [14.03 Modification and Continuation of a Guardianship Assistance Agreement](#) for additional information.

Review of Termination or Suspension before the child turns 18 years of age

If DCS determines that a Guardianship Assistance Agreement should be terminated or periodic payments under the Guardianship Assistance Agreement should be administratively suspended, DCS may terminate the Guardianship Assistance Agreement. In that event, DCS will send the guardian a [Notice of Termination of Guardianship Assistance Agreement](#), or administratively suspend payments by sending the guardian a [Notice of Administrative Suspension of Guardianship Assistance Periodic Payments](#).

If the guardian is receiving a periodic payment and the child has been removed from the home of the guardian pursuant to a court order, DCS may administratively suspend payments effective during the time the child is in the out-of-home placement. In that event, DCS will send the guardian a [Notice of Suspension of Guardianship Assistance Periodic Payments](#). If DCS determines that the child is not returning to the home of the guardian prior to the Guardianship Assistance Agreement terminating, DCS will send a [Notice of Termination of Guardianship Assistance Agreement](#).

If the decision of DCS Central Eligibility Unit (CEU) concerning termination or administrative suspension of assistance under this section is unsatisfactory to the guardian and is subject to administrative review under the General Conditions section of this policy, a [Request for Administrative Review Indiana GAP](#) must be submitted to DCS Hearings and Appeals.

For DCS to alter its decision at the administrative review concerning the administrative suspension or termination of the Guardianship Assistance Agreement, a guardian must show that the determination of DCS was based on a material error of fact or was contrary to applicable law or DCS policy.

Continuation after the child turns 18 years of age

DCS CEU will process all continuation request applications.

Note: For GAP, the only allowable continuations are for children that finalized the guardianship on or after the child's 16th birthday and meet the school, work, training, or disability requirements outlined in federal law. See [14.03 Modification and Continuation of a Guardianship Assistance Agreement](#) for additional information.

If the decision of DCS CEU concerning continuation of the Guardianship Assistance Agreement after the child turns 18 years of age is unsatisfactory to the guardian, a [Request for Administrative Review Indiana GAP](#) must be submitted to [DCS Administrative Reviewer](#). The continuation will terminate when the child turns 21 years of age.

For DCS to alter its decision at the administrative review concerning an [Application for Continuation of Guardianship Assistance Agreement Beyond Age 18](#), the guardian must show at least one (1) of the following factors applies:

1. The DCS CEU failed to consider relevant documentation submitted with the application;
2. The DCS CEU failed to adequately or properly evaluate the documentation and information submitted with the application 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 18 years of age; or
3. The DCS decision was contrary to currently applicable law or DCS policy.

Administrative Review Decision

Administrative review will be completed within 60 calendar days of DCS Hearing and Appeals' receipt of the request. DCS will send notice of the administrative review decision to the person

requesting a review along with instructions and any appropriate forms so that a [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF 55041\)](#) may be pursued.

If the person requesting the review is dissatisfied with the results of the administrative review, the person may submit a written [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\)](#) to the DCS Hearings and Appeals. The [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\)](#) 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 policy [14.05 Administrative Appeals for Guardianship Assistance Program \(GAP\)](#) for additional information.

An administrative review will not be provided concerning:

1. Disapproval of any requested change in the language or format of the Guardianship Assistance Agreement form that DCS submitted for completion and signature; or
2. Any other decision or determination of DCS relating to administration of GAP under this policy that is not described in this policy.

Code References

1. [IC 31-9-2-17.8\(1\)\(E\): Authorization for guardianship assistance program](#)
2. [IC 29-3-12-6\(b\): Continuation of assisted guardianship after age 18](#)
3. [IC 29-3-8-9\(f\): Support obligation of guardian receiving GAP payments](#)
4. [42 USC 673\(d\) Kinship guardianship assistance payments](#)
5. [465 IAC 3-2 Administrative Reviews](#)

PROCEDURE

The DCS LOD will:

1. Request the most recent PRI (if applicable), and supporting documentation that was submitted by the prospective guardian or guardian; and
2. Send a copy of the [Request for Administrative Review Indiana GAP](#) to DCS CEU for issues involving eligibility, continuation, or termination.

The DCS Hearings and Appeals will:

1. Determine if requests were made in a timely manner. If not, the request will be denied, unless good cause is shown for an untimely submission; and
2. Appoint a qualified person in the DCS Legal Operations division who has no previous knowledge or involvement in the case to conduct the administrative review;
3. Review and approve the completed administrative review decision within 60 calendar days of the receipt of the review request. The review will be based on documentation submitted by the DCS LOD, DCS CEU, and the information submitted by the prospective guardian or the guardian; and
4. Send a copy of the administrative review decision letter to the person requesting review and the appropriate DCS representative, as applicable.
5. Send written notification to the prospective guardian, the guardian, or his or her attorney of the administrative review decision, once approval has been obtained.

Note: The written notification will include instructions concerning the administrative appeal process and will include a [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\)](#), if applicable.

DCS CEU will send a revised Guardianship Assistance Agreement for signature by the parties, if applicable.

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

1. [Final Guardianship Assistance Eligibility Determination](#) – Available via CEU
2. [Notice of the Termination of Guardianship Assistance Agreement](#)- Available via CEU
3. [Notice of Suspension of Guardianship Assistance Periodic Payments](#) – Available via CEU
4. [Request for Administrative Review Indiana GAP](#)- Available via CEU
5. [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF 55041\)](#)
6. [Application for Continuation of Guardianship Assistance Agreement Beyond Age 18](#)

RELATED INFORMATION

Administrative Reviewer

The DCS Administrative Reviewer will be a DCS attorney assigned by Legal Operations.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Adoption Assistance and Guardianship Assistance	Effective Date: July 1, 2021
	Section 05: Administrative Appeals for Guardianship Assistance Program (GAP)	Version: 5

POLICY OVERVIEW

A guardian or prospective guardian may request an Administrative Appeal Hearing if the guardian or prospective guardian does not agree with an administrative review decision regarding the Guardianship Assistance Program (GAP).

PROCEDURE

The Indiana Department of Child Services (DCS) will process requests for an Administrative Appeal Hearing received from a guardian or prospective guardian concerning an administrative review decision made by DCS under policy 14.04 Administrative Review for Guardianship Assistance Program. When a complete and timely request is received by DCS, DCS will forward the request to the OALP and request the appointment of an Administrative Law Judge (ALJ) (also sometimes referred to as Administrative Hearing Officer) to preside over the Administrative Appeal Hearing.

Note: A request for an Administrative Appeal Hearing must be based on the same issues, facts, and documentation that were presented in the request for administrative review. Any issues or facts that were not presented in the administrative review request will not be considered at the Administrative Appeal Hearing. In any Administrative Appeal Hearing, the appellant has the burden of proof.

A prospective guardian 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 a Guardianship Assistance Agreement before entry of an order establishing guardianship.

A prospective guardian may elect to sign the Guardianship Assistance Agreement for the amount of the periodic payment offered in the DCS Final Offer Letter and reserves the right to pursue the administrative review and hearing process, in accordance with policy 14.04 Administrative Review for Guardianship Assistance Program.

Note: In this circumstance, if a prospective guardian with a current Guardianship Assistance Agreement pursues the administrative review and hearing process, any change in the periodic payment that is subsequently approved or ordered in an Administrative Appeal Hearing decision will be retroactive to the date of order finalizing guardianship of the child.

Timeline for an Administrative Appeal Hearing

An Administrative Appeal Hearing requested and granted under this policy will be scheduled and

held within 120 calendar days after receipt of the hearing request by the Office of Administrative Legal Proceedings (OALP), unless the assigned ALJ continues the hearing date by agreement of the parties or upon motion for good cause. The parties will be notified by OALP as to the specific time, date, and location for each hearing. The hearing will be conducted under applicable rules and policies of OALP pertaining to Administrative Appeal Hearings. The ALJ's recommendation shall not be construed to be a decision on the case.

The ALJ will issue a written Administrative Appeal Hearing recommendation 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 recommendation issued more than 90 calendar days after completion of the hearing will not be void or voidable on the ground of untimeliness. The ALJ recommendation will be mailed to the parties and to the DCS Final Agency Authority (FAA).

Appeal of Periodic Payment

When an Administrative Appeal Hearing concerns the initial periodic payment amount for a fully signed Guardianship Assistance Agreement and the prospective guardian did not pursue the administrative review and hearing process within 15 calendar days of the DCS Final Offer Letter date, the Administrative Appeal Hearing request will be considered a request for a modification of the current Guardianship Assistance Agreement. Modification will proceed in accordance with policy 14.03 Modification and Continuation of a Guardianship Assistance Agreement.

Upon issuance of the written recommendation by the ALJ, the DCS FAA will automatically conduct a Final Agency Review of the recommendation. In conducting the review, the DCS FAA will consider the facts of case and the ALJ recommendation. Upon completion of the Final Agency Review, the DCS FAA will issue a decision upholding, reversing, or remanding the initial DCS decision which underlies the administrative appeal. DCS will then notify the parties of the decision. If the guardian or prospective guardian is dissatisfied with the results of the Final Agency Review, the guardian or prospective guardian may seek judicial review in accordance with IC 4-21.5-5.

If an Administrative Appeal Hearing recommendation 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 DCS FAA finds in congruence with such an ALJ recommendation, the case will be sent back to DCS for further consideration based on the findings and conclusions stated in the decision. If subsequent negotiations do not result in agreement concerning the periodic payment amount, a second Administrative Appeal Hearing will not be provided to re-argue the same disputed issues. In that event the administrative review determination concerning the post-remand Final Offer Letter will be the final agency action of DCS.

Note: Any approved change in the periodic payment shall be documented by an amendment to the agreement that states the effective date for the change. If the appeal concerns the periodic payment amount stated in the Guardianship Assistance Agreement that was signed before entry of the order establishing guardianship, the effective date will be retroactive to the date of the order establishing guardianship.

If the administrative review decision is upheld by the DCS FAA, the amount of the periodic payment, as stated in the signed original Guardianship Assistance 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 14.03 Modification and Continuation of a Guardianship Assistance Agreement.

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 Appeal 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 GAP under this policy that is not described in this policy.

Initiation of Administrative Appeal for GAP

To initiate an administrative appeal, DCS will:

1. Send notice of the administrative review decision to the guardian or prospective guardian, along with the Request for Administrative Hearing/Indiana GAP form;
2. Review any Request for Administrative Hearing/Indiana GAP form received; and
3. Forward the completed Request for Administrative Hearing/Indiana GAP form to OALP in a timely manner and request the appointment of an ALJ to preside over the Administrative Appeal Hearing.

During an Administrative Appeal Hearing for GAP

During an Administrative Appeal Hearing:

1. A DCS Attorney will represent DCS;

Note: An Attorney for DCS who was involved in the negotiation and determination of periodic payment amount or modification that is the subject of an Administrative Appeal Hearing will assist the DCS Attorney litigating the case, as requested, in presenting the DCS position at the hearing.

2. The DCS Local Office Director (LOD) or designee will provide technical assistance, including testimony, to support the position of DCS at an Administrative Appeal Hearing concerning the original periodic payment amount or a modification of periodic payment amount based on change of circumstances;
3. DCS CEU will provide technical assistance, including testimony, to support the position of DCS for an Administrative Appeal Hearing concerning eligibility, continuation of guardianship assistance beyond the child's 18th birthday, termination of a Guardianship Assistance Agreement, administrative suspension of guardianship assistance payments, or decisions concerning modification requests other than changes in periodic payment amounts; and
4. DCS Legal Operations will provide assistance, including testimony, to support the position of DCS for an Administrative Appeal Hearing concerning the result of an administrative review under policy 14.04 Administrative Review for Guardianship Assistance Program.

DCS Final Agency Review

The DCS FAA will:

1. Review the ALJ's recommendation, consider the facts of the case, and issue a decision on the case. The DCS FAA shall utilize their experience and training in the relevant subject matter when conducting their final agency review; and

Note: The DCS FAA may schedule status conferences or briefing deadlines during the review, however, failure to attend these status conferences or respond to briefing deadlines will not result in a dismissal of the case or a failure of the DCS FAA to issue a decision on the case.

2. Notify the parties and OALP of the decision, including any applicable right to seek judicial review as provided in IC 4-21.5-5.

Following the decision of the FAA to uphold, reverse, or remand the administrative review decision, a DCS attorney will notify DCS staff as to appropriate procedures to comply with the decision.

LEGAL REFERENCES

- [IC 4-15-10.5: Office of Administrative Law Proceedings](#)
- [IC 4-21.5-5: Judicial Review](#)
- [IC 29-3-8-9\(f\): Requirements, terms, and conditions included in order creating guardianship; requirements for modifying or terminating guardianship; notify and refer to department of child services; conduct of hearing](#)
- [IC 29-3-12-6\(b\): Guardianship extends beyond age 18 if minor is incapacitated or receives certain DCS assistance](#)
- [IC 31-9-2-17.8\(1\)\(E\): Guardianship assistance included in child services](#)
- [45 C.F.R. 1355.30 Referenced Rules for Title IV-E](#)
- [45 C.F.R. 205.10 Title IV-E Fair Hearings](#)
- [465 IAC 3-2 Administrative Reviews and Hearings](#)
- [42 U.S.C. 673\(d\) Kinship Guardianship Assistance Program](#)

RELEVANT INFORMATION

Definitions

Administrative Hearing Officer

Administrative Hearing Officer refers to an individual who presides over an administrative hearing. An Administrative Hearing Officer is also commonly referred to as an Administrative Law Judge (ALJ).

Appellant

For the purposes of administrative appeals for GAP, an appellant is a person aggrieved by the decision made in an administrative review by DCS who is either:

1. A prospective guardian, including the individual who has applied for GAP; or
2. An individual who is a party to a Guardianship Assistance Agreement.

Burden of Proof

In any Administrative Appeal Hearing conducted regarding eligibility for GAP, the appellant has the burden to prove the child meets all applicable eligibility requirements for GAP. See policy 14.01 Guardianship Assistance Program (GAP) for additional information regarding these requirements.

Final Agency Action

Final agency action means, with respect to an administrative action taken by the department, the issuance of an order by the ultimate authority of the department that:

1. Disposes of all issues for all parties to an administrative proceeding regarding the action after the parties to the administrative proceeding have exhausted all administrative remedies concerning the action; and
2. Is designated as a final order by the ultimate authority of the department.

Final Agency Authority (FAA)

For purposes of an administrative proceeding regarding an action taken by DCS, the director or the director's designee is the FAA (referred to in Indiana Code as the ultimate authority) of DCS. A designee of the director must be:


1. A deputy director of DCS; or
2. An individual who:
 - a. Is an attorney in good standing who is admitted to practice law in Indiana; and
 - b. Is an employee of DCS, except as otherwise allowed under state and federal law.

Forms and Tools

- [Final Guardianship Assistance Program Eligibility Determination](#)- Available via CEU
- [Payment Request Information \(PRI\) Indiana GAP \(SF 55040\)](#)- Available via CEU
- [Request for Administrative Hearing/Indiana GAP \(SF 55041\)](#)

Related Policies

- [14.01 Guardianship Assistance Program \(GAP\)](#)
- [14.03 Modification and Continuation of a Guardianship Assistance Agreement](#)
- [14.04 Administrative Review for Guardianship Assistance Program](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Adoption Assistance and Guardianship Assistance	Effective Date: July 1, 2021
	Section 08: Negotiations for Adoption Assistance	Version: 6

POLICY OVERVIEW

The Indiana Adoption Assistance Program (AAP) will be provided for eligible children, to assist adoptive parents with their obligation to meet the children’s needs. The goal of this program is to promote permanency in an efficient and expeditious way, for children who may otherwise have their permanency delayed due to special needs.

PROCEDURE

The Indiana Department of Child Services (DCS) will provide ongoing financial and other assistance through AAP. Eligible children may receive a periodic payment, as negotiated between the prospective adoptive parent and DCS. Eligibility for Medicaid and the reimbursement of appropriate Non-Recurring Adoption Expenses (NRAE) are not negotiated.

It is DCS’ responsibility to determine the periodic payment amount that is appropriate in each individual case. DCS will work collaboratively with families to understand and determine the current and ongoing needs of the child being adopted and the cost of those needs. The circumstances of each family will be considered in combination with the resources available to the prospective adoptive parent in order to determine a periodic payment amount that will assist the family with integrating the child into the adoptive family. This policy outlines how such levels of assistance should be negotiated to determine the periodic payment amounts for adoption assistance applicants who are determined to be eligible for the Title IV-E Adoption Assistance Program (AAP) or the State Adoption Subsidy (SAS).

Note: The negotiated adoption assistance periodic payment amount may be for \$0, but it may not exceed the standard applicable foster care per diem amount the child would receive if the child were in foster care. Effective for adoptions finalized on or after July 1, 2021, for a child identified with needs of therapeutic or therapeutic plus while in foster care, the modified adoption assistance periodic payment (AAP and SAS) for AAP will not and for SAS cannot be less than 50% of the amount that would have been payable for the child’s care if the child were in foster care (per IC 31-19-26.5-10.5, which applies for SAS only).

Upon the completion of a Final Adoption Program Eligibility Determination form, indicating the child is eligible for AAP or SAS (whichever is applicable), DCS will meet with the prospective adoptive parent to discuss the steps and procedures for completing and finalizing the Adoption Assistance Agreement and the adoption of the child. DCS will provide the prospective adoptive parent with a copy of the following documents:

1. The notice of Final Adoption Program Eligibility Determination form;

2. An Adoption Assistance Agreement currently approved by DCS for use in AAP or SAS cases (whichever is applicable);
3. The Payment Request Information (PRI) form describing the information needed from the prospective adoptive parent(s) for consideration and discussion with DCS in negotiating and determining any periodic payment to be paid by DCS under the agreement;
4. The Request for Administrative Review-Indiana Adoption Program form for children who have been determined ineligible for either 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.

Within 30 calendar days of receiving the Final Adoption Program Eligibility Determination form and accompanying documents, the prospective adoptive parent will submit all information and supporting documentation identified in the PRI to the DCS Local Office Director (LOD). The prospective adoptive parent will also submit any additional information considered relevant in determining the periodic payment. The prospective adoptive parent may request, in writing, a 15-day extension of this deadline in order to gather and assemble information relevant to this submission. An extension requested by the prospective adoptive parent may be approved by the DCS LOD or designee.

The amount of the periodic payment to be included in the Adoption Assistance Agreement will be determined through discussion and negotiation between the prospective adoptive parent and/or their attorney and DCS. Negotiations will occur through the DCS Adoption Assistance Negotiation Unit, located in the DCS Central Office. During the negotiation, the DCS LOD or designee and the designated DCS Central Office Attorney will represent DCS. The prospective adoptive parent may choose to be represented by an attorney or to participate directly in the negotiation.

DCS will negotiate the periodic payment based on an initial request submitted by the prospective adoptive parent. The prospective adoptive parent will have an opportunity to discuss the information with DCS in order to negotiate the periodic payment amount.

Negotiation of the periodic payment amount will occur and be completed within 45 calendar days after the date the DCS LOD receives the PRI response, unless an extension of the negotiation deadline has been approved by the DCS LOD or designee.

The following factors and information based on the documentation required by DCS and provided by the prospective adoptive parent will be considered in negotiating the periodic payment amount:

1. The current needs of the child and needs anticipated to occur within one (1) year after finalization of the adoption and the costs of the anticipated needs;

Note: The needs and expenses of the child that are anticipated to occur after one (1) year of the execution of the agreement may be addressed through a request to modify the agreement at the time the need and expenses arise.

2. The circumstances of the adoptive family, including their ability to provide for the child's current and reasonably anticipated future needs;
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 the availability of extended family and community resources;

4. The extent to which the identified and anticipated needs of the child may be met through services covered by Medicaid or other resources; and
5. The ability of the adoptive family to seek renegotiation and modification of the periodic payment amount for any unanticipated or unidentified changes in the child's needs or family's financial circumstances, as provided in this policy.
6. Any other specific facts pertaining to the child or adoptive family that either DCS or the prospective adoptive parent consider relevant to the goal of integrating the child into the adoptive family.

If negotiation of the periodic payment amount has not resulted in an approved agreement within 45 calendar days of DCS' receipt of the completed PRI, or other approved deadline, DCS will send a final offer letter to the prospective adoptive parent, and/or their attorney, stating the periodic payment amount that DCS agrees to pay. If the prospective adoptive parent has not submitted to DCS the completed PRI form within 45 calendar days of the date the PRI was provided to the prospective adoptive parent or any approved extension of time, the DCS Central Office Attorney will send a \$0 final offer letter to the prospective adoptive parent and/or their designated attorney. The final offer letter will include the Request for Administrative Review form and information about the availability of an administrative review process. A prospective adoptive parent may sign an Adoption Assistance Agreement, which includes the periodic payment amount identified in the final offer letter while pursuing an administrative review of the amount. See policy 10. 20 Administrative Review for Adoption Assistance for additional information.

Except for determination of the periodic payment amount and completion of any other specific information relating to the adoptive child or family, the provisions of the Adoption Assistance Agreement form approved by DCS shall not be altered or amended. Any change of a specified term or condition must be approved by both the DCS Deputy Director of Field Operations 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 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, no agreement may be entered into and the child is not eligible for any form of adoption assistance under the Indiana Adoption Assistance Program.**

The Family Case Manager (FCM) will:

1. Meet with the prospective adoptive parent within 15 calendar days after receipt of the Final Adoption Program Eligibility Determination form for a child who is eligible and may potentially receive periodic payments under a signed agreement;
2. Provide the prospective adoptive parent 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 policy 10.14 Indiana Adoption Assistance Program Overview for additional information;
4. Provide the prospective adoptive parent with information about the availability of post-adoption services that may be requested and provided by DCS;

5. Explain to the prospective adoptive parent that a request can be made to change the periodic payment amount if the child's needs or family circumstances change. See policy 10.18 Modifications of an Adoption Assistance Agreement for additional information;
6. Explain to the prospective adoptive parent that the Adoption Assistance Agreement **must be signed** before finalizing the adoption; and

Note: If the Adoption Assistance Agreement is not signed by all parties prior to the finalization of the adoption, then the Adoption Assistance Agreement is not valid.

7. Send the signed Adoption Assistance Agreement and final decree of adoption from the court to the DCS Central Eligibility Unit (CEU) email.

The DCS LOD or designee will:

1. Approve or deny a written request from the prospective adoptive parent to extend the deadline to submit the completed PRI;
2. Receive the completed PRI and supporting documentation from the prospective adoptive parent or their attorney;
3. Approve or deny a written request to extend the negotiation deadline after receipt of the PRI;
4. Provide the DCS Central Office Attorney or designee with the information necessary to negotiate the appropriate periodic payment amount;
5. Sign the completed Adoption Assistance Agreement on behalf of DCS; and
6. Sign the agency consent (**after the Adoption Assistance Agreement is fully executed**), and provide a copy to the prospective adoptive parent or their attorney for filing with the court in the adoption case.

The DCS Central Office Attorney or designee will:

1. Oversee the DCS Adoption Assistance Negotiation Unit;
2. Review information received from the DCS LOD and the prospective adoptive parent necessary to negotiate the appropriate periodic payment amount;
3. Communicate with the DCS LOD about the information received and the calculations made in order to recommend to the DCS LOD a periodic payment range for the adoption subsidy;
4. Document and retain how the information provided was evaluated to calculate a periodic payment range;
5. Discuss the periodic payment with the prospective adoptive parent and/or their attorney, and negotiate the amount for the Adoption Assistance Agreement;
6. Present the Adoption Assistance Agreement for signatures to the prospective adoptive parent and DCS LOD or designee when the negotiations result in agreement; and
7. Prepare and send a final offer letter that includes information about the availability of administrative review to the prospective adoptive parent and/or their designated attorney when the negotiations do not result in agreement within 45 calendar days. Enclose the Request for Administrative Review form.

The DCS CEU will send a packet to the FCM, which includes:

1. Notice of the Final Adoption Program Eligibility Determination form;
2. The agreement in the form currently approved by DCS for use in AAP or SAS cases (if either is applicable);

3. PRI (if applicable);
4. Any other information prepared by DCS to inform DCS staff and the prospective adoptive parent of the determination and duration of periodic payments of assistance or subsidies; and
5. Request for Administrative Review form if the child is determined ineligible for AAP or SAS.

LEGAL REFERENCES

- [IC 31-19-26.5-1 Adoption Subsidy](#)
- [42 USC 673 \(a\)\(3\) Adoption and Guardianship Assistance Program](#)
- [45 CFR 1356.40 Adoption assistance program: Administrative requirements to implement section 473 of the Act.](#)
- [465 IAC 3 Administrative Reviews and Hearings](#)
- [465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs](#)
- **[NEW]** [IC 31-19-26.5-10.5](#)

RELEVANT INFORMATION

Definitions

Final Offer Letter

The final offer letter is sent by the DCS Central Office Attorney or designee and states 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 Request for Administrative Review form.

Periodic Payment


A periodic payment is a per diem amount, paid monthly, to be specified in the written Adoption Assistance Agreement.

Forms and Tools

- Adoption assistance Agreement – Available via CEU
- [DCS CEU email](#)
- Final Adoption Program Eligibility Determination – Available via CEU
- Payment Request Information (PRI) – Available via CEU
- [Request for Administrative Review \(SF 54348\)](#)
- [10.A Tool: TPR/Adoption Checklist](#)

Related Policies

- [10.14 Indiana Adoption Assistance Program Overview](#)
- [10.18 Modifications of an Adoption Assistance Agreement](#)
- [10.20 Administrative Review for Adoption Assistance](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Adoption Assistance and Guardianship Assistance	Effective Date: July 1, 2021
	Section 09: Modification of an Adoption Assistance Agreement	Version: 3

POLICY OVERVIEW

A request for modification of the Adoption Assistance Agreement (AAP or SAS) will only be considered when there is a change in the child’s needs or family’s financial circumstances. An adoptive parent who has signed an Adoption Assistance Agreement and is thus eligible to receive periodic payments may, during the term of the agreement, submit a request to modify the periodic payment amount identified in the Adoption Assistance Agreement.

PROCEDURE

The Indiana Department of Child Services (DCS) will process a request for modification of a current Adoption Assistance Agreement, which provides ongoing financial assistance through the Indiana Adoption Assistance Program. This agreement may not be modified more than once in a consecutive 12 month period, and an initial request for modification may not be made prior to 12 months following the execution of the original Adoption Assistance Agreement unless otherwise agreed in writing by DCS and the adoptive parents.

Note: The modified adoption assistance periodic payment amount may not exceed the standard applicable foster care per diem amount the child would have received if the child were in foster care.

The Request for Modification of Adoption Assistance Agreement Form 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 for an initial adoption assistance negotiation and any additional information considered relevant by the adoptive parent (14.08 Negotiations for Adoption Assistance). The request shall also include a detailed explanation of the change in the child’s needs or family’s financial circumstances that was not known or able to be specifically identified at the time the current periodic payment was negotiated or the most recent amendment to the agreement was determined. This may include financial documentation in support of the modification request.

When considering a request for a change in the periodic payment amount, DCS may request additional information that is determined to be relevant from the adoptive parent or any other source. Any information DCS receives from a source other than the adoptive parent will be shared with the adoptive parent. 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 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 by letter of its decision.

If DCS' decision regarding a change to the periodic payment amount is not acceptable to the adoptive parent, the right to request an administrative review of the decision may be available. See policy 10.20 Administrative Review for Adoption Assistance for additional information.

DCS may approve a temporary change in the periodic payment. The adoptive parent may submit the Request for Modification of Adoption Assistance Agreement to request an extension of the temporary change. All changes must be reflected in a written Amendment to Adoption Agreement.

If the adoptive child is placed outside the home of the adoptive parent, and the adoptive parent is not financially responsible for the child's placement (e.g., JD or foster care), DCS may request the adoptive parent 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.

Note: If DCS determines the adoptive parent is not providing financial support to or for the benefit of the child, or the parent 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. Certain circumstances may initiate an administrative suspension of payments see policy 10.19 Continuations, Terminations, and Suspensions of Adoption Assistance Periodic Payments for additional guidance.

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 adoptive parent are unable to come to an agreement concerning a change in the periodic payment amount DCS will pay during the out-of-home placement, DCS will seek a child support court order for the adoptive parent to pay DCS. DCS and the adoptive parent may agree to offset the amount payable under a support order against the amount of the periodic payment, otherwise payable to the adoptive parent, under the Adoption Assistance Agreement. DCS may seek a child support court order if a person or entity other than DCS or the adoptive parent is paying for the care and maintenance of the child in the out-of-home placement.

Note: Effective for adoptions finalized on or after July 1, 2021, for a child identified with needs of therapeutic or therapeutic plus while in foster care, the modified adoption assistance periodic payment (AAP and SAS) for AAP will not and for SAS cannot be less than 50% of the amount that would have been payable for the child's care if the child were in foster care (per IC 31-19-26.5-10.5, which applies for SAS only).

The Family Case Manager (FCM) will notify the Local Office Director (LOD) and DCS Central Eligibility Unit (CEU) when a child receiving adoption assistance has been removed from an adoptive home.

The DCS LOD or designee will:

1. Obtain a copy of the original Adoption Assistance Agreement from the adoptive parent, DCS CEU, or the DCS local office adoption file when the Request for Modification of Adoption Assistance Agreement is received;
2. Gather information from relevant sources, including the adoptive parent, within 30

calendar days of the request to appropriately consider the request for a modification of the agreement, and complete the following steps:

- a. Determine whether a prior amendment or an initial Adoption Assistance Agreement has been executed within the previous 12 months. If so, deny the request for modification [unless there was a written agreement to waive the one (1) year requirement] and include the Request for Administrative Review form with the denial,
- b. Determine whether or not a change in the child's needs or family's financial circumstances exists that was not known or specifically identified at the time the periodic payment was negotiated if no amendment has been executed within the previous 12 months. If no change in circumstance, deny the request for modification and include the Request for Administrative Review form with the denial, or
- c. Notify the adoptive parent that the negotiations may proceed if no amendment was executed within the previous 12 months and the request documents a change in financial circumstances warranting review of the current periodic payment amount. Provide the adoptive parent with a copy of the Payment Request Information (PRI) Form, and submit a copy of the Request for Modification of Adoption Assistance form, the completed PRI, supporting documentation, a copy of the initial executed Adoption Assistance Agreement, and any subsequent amendments to [Adoption Assistance Negotiation](#) to negotiate any appropriate change in the periodic payment amount.

The DCS Central Office Attorney will:

1. Receive the completed [PRI](#) and supporting documentation from the LOD;
2. Contact the adoptive parent and negotiate an appropriate change in the periodic payment amount with regard to the modification request that has been received. This should be completed 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;
3. Contact the adoptive parent and request they renegotiate the periodic payment for the duration of the out-of-home placement. See policy 10.19 Continuations, Terminations and Suspensions of Adoption Assistance Periodic Payments for additional information;

Note: Any change in the periodic payment amount will be reflected in an amendment to the agreement and must be signed by both the adoptive parent and DCS LOD or designee.

4. Prepare an amendment reflecting the revised terms if an agreement is reached;
5. Obtain the signature on the amendment by the adoptive parent and the DCS LOD or designee, and return the signed amendment to DCS CEU for processing; and
6. Send a notice to the adoptive parent stating there is no agreement to the modification requested if no agreement is reached and include the Request for Administrative Review form (SF 54348).

The DCS CEU will:

1. Complete the following when modifying the Adoption Assistance Agreement upon receipt of the request of the adoptive parent:
 - a. Provide the LOD (in the county where the CHINS case was closed due to adoption) with the Adoption Assistance Agreement if not provided by the adoptive parent, and
 - b. Process the executed Amendment to Adoption Agreement.
2. Complete the following if the adoptive child returns to DCS care:

- a. Send the Adoption Program Status Report to the adoptive parent,
- b. Contact the adoptive parent to discuss modification of subsidy amount,
- c. Execute the Amendment to Adoption Agreement upon agreement with the adoptive parent,
- d. Process the Amendment to Adoption Agreement,
- e. Advise the local office if no agreement to modify is reached, so that an appropriate child support order may be obtained under IC 31-40-1-5, and
- f. Terminate an Adoption Assistance Agreement, or administratively suspend periodic payments under an Adoption Assistance Agreement if it is determined the adoptive parent is not legally responsible or is not providing current support for the adoptive child. See policy 10.19 Continuations, Terminations, and Suspensions of Adoption Assistance Periodic Payments for additional information.

LEGAL REFERENCES

- [IC 31-40-1-5 Obligation of parent or guardian for costs of placement; remittance of support payments; enforcement](#)
- [IC 31-19-26.5 Adoption Subsidies](#)
- [IC 31-19.26.5-10.5](#)
- [42 USC 673\(a\)\(4\) Adoption and Guardianship Assistance Program](#)
- [465 IAC 3 Administrative Reviews and Hearings](#)
- [465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- Adoption Assistance Agreement – Available via CEU
- [Adoption Assistance Negotiation](#)- Email address
- Adoption Program Status Report – Available via CEU
- Amendment to Adoption Agreement – Available via CEU
- Notice of Administrative Suspension of Adoption Assistance Periodic Payments– Available via CEU
- Notice of Termination of Adoption Assistance Agreement – Available via CEU
- Payment Request Information (PRI) – Available via CEU
- [Request for Administrative Review \(SF 54348\)](#)
- [Request for Modification of Adoption Assistance Agreement Form \(SF 56660\)](#)

Related Policies

- [10.19 Continuations, Terminations, and Suspensions of Adoption Assistance Periodic Payments](#)
- [10.20 Administrative Review for Adoption Assistance](#)
- [14.08 Negotiations for Adoption Assistance](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 14: Adoption Assistance and Guardianship Assistance	Effective Date: July 1, 2021
Section 12: Administrative Appeals for Adoption Assistance	Version: 5	

POLICY OVERVIEW

An adoptive parent has the right to request an Administrative Appeal Hearing for adoption assistance. A request for an Administrative Appeal Hearing must be based on the same issues, facts, and documentation presented in the request for administrative review. Any issues or facts that were not presented in the administrative review request will not be considered at the Administrative Appeal Hearing.

PROCEDURE

The Indiana Department of Child Services (DCS) will process requests for an Administrative Appeal Hearing received from an adoptive parent or prospective adoptive parent concerning an administrative review decision made by DCS under policy 10.20 Administrative Review for Adoption Assistance. When a complete and timely request is received by DCS, DCS will forward the request to the Office of Administrative Law Proceedings (OALP) and request the appointment of an Administrative Law Judge (ALJ) (also sometimes referred to Administrative Hearing Officer) to preside over the Administrative Appeal Hearing.

An Administrative Appeal Hearing requested and granted under this policy will be scheduled and held within 120 calendar days after receipt of the hearing request by OALP, unless the assigned ALJ continues the hearing date by agreement of the parties or upon motion for good cause. The parties will be notified by OALP as to the specific time, date, and place for each hearing. The hearing will be conducted under applicable rules and policies of OALP and DCS pertaining to administrative hearings. The ALJ's recommendation shall not be construed to be a decision on the case.

The ALJ will issue a written Administrative Appeal Hearing recommendation 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 recommendation issued more than 90 calendar days after completion of the hearing will not be void or voidable on the ground of untimeliness. The ALJ recommendation will be mailed to the parties and to the DCS Final Agency Authority (FAA).

A prospective adoptive parent may utilize the administrative procedures for a review and hearing before obtaining a final decree of adoption of the child. Both the prospective adoptive parent and DCS **must** sign the Adoption Assistance Agreement before entry of the final adoption decree.

A prospective adoptive parent may elect to sign the Adoption Assistance 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 policy 10.17 Negotiations for Adoption Assistance. In this circumstance, if a prospective adoptive parent 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 Appeal Hearing concerns the periodic payment amount for a fully signed Adoption Assistance Agreement, and the prospective adoptive parent did not pursue the administrative review and hearing process within 15 calendar days of the DCS Final Offer Letter date, the hearing request will be considered a request for a modification of the current agreement. Modifications will proceed in accordance with policy 10.18 Modifications for Adoption Assistance.

Initiation of Administrative Appeal for Adoption Assistance

DCS will:

1. Send notice of an administrative review decision to the adoptive parent, along with the Request for Administrative Hearing;
2. Review the Request for Administrative Hearing; and
3. Forward the completed Request for Administrative Hearing to OALP in a timely manner, and request the appointment of an ALJ to preside over the Administrative Appeal Hearing.

During an Administrative Appeal Hearing for Adoption Assistance

1. A DCS Attorney will represent DCS;

Note: An Attorney for DCS who was involved in the negotiation and determination of periodic payment amount or modification that is the subject of an Administrative Appeal Hearing will assist the DCS Attorney litigating the case, as requested, in presenting the DCS position at the hearing.

2. The DCS Local Office Director (LOD) or designee will provide technical assistance, including testimony, to support the position of DCS for Administrative Appeal Hearings concerning the periodic payment amount or modifications of periodic payment amounts based on a change of circumstances;
3. DCS Centralized Eligibility Unit (CEU) will provide technical assistance, including testimony, to support the position of DCS for Administrative Appeal Hearings concerning the eligibility for continuation of adoption assistance beyond the child's 18th birthday, termination of Adoption Assistance Agreements, or administrative suspension of adoption assistance payments; and
4. DCS Legal Operations will provide assistance, including testimony, to support the position of DCS for an Administrative Appeal Hearing concerning the result of an administrative review under policy 10.21 Administrative Review for Adoption Assistance.

DCS Final Agency Authority (FAA)

The DCS FAA will:

1. Review the ALJ's recommendation, consider the facts of the case, and issue a decision of the case. The DCS FAA shall utilize their experience and training in the relevant subject matter when conducting their final agency review; and

Note: The DCS FAA may schedule status conferences or briefing deadlines during his or her review, however, failure to attend these status conferences or respond to briefing deadlines will not result in a dismissal of the case or a failure of the FAA to issue a decision on the case.

2. Notify the parties and OALP of the decision, including any applicable right to seek judicial review as provided in IC 4-21.5-5.

Following the decision of the DCS FAA to uphold, reverse, or remand the administrative review decision, the DCS Attorney will notify DCS staff as to the appropriate procedures to comply with the decision.

The appellant and DCS must execute an Amendment to the Adoption Agreement when the FAA decision concludes the appellant met the burden of proof that the periodic payment amount approved by DCS should be changed, before the change to the periodic payment may be processed.

Note: The effective date will be retroactive to the date of entry of the final adoption decree or the date of the request for modification (whichever is later) when:

1. The prospective adoptive parent requests an administrative review and a hearing within 15 days of the Final Offer Letter;
2. The appeal concerns the periodic payment amount stated in the Adoption Assistance Agreement or amendment; and
3. The Adoption Assistance Agreement was signed before entry of the final decree of adoption.

Upon issuance of the written recommendation by the ALJ, the FAA will automatically conduct a Final Agency Review of the recommendation. In conducting the review, the DCS FAA will consider the facts of case and the ALJ recommendation. Upon completion of the review, the DCS FAA will issue a decision upholding, reversing, or remanding the initial DCS decision which underlies the administrative appeal. DCS will then notify the parties of the decision. If the prospective guardian is dissatisfied with the results of the review, he or she may seek judicial review in accordance with IC 4-21.5-5.

If the administrative review decision is upheld by the DCS FAA, the amount of the periodic payment, as stated in the signed original Adoption Assistance 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.

The final DCS agency action, after exhaustion of available administrative review and appeal procedures, is subject to judicial review under applicable provisions of IC 4-21.5-5.

An Administrative Appeal Hearing recommendation issued by the assigned ALJ is not the Final Agency Action of DCS unless the decision remands the case for further consideration by DCS which will allow the appellant another chance to request an Administrative Appeal Hearing should the appellant remain dissatisfied after action is taken in accordance with the remand. Upon issuance of the ALJ's written recommendation, it will be provided to the DCS FAA for Final Agency Action. The FAA's final agency decision is the Final Agency Action by DCS. If the appellant is dissatisfied with the results of the Final Agency Action, he or she may seek judicial review under the applicable provisions of IC 4-21.5-5.

An Administrative Appeal Hearing will not be provided for the following decisions:

1. Approval or disapproval of any requested change in the language or format of the Adoption Assistance Agreement from DCS submitted for completion and signature;
2. Determinations relating to percentage reductions in current State Adoption Subsidy (SAS) periodic payments; or

3. Any other decision or determination of DCS relating to the administration of Adoption Assistance Program (AAP) under IC 31-19-26.5 or this policy that is not described in this policy.

LEGAL REFERENCES

- [IC 4-21.5-5: Judicial Review](#)
- [IC 31-19-26.5: Adoption Subsidies](#)
- [45 C.F.R. 205.10 Hearings](#)
- [45 C.F.R. 1355.30 Other applicable regulations](#)
- [465 IAC 3 Administrative Reviews and Hearings](#)
- [465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs](#)
- [42 USC 671 \(a\)\(12\) State Plan for foster care and adoption assistance](#)
- [IC 4-15-10.5: Office of Administrative Law Proceedings](#)

RELEVANT INFORMATION

Definitions

Administrative Hearing Officer

Administrative Hearing Officer refers to an individual who presides over an administrative hearing. An Administrative Hearing Officer is also commonly referred to as an Administrative Law Judge (ALJ).

Appellant

For the purposes of administrative appeals for adoption assistance, an appellant is a person aggrieved by the decision made in an administrative review by DCS who is either:

1. A prospective adoptive parent, including the parent who has applied for AAP; or
2. An adoptive parent who is a party to an Adoption Assistance Agreement.

Disability for Adoption Assistance Continuation

For purposes of Adoption Assistance continuation, a disability is determined in accordance with the guidelines of the US Social Security Administration. Accordingly, a disability is a condition that is so severe that, even with medication, counseling, or other treatment, has a serious impact on the person's daily functioning, so as to limit his or her self-supporting capabilities, given his or her age.

Final Agency Action

Final agency action means, with respect to an administrative action taken by the department, the issuance of an order by the ultimate authority of the department that:

1. Disposes of all issues for all parties to an administrative proceeding regarding the action after the parties to the administrative proceeding have exhausted all administrative remedies concerning the action; and
2. Is designated as a final order by the ultimate authority of the department.

Final Agency Authority (FAA)

For purposes of an administrative proceeding regarding an action taken by DCS, the director or the director's designee is the FAA (referred to in Indiana Code as the ultimate authority) of DCS. A designee of the director must be:

1. A deputy director of DCS; or
2. An individual who:


- a. Is an attorney in good standing who is admitted to the practice of law in Indiana; and
- b. Is an employee of DCS, except as otherwise allowed under state and federal law.

Forms and Tools

- [Amendment To Adoption Agreement](#) – Available via CEU
- [Final Adoption Program Eligibility Determination](#) – Available via CEU
- [Request for Administrative Hearing \(SF 54349\)](#)
- [Payment Request Information \(PRI\)](#) – Available via CEU

Related Policies

- [10.17 Negotiations for Adoption Assistance](#)
- [10.18 Modifications for Adoption Assistance.](#)
- [10.20 Administrative Review for Adoption Assistance](#)
- [10.21 Administrative Review for Adoption Assistance](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility	Effective Date: August 1, 2021
	Section 01: Title IV-E Eligibility Overview for Field & Legal Staff	Version: 5

POLICY OVERVIEW

The Administration for Children and Families (ACF) provides federal funding to assist with foster care maintenance and administrative costs. The Indiana Department of Child Services (DCS) utilizes Title IV-E Foster Care (Title IV-E) funding to provide safe and stable eligible out-of-home care for children until the children are safety returned home, placed permanently with adoptive families, or placed in other planned arrangements for permanency.

PROCEDURE

There are two (2) categories of Title IV-E eligibility criteria that impact a child’s status (for more information on Title IV-E initial or continued eligibility, reference the Central Eligibility Unit (CEU) Eligibility Binder):

1. Initial eligibility; and
2. Continued eligibility. See policy 15.10 Continued Title IV-E Eligibility Requirements for additional information.

Initial Eligibility Criteria

A Title IV-E eligibility determination must be completed for every child who enters out-of-home care. The child must be placed in out-of-home care for at least one (1) night for the placement to be considered a removal. The child’s eligibility determination is based on the month of the child’s removal.

Once a child is determined to be eligible for Title IV-E, the child remains eligible throughout the duration of the out-of-home care episode unless one (1) of the following events occurs:

1. DCS Placement and Care responsibility is terminated by a court order; or
2. A Trial Home Visit (THV) lasts over six (6) months without a court ordered extension. For further guidance, see policy 8.39 Trial Home Visits.

If the out-of-home care episode ends, and the child later re-enters out-of-home care, this is considered a new episode, and a new Title IV-E initial eligibility determination must be completed again.

Continued Title IV-E Eligibility Criteria

Continued Title IV-E eligibility refers to DCS’ ability to continue claiming Title IV-E reimbursement for a child in out-of-home care. See policy 15.10 Continued Title IV-E Eligibility Requirements for additional information.

Youth who meet at least one (1) of the following criteria may remain eligible for Title IV-E until age 21 (see policy 11.18 Eligibility for Collaborative Care for more information regarding Collaborative Care [CC] eligibility for a foster care youth over age 18):

1. Enrolled in school;

2. Employed at least 80 hours per month;
3. Participating in a program or activity designed to promote or remove barriers to employment; or
4. Unable to participate in employment or education due to a mental or physical condition.

The Family Case Manager (FCM) will:

1. Collect information and documentation found on the CEU Title IV-E Initial Eligibility Checklist, or the CEU Collaborative Care Title IV-E Application Checklist for youth in CC, to support Title IV-E eligibility criteria;

Note: A child placed with a parent who is residing in a licensed residential family-based treatment facility for substance use disorder may be eligible for Title IV-E. Required income and resource information for all individuals living in the household (the parent's household, not the treatment facility), should still be collected.

2. Upload documentation that supports the eligibility criteria to the case management system within 30 days of the removal for a Child in Need of Services (CHINS) placed in out-of-home care;

Note: DCS must be able to verify and document all eligibility criteria in the case file and in the case management system. If DCS is unable to verify and document these factors, the child will be ineligible for Title IV-E funding for the entire out-of-home care episode.

3. Enter all subsequent court hearings and associated court orders in the case management system;
4. Request that the court establish a child support order and/or redirect existing child support orders for all youth who are wards of DCS under a CHINS or CC case. See policy 2.20 Establishment of Child Support Orders for more information; and
5. Upload documentation referenced on the checklist to the case management system when the documentation is collected on a later date or new information is discovered, and send an email to notify DCS CEU (centralized.eligibility@dcs.in.gov).

The FCM Supervisor will:

1. Assist the FCM with the collection of necessary information; and
2. Ensure required information is documented in the case management system within the required timeframes.

The DCS Staff Attorney will:

1. Request a new court order sanctioning the removal of the child upon notification of a child changing placement from in-home care to out-of-home care;

Note: Without a new court order, the child will not be Title IV-E eligible for that out-of-home care episode.

2. Submit required court reports and request language for Placement and Care (PC), Reasonable Efforts to Prevent Removal (RE), and Contrary to the Welfare/Best Interests (CTW/BI) be included in the court order that authorizes the child's removal, if deemed necessary; and
3. Request that the court establish a child support order and/or redirect existing child support orders for all youth who are wards of DCS under CHINS status or CC. See policy 2.20

Establishment of Child Support Orders for more information.

The DCS Central Eligibility Unit (CEU) will:

1. Review the eligibility information in the case management system;

Note: Information that is evaluated when determining eligibility includes:

- a. Child's age (see policy 15.09 Age and Citizenship Requirements for Title IV-E Initial Eligibility),
 - b. Child's citizenship (see policy 15.09 Age and Citizenship Requirements for Title IV-E Initial Eligibility),
 - c. Court order that authorizes the child's removal (see policy 15.02 Removal and Specified Relative Criteria for Title IV-E Initial Eligibility),
 - d. Judicial determinations of (see policy 15.03 Court Order Requirements for Title IV-E Initial Eligibility):
 - i. PC;
 - ii. RE; and
 - iii. CTW/BI.
 - e. Assistance Group (see policy 15.05 Determining a Child's Assistance Group for Title IV-E Initial Eligibility for additional information),
 - f. Specified Relative (see policy 15.02 Removal from a Specific Relative Criteria for Title IV-E Initial Eligibility for additional information),
 - g. Deprivation (see policy 15.06 Deprivation Criteria for Title IV-E Initial Eligibility for additional information),
 - h. Income (see policy 15.07 Income Requirements for Title IV-E Initial Eligibility for additional information), and
 - i. Resources (see policy 15.08 Financial Resource Requirements for Title IV-E Initial Eligibility for additional information).
2. Review Public Assistance database screens; and
 3. Make an initial or continued eligibility determination.

LEGAL REFERENCES

- [42 USC 671: State plan for foster care and adoption assistance](#)
- [42 USC 672: Foster care maintenance payments program](#)
- [465 IAC 2-7-5: Title IV-E; foster care eligibility](#)

RELEVANT INFORMATION

Definitions

Removal Household

The removal household is the home of the specified relative (i.e., the person from whom the child is considered legally removed).

Specified Relative

Specified relatives include the following:

1. Mother (biological, adoptive, or step);
2. Father (biological, adoptive, or step);
3. Grandmother (including great, great-great, great-great-great);
4. Grandfather (including great, great-great, great-great-great);

5. Sister (including step and in-law);
6. Brother (including step and in-law);
7. Aunt (including great, great-great, and in-law);
8. Uncle (including great, great-great, and in-law);
9. Niece (including great and great-great);
10. Nephew (including great and great-great);
11. First cousin; and
12. First cousin once removed (e.g., great aunt or uncle's child or the focus child's cousin's child).

Note: If parental rights of either the biological or adoptive parent have been terminated, this person cannot be considered the child's specified relative as a parent. Non-related legal guardians do not meet the definition of a specified relative.

Forms and Tools

- [CEU Eligibility Binder](#)
- [Title IV-E/EA Fact Sheet](#)
- [CEU Title IV-E Initial Eligibility Checklist](#)
- [CEU Collaborative Care Title IV-E Application Checklist](#)
- [Preliminary Inquiry](#)
- [Title IV-E and Title IV-A/EA Information \(SF 55435\)](#)

Related Policies

- [2.20 Establishment of Child Support Orders](#)
- [8.39 Trial Home Visits](#)
- [11.18 Eligibility for Collaborative Care](#)
- [15.02 Removal and Specified Relative Criteria for Title IV-E Initial Eligibility](#)
- [15.03 Court Order Requirements for Title IV-E Initial Eligibility](#)
- [15.05 Determining a Child's Assistance Group for Title IV-E Initial Eligibility](#)
- [15.06 Deprivation Criteria for Title IV-E Initial Eligibility](#)
- [15.07 Income Requirements for Title IV-E Initial Eligibility](#)
- [15.08 Financial Resource Requirements for Title IV-E Initial Eligibility](#)
- [15.09 Age and Citizenship Requirements for Title IV-E Initial Eligibility](#)
- [15.10 Continued Title IV-E Eligibility Requirements](#)



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 15: Eligibility

Section 02: Removal and Specified Relative Criteria for Title IV-E Initial Eligibility

Effective Date: February 1, 2022

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Removal circumstances must be reviewed in order to determine the child's Title IV-E Foster Care (Title IV-E) funding eligibility.

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PROCEDURE

Initial eligibility is determined based on the month of the child's first placement in out-of-home care for the removal episode. In order to meet Title IV-E eligibility requirements, the following must apply:

1. The child must be removed from a specified relative pursuant to a court order authorizing the physical removal or constructive removal;

Exception: Youth in Collaborative Care (CC) may have a signed Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services (DCS). See policy 11.18 Eligibility to Participate in Collaborative Care for additional information. The youth can be considered the specified relative in a CC case.

2. The court order authorizing the child's removal must coincide with (i.e., occur at the same time as or shortly thereafter) the child's removal from home. If a child is removed from a parent, guardian, or custodian by a court order, and the child continues to live with that same individual, it is not considered a removal for Title IV-E eligibility purposes;

Exception: A child placed with a parent, while the parent is residing in a licensed residential family-based treatment facility for substance use disorder, may be eligible for Title IV-E, even though the child is living with a parent.

3. The child must have lived with the specified relative they were removed from at the time of or within six (6) months prior to removal.

Children of DCS Wards

A Title IV-E eligibility determination is not needed for the child of a parent who is a ward of DCS unless the child has been legally removed. If the child of a ward is placed in out-of-home care and has been legally removed, a Title IV-E eligibility determination must be completed for the child.

Note: A child removed from home who continues to reside with a parent who is a minor may be eligible for Title IV-E, if all other Title IV-E eligibility criteria are met.

The DCS Central Eligibility Unit (CEU) will:

1. Review the eligibility information in the case management system. Acceptable supporting documentation of removal from a specified relative includes may be found in the CEU Eligibility Binder; and
2. Make a determination regarding whether the requirements of removal from a specified relative are met.

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RELEVANT INFORMATION

Definitions

Constructive Removal

A constructive removal occurs when:

1. A child is currently living with a caregiver (who is not the specified relative);
2. The court removes the child from the specified relative; and
3. DCS allows the child to remain with the caregiver as a placement.

Date of Removal

The date of removal is the date of the child's placement in out-of-home care.

Physical Removal

Physical removal occurs when DCS physically removes a child from the person identified in the court order authorizing removal.

Specified Relative

A specified relative is the person from whom the child is considered legally removed. Specified relatives include the following:

1. Mother (biological, adoptive, or step);
2. Father (biological, adoptive, or step);
3. Grandmother (including great, great-great, great-great-great);
4. Grandfather (including great, great-great, great-great-great);
5. Sister (including step and in-law);
6. Brother (including step and in-law);
7. Aunt (including great, great-great, and in-law);
8. Uncle (including great, great-great, and in-law);
9. Niece (including great and great-great);
10. Nephew (including great and great-great);
11. First cousin; and
12. First cousin once removed (great aunt or uncle's child or the focus child's cousin's child).

Note: If parental rights of either the biological or adoptive parent have been terminated, this person cannot be considered the child's specified relative as a parent. Non-related legal guardians do not meet the definition of a specified relative.

Forms and Tools

- [CEU Eligibility Binder](#)
- [Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services \(SF 55159\)](#)

Related Policies

- [11.18 Eligibility for Collaborative Care](#)

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LEGAL REFERENCES

- [42 USC 672: Foster care maintenance program](#)
- [45 CFR 1356.21 \(j\), \(k\) and \(l\): Foster care maintenance payments program implementation requirements](#)
- [IC 31-34-5-2: Findings](#)
- [IC 31-34-5-3: Release; findings required for detention order; approval of services, programs, and placement; court order; appeal; payment of costs](#)
- [465 IAC 2-7-5: Title IV-E; foster care eligibility](#)

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PRACTICE GUIDANCE- DCS POLICY 15.02

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

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 15: Eligibility

Section 03: Court Order Requirements for Title IV-E Initial Eligibility

Effective Date: February 1, 2022

Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Title IV-E Foster Care (Title IV-E) requires documentation of court order language for Title IV-E Initial Eligibility.

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PROCEDURE

The Indiana Department of Child Services (DCS) must obtain and keep in the child's file documentation verifying judicial determinations were made by a court. Judicial determinations should be:

1. Made on a case-by-case basis and be child-specific;
2. Obtained within the federal timelines; and
3. Explicitly stated in a written court order signed by a judge or explicitly stated by the court as reflected in a court transcript of the hearing.

Note: The effective date of a judicial determination is the date of the hearing which resulted in the determination. If the required judicial determinations are not obtained in a timely manner, the only acceptable alternative is a transcript of the court proceedings which contains the required judicial finding and language.

See policies 6.01 Detention Hearing and 6.02 Filing a CHINS Petition for additional information about requesting and obtaining these judicial determinations.

In order for a child to be eligible for Title IV-E funding, the following judicial determinations must be made by a court:

1. DCS or Probation was awarded responsibility for Placement and Care (PC) of the child;
2. It is Contrary to the Welfare (CTW) of the child to remain in the home or is in the child's Best Interest (BI) to be removed from the home; and
3. Reasonable Efforts (RE) were made to prevent the child's removal from home.

Responsibility for Placement and Care (PC)

A judicial determination that DCS or Probation is granted responsibility for PC of the child must be obtained in order to claim Title IV-E reimbursement. Typically, responsibility for PC is granted to DCS or Probation in the initial court order authorizing removal of the child. Although there is no federal deadline for this judicial determination, Title IV-E cannot be claimed for the child until PC language is documented in a court order.

Exception: Youth in Collaborative Care (CC) may have PC language in the Voluntary Collaborative Care Agreement between Older Youth and DCS.

Contrary to the Welfare/Best Interest (CTW/BI)

The first court order authorizing the child's removal, even temporarily, must include a judicial determination that it is contrary to the child's welfare to remain in the home or that out-of-home placement would be in the best interest of the child. Depending on the circumstances, the type of order that serves as the removal order may vary. Regardless of the type of order (this includes emergency custody orders, writs, and pick-up orders), the removal order must contain the CTW/BI finding. If the first court order does not contain a CTW/BI finding, the child will be ineligible for Title IV-E funding for the entire out-of-home care episode.

Reasonable Efforts to Prevent Removal (RE)

A judicial determination of RE must be obtained within 60 days from the date of removal.

The court order removing the child should include at least one (1) of the following:

1. RE were made, including a child-specific description of those efforts made to prevent the child's removal;
2. RE were not made due to emergency circumstances, including a child-specific description of the emergency circumstances preventing RE from being made;
3. RE were not required if any of the following apply:
 - a. The parent has subjected the child to certain aggravated circumstances,
 - b. The parent has been convicted of murder or voluntary manslaughter of another child of the parent,
 - c. The parent has aided or abetted, attempted, conspired, or solicited to commit murder or voluntary manslaughter or committed a felony assault that resulted in serious bodily injury to the child or another child of the parent, or
 - d. Parental rights of the parent with respect to a sibling have been terminated involuntarily.

Exception: Youth in CC with a Voluntary Collaborative Care Agreement between Older Youth and DCS are not required to meet the RE requirement to be eligible for Title IV-E funding.

If the court determines RE was not required:

1. A permanency hearing must be held within 30 days after that determination; and
2. RE must be made to place the child in a timely manner in accordance with the permanency plan and to complete the steps necessary to finalize the permanent placement of the child.

The DCS Central Eligibility Unit (CEU) will:

1. Review the court orders and eligibility information in the case management system; and
2. Make a determination of whether the CTW/BI, RE, and PC requirements are met.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services \(SF 55159\)](#)

Related Policies

- [6.01 Detention Hearing](#)
- [6.02 Filing a CHINS Petition](#)

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LEGAL REFERENCES

- [42 USC 671\(a\)\(15\): State plan for foster care and adoption assistance](#)
- [42 USC 672\(a\)\(2\)\(A\) and \(B\): Foster care maintenance payments program](#)
- [45 CFR 1356.21\(b\), \(c\) and \(d\): Foster care maintenance payments program implementation requirements](#)
- [IC 31-34-5-2: Findings](#)
- [IC 31-34-5-3: Release; findings required for detention order; approval of services, programs, and placement; court order; appeal; payment of costs](#)
- [IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)

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PRACTICE GUIDANCE- DCS POLICY 15.03

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

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 15: Eligibility	
Section 05: Determining a Child's Assistance Group for Title IV-E Initial Eligibility	
Effective Date: February 1, 2022	Version: 4

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Information about the child's household composition, upon removal from the home, is required to determine the child's Title IV-E Foster Care (Title IV-E) assistance group.

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PROCEDURE

The Indiana Department of Child Services (DCS) will collect and verify information about the child's household composition, upon removal from the home, in order to determine the child's Title IV-E assistance group.

The DCS Central Eligibility Unit (CEU) will:

1. Review the eligibility information in the case management system. See the CEU Eligibility Binder for examples for documentation to support the child's assistance group; and
2. Determine the child's assistance group composition.

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RELEVANT INFORMATION

Definitions

Assistance Group

The assistance group includes members of the removal household whose income, resources, and needs are considered. The relationship between the child and the various household members will determine who should be included in the child's assistance group.

Note: A child placed with a parent residing in a licensed residential family-based treatment facility for substance abuse may be eligible for Title IV-E regardless of whether the Aid to Families with Dependent Children (AFDC) criteria are met.

Mandatory Members of the Child's Assistance Group

Title IV-E defines the following individuals as mandatory members of the child's assistance group:

1. The child for whom eligibility is being determined;
2. The child's whole, half, or adoptive siblings who are under the age of 18 and deprived (see policy 15.06 Deprivation Criteria for Title IV-E Eligibility); and
3. The biological or adoptive parents of any child included in the assistance group.

Mandatory Members Excluded from the Child's Assistance Group

Title IV-E defines the following mandatory members as being excluded from the child's assistance group:

1. Recipients of Supplemental Security Income (SSI);
2. Recipients of Adoption Assistance periodic payments;
3. Recipients of a Foster Care per diem;
4. Recipients of Guardianship Assistance Program (GAP) periodic payments;
5. Unqualified aliens. See policy 2.23 Verifying Citizenship or Immigration Status for more information;
6. The focus child's half sibling who is not deprived of parental support by the non-common parent; and
7. The non-common parent of the excluded half sibling.

Optional Members of a Child's Assistance Group

Title IV-E defines the following individuals as optional members of the child's assistance group and should only be included when it is advantageous for Title IV-E eligibility:

1. The spouse of the focus child's physically or mentally incapacitated parent;
2. A relative caretaker, other than a parent; and

Note: In instances where a relative caretaker, who has the responsibility for care and control of the child, and the parent live in the same household as the child, both the parent and the relative caretaker may be included in the child's assistance group.

3. The child of a minor parent.

Forms and Tools

- [CEU Eligibility Binder](#)

Related Policies

- [2.23 Verifying Citizenship or Immigration Status](#)
- [15.06 Deprivation Criteria for Title IV-E Initial Eligibility](#)

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LEGAL REFERENCES

- [42 USC 672\(a\), \(h\), and \(j\): Removal and foster care placement requirements](#)
- [45 CFR 233.10: General provisions regarding coverage and eligibility](#)
- [45 CFR 233.20: Need and amount of assistance](#)
- [465 IAC 2-7-5: Title IV-E; foster care eligibility](#)

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PRACTICE GUIDANCE- DCS POLICY 15.05

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

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 15: Eligibility

Section 06: Deprivation Criteria for Title IV-E Initial Eligibility

Effective Date: February 1, 2022

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Determining deprivation of a child from parental support or care is necessary for a child to be eligible for Title IV-E Foster Care (Title IV-E) funding.

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PROCEDURE

In order to be eligible for Title IV-E Foster Care (Title IV-E) funding, the child must be deprived of parental support or care during the removal month by at least one (1) of the following:

1. Death;
2. Continued absence from the home;
3. Physical or mental incapacity; or
4. Unemployment/under employment of a parent.

Note: Children placed with a parent residing in a licensed residential family-based treatment facility for substance abuse may be eligible for Title IV-E regardless of whether the Aid to Families with Dependent Children (AFDC) criteria related to deprivation are met.

The Indiana Department of Child Services (DCS) will determine if a child meets deprivation criteria.

The DCS Central Eligibility Unit (CEU) will:

1. Review the eligibility information in the case management system; and
2. Make a determination of whether deprivation exists.

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RELEVANT INFORMATION

Definitions

Death

For Title IV-E, death is defined as either parent being deceased, prior to removal of the child from the specified relative's home.

Continued Absence

For Title IV-E eligibility, continued absence is defined as one (1) or both parents continually being absent from the home, prior to the child's removal from the home. Examples include:

1. The parent has been physically absent from the home for an undefined period of

- time and the absence is expected to exceed 30 calendar days into the future;
2. The parent's absence interrupts or terminates the parent's ability to care for the child; or
 3. The absence of the parent precludes him or her from providing support or care for the child.

Reasons for continued absence may include, but are not limited to:

1. The parent is living at a separate address;

Exception: The child would not be deprived if the parent is absent from the home due solely to active duty in a uniformed service of the United States, school attendance, or employment.

2. The parent was incarcerated prior to removal and for reasons unrelated to the child's removal;
3. The parent has abandoned the child;
4. The child was adopted by a single parent; or
5. The child was conceived using artificial insemination (donor unknown).

A special circumstance in which a child is considered deprived by continued absence occurs when a parent is released from a correctional institution to the child's home while serving a court imposed sentence, performing unpaid public work, or community service.

Physical or Mental Incapacity

For Title IV-E eligibility, physical or mental incapacity is defined as a parent having a physical or mental impairment, prior to the child's removal from the home, that is expected to last at least 30 days and substantially reduces or eliminates the parent's ability to support and care for their child. Although a parent may not be receiving a formal source of income for a disability, the parent may still be considered incapacitated for the purposes of deprivation, based on available documentation.

Note: A parent receiving Supplemental Social Security Income (SSI) or Retirement, Survivors, Disability Insurance (RSDI) from the Social Security Administration for their own disability is considered an incapacitated parent.

Unemployment/Under Employment

For Title IV-E eligibility, unemployment/under employment is defined as assistance group with income that is less than the standards of need. See policy 15.05 Determining a Child's Assistance Group for Title IV-E Initial Eligibility for additional information about the determination of the size of the assistance group and policy 15.07 Income Requirements for Title IV-E Initial Eligibility for additional information on the standards of need.

Forms and Tools

N/A

Related Policies

- [15.05 Determining a Child's Assistance Group for Title IV-E Initial Eligibility](#)
- [15.07 Income Requirements for Title IV-E Initial Eligibility](#)

LEGAL REFERENCES

- [42 USC 672\(a\), \(h\), and \(i\): Removal and foster care placement requirements](#)
- [45 CFR 1356.21\(l\): Living with a specified relative](#)
- [45 CFR 233.10: General provisions regarding coverage and eligibility](#)
- [465 IAC 2-7-5: Title IV-E; foster care eligibility](#)


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PRACTICE GUIDANCE- DCS POLICY 15.06

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

N/A

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility	
	Section 07: Income Requirements for Title IV-E Initial Eligibility	
	Effective Date: February 1, 2022	Version: 4

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A family must meet defined income requirements in order to be eligible for Title IV-E Foster Care (Title IV-E) funding.

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PROCEDURE

The Indiana Department of Child Services (DCS) will review the income available to a child's assistance group during the removal month to determine if the child is eligible for Title IV-E funding.

In order for a child to be eligible for Title IV-E funding, the child's assistance group must meet the Aid to Families with Dependent Children (AFDC) program income requirements in effect on July 16, 1996.

Note: A child placed with a parent residing in a licensed residential family-based treatment facility for substance abuse may be eligible for Title IV-E regardless of whether AFDC criteria are met.

The DCS Central Eligibility Unit (CEU) will:

1. Review the eligibility information in the case management system;

Note: The total income available to the assistance group includes the countable earned and unearned income based on the month it was received, not the month it was earned. The countable earned and unearned income must not exceed the income limits for the child's assistance group size. The total monthly income for all members of the assistance group is compared against the 185% and 100% standards of need. If the assistance group's income does not exceed either standard of need, the AFDC income requirement is met.

In addition to the individuals in the assistance group, a portion of the earned and unearned income of the following individuals may also be considered:

- a. Step-parent,
- b. Unqualified alien parent, and
- c. Senior parent (the parent of a minor parent).

2. Calculate the income available in the child's assistance group. See the CEU Eligibility

- Binder for examples of supporting documentation of the income criteria; and
3. Make an eligibility determination.

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RELEVANT INFORMATION

Definitions

Earned Income

Earned income is income received through a person's work or efforts. Examples of countable earned income (the gross amount) include, but are not limited to, the following:

1. Wages, salaries, and tips;
2. Commissions;
3. Bonuses;
4. Sick pay;
5. Vacation pay;
6. Severance pay;
7. Rental income from property;
8. In-kind earnings (i.e., the dollar value of the work performed as established by the employer); and
9. Wages from self-employment (e.g., farming, babysitting, and house cleaning).

Unearned Income

Unearned income is any income received by or available to the assistance group that is not gained through the provision of labor or service. Examples of countable unearned income include, but are not limited to, the following:

1. Child support;
2. Disability benefits;
3. Retirement, Survivors, and Disability Insurance (RSDI) benefits;
4. Retirement benefits;
5. Pensions;
6. Veteran's benefits;
7. Unemployment insurance/benefits;
8. A portion of the income from excluded assistance group members;
9. Worker's compensation;
10. Investment income, such as dividends or interest from stocks, bonds, or savings accounts;
11. Alimony; and
12. Cash contributions or gifts (e.g., cash from relatives, churches, friends, gambling winnings, or charitable organizations).

Exempt Income

Exempt income is not counted in the income calculation. Examples of exempt earned and unearned income include, but are not limited to:

1. Earned income of a dependent child who is a full-time student or a part-time student and a part-time employee;
2. Need-based assistance (e.g., Temporary Assistance for Needy Families [TANF] and Food Stamps);
3. Foster Care payments;
4. Adoption Assistance Program (AAP) or State Adoption Subsidy (SAS) payments;
5. Guardianship Assistance Program (GAP) or State Guardianship Assistance

- Program (SGAP) payments;
6. A child's earned income received from participation in employment programs established under the Workforce Investment Act (previously the Job Training Partnership Act);
 7. Section 8 and Housing and Urban Development (HUD) subsidies;
 8. Earned income tax credits or income tax refunds; and
 9. Supplemental Security Income (SSI);

Note: SSI and RSDI are both Social Security benefits and classified as unearned income. However, these benefits are treated differently in determining Title IV-E eligibility. An individual in receipt of SSI is *excluded* from the assistance group and the income calculation when determining financial need. RSDI is *included* in the assistance group's income when determining financial need. It is important to carefully verify and document the type of Social Security benefits received by any assistance group member.

Forms and Tools

- [CEU Eligibility Binder](#)
- [Title IV-E and Title IV-A/EA Information \(SF 55435\)](#)

Related Policies

N/A

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LEGAL REFERENCES

- [42 USC 672\(a\), \(h\), and \(j\): Removal and foster care placement requirements](#)
- [45 CFR 1356.21\(l\): Living with a specified relative](#)
- [45 CFR 233.10: General provisions regarding coverage and eligibility](#)
- [45 CFR 233.20: Need and amount of assistance](#)
- [465 IAC 2-7-5: Title IV-E; foster care eligibility](#)

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PRACTICE GUIDANCE- DCS POLICY 15.07

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

Calculating Income


The total income available to the assistance group includes the countable earned and unearned income based on the month it was received, not the month it was earned. The total monthly income for all members of the assistance group is compared against the 185% and 100% standards of need. If the assistance group's income does not exceed either standard of need, the AFDC income requirement is met.

Note: In addition to the individuals in the assistance group, a portion of the earned and unearned income of the following individuals may also be considered:

1. Step-parent;
2. Unqualified alien parent; and
3. Senior parent (the parent of a minor parent).

The countable earned and unearned income must not exceed the income limits for the child's assistance group size. The income limits are based on Indiana's AFDC Program Standard of Need effective July 16, 1996.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility	
	Section 08: Financial Resource Requirements for Title IV-E Initial Eligibility	
	Effective Date: February 1, 2022	Version: 4

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
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POLICY OVERVIEW

Financial resources must be considered in order to determine a child’s eligibility for Title IV-E Foster Care (Title IV-E) funding.

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PROCEDURE

The Indiana Department of Child Services (DCS) will identify the financial resources available to the child’s assistance group during the removal month when determining eligibility for Title IV-E funding. See policy 15.05 Determining a Child’s Assistance Group for Title IV-E Initial Eligibility for additional information.

The financial resources considered are the resources owned by and available to the assistance group members during the removal month. In evaluating the assistance group’s resources, there are several key considerations:

1. Identification of exempt and countable resources;
2. Availability of the resource; and

Note: Resources must be available to the assistance group in order to be counted. If the resources are not available to the assistance group in the removal month, they are exempt.

3. Equity value of the resource.

The combined countable resources of the assistance group in the removal month must not exceed \$10,000. If the combined resources exceed \$10,000, the child is ineligible for Title IV-E funding.

Note: Income received during the removal month should not be considered part of the assistance group’s resources, but rather as earned or unearned income. See policy 15.07 Income Requirements for Title IV-E Initial Eligibility for additional guidance.

A child placed with a parent residing in a licensed residential family-based treatment facility for substance abuse may be eligible for Title IV-E regardless of whether the Aid to Families with Dependent Children (AFDC) criteria are met.

The DCS Central Eligibility Unit (CEU) will:

1. Review the eligibility information in the case management system. Examples of acceptable supporting documentation of the assistance groups resources may be found in the CEU Eligibility Binder; and
2. Make a determination of whether the assistance group's financial resources are under the resource limit.

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RELEVANT INFORMATION

Definitions

Countable Resources

Examples of countable resources for Title IV-E include, but are not limited to:

1. Cash on hand or cash savings;
2. Current balance of a savings account in a bank, savings and loan, credit union, or other financial institution;
3. Checking accounts excluding any monthly income deposited in the removal month;
4. Stocks, bonds, mutual fund shares, revocable retirement plans, and trust funds;
5. Equity value of items offered for sale (this does not include the primary residence of the assistance group);
6. Equity value of motor vehicles;
7. Equity value of farm or business equipment;
8. Cash surrender value of life insurance policies; and
9. Property settlements which are part of a legal action in the dissolution of a marriage.

Equity Value of the Resource

Equity value is used to determine the value of a resource. The equity value is the fair market value of the item, less any lien or amount owed on the item.

Exempt Resources

Examples of exempt resources (i.e., not counted in the calculation of resources) include, but are not limited to:

1. Primary residence in which the child and his or her family reside;
2. Household items and personal effects (e.g., furniture, television, food, clothing, and jewelry);
3. Proceeds or interest earned from proceeds of casualty insurance received as the result of damage, loss, or theft of exempt property if it is demonstrated the proceeds are being used to replace the property;
4. Funds in an irrevocable retirement plan;
5. Funds in an irrevocable burial trust;
6. Property involved in litigation; and
7. Property jointly owned with someone outside the assistance group (with the exception of bank accounts).

Forms and Tools

- [CEU Eligibility Binder](#)

Related Policies

- [15.05 Determining a Child's Assistance Group for Title IV-E Initial Eligibility](#)
- [15.07 Income Requirements for Title IV-E Initial Eligibility](#)

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LEGAL REFERENCES

- [42 USC 672\(a\), \(h\), and \(i\): Removal and foster care placement requirements](#)
- [45 CFR 1356.21\(l\): Living with a specified relative](#)
- [45 CFR 233.10: General provisions regarding coverage and eligibility](#)
- [45 CFR 233.20: Need and amount of assistance](#)
- [465 IAC 2-7-5: Title IV-E; foster care eligibility](#)


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PRACTICE GUIDANCE- DCS POLICY 15.08

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

N/A

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility	
	Section 09: Age and Citizenship Requirements for Title IV-E Initial Eligibility	
	Effective Date: February 1, 2022	Version: 4

- [Procedure](#)
- [Definitions](#)
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POLICY OVERVIEW

The age and citizenship of a child must be considered when determining a child’s eligibility for Title IV-E Foster Care (Title IV-E) funding.

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PROCEDURE

The Indiana Department of Child Services (DCS) will verify and document the age and citizenship of a child to determine eligibility for Title IV-E funding.

Age

In order to be eligible for Title IV-E, the child must be under 18 years of age at the time of removal or entering the Collaborative Care (CC) program. See policy 11.18 Eligibility for Collaborative Care for information on CC eligibility criteria.

Citizenship

In order to be eligible for Title IV-E, the child must be either a citizen of the United States or an alien lawfully admitted for permanent residence.

The DCS Central Eligibility Unit (CEU) will:

1. Review the eligibility information in the case management system. Examples of acceptable supporting documentation that may be used to verify the child’s age may be found in the CEU Eligibility Binder; and

Note: See policy 2.23 Verifying Citizenship or Immigration Status for examples of supporting documentation to verify citizenship.

2. Make a determination of whether the age and citizenship criteria are met.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [CEU Eligibility Binder](#)

Related Policies

- [2.23 Verifying Citizenship or Immigration Status](#)
- [11.18 Eligibility for Collaborative Care](#)

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LEGAL REFERENCES

- [42 USC 671\(a\)\(27\): State Plan for Foster Care and Adoption Assistance](#)
- [42 USC 672\(a\)\(3\): Foster care maintenance payments program](#)
- [42 USC 675\(8\):
Definitions](#)
- [IC 31-9-2-13: Child](#)
- [IC 31-28-5.8: Collaborative Care](#)


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PRACTICE GUIDANCE- DCS POLICY 15.09

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

N/A

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility	Effective Date: August 1, 2021
	Section 10: Continued Title IV-E Eligibility Requirements	Version: 4

POLICY OVERVIEW

A child’s continued Title IV-E Foster Care (Title IV-E) eligibility must be determined to maintain Title IV-E funding. The child’s eligibility status is reviewed periodically and whenever a change occurs that may affect the child’s continued eligibility for Title IV-E funding.

PROCEDURE

The Indiana Department of Child Services (DCS) will determine a child’s continued eligibility for Title IV-E funding. The continued eligibility criteria include the following:

1. The child must be placed in a Title IV-E eligible placement;
2. DCS must continue to have responsibility for Placement and Care (PC) of the child; and
3. Reasonable Efforts to Finalize the Permanency Plan (REPP) language must be obtained timely in a written court order. See policy 6.10 Permanency Plan for the timeframe in which REPP language must be obtained.

Exception: Youth in Collaborative Care (CC) with a Voluntary Collaborative Care Agreement between the Older Youth and the Department of Child Services are not required to meet the REPP requirement for continued eligibility for Title IV-E funding.

A child will be considered to have entered foster care (for Title IV-E purposes) on the earlier of:

1. The date of the first judicial finding that the child has been subjected to Child Abuse and/or Neglect (CA/N); or
2. The date that is 60 days after the date on which the child was removed from the home.

A child’s Title IV-E continued eligibility status may change from month to month, depending upon the child’s placement and the timeliness of required court order language. Updates to the eligibility status may result in changes in claiming for funding. Administrative costs may be claimed for a Title IV-E eligible child in an out-of-home care placement under the following circumstances:

1. A child is in an Eligible Placement;

Note: Administrative costs may be claimed for a Title IV-E eligible child’s placement in a Child Caring Institution (CCI) regardless of whether the placement meets the requirements for Title IV-E funding to continue beyond 14 days. See policy 15.13 Title IV-E Eligible Placements for additional information regarding eligible CCI placements.

2. A child is on runaway status from a foster care placement;
3. A child is on a Trial Home Visit (THV). Reimbursement for administrative costs may be claimed for the child for up to six (6) months (the initial three [3] months and a three [3] month extension) unless the THV is extended by order of the court. See policy 8.39 Trial Home Visits for more information;

4. A child is determined to be initially eligible and placed with a relative who has submitted an application for licensure. In this circumstance, the administrative costs may be claimed for up to 12 months while the relative is working toward licensure; or
5. A child moves from an ineligible foster care setting into a licensed foster family home or CCI. In this circumstance, the administrative costs may be claimed for one (1) calendar month.

Administrative costs may also be claimed for a child who remains in the home but is at imminent risk of removal. See policy 7.01 Child at Imminent Risk of Removal for additional information.

The DCS Central Eligibility Unit (CEU) will:

1. Review the eligibility information in the case management system; and
2. Determine whether the continued eligibility requirements are met.

LEGAL REFERENCES

- [42 USC 671\(a\)\(15\): Requisite features of State plan](#)
- [42 USC 672\(a\)\(2\), \(c\), \(i\), and \(j\): Removal and foster care placement requirements](#)
- [45 CFR 1355.20\(a\): Definitions](#)
- [45 CFR 1356.21\(b\)\(2\): Judicial determination of reasonable efforts to finalize a permanency plan](#)

RELEVANT INFORMATION

Definitions

Eligible Placements

To claim Title IV-E, the child must reside in an eligible licensed foster care setting, which may include:

1. Relative homes;
2. Foster family homes;
3. CCI, which includes:
 - a. Private CCIs,
 - b. Public CCIs with a licensed capacity of 25 or fewer children,
 - c. Emergency shelters, and
 - d. Group homes.

Note: See policy 15.13 Title IV-E Eligible Placements for additional information regarding eligible CCI placements.

4. Licensed residential family-based treatment facilities for substance abuse in which a child is residing with a parent for up to 12 months, if the requirements for an eligible placement are met. In order for the placement to be eligible, the treatment facility must:
 - a. Provide parenting skills training, parent education, and individual and family counseling, and
 - b. Provide substance abuse treatment, parenting skills training, parent education, and individual and family counseling. These services must be provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma informed approach and trauma-specific interventions to address the consequences of trauma to facilitate healing.

Note: A licensed residential family-based treatment facility for substance abuse is not considered a CCI for the purposes of Title IV-E; therefore, the costs of administration and operation of the facility cannot be included in the Title IV-E foster care maintenance payment.

For youth aged 18 and older, supervised independent living settings (i.e., host home, college dorm, shared housing, and apartment) are considered eligible placements.

Ineligible Placements

Title IV-E cannot be claimed when a child is placed in an ineligible placement setting. These include:


1. Detention centers;
2. Forestry camps;
3. Correctional facilities;
4. Hospitals;
5. Nursing homes;
6. Boot camps; and
7. Public CCIs with more than 25 beds.

Forms and Tools

- [Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services \(SF 55159\)](#)

Related Policies

- [6.10 Permanency Plan](#)
- [7.01 Child at Imminent Risk of Removal](#)
- [8.39 Trial Home Visits](#)
- [15.01 Title IV-E Eligibility Overview for Field and Legal Staff](#)
- 15.13 Title IV-E Eligible Placements

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility Section 11: Title IV-A/EA (Emergency Assistance) Eligibility Requirements	
	Effective Date: February 1, 2022	Version: 3

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Title IV-A/Emergency Assistance (EA) is a federal program designed to provide funding for emergency assistance services to children and families served by the Indiana Department of Child Services (DCS), with the goal of maintaining children in their own home.

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PROCEDURE

EA Eligibility

EA services are considered for a child living in their own home with a substantiated finding of child abuse and/or neglect (CA/N) that leads to an Informal Adjustment (IA) or Child in Need of Services (CHINS) adjudication. The emergency should be a crisis, which is expected to be resolved in 120 calendar days or less. The crisis should not be the result of the parent or caretaker refusing to accept employment or job-related training. An individual may be eligible for EA for up to 120 days.

Initial Eligibility

The following criteria must be met in order for a child to be eligible for EA:

1. A substantiated finding of CA/N or a CHINS adjudication;
2. Under age 18;
3. A United States (US) citizen or qualified alien;
4. Reside with someone during the eligibility month who meets the definition of specified relative. See policy 15.02 Removal and Specified Relative Criteria for Title IV-E Initial Eligibility for additional information; and
5. Member of an assistance group (AG) whose income is less than or equal to 250% of the federal poverty level.

Note: The following income guidelines should be taken into consideration:

- a. Assets/resources of AG members are excluded from the income calculation;
- b. Earned/unearned income is counted in the EA income determination;
- c. The earned income of minors is countable if they are in the AG; and
- d. There are no deductions for earned income, self-employment, or child support when calculating EA eligibility.

Subsequent EA Eligibility

A family may be eligible for EA funding only once in a 12 month period. If any assistance group member was authorized for EA services in the 12 months prior to the application date, the child is ineligible.

Authorized EA Services

The following guidelines should be followed regarding authorized EA services:

1. Each eligible child may receive the following services:
 - a. Clothing,
 - b. Non-medical counseling (e.g., education on safe sleep and appropriate behavioral interactions with a child),
 - c. Foster care assistance,
 - d. Licensed home placement,
 - e. Residential placement,
 - f. Drug screening/testing, and
 - g. Concrete services.
2. Each eligible adult household member may receive the following services:
 - a. Non-medical counseling (e.g., education on safe sleep and appropriate behavioral interactions with a child), and/or
 - b. Homemaker services (e.g., parenting classes and debt management).

The DCS Central Eligibility Unit (CEU) will:

1. Review the eligibility information in the case management system and/or the Title IV-E and Title IV-A/EA Information form; and
2. Make a determination of whether the EA eligibility criteria are met on the EA application.

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RELEVANT INFORMATION

Definitions

Concrete Services

Concrete services are goods and services designed to help a family succeed by increasing safety, decreasing the time to permanency, and/or increasing child well-being. Examples of concrete services include payment of utility bills, vehicle repairs, summer camp fees, and school supplies.

Mandatory Members of the EA Assistance Group

Mandatory members of the EA assistance group include:

1. The child;
2. The child's minor siblings living in the household (including half and adoptive);
3. The child's parents (biological and adoptive); and/or
4. Non-parent/non-sibling relatives and non-related persons living in the household who agreed to participate in services.

Note: Step-parents and step-siblings are mandatory assistance group members if they are participating in services.

The following individuals should be included in the EA assistance group; however, they are not eligible for EA and services should not be shared with them due to their active

involvement with DCS:

1. A child who is a DCS ward or Juvenile Delinquent/Juvenile Status (JD/JS) who is in the home on a trial home visit (THV); and
2. A child with a JD/JS status who is involved with services through Probation.

Individuals Excluded from the EA Assistance Group

The following individuals are not eligible for EA services, and should also be excluded from the EA assistance group:

1. Illegal aliens;
2. Recipients of adoption subsidy, which includes Title IV-E Adoption Assistance (AAP) County Adoption Subsidy (CAS), or State Adoption Subsidy (SAS);
3. Recipients of Guardianship Assistance Program (GAP) funding, which includes Title IV- E GAP and State GAP (SGAP); and
4. Recipients of Supplemental Security Income (SSI).

Forms and Tools

- [Title IV-E and Title IV-A/EA Information \(SF 55435\)](#)
- EA Application - Available in the case management system

Related Policies

- [15.02 Removal and Specified Relative Criteria for Title IV-E Initial Eligibility](#)

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LEGAL REFERENCES

- [42 USC 604: Social Security Act Section 404](#)

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PRACTICE GUIDANCE- DCS POLICY 15.11

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

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 15: Eligibility

Section 12: Applying for Social Security Benefits for Children in Out-of-Home Care

Effective Date: February 1, 2022

Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Children in out-of-home care may be eligible to receive Supplemental Security Income (SSI) and/or Retirement, Survivors, Title II Disability Insurance (RSDI) benefits.

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PROCEDURE

The Indiana Department of Child Services (DCS) will facilitate the Social Security application process. DCS will utilize the Social Security Unit (SSU) to apply for Social Security benefits for children in out-of-home care, as appropriate. The DCS SSU will also monitor the receipt of funds, request the transfer of payee when needed, and report placement changes for children receiving any type of payment from the Social Security Administration (SSA).

Note: If a new or duplicate Social Security card for a child is needed, DCS should visit the local Social Security office to obtain a new card.

The Family Case Manager (FCM) will:

1. Identify any children on their caseload with a diagnosed medical or mental health disorder, or whose biological parents are retired, deceased, or disabled;
2. Email the SSU about potential referrals for children who may be eligible for RSDI;
3. Complete the SSI Referral Form for potentially eligible children on their caseload with the items attached below;

Note: The following items should be submitted with the referral to SSU:

- a. Proof of age (copy of birth certificate, naturalization certificate, US passport, certificate of citizenship, or I-551 permanent resident card);
 - b. The most recent CHINS or Probation court order that contains language showing DCS/Probation has responsibility for Placement and Care of the child; and
 - c. At least one medical, mental health, or school record that documents at least one disorder for which DCS will apply for SSI disability benefits for the child. The record can be dated any time within the last three (3) years, as long as the child continues to struggle as a result of the documented disorder
4. Obtain necessary medical and non-medical documentation for all applications and submit to SSU;
 5. Contact SSU at DCSSocialSecurity@dcs.in.gov when a child removed from the home

- is already receiving SSI or RSDI; and
6. Notify SSU of all placement changes for children receiving SSI or RSDI by updating KidTraks and the case management system.

The SSU will:

1. Review the SSI Referral documentation provided by the FCM to confirm all necessary forms were received; and
2. Complete the associated SSA forms and submit the application to SSA.

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RELEVANT INFORMATION

Definitions

SSI

SSI is a federally funded, needs-based disability program for adults and children that provides monthly cash benefits and Medicaid eligibility.

RSDI

RSDI is a federal program, which provides benefits to persons who are retired or disabled.

The program also provides survivor benefits to certain individuals including:

1. Widows or widowers;
2. Divorced spouses;
3. Unmarried or disabled children; and
Dependent parties.

Forms and Tools

- [CEU Eligibility Binder](#)
- [Local Social Security Office](#)
- SSI Referral Form – Available in the case management system

Related Policies

N/A

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LEGAL REFERENCES

- [20 CFR 404.350- 20 CFR 404.368 Child's Benefits](#)
- [20 CFR 404.370- 20 CFR 404.374 Parent's Benefits](#)
- [20 CFR 404.390- 20 CFR 404.392 Lump-Sum Death Payment](#)
- [20 CFR 404.730- 20 CFR 404.750 Evidence for Child's and Parent's Benefits](#)
- [20 CFR 416.101- 20 CFR 416.998 Supplemental Security Income for the Aged, Blind, and Disabled](#)


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PRACTICE GUIDANCE- DCS POLICY 15.12

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

N/A

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 15: Eligibility	Effective Date: August 1, 2021
	Section 13: Title IV-E Eligible Placements	Version: 1

POLICY OVERVIEW

For purposes of continued Title IV-E Foster Care (Title IV-E) funding, a determination must be made as to whether a child’s placement meets the criteria of an eligible placement. See policy 15.10 Continued Title IV-E Eligibility Requirements for additional information.

PROCEDURE

The Indiana Department of Child Services (DCS) Central Eligibility Unit (CEU) will review the eligibility and placement information in the case management system.

Note: Continued eligibility based on the child’s placement automatically updates in the case management system, based on the placement type/designation entered in the system.

The type of placements that may be considered an eligible Title IV-E placement include:

1. Licensed relative home;
2. Licensed foster family home;
3. Qualified Residential Treatment Program (QRTP), when the facility has a verified QRTP designation and additional requirements outlined in policy 17.03 Verification of QRTP Designation have been met;
4. A licensed residential facility listed in the following section of this policy which provides prenatal, postpartum, or parenting supports for youth;
5. A licensed residential facility listed in the following section of this policy which provides high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims;
6. A licensed residential family-based treatment facility for substance abuse in which a child is residing with a parent may be an eligible placement if the requirements for an eligible placement listed in the following section are met;
7. Supervised independent living settings (i.e., host home, college dorm, shared housing, and apartment) for youth aged 18 years and older; and
8. The following licensed residential facilities for the **first 14 days** of a child’s placement in the facility, even when the facility is not a QRTP:
 - a. Private Child Care Institution (CCI);
 - b. Public CCI with a licensed capacity of 25 or fewer children;
 - c. Emergency Shelter; and
 - d. Group Home.

Note: The following are not considered an eligible Title IV-E placements:

1. Detention center;
2. Forestry camp;
3. Correctional facility;
4. Hospital;
5. Nursing home;
6. Boot camp; and
7. Public CCI with more than 25 beds.

Eligibility Beyond 14 Days for a QRTP

Title IV-E foster care maintenance payments may continue beyond 14 days for a child receiving treatment in a QRTP when all of the following requirements are met:

1. A 30-Day Assessment regarding the appropriateness of the child's admission is completed by a qualified individual, as defined by 475A(c), within 30 days of the child's admission in the facility. A 30-Day Assessment must be completed each time a child begins treatment in a QRTP, even if the child is being moved from one (1) QRTP to another QRTP. The 30-Day Assessment must include:
 - a. An assessment of the child's strengths and needs,
 - b. A determination of whether the needs of the child can be met with family members or through placement in a foster family home or, if not, which allowable CCI setting would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the short-term and long-term goals for the child,
 - c. A list of child-specific short-term and long-term mental and behavioral health goals, and
 - d. Collaboration with the child's family and permanency team.

Note: If the 30-Day Assessment is not completed within 30 days, the child is not eligible for Title IV-E reimbursement for the duration of the child's treatment in the QRTP. If the 30-Day Assessment determines that the QRTP is not appropriate, eligibility ends 30 days after the 30-Day Assessment completion date. Administrative costs can be claimed for a Title IV-E eligible child's admission in a QRTP regardless of whether the QRTP requirements are met for the child.

2. Within 60 days of the start of each admission to a QRTP, the court must review the 30-Day Assessment results provided on the QRTP Determination Report and approve or disapprove the child's admission to the QRTP:
 - a. If the court does not review the 30-Day Assessment within 60 days of admission, the child's eligibility ends on the 60th day, or
 - b. If the court reviews the 30-Day Assessment within 60 days but does not approve the child's admission to the QRTP, eligibility ends 30 days from the date of the court's review.

Note: This review must include consideration of the assessment, determination, and documentation that the qualified individual conducts. In addition, the review must determine whether that child's needs can be met with relatives or in a foster family home and, if not, whether a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment, and whether the admission is consistent with the child's short- and long-term goals in the child's permanency plan.

3. For a child receiving treatment in a QRTP, DCS must document the following in the child's Case Plan/Prevention Plan:
 - a. The reasonable and good faith effort of the agency to identify and include all the individuals required to be on the Child and Family Team (CFT),
 - b. All contact information for members of the family and permanency team, as well as contact information for other family members and fictive kin who are not part of the family and permanency team,
 - c. Evidence that CFT Meetings, including meetings relating to the required 30-Day Assessment of the appropriateness of the QRTP, are held at a time and place convenient for family,
 - d. If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the CFT, and

- e. Evidence that the required 30-Day Assessment to determine the appropriateness of the QRTP is determined in conjunction with the CFT.
4. For children aged 13 years and older, who are in a specific QRTP for 12 consecutive months or 18 nonconsecutive months:
 - a. The DCS Agency Director must provide written approval for continued treatment in the QRTP. DCS must document the approval in the child's Case Plan/Prevention Plan, along with the most recent versions of the evidence and documentation submitted at the most recent status review or permanency hearing, which demonstrates that the assessments of the child support a continued QRTP, documenting treatment or service needs, and preparation for return home or other placement, or
 - b. If the DCS Agency Director does not give written approval for continued treatment in the QRTP, eligibility ends on the last day of the month that approval was required.
 5. For children aged 12 years and younger, who are in a specific QRTP for more than six (6) consecutive or nonconsecutive months:
 - a. The DCS Agency Director must provide written approval for continued treatment in the QRTP. DCS must document the approval in the child's Case Plan/Prevention Plan, along with the most recent versions of the evidence and documentation submitted at the most recent status review or permanency hearing, which demonstrates that the assessments of the child support a continued QRTP, documenting treatment or service needs, and preparation for return home or other placement, or
 - b. If the DCS Agency Director does not give written approval for continued treatment in the QRTP, eligibility ends on the last day of the month that approval was required.

Note: If a child was receiving treatment in a residential facility **prior to October 1, 2021** and was eligible for Title IV-E foster care maintenance payments while in that facility, payments for the child may continue to be eligible for foster care maintenance payments beyond 14 days as long as the child remains continuously in that same residential facility. Payments under this provision are not time limited.

LEGAL REFERENCES

- [42 USC 671\(a\)\(10\): State Plan for Foster Care and Adoption Assistance](#)
- [42 USC 672\(a\)\(2\)\(C\), \(c\), \(j\) and \(k\): Foster Care Maintenance Payments Program](#)
- [45 CFR 1355.20\(a\): Definitions](#)
- [475A\(c\): Assessment, Documentation, Judicial Determination Requirements for Placement in a Qualified Residential Treatment Program](#)

RELEVANT INFORMATION

Definitions

Eligible Placements

In order to claim Title IV-E, the child must reside in an eligible licensed foster care setting, which may include:

1. Relative homes;
2. Foster family homes;
3. CCI;
 - a. Private CCIs,
 - b. Public CCIs with a licensed capacity of 25 or fewer children,
 - c. Emergency shelters, and
 - e. Group homes.

4. Beginning October 1, 2018, licensed residential family-based treatment facilities for substance abuse in which a child is residing with a parent for up to 12 months, if the requirements for an eligible placement are met. In order for the placement to be eligible, the treatment facility must:
 - a. Provide parenting skills training, parent education, and individual and family counseling, and
 - b. Provide substance abuse treatment, parenting skills training, parent education, and individual and family counseling. These services must be provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma informed approach and trauma-specific interventions to address the consequences of trauma to facilitate healing.

Note: A licensed residential family-based treatment facility for substance abuse is not considered a CCI for the purposes of Title IV-E; therefore, the costs of administration and operation of the facility cannot be included in the Title IV-E foster care maintenance payment.


For youth age 18 and older, supervised independent living settings (i.e., host home, college dorm, shared housing, and apartment) are considered eligible placements.

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) – available in the case management system

Related Policies

- [15.10 Continued Title IV-E Eligibility Requirements](#)
- 17.03 Verification of QRTP Designation

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 16: Financial Services/Assistance	Effective Date: August 1, 2017
	Section 1: Clothing, Personal Items, and Permitted Per Diem Expenses	Version: 8

STATEMENTS OF PURPOSE THIS POLICY ONLY PERTAINS TO LICENSED RESOURCE PARENTS

When removing a child from his or her home the Indiana Department of Child Services (DCS) will make every effort to allow the child to take clothing and/or personal items (e.g., photographs, a blanket, a favorite toy or book, video games, game systems, and CD player). All clothing and personal items removed and/or purchased or acquired for the child are the property of the child and/or DCS and will follow the child throughout the life of the case. DCS will not allow a child to take weapons of any kind. All items (e.g., clothing and personal items) brought with the child must be documented and maintained in the [Inventory of Personal Items \(SF54315\)](#).

Exception: If a child is removed from a property used for the illegal manufacture of a controlled substance, personal items and clothing will not be removed. See [Indiana Drug Endangered Children \(DEC\) Response Protocol](#) for further guidance.

Initial Clothing and Personal Items Allotment

DCS will ensure a child is provided with adequate clothing if he or she does not have clothing at the time of initial removal. DCS will only provide the licensed resource parent with an Initial Clothing and Personal Items Allotment of up to \$200.00 based on an immediate assessment of the child's current clothing need by the Family Case Manager (FCM) at the time of removal.¹ After the initial clothing allotment is expended, the resource parent(s) will use a portion of the monthly per diem to pay for clothing and/or personal items for the child on an ongoing basis.

Personal items at the time of initial placement may include, but are not limited to toiletries, personal hygiene items, undergarments, and hair products (see [Practice Guidance](#)).

Travel

The resource parent may receive an additional amount of properly claimed travel expenses incurred for a child placed in the resource home when the resource parent travels over 162 miles in a month for the below purposes²:

1. Travel between the resource home and the school system in which the child was enrolled before placement and continues to be enrolled while residing with the resource parent(s) if the school system is not required to provide transportation under applicable state law;
2. Travel to and from Headstart, summer school, pre-school, summer camps, and school related extracurricular activities;

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

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

Note: Mileage will be eligible for reimbursement to and from these programs only when it is not provided by the school corporation. FCMs may consult with the DCS Educational Liaisons (EL) for information on what school corporations are required to provide for the child.

3. Travel to and from parent and/or sibling visits (including visits to other relatives that are authorized by DCS and are a part the child's case plan) and visits to facilitate the transition to another placement (including pre-placement overnight visits with the child);
4. Travel to and from the following types of health related appointments:
 - a. Doctor (primary care physician and any specialists),
 - b. Dentist (including orthodontist),
 - c. Health clinic,
 - d. Hospital/Emergency Room (including resource parent(s) visits during child inpatient episodes),
 - e. Occupational and Physical Therapy, and
 - f. Behavioral Health Counselor and Therapist;
5. Travel to and from employment or job searching for youth 14 years of age or older;
6. Travel to and from the following types of case activities:
 - a. Administrative case reviews,
 - b. Judicial reviews (court appearances),
 - c. Case conferences,
 - d. Child and Family Team (CFT) meetings,
 - e. Resource parent(s) training sessions, and
 - f. Behavioral Health Counselor and Therapist;
7. Other travel that is extraordinary and has been approved in writing as consistent with the child's case plan by the DCS Local Office Director (LOD)/Division Manager (DM) prior to the travel taking place; and/or

Note: DCS will, upon approval of the Regional Manager (RM), pay per diem, and travel expenses exceeding 162 miles in a month, if visits are maintained, including overnight stays, with a child who is hospitalized for longer than five (5) days. See policy [8.37 Holding a Placement during a Hospitalization](#) for further guidance.

8. Pre-placement overnight visits with the child.

The prospective resource parent may receive an amount of properly claimed travel expenses incurred for a child who will be placed in the resource home when the prospective resource parent travels at least one (1) mile for pre-placement visits between the prospective resource parent and child and when there are no overnight visits.

Note: To be eligible for reimbursement, the resource parent must document all allowable travel that occurs through the month starting from the first mile on the [Foster Parent Travel Invoice \(SF54836\)](#).

Personal Allowance

Each child in a licensed resource placement will be eligible to receive an annual Personal Allowance of up to \$300 starting on the 8th consecutive day of placement.³ These funds may be expended and are reset at the beginning of each calendar year. These funds may be used for items such as, but not limited to, computer hardware and/or software, field trips, driver's education (unless eligible for emancipation Goods & Services Funds), class pictures, application fees, extracurricular activities, musical instruments, sporting equipment, electronic devices (e.g., e-readers, laptops, iPod, Xbox, etc.), prom dress or other special occasion clothing, equipment and fees associated with extracurricular activities (including activities for young children), and preschool. The following items are not permitted or reimbursable: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (e.g., gas, VISA, Wal-Mart, etc.), cash, checks, or money orders.

Educational Needs Funding

Educational Needs Funding is available to cover the cost of securing a High School Equivalency (HSE) Certificate, tutoring, and summer school. This is referred in KidTraks through Global Services. Contact the local DCS EL for assistance with school related fees as many may be waived.

Note: When other funding is available for securing an HSE Certificate it should be utilized prior to completing a global services referral.

Special Occasion Allowance

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

Questions regarding a child's usage of the annual allowance should be directed to the RM and to the local DCS Regional Finance Manager (RFM).

DCS will upon the request of the resource parent make foster care liability insurance available (see [Related Information](#)).

Code References

N/A

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.

PROCEDURE

The FCM will:

1. Ensure all appropriate clothing and/or personal items go with the child at the time of removal or placement change whenever possible;
 2. If clothing and/or personal items will not be taken with the child, explain the reason why in a manner appropriate for the child's age and development, notify the FCM Supervisor, and document this on the [Inventory of Personal Items \(SF54315\)](#) and in the case management system, in contacts;
 3. If it is not possible to take the child's clothing and/or personal items at the time of removal, make efforts to pick the child's clothing and/or personal items up from the removal home within 48 hours;
 4. Complete a thorough inventory of the child's clothing and/or personal items at initial placement and each placement change. Inventory of the child's clothing and/or personal items should be:
 - a. Taken anytime the child is removed from their home; and
 - b. Reviewed with and signed by the resource parent acknowledging what items belong to the child and were brought with and/or for the child.
 5. Request that the FCM Supervisor evaluate the clothing and/or personal items situation and authorize the purchase of additional clothing;
 6. If the child does not have adequate clothing and/or personal items at the time of removal complete a referral for the Initial Clothing and Personal Items Allotment to assist the resource parent in acquiring clothing and/or personal items for the child (see [Practice Guidance](#));
- Note:** Additional purchases should not be authorized in the event a child is moved from one resource home to another unless an appeal is requested. All items that belong to the child must be returned with the child in the event he or she is no longer placed in the resource home. The [Inventory of Personal Items \(SF54315\)](#) should be reviewed and signed by the resource parent when a child is removed from his or her home for the purpose of ensuring all items are returned with the child.
7. Complete a referral for the use of Personal Allowance to assist in reimbursement efforts for the resource parent if funds have not previously been depleted for the child. Questions regarding the amount of funds remaining should be directed to the local RFM.

If an RM Appeal is needed:

1. The FCM will complete the RM appeal on the [Request for Additional Funding \(SF54870\)](#) form detailing the unusual circumstances and situations prior to the expenditure of any funds and submit to the FCM Supervisor for approval or denial;
2. The FCM Supervisor will review and approve or deny the RM appeal;
3. The FCM Supervisor will submit the RM appeal decision to the LOD/DM for approval or denial;
4. The LOD/DM will approve or deny the RM appeal;
5. The LOD/DM will send the RM appeal to the RM for final approval or denial;
6. The RM will submit a copy to the RFM if approved; and
7. The RM will notify the LOD/DM of the final determination via written correspondence.

PRACTICE GUIDANCE

Tax Reimbursement

Tax on any purchase made for a ward including clothing and personal items, personal and special occasion allowances is reimbursable. Reimbursement can be claimed for the items plus tax up to the amount listed in policy. For example, the resource parent purchases clothing in the amount of \$180 and paid \$12.60 in tax for a total of \$192.60. The resource parent can claim reimbursement for \$192.60. However, if the resource parent purchased clothing in the amount of \$200 and paid \$14 in tax for a total of \$214, the resource parent can only claim \$200 as outlined in policy. Reimbursement can be claimed for the items plus tax up to the amount listed in policy.

Clothing and Personal Item Allotment

It is allowable for resource parent to initially purchase clothing for the child up to \$200 and be reimbursed if they have received agency approval, even if the approval is received after the purchase of clothing. At times it is necessary for clothing to be purchased prior to DCS approval. Resource parent must present receipts for all purchases. In unique circumstances, an RM appeal may be utilized to purchase clothing beyond the first 60 days of placement. Examples are a sudden weight gain or loss or a change of placement when the FCM has attempted to obtain clothing from the previous placement without success.

Personal Allowance

The purpose of the Personal Allowance is to normalize a child's stay in resource care. As such, the Personal Allowance may be used for a broad array of purchases. The list of personal allowance items in policy are only examples. The options for use are extremely broad.

Educational Needs

Contact the EL for assistance with school related fees including travel requirements as many may be waived. For fees that may not be waived or may be funded through other means, a global services referral should be completed. These expenses should not come out of the child's personal allowance.

Condition of Clothing

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

Packing Clothing and Personal Items

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

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

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

FORMS AND TOOLS

1. [Indiana Drug Endangered Children Response Protocol](#)
2. [Inventory of Personal Items \(SF54315\)](#)
3. [Request for Additional Funding \(SF54870\)](#)
4. [Licensed Foster Parent Resources Web Page](#)
5. [Foster Parent Travel Invoice \(SF54836\)](#)
6. [Foster Parent Travel Invoice Instructions](#)
7. [Claim for Support of Children Payable from Family & Children Funds \(SF28808\)](#)
8. [Automated Direct Deposit Authorization Agreement \(SF47551\)](#)
9. [W-9 Request for Taxpayer Identification Number and Certification](#)
10. [W-9 and Direct Deposit Form Q & A](#)
11. [W-9 and Direct Deposit Form Instructions](#)
12. [KidTraks User Agreement](#)
13. [Letter to Foster Parents Regarding Per Diem](#)
14. [DCS Foster Care Per Diem Invoice Total Checker- 2020 rates](#)

RELATED INFORMATION

Foster Care Per Diem

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

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

Foster care per-diem is not intended and should not be expected or represented to cover costs that would be ordinarily incurred by the resource parent in the absence of a foster care placement; such costs include and are not limited to the resource parent's rent, mortgage, car payment, or routine housing maintenance cost. See the [Letter to Foster Parents Regarding Per Diem](#) and the [DCS Foster Care Per Diem Invoice Total Checker – 2020 Rates](#), for additional information.

Initial Clothing and Personal Items Allotment

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

Special Occasion Allowance

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

Personal Allowance

Personal Allowance is funds made available to licensed resource parent annually for each child in out-of-home care on the 8th consecutive day of placement. The personal allowance is up to \$300 dollars based on the individual circumstances of the child and may be reimbursed in increments.

Foster Care Liability Insurance

Foster Care Liability Insurance is protection and coverage provided to foster parents upon request. The insurance covers certain risks associated with caring for children under DCS care and supervision. The coverage includes damages to the home or property of the foster parents, harm done by the child to another party, and claims made against foster parents as agents of the State of Indiana.

Mileage Reimbursement


Mileage reimbursement is a flat rate per mile based on the current State employee approved mileage per-diem. Resource parent may check for the most current rate at: <http://www.in.gov/idoa/2459.htm>. Mapquest at www.mapquest.com should be used to obtain the shortest mileage distance for trips.

Requirements for Reimbursement

All resource parents need to fill out an [Automated Direct Deposit Authorization Agreement \(SF47551\)](#) and [W-9 Request for Taxpayer Identification Number and Certification](#) in order to receive reimbursement from the state. All resource parents should utilize the standard invoice, [Claim for Support of Children Payable from Family & Children Funds \(SF28808\)](#) (or submit via KidTraks e-Invoicing) and attach all receipts in order to receive reimbursement for the Personal Allowance, Special Occasion Allowance, Initial Clothing Allotment, etc. Additional information on completing the W-9 may be found on the [W-9 and Direct Deposit Form Q & A](#).

Invoicing Electronically via KidTraks e-Invoicing

Resource parents who are comfortable using a computer are encouraged to submit invoices electronically using KidTraks e-Invoicing. The resource parent must first become a vendor via submission of W-9 and Direct Deposit forms. Then, submission of the [KidTraks User Agreement](#) allows direct access to KidTraks, including the ability to submit invoices electronically via KidTraks e-Invoicing. Please note that mileage reimbursement must be submitted via the paper [Foster Parent Travel Invoice \(SF54836\)](#), but all other invoicing may be submitted electronically via KidTraks e-Invoicing, including Per Diem, Personal Allowance, Birthday/Holiday Allowance (i.e., Special Occasion Allowance), and Initial Clothing & Personal Items Allotment. KidTraks e-Invoicing guides are available on the [Licensed Foster Parent Resources Web Page](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 16: Financial Services/Assistance	Effective Date: September 1, 2020
	Section 2: Assistance for Unlicensed Relative Placements	Version: 6

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) is committed to meeting the financial needs of children in unlicensed relative placements by providing the following assistance:

1. [Personal Allowance](#): An annual personal allowance for the child of up to \$300 is available to reimburse the relative placement. These funds are available after the 8th consecutive day of placement and reset at the beginning of each calendar year.

Note: If a child changes placement within the year, the new unlicensed relative may be reimbursed for any remaining personal allowance for the child.
2. [Initial Clothing and Personal Items Allotment](#): Initial clothing and personal items funds of up to \$200 per child are available upon initial placement of the child.
3. [Special Occasion Allowance](#): Special occasion funds are available for all children in the amount of \$50 for each child’s birthday and \$50 for holiday gifts for each child. In order for the unlicensed relative to receive reimbursement for the Special Occasion Allowance, the child must be in the relative’s care on the day of his or her birthday and December 25th.
4. [Bedding Allowance](#): Bedding allowance funds are available up to \$400 per child if there is a need for a bed and/or bedding, and DCS approval has been obtained. This is a one (1) time payment per child, per life of the case, and the bed and bedding must go with the child should he or she return home or be moved to a different placement.
5. [Child Care Allowance](#): Child care funds are available up to \$18 per day or \$90 per week, per child (only if needed for work or school), for child care costs in a child care center or home that is licensed, registered, or the appropriate background checks have been conducted. This funding is available for six (6) months. If the relative becomes licensed or begins receiving [Child Care Development Fund \(CCDF\)](#) prior to six (6) months the funding will end.
6. [Educational Needs Funding](#): Educational needs funding is available to cover the cost of securing a High School Equivalency (HSE) Diploma, tutoring, and summer school.
7. [Respite Care](#): Respite care funds, if needed and approved by the FCM, are available for up to five (5) days each calendar year. The respite care must be provided by a licensed resource parent.
8. [Travel Reimbursement](#): Travel reimbursement is available for properly claimed travel expenses incurred for each child placed in unlicensed relative care.

Code References

N/A

PROCEDURE

The FCM will:

1. Ensure all appropriate clothing and/or personal items go with the child at the time of removal or placement change whenever possible;
2. Complete a thorough inventory of the child's clothing and/or personal items on the [Inventory of Personal Items \(SF54315\)](#) within three (3) days of placement and updated with changes throughout the life of the case. The inventory of the child's clothing and/or personal items should be:
 - a. Taken anytime a child is removed from his or her home, and
 - b. Reviewed with and signed by the unlicensed relative acknowledging what items belong to the child and were brought with and/or bought for the child.
3. Make efforts to deliver the child's clothing and/or personal items within 48 hours if they are not taken at the time of removal;
4. Direct the unlicensed relative to the [Indiana Foster Care Portal](#) to access resources at initial placement. See [Practice Guidance](#) for additional information;
5. Engage the CFT to identify community supports and services which may be able to assist the relative in meeting the child's financial needs;
6. Meet with the FCM Supervisor to discuss the child's needs for clothing and/or personal items;
7. Complete a referral or voucher in KidTraks for the [Initial Clothing and Personal Items Allotment](#) to assist the unlicensed relative in acquiring clothing and/or personal items for the child within 60 days of initial placement if the child does not have adequate clothing and/or personal items at the time of initial removal. If the unlicensed relative receives a voucher from DCS, the unlicensed relative has 30 days to utilize the voucher;
8. Complete a referral in KidTraks for the use of the [Bedding Allowance](#) if a need is identified. The FCM should verify the [Bedding Allowance](#) has not previously been expended for the child during the life of the case;
9. Complete a referral in KidTraks for the use of [Personal Allowance](#) when requested by the unlicensed relative;

Note: Prior to completing referrals for the use of Personal or Bedding Allowances, verify the requested amount does not exceed the allotted amounts. Questions regarding a child's usage of annual allowances should be directed to the local RFM.

10. Ensure the unlicensed relative has applied for a [CCDF](#) Voucher;
11. Complete a referral for child care assistance in reimbursement efforts for the unlicensed relative if a child care need is identified;
12. Complete a referral for respite care and/or educational needs if a need is identified;
13. Ensure that the unlicensed relative is informed of the [Relative Parent Travel Invoice Instructions](#); and
14. File an appropriate appeal, if the relative has unusual circumstances or a situation that requires additional financial support.

Request for Additional Funding:

To make a request for additional funding, the following steps will be completed:

1. The FCM will complete the [Request for Additional Funding \(SF54870\)](#) detailing the unusual circumstances and situations prior to the expenditure of any additional funds, and submit to the FCM Supervisor for approval or denial;
2. The FCM Supervisor will review and approve or deny the [Request for Additional Funding \(SF54870\)](#). The decision of the FCM Supervisor will be submitted to the LOD or DM for final approval or denial;
3. The LOD/DM will approve or deny the [Request for Additional Funding \(SF54870\)](#). If the LOD/DM approves the [Request for Additional Funding \(SF54870\)](#), a copy of the request will be submitted to the RFM;
4. The LOD/DM will notify the RM and the FCM Supervisor of the final determination via written correspondence.

Note: The LOD/DM may approve an extra \$300 for clothing and other personal items and \$300 extra for miscellaneous expenses. **An RM appeal must be submitted (utilizing the [Request for Additional Funding \[SF54870\]](#)) to the RM for approval when additional funds or funds outside the scope of LOD approval are needed.**

RM Appeals:

The following steps will be completed for an RM appeal:

1. The FCM will complete the RM appeal on the [Request for Additional Funding \(SF54870\)](#), detailing the unusual circumstances and situations prior to the expenditure of any funds, and submit to the FCM Supervisor for approval or denial;
2. The FCM Supervisor will review and approve or deny the appeal for funding;
3. The FCM Supervisor will submit the appeal decision to the LOD/DM for approval or denial;
4. The LOD/DM will approve or deny the [Request for Additional Funding \(SF54870\)](#);
5. The LOD/DM will send the [Request for Additional Funding \(SF54870\)](#) to the RM for final approval or denial;
6. The RM will submit a copy of the [Request for Additional Funding \(SF54870\)](#) to the RFM, if approved; and
7. The RM will notify the LOD/DM of the final determination via written correspondence.

PRACTICE GUIDANCE

Relative Placement Options

Adult relatives (18 years of age and older) to be considered for placement include, but are not limited to:

1. Adult siblings including step and half-siblings;
2. Maternal or paternal grandparents;
3. Adult aunts or uncles;
4. Adult cousins;

Note: The individuals must be first or second cousins.

5. Parents and extended family of half-siblings (e.g., adult siblings, grandparents, adult aunts or uncles, and adult cousins);
6. Former step-parents and extended family of former step-parents (e.g., adult siblings, grandparents, adult aunts or uncles, and adult cousins);

7. Other adult relatives suggested by either parent of a child including, but not limited to extended cousins, great or great-great aunts or uncles; or
8. Any other individual with whom a child has an established and significant relationship.

Kinship and Other Relative Placement

A child may be placed with an individual who is not related by blood, marriage, or adoption if this is an individual with whom the child has an established and significant relationship. The relationship with the child will be documented as **other relative** and **must**:

1. Have the characteristics of a family relationship. The relationship should have the same characteristics or be similar to the relationship that the child has with an individual related to them by blood, marriage, or adoption;
2. Have existed prior to the agency's current involvement with the child or family; and
3. Be verified through interviews or attested to by the written or oral designation of the child or of another person, including other relatives related to the child by blood, marriage, or adoption.

Former [long-term resource parents](#) may be considered as relative placements in cases where the child is the victim of repeat maltreatment or returning to out-of-home care. FCMs should staff with the FCM Supervisor and LOD to determine which type of placement is appropriate (i.e., Foster Care or Relative Placement). Consideration should be given to the child's report of the relationship and the potential for permanency.

Credible evidence showing that the individual performs or has performed a substantial role in the upbringing or material support of the child should be documented in the case management system. The placement recommendation should be staffed with the FCM Supervisor and LOD, as needed. DCS placement recommendation must be approved by the court.

Note: Placement with a relative related by blood, marriage, or adoption **must** be ruled out before considering any other out-of-home placement, with the first consideration being given to an appropriate noncustodial parent.

Child Care Allowance

Child care allowance is paid for six (6) months, until CCDF is received, or the relative becomes licensed, whichever occurs first. DCS will only permit an Unlicensed Registered Child Care Ministry to be paid using child care allowance if the ministry accepts CCDF. If there are concerns regarding the safety and/or well-being of a ward attending this type of facility, it may be appropriate to facilitate a CFT Meeting to discuss the relative placement's child care needs and any issues or concerns such as location of the child care and cost. A decision may be made to review Family and Social Services Administration (FSSA) inspection reports for the facility (which may found on the FSSA website, <https://secure.in.gov/apps/fssa/carefinder/index.html>). An FCM may complete site visits necessary to make an informed decision as to the appropriateness of the facility. The team should also be prepared to provide information about facilities that may be deemed appropriate and may meet the needs of the family. For further guidance, see policy [13.5 Conducting Background Checks for Unlicensed Placements](#).

Personal Allowance

The purpose of the Personal Allowance is to normalize a child's stay in foster care. As such, Personal Allowance may be used for a broad array of purchases. These funds may be used for items such as, but not limited to, computer hardware and/or software, field trips, driver's education (unless eligible for Emancipation Goods & Services Funds), class pictures, application fees, extracurricular activities, musical instruments, sporting equipment, electronic

devices (e.g., e-readers, laptops, iPod, and Xbox), a prom dress or other special occasion clothing, equipment and fees associated with extracurricular activities (including activities for young children), and preschool.

The following items are not permitted or reimbursable: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms or other weapons, fireworks, lottery tickets, gift cards (e.g., gas, credit card, store gift card), 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 Item Allotment

It is allowable for unlicensed relatives to purchase clothing for the child up to \$200 and be reimbursed if they have received FCM approval, even if the approval is received after the purchase of clothing. At times it is necessary for the clothing to be purchased prior to DCS approval. 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, hair products, diapers, wipes, infant formula, and bottles. Unlicensed relatives must present the receipts for all purchases.

In unique circumstances, an RM appeal may be utilized to purchase ongoing clothing beyond the first 60 days of placement (e.g., sudden weight gain or loss, maternity clothing, or attempts to obtain clothing from previous placement without success).

Educational Needs

Contact the Educational Liaison (EL) for assistance with school related fees as many may be waived. For fees that cannot be waived or cannot be funded through other means, a Global Services referral via KidTraks should be completed. These expenses should not come out of the child's personal allowance.

Note: When other funding is available for securing an HSE Diploma it should be utilized prior to completing a Global Services referral.

Special Occasion Allowance

The FCM should collaborate with the Relative Care Support Specialist (RCSS) to make all unlicensed relative placements aware of invoicing instructions in order to utilize the Special Occasion Allowance.

These items include, but are not limited to toys, video games or other electronics, salon services, clothing, jewelry, sporting equipment, birthday party, and tickets to an event on his or her birthday. Items not allowable are: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (e.g., gas, gift card, store gift card), cash, checks, or money orders.

Note: A referral is not needed to receive reimbursement for the [Special Occasion Allowance](#). DCS will reimburse the unlicensed relative for all of the above covered items upon receipt of a properly claimed invoice with a receipt attached for each of the items.

Travel Reimbursement

Travel will be reimbursed monthly beginning at mile one (1) for travel such as:

1. Travel between the unlicensed relative home and the school if the child continues to attend the school he or she attended prior to removal.

Note: Mileage will be eligible for reimbursement only when transportation services are not provided by the school corporation. Consult with the EL for information on what school corporations are required to provide transportation for the child.

2. Travel to and from Headstart, summer school, pre-school, summer camps, and school related extracurricular activities.

Note: Mileage will be eligible for reimbursement to and from these programs only when it is not provided by the school corporation.

3. Travel to and from parent and/or sibling visits (including visits to other relatives that are authorized by DCS and are a part the child's [Case Plan \[SF2956\]](#)) and visits to facilitate the transition to another placement;
4. Travel to and from the following types of health related appointments:
 - a. Doctor (primary care physician and any specialists),
 - b. Dentist (including orthodontist),
 - c. Health clinic,
 - d. Hospital/Emergency Room (including visits during child inpatient episodes),
 - e. Occupational and Physical Therapy, and
 - f. Behavioral Health Counselor and Therapist.
5. Travel to and from employment or for purposes of a job search for youth 14 years of age or older;
6. Travel to and from the following types of case activities:
 - a. Administrative case reviews,
 - b. Judicial reviews (court appearances),
 - c. Case Conferences,
 - d. CFT Meetings,
 - e. Foster parent training sessions, and/or
 - f. Behavioral Health Counselor and Therapist.
7. Other travel that is extraordinary and has been approved in writing as consistent with the child's [Case Plan \(SF2956\)](#) by the DCS Local Office Director (LOD)/Division Manager (DM) prior to the travel taking place.

The relative being considered as a placement resource may receive an amount of properly claimed travel expenses incurred for a child who will be placed in the relative home when the relative travels at least one (1) mile for pre-placement visits between the relative and child, regardless of whether they are overnight visits.

DCS will not pay for the child to take trips with the unlicensed relative placement that are not related to the child's [Case Plan \(SF2956\)](#). Questions regarding a child's usage of annual allowances should be directed to the DCS Regional Manager (RM) and to the local DCS Regional Finance Manager (RFM).

Tax Reimbursement

Tax on any purchases made for a ward including clothing, personal items, and special occasion allowances is reimbursable. For example, the resource parent purchases clothing in the amount

of \$180 and paid \$12.60 in tax for a total of \$192.60. The resource parent may claim reimbursement for \$192.60. However, if the resource parent purchased clothing in the amount of \$200 and paid \$14 in tax for a total of \$214, the resource parent may only claim \$200 outlined in policy. Reimbursement may be claimed for the items plus tax up to the stated limit for each allowance.

Supporting Relative Caregivers

It is important for FCMs to support all relative caregivers. FCMs will be mindful that relative caregivers may not have planned to take emergency placement of their relative's child. This is especially true in emergency after hours placements. The FCM should be patient and exercise empathy for the relative caregivers and serve as a support to them by answering any questions and addressing any concerns they may have, in conjunction with the RCSS and/or Regional Foster Care Specialist (RFCS). It is the goal of DCS to have a child transition as smoothly as possible from his or her home into the relative caregiver's home. The transition will be easier to achieve if the relative feels supported and may focus primarily on the child.

FCMs, in conjunction with the RCSS/RFCS, are responsible for communicating all of the support and clinical services that DCS may offer the relative caregiver. Information regarding the foster care portal should be provided to the relative caregiver to enable him or her to access community and financial resources. If the unlicensed relative does not have access to internet, give the unlicensed relative the [Financial Assistance Options for Relative Caregivers Brochure](#), [Relative Resource Guide](#), Prevent Child Abuse Helpline (1-800-244-53743), and 2-1-1.

FORMS AND TOOLS

1. [Case Plan \(SF2956\)](#)- available in the case management system
2. [Inventory of Personal Items \(SF54315\)](#)
3. [Financial Assistance Options for Relative Caregivers Brochure](#)
4. [Relative Resource Guide](#)
5. [Relative Home Environment Checklist \(SF55106\)](#)
6. [Application for Assistance, Food Stamps, Cash Assistance, Health Coverage](#)
7. [Request for Additional Funding \(SF54870\)](#)
8. [Claim for Support of Children Payable from Family & Children Funds \(SF28808\)](#)
9. [Direct Deposit Authorization \(SF51519\)](#)
10. [Relative Parent Travel Invoice \(SF54891\)](#)
11. [Relative Parent Travel Instructions](#)
12. [Automated Direct Deposit Authorization Agreement \(SF47551\)](#)
13. [W-9 Request for Taxpayer Identification Number and Certification](#)
14. [W-9 and Direct Deposit Form Instructions](#)
15. [W-9 and Direct Deposit Form Q & A](#)
16. [Indiana Foster Care Portal](#)

RELATED INFORMATION

Mileage Reimbursement

Unlicensed relatives need to fill out the [Relative Parent Travel Invoice \(SF54891\)](#) in order to claim mileage reimbursement. Mileage reimbursement is a flat rate per mile, which is based on the current State employee approved mileage per diem. Unlicensed relative caregivers may check for the most current rate at: <http://www.in.gov/idoa/2459.htm>. Mapquest at www.mapquest.com should be used to obtain the shortest mileage distance for trips.


Requirements for Reimbursement

All resource parent(s) need to fill out an [Automated Direct Deposit Authorization Agreement \(SF47551\)](#) and [W-9 Request for Taxpayer Identification Number and Certification](#) in order to receive reimbursement from the state. All resource parents should utilize the standard invoice, [Claim for Support of Children Payable from Family & Children Funds \(SF28808\)](#) (or submit via KidTraks e-Invoicing), and attach all receipts in order to receive reimbursement for the Personal Allowance, Special Occasion Allowance, Initial Clothing Allotment, and other applicable reimbursements. Additional information on completing the W-9 may be found on the [W-9 and Direct Deposit Form Instructions](#) and [W-9 and Direct Deposit Form Q & A](#).

Long-Term Resource Parent

A long-term resource parent is a resource parent who has provided care and supervision for a child for at least:

1. The most recent 12 months;
2. Fifteen (15) of the most recent 22 months; or
3. Six (6) months if the child is less than 12 months of age.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 16: Financial Services/Assistance	Effective Date: November 1, 2016
	Section 3: Assistance for a Family's Basic Needs	Version: 3

STATEMENTS OF PURPOSE

This policy is for a child's family of origin. For foster families see policy [16.1 Clothing Personal Items and Permitted Per Diem Expenses](#). For unlicensed relative placements see policy [16.2 Assistance for Unlicensed Relative Placements](#).

The Indiana Department of Child Services (DCS) believes families should be financially responsible for ensuring their children's basic needs are met. In situations where a parent, guardian, or custodian needs assistance providing for the basic needs of their children, DCS has determined that the following assistance is available for applicable children (see [Practice Guidance](#)):

1. One (1) month of rent and one (1) security deposit of up to \$750. These each have a cap of \$750 per family, per lifetime of the case. See [Practice Guidance](#) for further details;
2. Collective one-time payment for gas, electric, water, and sewage utilities of up to \$1000 per family;

Note: For families in need of mortgage assistance, an additional \$750 may be made available for utility assistance in certain circumstances. See [Practice Guidance](#) for further details.

3. Up to \$1200 per lifetime of the case, per family for Pest Control services;
4. Up to \$400 per lifetime of the case, per child for children's bed and bedding; and
5. Up to \$70 per month, per family to cover the cost of parent, guardian, or custodian travel (e.g., gas card or bus tickets). See [Practice Guidance](#) for further details.

Questions regarding a family's use of assistance payments should be directed to the Regional Manager (RM) and the local Regional Finance Manager (RFM). Additional funding for clothing and personal items may be requested to assist a family in meeting basic needs.

Note: The DCS Local Office Director (LOD) or Division Manager (DM) may approve \$500 extra for rent and utilities and \$300 extra for miscellaneous expenses. In addition, there are no restrictions on buying clothing for a child in his or her own home when emergencies arise, with the approval of the LOD. All other requests for funding must be approved by the RM.

DCS will not pay for the following items, except through an RM appeal:

1. Mortgage payment assistance. See [Practice Guidance](#) for further details;
2. Repairs and purchases of home appliances (e.g., stove, refrigerator, and dishwasher) or heating, ventilation, and air conditioning (HVAC);
3. Furniture (not including children's bed and bedding as outlined above);
4. Food and groceries;

5. Car repairs, driver's license reinstatement fees, and other expenses related to parental travel not listed above;
6. Recreational activities (including, but not limited to fees, supplies, and uniforms);
7. Education (including, but not limited to tuition, uniforms, and book fees);
8. Day Care; and
9. Telephone and cell phone.

Note: An appeal for additional funding may be submitted for non-funded items, if there is an unusual circumstance or a situation that requires additional financial support.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) to identify community supports and services, which may assist the family to meet financial needs;
2. Document whether the family has an unusual circumstance or a situation that requires additional financial support, the exact reason the service is needed, and efforts to locate alternative funding in the case management system. See [Practice Guidance](#) for additional information on alternative funding;
3. Obtain a copy of the signed lease if DCS will pay rent and/or a security deposit for a family; and

Note: The [Rental Agreement](#) may be used in place of the lease when a signed lease is not available. Ensure signatures are obtained on the [Security Deposit Agreement](#) (in addition to obtaining a copy of the signed lease) if DCS will pay a security deposit. See [Practice Guidance](#) for additional information.

4. Complete a referral to request approved funding for the family if community resources are not able to meet the identified needs.

If the LOD or DM Request for Additional Funding is needed:

1. The FCM will complete the [Request for Additional Funding \(SF54870\)](#) detailing unusual circumstances and situations prior to the expenditure of any additional funds and submit to the FCM Supervisor for approval or denial;
2. The FCM Supervisor will review and approve or deny the [Request for Additional Funding \(SF54870\)](#);
3. The FCM Supervisor will immediately notify the FCM if the request is denied. If the Supervisor approves the [Request for Additional Funding \(SF54870\)](#), it will be submitted to the LOD or DM for final approval or denial;
4. The LOD or DM will approve or deny the [Request for Additional Funding \(SF54870\)](#) up to a set limit. If the LOD or DM approves the [Request for Additional Funding \(SF54870\)](#), a copy of the appeal will be submitted to the RFM; and
5. The LOD or DM will notify the RM and the FCM Supervisor of the final determination via written correspondence.

Note: The LOD or DM may approve \$300 extra for clothing and other personal items, \$500 extra for rent and utilities, and \$300 extra for miscellaneous expenses. In addition,

there are no restrictions on buying clothing for children in their own homes when emergencies arise, with the approval of the LOD or DM. **An RM appeal, utilizing the [Request for Additional Funding \(SF54870\)](#) form, must be submitted for approval by the RM when additional funds or funds outside the scope of LOD or DM approval are needed.**

If an RM Appeal is needed:

1. The FCM will complete the RM appeal on the [Request for Additional Funding \(SF54870\)](#) form, detailing unusual circumstances and situations prior to the expenditure of any funds and submit to the FCM Supervisor for approval or denial;
2. The FCM Supervisor will review and approve or deny the [Request for Additional Funding \(SF54870\)](#) (RM appeal);
3. The FCM Supervisor will submit all approved **and** denied [Request for Additional Funding \(SF54870\)](#) forms to the LOD or DM for approval or denial;
4. The LOD or DM will approve or deny the [Request for Additional Funding \(SF54870\)](#) (RM appeal);
5. The LOD or DM will send all approved **and** denied [Request for Additional Funding \(SF54870\)](#) forms to the RM for final approval or denial;
6. The RM will submit a copy to the RFM, if approved; and
7. The RM will notify the LOD or DM of the final determination via written correspondence.

PRACTICE GUIDANCE

Rent and Security Deposit

A copy of the lease is required when DCS pays rent and/or a security deposit for a family. The [Rental Agreement](#) may serve as a replacement of the lease when no lease is available (e.g., an informal living arrangement between family and/or friends).

The [Security Deposit Agreement](#) is required when DCS pays a security deposit for a family. This is an agreement between the landlord and DCS in which the landlord agrees that any refundable portion of the security deposit will be paid back to DCS when the tenant leaves.

Refer to the following scenarios for guidance:

- **DCS will be paying rent and a security deposit:** A copy of the lease (or the [Rental Agreement](#)) **and** the [Security Deposit Agreement](#) are needed.
- **DCS will be paying rent only:** A copy of the lease (or the [Rental Agreement](#)) is needed.
- **DCS will be paying a security deposit only:** A copy of the lease (or the [Rental Agreement](#)) **and** the [Security Deposit Agreement](#) are needed.

Prior to Requesting Funding

Prior to requesting funding from the DCS local office to assist a family in meeting basic needs, the FCM should ensure financial support from extended family members is explored for potential funding assistance as well as the following:

Utilities:

1. Contact the Trustee's Office;
2. Contact the utility company (e.g., gas, electric, and water) directly to see about enrolling in a payment plan;
3. Contact local winter assistance and/or summer cooling programs if available in the area;
4. Contact the Energy Assistance Program (EAP);

5. Contact the Salvation Army; and
6. Contact local churches.

Transportation:

1. Contact the Salvation Army;
2. Contact the school system;
3. Contact Medicaid Transportation; and
4. Contact churches and community groups that may provide transportation to and from certain types of appointments.

The DCS local office should have a mechanism in place to validate the family's participation in the service or event for which the assistance was deemed necessary prior to subsequent disbursements to the family.

Travel Expenses

Permitted travel expenses are those related to the benefit of the parent (e.g., parental visitation, counseling/therapy sessions, doctor's visits, education, and substance abuse appointments/meetings).

Mortgage Assistance

In the event a family needs assistance to pay their mortgage, DCS should provide assistance for other household expenses to be paid so funds are available for the family to make the mortgage payment. The FCM and family will develop a plan as to how household expenses will be paid in future months. This assistance is available one (1) time for each family and is available through an approved appeal by the RM.

Applicable Children/Families

Applicable children/families include families who have a child who:


1. Is an out-of-home Child in Need of Services (CHINS);
2. Is an in-home CHINS;
3. Is the subject of an Informal Adjustment (IA); or
4. Is the subject of an assessment and receiving services.

FORMS AND TOOLS

1. [Request for Additional Funding \(SF54870\)](#)
2. [Rental Agreement](#)
3. [Security Deposit Agreement](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 16: Financial Services/Assistance	Effective Date: November 1, 2021
	Section 04: Individual Child Placement Referral (ICPR)	Version: 4

POLICY OVERVIEW

Out-of-home placement providers are responsible for directly providing shelter, food, clothing, supervision, educational necessities, and other personal incidentals required to promote the safety, permanency, and well-being of children in their care. Some placement types may provide additional services. The Indiana Department of Child Services (DCS) provides financial reimbursement at set rates for each placement provider type, to assist in meeting the children’s needs.

PROCEDURE

Completion of an Individual Child Placement Referral (ICPR) enables the placement provider to accurately invoice DCS and Medicaid.

The Indiana Department of Child Services (DCS) will generate an ICPR through KidTraks for a child placed in a:

1. DCS contracted residential facility (i.e., child caring institution, private secure facility, group home, or emergency shelter care [ESC] facility);
2. Foster home licensed through DCS;
3. Foster home licensed through a Licensed Child Placing Agency (LCPA); or
4. Collaborative Care (CC) Host Home.

The FCM will:

1. Document the child’s placement in the case management system within 24 hours of placement. See policy 8.09 Placing a Child in Out-of-Home Care for additional information;

Note: If a child is placed in an LCPA foster home, the FCM should choose the foster parent as the placement in the case management system not the LCPA resource.

2. Ensure a Child and Adolescent Needs and Strengths (CANS) Assessment has been completed;

Note: The CANS Assessment is utilized to determine foster care rates and must be completed prior to creating an ICPR for foster care. The case information and CANS assessment recommendation must be reviewed with the FCM Supervisor and DCS Local Office Director (LOD) within five (5) business days of placement in an ESC to determine an appropriate subsequent placement recommendation based upon the

needs of the child. See policies 8.50 Determining and Reviewing Category of Supervision and 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for further guidance.

3. Generate an ICPR for the child's placement in KidTraks within 24 hours of placement;

Note: A separate ICPR must be completed for each child. When a child is receiving cross-system care coordination and is placed out-of-home, the cross-system care coordination provider is responsible for completing the placement referral. The FCM should enter the out-of-home placement in the case management system but should not complete an ICPR for a child involved in cross-system care coordination.

4. If the child is a minor parent and the minor parent's child is not a ward but will be placed with the minor parent, include the child on the minor parent's ICPR;

Note: When the minor parent's child is also a ward, the child would require a separate ICPR.

5. If the FCM wishes to utilize the LCPA to provide therapy for the child, create the referral through the ICPR process;

Note: The FCM should not create a community-based referral to the LCPA.

6. Discuss situations which may require a request for a negotiated rate for care with the FCM Supervisor;

Note: If a negotiated rate is approved by the RM, a Request for Additional Funding must be completed.

7. Forward any case information to the Deputy Director of Child Welfare Services or designee when circumstances arise that may require a negotiated rate concerning contracted residential treatment and 1:1 staffing ratio. Send information to the Deputy Director of Child Welfare Services or designee for approval of a 1:1 staffing ratio negotiated rate;

Note: Requests for 1:1 staffing ratios should include the child's name, residential unit name, and number of hours needed.

8. Discuss requests for non-contracted admissions such as Acute Psychiatric care stays that go beyond what is covered by Medicaid, with the DCS Clinical Service Specialist (Clinical Consultant), LOD, and RM. See policies 8.01 Selecting a Placement Option and 8.04 Emergency Shelter Care & Urgent Residential Treatment for additional guidance;
9. Forward requests for additional Behavioral Health Units to the Clinical Consultant;
10. Document approval for all non-standard or negotiated rates for residential treatment or acute hospitalizations;

Note: The Deputy Director of Child Welfare Services or designee will modify the ICPR to reflect any approved changes. The FCM should ensure the ICPR is received by the placement when an email address is not on file.

11. Ensure the Extension of Emergency Shelter Care (ESC) is completed by the 15th calendar day of the child's placement if an ESC extension is needed. For a Diagnostic and Evaluation (D&E) extension, ensure the request is completed. The request should be sent for consideration to the Deputy Director of Child Welfare Services or designee and documented in the case management system; and

Note: An ESC stay is limited to 20 days, and a D&E stay is limited to 30 days. An extension may be requested if additional time is needed. A new ICPR should not be completed if the child is remaining in the same ESC or D&E Placement.

12. Create a new ICPR for a child in foster care, residential treatment, or a CC host home when the child moves from one licensed or residential treatment or CC host home to another, moves from one (1) age group to another, and/or the category of supervision changes.

Note: The FCM should complete a new ICPR when a child moves from one (1) placement to another, even when a child moves to another placement within the same LCPA or transitions to a different treatment unit within the residential treatment facility.

The FCM Supervisor will:

1. Guide and assist the FCM in completing all required steps;
2. Review and approve all foster care ICPRs;
3. Ensure all actions taken, including any deviation from best practice, is documented in the case management system; and
4. Review any requests for a negotiated rate and forward to the LOD for review.

The LOD will:

1. Examine each request for review of a child's category of supervision and:
 - a. Thoroughly assess the child's needs and determine if the category of supervision should be higher than the CANS Assessment recommendation for foster care placements. See policy 8.50 Determining and Reviewing Category of Supervision for additional information, and
 - b. Forward all negotiated rates for foster care to the RM for approval;
2. Forward all non-standard or negotiated rates for all placements in Acute Psychiatric care that go beyond what Medicaid covers to the RM for review; and
3. Review and make an approval determination regarding all residential ICPRs submitted in KidTraks.

The DCS Clinical Consultant will:

1. Participate in discussions and make recommendations regarding:
 - a. Acute Psychiatric care stays that go beyond Medicaid coverage,
 - b. Requests to the Deputy Director of Services for 1:1 staffing ratio, and
 - c. Placement situations for which it may be appropriate to submit a request to the Deputy Director of Child Welfare Services for a negotiated rate; and
2. Process a residential provider's request for "Other Behavioral Health Units" included in the ICPR by:
 - a. Evaluating whether the request is appropriate and in the best interest of the child,
 - b. Staffing the request and his or her recommendation with the DCS Clinical Services Manager, and

- c. Making necessary changes to the ICPR for approved units which do not qualify for Medicaid reimbursement.

The RM will:

1. Review all negotiated rates for foster care to determine the appropriate rate; and
2. Participate in discussions regarding Acute Psychiatric care stays that go beyond what Medicaid will cover and may send the request and the DCS Clinical Consultant's recommendations to the DCS Residential Licensing Unit.

The Deputy Director of Child Welfare Services or designee will:

1. Review and make an approval determination regarding:
 - a. Non-standard or non-contracted negotiated rates for residential treatment placements or acute hospitalizations, and
 - b. Extensions of ESC and D&E stays; and
2. Create and/or modify the ICPR, as needed, to reflect any approved changes.

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- CANS Assessment - available in the case management system
- [Extension of Emergency Shelter Care \(ESC\) \(SF 55738\)](#)
ICPR – available in KidTraks
- [Request for Additional Funding \(SF 54870\)](#)
- [Residential Licensing](#) - email
- [Emergency Shelter Care Extension](#) - email

Related Policies

- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [8.01 Selecting a Placement Option](#)
- [8.04 Emergency Shelter and Urgent Residential Placement Review and Approval](#)
- [8.09 Placing a Child in Out-of-Home Care](#)
- [8.50 Determining and Reviewing Category of Supervision](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing	Effective Date: November 1, 2021
	Section 01: Initial Licensing Process	Version: 1

POLICY OVERVIEW

The initial licensing process prepares an applicant to fulfill all regulations and requirements for a Licensed Residential Facility, as mandated by Indiana Code (IC), Indiana Administrative Code (IAC), and Indiana Department of Child Services (DCS) Policies. During the initial licensing process, the applicant submits documentation regarding planned operations to provide details about the ways in which the facility will ensure the health, safety, and well-being of children served.

PROCEDURE

The DCS Residential Licensing Unit (RLU) partners with facilities seeking licensure as a Child Caring Institution (CCI), Private Secure Facility (PSF), or Group Home (GH) to provide guidance throughout the licensing process. A standardized list of documentation is required for submission by the applicant in consideration of licensure.

The RLU will:

1. Review the Residential Licensing Inquiry form or request during initial contact that the interested individual or agency completes the form;
2. Conduct a pre-screening with the interested individual or agency to discuss the licensing process and requirements, gather additional information, and advise of next steps;
3. Recommend that the interested individual or agency attend the New Agency Orientation;

Note: In order to complete licensure, New Agency Orientation is required.

4. Verify the interested individual or agency has an administrator that meets the requirements in the IAC;
5. Provide schedule and registration details regarding New Facility Training to the interested individual or agency;
6. Ensure the individual or agency attends the New Facility Training;
7. Review the completed Application for License to Operate a Children’s GH, CCI, or a PSF IC 31-27-3 or 31-27-5 form;
8. Contact the applicant to discuss the application and any additional information and/or action needed for application acceptance;
9. Ensure the applicant submits the following documentation to RLU to become a DCS vendor, after acceptance of the application:
 - a. W-9 Request for Taxpayer Identification Number and Certification,
 - b. Automated Direct Deposit Authorization Agreement, and
 - c. Information Systems Access and Use Agreement KidTraks User Agreement.

Note: The applicant must be established as a DCS vendor to access KidTraks and upload documentation required for the licensing process.

10. Email relevant forms to the applicant for completion prior to the on-site review. These forms will be reviewed during the on-site review and may include:
 - a. Residential Licensing – CCI Staffing,
 - b. Residential Licensing – PSF Staffing, or
 - c. Residential Licensing – GH Staffing.

11. Support the applicant, as needed, in gathering and uploading required documentation to KidTraks. See the Vendor Profile Attachments Provider Quick Start Guide for additional information;

Note: The applicant is able to download a list of required documentation from KidTraks.

12. Verify the applicant has submitted Architectural plans, including specifications for safety and sanitation, to the Indiana Department of Health (IDOH) Health Care Engineering Program;
13. Verify the applicant has submitted the following to IDOH at the Health, Food, and Sanitation (HFS) Survey Email:
 - a. Health Care Program – Child Caring Institutions, Private Secure Facilities, Group Homes, and Emergency Shelters form, and
 - b. Nutrition Program – Child Caring Institutions, Private Secure Facilities, Group Homes, and Emergency Shelters form.
14. Review documentation as it is submitted, complete the Checklist for Initial Licensure, and ensure all documentation is correctly uploaded to KidTraks, including but not limited to the following documentation from IDOH:
 - a. Building approval letter/occupancy permit,
 - b. Health Program approval, and
 - c. Nutrition Program approval.
15. Contact the DCS Central Office Background Check Unit (COBCU) to request that they register the applicant to schedule background checks in the IdentoGO system;
16. Contact the Indiana Department of Homeland Security (IDHS) to make a request for a Fire Marshal Inspection;

Note: The state Fire Marshal Inspection must be completed prior to the on-site Initial Licensing Review.

17. Request that the Indiana Department of Health (IDOH) Survey be completed;

Note: The IDOH Survey must be completed prior to the on-site Initial Licensing Review.

18. Notify the applicant that background checks should be obtained for the Administrator and any employees. See policies 13.01 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agencies and 13.02 Evaluating Background Checks for Licensed Residential Agencies and Child Placing Agencies for additional guidance;

Note: Documentation of Background Checks will be reviewed during the on-site Initial Licensing Review.

19. Schedule and conduct the on-site review for initial licensure upon verification that all required documentation and approvals have been uploaded to KidTraks and notification by the applicant that the facility is operational except for perishables. See policy 17.02 Initial Licensing Review for further guidance;
20. Complete the Qualified Residential Treatment Program (QRTP) verification process if the facility is seeking QRTP designation. See policy 17.03 Verification of QRTP Designation for further guidance;
21. Communicate with the applicant regarding any requirements which have not been met and plan for any needed follow-up;
22. Approve the license in the case management system once all requirements are met;
23. Email the license to the agency; and
24. Provide information regarding the rate setting process if the licensed agency wishes to pursue a DCS contract. See policy 17.04 Rate Setting for additional guidance.

COBCU will register an applicant for a residential license in the IdentoGO system upon request from RLU.

LEGAL REFERENCES

- [IC 31-27-3 Regulation of Child Caring Institutions](#)
- [IC 31-27-5 Regulation of Group Homes](#)
- [465 IAC 2-9 Children's Homes and Child Caring Institutions](#)
- [465 IAC 2-10 Emergency Shelter Care Children's Homes and Child Caring Institutions](#)
- [465 IAC 2-11 Private Secure Facilities](#)
- [465 IAC 2-12 Children's Homes and Child Caring Institutions Defined as Group Homes](#)
- [465 IAC 2-13 Children's Homes and Child Caring Institutions Defined as Emergency Shelter Care Group Homes](#)

RELEVANT INFORMATION

Definitions

N/A


Forms and Tools

- [Application for License to Operate a Children's Group Home \(GH\), Child Caring Institution \(CCI\), or a Private Secure Facility \(PSF\) Indiana Code \(IC\) 31-27-3 or 31-27-5 \(SF45158\)](#)
- [Automated Direct Deposit Authorization Agreement \(SF47551\)](#)
- Background Check Sheet – Available on the RLU SharePoint
- Checklist for Initial Licensure – Available on the RLU SharePoint
- [Health Care Program – Child Caring Institutions, Private Secure Facilities, Group Homes, and Emergency Shelters \(SF45879\)](#)
- [Information Systems Access and Use Agreement KidTraks User Agreement \(SF56798\)](#)
- [State Department of Health - Health Care Engineering Program](#)
- [State Department of Health - Health, Food, and Sanitation \(HFS\) Survey Email](#)
- [State Department of Health DCS Residential Facility Compliance](#)

- [Nutrition Program – Child Caring Institutions, Private Secure Facilities, Group Homes, and Emergency Shelters \(SF46683\)](#)
- [Residential Licensing – Child Caring Institution \(CCI\) Staffing \(SF57092\)](#)
- [Residential Licensing – Group Home \(GH\) Staffing \(SF57091\)](#)
- [Residential Licensing – Private Secure Facility \(PSF\) Staffing \(SF57090\)](#)
- [Residential Licensing Inquiry \(SF57093\)](#)
- [Vendor Profile Attachments Provider Quick Start Guide](#)
- [W-9 and Direct Deposit Form Instructions](#)
- [W-9 and Direct Deposit Form Q & A](#)
- [W-9 Request for Taxpayer Identification Number and Certification](#)

Related Policies

- [13.01 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agencies](#)
- [13.02 Evaluation Background Checks for Licensed Residential Agencies and Child Placing Agencies](#)
- 17.02 Initial Licensing Review
- [17.03 Verification of QRTP Designation](#)
- [17.04 Rate Setting](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing	Effective Date: November 1, 2021
	Section 02: Initial Licensing Review	Version: 1

POLICY OVERVIEW

Licensing of residential facilities helps to protect the health, safety, and well-being of youth served and ensures the youth receive appropriate treatment by having standardized requirements regarding care, programming, and qualifications of providers. The initial review is the final walkthrough of the facility conducted prior to license finalization. The initial review ensures a new applicant for licensure is familiar with all regulations and requirements and is prepared to operate at or above minimum standards as mandated by Indiana Code (IC), Indiana Administrative Code (IAC), and Indiana Department of Child Services (DCS) Policies.

PROCEDURE

The DCS Residential Licensing Unit (RLU) will conduct an on-site initial licensing review to ensure standardized criteria are met by a facility seeking licensure as a Child Caring Institution (CCI), Private Secure Facility (PSF), or Group Home (GH).

The Residential Licensing Specialist (RLS) will:

1. Schedule an on-site initial licensing review upon verification that all required documentation and approvals (e.g., Indiana Department of Health [IDOH], fire marshal, etc.) have been uploaded to KidTraks and notification by the applicant that the facility is operational except for perishables. See policy 17.01 Initial Licensing Process for additional information;
2. Meet with the Administrator and other agency staff, as appropriate, to discuss the licensing process and on-site review;
3. Walk through the facility (inside and outside) to inspect for concerns related to health, safety, and wellness and take notes regarding all requirements as stated on the Indiana Administrative Code (IAC) Checklist for Residential Licensing form;
4. Review personnel files and document all background checks and requirements as stated on the Personnel Checklist;
5. Complete the Qualified Residential Treatment Program (QRTP) verification process if the facility is seeking QRTP designation. See policy 17.03 Verification of QRTP Designation for further guidance;
6. Complete the Site Visit form, during the on-site review, with a summary of findings, including but not limited to:
 - a. Observations of positive plans or features,
 - b. Description of the facility and furnishings,
 - c. Interactions,
 - d. The applicant's overall preparation for licensure, and
 - e. Any citations, including references to relevant codes.

7. Prior to leaving the facility, review the Residential Licensing: Exit Report and Narrative form; discuss findings, next steps, and the licensing recommendation with the Administrator and other agency staff; and request applicant signatures on the form;
8. Complete the Background Check Affidavit and submit it to the RLS Supervisor along with the Personnel Checklist;
9. Schedule an additional on-site review, if needed, following notification from the applicant that the agency is in compliance; and
10. Follow-up with the applicant regarding any citations, prior to leaving the facility or within 10 calendar days, if applicable.
11. Conduct an additional on-site review, if needed.

The RLS Supervisor will:

1. Guide and assist the RLS, as needed, during the Initial Licensing Review; and
2. Ensure all required actions, including any deviation from best practice, are documented appropriately.

LEGAL REFERENCES

- [IC 31-27-3 Regulation of Child Caring Institutions](#)
- [IC 31-27-5 Regulation of Group Homes](#)
- [465 IAC 2-9 Children's Homes and Child Caring Institutions](#)
- [465 IAC 2-10 Emergency Shelter Care Children's Homes and Child Caring Institutions](#)
- [465 IAC 2-11 Private Secure Facilities](#)
- [465 IAC 2-12 Children's Homes and Child Caring Institutions Defined as Group Homes](#)
- [465 IAC 2-13 Children's Homes and Child Caring Institutions Defined as Emergency Shelter Care Group Homes](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- Background Check Affidavit – Available from RLU
- Indiana Administrative Code (IAC) Checklist for Residential Licensing – Available from RLU
- Personnel Checklist – Available from RLU
- Residential Licensing: Exit Report and Narrative – Available from RLU
- Site Visit – Available from RLU

Related Policies

- [13.01 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agencies](#)
- [13.02 Evaluation Background Checks for Licensed Residential Agencies and Child Placing Agencies](#)
- 17.01 Initial Licensing Process
- [17.03 Verification of QRTP Designation](#)

 INDIANA DEPARTMENT OF CHILD SERVICES	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing	Effective Date: August 1, 2021
	Section 03: Verification of QRTP Designation	Version: 1

POLICY OVERVIEW

The Family First Prevention Services Act (FFPSA) outlines the requirements a residential treatment facility must meet to receive a Qualified Residential Treatment Program (QRTP) designation. The Department of Child Services (DCS) partners with facilities which offer QRTP designated programs and ensures programs meet the FFPSA requirements to improve the quality and oversight of services provided for children with clinical needs.

PROCEDURE

DCS will verify the following residential treatment facility types, which hold or are pursuing a DCS contract, meet the requirements to have a QRTP designation for each program offered:

1. Child Caring Institution (CCI) (private or public);
2. Group Home (GH); and
3. Private Secure Facility (PSF).

Note: DCS will not designate the following programs as QRTP:

- a. Diagnostic programs,
- b. Emergency Shelter Care (ESC),
- c. Teen Mom and Baby Programs,
- d. Independent Living (IL) programs for youth 18 years of age and older, and
- e. Programs specifically for victims of Human Trafficking.

To be designated as a QRTP, a program must meet all of the following requirements:

1. Has a defined trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances;
2. Able to implement the appropriate treatment that addresses the needs of a child as identified by the results of the assessment of the child;
3. Policies reflect the defined trauma-informed treatment model;
4. Demonstrates the defined treatment model and policies in the treatment of the child;
5. Registered or licensed nursing staff implement treatment based on the facility treatment model and:
 - a. Provide care within the scope of their practice as defined by State law,
 - b. Provide care on-site according to the treatment model referred to above, and
 - c. Provide care 24 hours a day and seven (7) days a week.
6. Licensed clinical staff implement treatment based on the facility treatment model and:
 - a. Provide care within the scope of their practice as defined by State law,

- b. Provide care on-site according to the treatment model referred to above, and
 - c. Provide care 24 hours a day and seven (7) days a week.
7. Documentation, practices, and policies support the facilitation and participation of family members in the child's treatment program, as appropriate and in the child's best interests;
 8. Facilitates outreach to the family members of the child, including siblings, documents how the outreach is made (including contact information), and maintains contact information for any known biological family and fictive kin of the child;
 9. Documents how family members are integrated into the treatment process for the child, including post discharge, and how sibling connections are maintained;
 10. Provides discharge planning and family-based aftercare support for at least 6 months post-discharge in accordance with DCS expectations;
 11. Has an active CCI, PSF, or GH license by the state of Indiana (specifics listed above); and
 12. Is accredited by any of the following independent, not-for-profit organizations:
 - a. The Commission on Accreditation of Rehabilitation Facilities (CARF),
 - b. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO),
 - c. The Council on Accreditation (COA),
 - d. Educational Assessment Guidelines Leading toward Excellence (EAGLE),
 - e. Teaching Family Association, or
 - f. Any other independent, not-for-profit accrediting organization approved by the Secretary of Health and Human Services (HHS).

The Residential Licensing Specialist (RLS) will:

1. Complete the QRTP Attestation Worksheet to verify a facility's compliance with program specific requirements. The tool will be completed:
 - a. During the initial licensing process for any facility pursuing a DCS contract. See policy 17.01 Initial Licensing Process for additional information;
 - b. Periodically, including at the time of re-licensure for a facility which holds a DCS contract and at other times as appropriate. See policies 17.11 Annual Licensing Review and 17.12 Re-Licensure for additional information; and
 - c. Each time a licensed residential facility makes a proposal to provide new programming.
2. Discuss information gathered during completion of the QRTP Attestation Worksheet with the RLS Supervisor;
3. Complete and sign the Qualified Residential Treatment Program (QRTP) Designation Attestation once the program has been designated as a QRTP; and
4. Ensure all communications, observations, and information gathered is documented appropriately.

The Residential Licensing Unit (RLU) Clinical Specialist will assist the RLS with gathering and/or evaluating information gathered for completion of the QRTP Attestation Worksheet, as needed.

The RLS Supervisor will:

1. Guide and assist the RLS, as needed, with completion of the QRTP Attestation Worksheet;
2. Ensure the RLU Manager is aware of the findings from the QRTP Attestation Worksheet and discuss any concerns with the RLU Manager and/or Legal Team;

3. Ensure communications, observations, and information gathered is appropriately documented.

The RLU Manager will:

1. Communicate with the licensed residential facility or facility pursuing a license regarding the outcome of the QRTP Designation verification process;
2. Notify the Contract Specialist Supervisor of any concerns regarding the QRTP Designation of a facility which holds a DCS contract;
3. Consult with the RLS Supervisor and/or Legal Team, as needed; and
4. Sign the Qualified Residential Treatment Program (QRTP) Designation Attestation once the program has been designated as a QRTP.

LEGAL REFERENCES

- [42 USC 672: Foster care maintenance payments program](#)

RELEVANT INFORMATION

Definitions

Fictive kin


Fictive kin means an individual who is not related by birth, adoption, or marriage to a child, but who has an emotionally significant relationship with the child

Forms and Tools

- QRTP Attestation Worksheet – provided by RLU
- [Qualified Residential Treatment Program \(QRTP\) Designation Attestation SF 53038](#)

Related Policies

- [17.01 Initial Licensing Process](#)
- 17.11 Annual Licensing Review – Coming Soon
- 17.12 Re-Licensure – Coming Soon

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing	Effective Date: August 1, 2021
	Section 04: Rate Setting	Version: 1

POLICY OVERVIEW

In accordance with Indiana Administrative Code (IAC) (465 IAC 2-16), the Indiana Department of Child Services (DCS) establishes payment rates for a child placed by DCS or juvenile justice with a residential treatment service provider. The rate setting process also establishes the reimbursement rate that Indiana may claim from the federal government.

PROCEDURE

A residential treatment service provider in Indiana must be licensed by DCS, in accordance with state law, for DCS to recommend placement of a child with the provider or for DCS to pay the cost of the placement. See policy 17.01 Initial Licensing Process for information regarding the licensing process.

The Residential Licensing Specialist (RLS) will:

1. Verify the applicant is established as a vendor. See policy 17.01 Initial Licensing Process for further guidance; and
2. Ensure the Residential Licensing Unit (RLU) Manager is aware that the vendor’s license is nearing finalization.

The RLU Manager will:

1. Notify the Rate Setting Program Manager and the DCS Contract Specialist Supervisor that a new vendor is submitting information for a new license if the vendor plans to seek a contract;

Note: Notify the Deputy Chief Financial Officer (CFO) of Federal Financial Management if rate setting is needed for a non-contracted agency.

2. Notify the Rate Setting Program Manager and Contract Specialist Supervisor when the facility license has been finalized and provide a copy of the facility’s license;
3. Send the completed Contract Request Form to the Contract Specialist Supervisor;
4. Notify the DCS Resource Unit and the Field, Juvenile Justice Initiatives, and Services Deputy Directors once the facility is fully contracted and provide a brief description of all programs; and
5. Email the facility advising that services may commence.

Note: The RLS, RLU Clinical Specialist, and RLS Supervisor should be copied on the email.

Upon notification that a vendor's license is nearing finalization, the Rate Setting Program Manager will:

1. Contact the vendor to request a Cost Report;
2. Work with the vendor to determine rates;
3. Notify the DCS Contracting Unit that rates are set for a new program or license;
4. Send the Rate Letter and a copy of the Cost Report to the vendor;
5. Verify the vendor has submitted required data through the portal to finalize rate; and

Note: If the vendor does not submit data timely this may have a negative impact on the vendor's contract.

6. Review the vendor's annual Cost Report.

Note: The vendor is required to submit a Cost Report by March 31st each year.

Upon notification that rate setting is needed for a residential treatment service provider outside of Indiana, the Deputy CFO of Federal Financial Management will collaborate with the RLU Manager to ensure rates are set for the vendor.

Upon assignment of a contract, the Contract Specialist will:

1. Contact the vendor to ensure all necessary paperwork has been submitted;
2. Begin drafting the contract in Supplier Contract Management (SCM);
3. Create the contract in KidTraks;
4. Collaborate with the Chief Counsel of Contracts to finalize the draft of the contract;
5. Send the final contract to the vendor for signature;
6. Send the contract to the DCS Director or designee for signature after obtaining the vendor's signature;
7. Check the following clearances after receipt of system notification that the contract has been signed:
 - a. Secretary of State Registration,
 - b. Department of Workforce Development (DWD),
 - c. Department of Revenue (DOR),
 - d. Indiana Department of Administration (IDOA), and
 - e. System for Award Management (SAM).
8. Send the contract through SCM for state approval (i.e., IDOA, State Budget Agency [SBA], and Office of the Indiana Attorney General); and
9. Notify RLU when the contract is fully executed.

Note: Once the contract is fully executed, the vendor will receive an email from IDOA, including a link to the state transparency portal for accessing the contract.

Upon receipt of the Contract Request form from RLU, the Contract Specialist Supervisor will:

1. Assign the contract to a Contract Specialist;
2. Guide and assist the Contract Specialist, as needed, throughout the contract drafting and approval process.

The Chief Counsel of Contracts will collaborate with the Contract Specialist to finalize the contract draft.

LEGAL REFERENCES

- [465 IAC 2-16 Rate Setting for Residential Treatment Services Providers](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- Rate Letter – available in KidTraks
- Cost Report – available in KidTraks
- Contract Request Form – Available from the Contract Specialist Supervisor

Related Policies

- 17.01 Initial Licensing Process – Coming Soon

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing	Effective Date: November 1, 2021
	Section 05: Residential Licensing Waiver and Variance	Version: 1

POLICY OVERVIEW *For information regarding Emergency Shelter Care (ESC) extensions see policy 8.04 Emergency Shelter Care & Urgent Residential Treatment.*

The Indiana Department of Child Services (DCS) Residential Licensing Unit (RLU) has the authority to grant a waiver or variance, upon request, for a residential agency’s license. The waiver or variance must comply with the DCS Practice Model and not compromise the health, safety, or welfare of youth receiving services.

PROCEDURE

Upon receipt of the completed Application for Private Secure Facility, Child Caring Institution, or Group Home Waiver/Variance (Application) from a residential agency, the Residential Licensing Specialist (RLS) will:

1. Review the Application for accuracy;

Note: The timeframe for a child specific, time-limited request must be included in the Application. A subsequent request is required once the initial approval has expired.

2. Acknowledge any request for a child specific waiver or variance within 24 hours of receipt;
3. Communicate with the RLS Supervisor if additional guidance is needed and continue communication throughout the waiver/variance process;
4. Send the recommendation and the completed Application to the RLS Supervisor for review;
5. Send the Notice of Waiver/Variance Application – Approval or Notice of Waiver/Variance Application – Denial (Notice) to the RLS Supervisor for signature, upon decision to approve or deny the Application;

Note: The timeframe for a child specific, time-limited request must be included in the approval letter.

6. Send the signed Notice (either approving or denying) to the residential agency upon receipt of the signed Notice; and
7. Upload a copy of the Application and the Notice to the agency’s applicable license within the case management system.

Note: To protect the child’s confidentiality, child specific, time limited waiver and variances will not be uploaded to the case management system.

The RLS Supervisor will:

1. Review the Application and recommendation from the RLS to determine if the application will be approved or denied;
2. Sign the Notice and return to the RLS;

Note: If deemed necessary, the RLS Supervisor may send the Application and the Notice to the Residential Licensing Unit (RLU) Manager for final approval.

The RLU Manager will:

1. Discuss the Application with the Deputy Director of Child Welfare Services or designee and/or the DCS legal team for additional consideration upon request; and
2. Approve or deny the Application and sign the Application, upon request.

The Deputy Director of Child Welfare Services or designee and the DCS legal team will consult with the RLU Manager regarding a waiver or variance request, as necessary.

LEGAL REFERENCES

- [IC 31-27-2-8: Granting of variances and waivers](#)
- [465 IAC 2-9-31: "Variance" defined](#)
- [465 IAC 2-9-32: "Waiver" defined](#)
- [465 IAC 2-9-35: Waivers and variances](#) (Children's Homes and CCI)
- [465 IAC 2-10-35: Waivers and variances](#) (Emergency Shelter Care Children's Homes and CCI)
- [465 IAC 2-11-35: Waivers and variances](#) (Private Secure Facility)
- [465 IAC 2-12-35: Waivers and variances](#) (Group Home)
- [465 IAC 2-13-35: Waivers and variances](#) (Emergency Shelter Care)

RELEVANT INFORMATION

Definitions

Variance

A variance is official permission granted by DCS to meet the intent of a specific rule in a way other than specified by the rule.

Waiver


A waiver is official permission granted by DCS not to meet a specific regulation.

Forms and Tools

- [Application for Private Secure Facility, Child Caring Institution, or Group Home Waiver/Variance \(SF 57073\)](#)
- [Indiana Practice Model](#)
- Notice of Waiver/Variance Application – Approval – provided by RLU
- Notice of Waiver/Variance Application – Denial – provided by RLU

Related Policies

- N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing	Effective Date: November 1, 2021
	Section 06: Residential Licensing Denials	Version: 1

POLICY OVERVIEW

Child health, safety, well-being, and treatment are key factors when reviewing a residential agency’s application for licensure to ensure continuity and quality of care. Indiana Administrative Code (IAC) specifies the requirements to operate a licensed residential facility. When the agency is unable to meet the requirements of the license, its license may be denied.

PROCEDURE

The Indiana Department of Child Services (DCS) has the authority to deny an applicant’s initial and/or renewed residential license. Upon receipt of the submitted Application for License to Operate a Children’s Group Home (GH), Child Care Institution (CCI), or a Private Secure Facility (PSF) Indiana Code (IC) 31-27-3 or 31-27-5 (Application) for a residential license, the DCS Residential Licensing Unit (RLU) will:

1. Follow the initial licensing process as outlined in policy 17.01 Initial Licensing Process;
2. Consult with the DCS legal team and/or the Deputy Director of Child Welfare Services or designee, as necessary;
3. Make a determination to deny an applicant’s residential license when:
 - a. The applicant fails to meet the requirements of the license, as outlined in IC 31-27-3-5,
 - b. The applicant does not demonstrate an adequate level of competency of service provision for DCS; and/or
 - c. The Application falls outside of the scope of DCS residential licensing authority.
4. Send a residential licensing denial letter and a Request for Administrative Hearing – Residential License Denial or Revocation form via certified mail to the applicant, stating the Application has been denied and provide all reasons for the denial.

Note: An administrative hearing, held by the Office of Administrative Law Proceedings (OALP), concerning the denial of the license will be provided upon written request by the applicant. The request must be made not more than 30 days after the applicant’s receipt of the written denial notice.

The DCS legal team and the Deputy Director of Child Welfare Services or designee will provide consultation to the DCS RLU, upon request.

LEGAL REFERENCES

- [IC 31-27-3-5: Grounds for denial of license application; waiver](#)
- [IC 31-27-3-11: Denial of license](#)

- [465 IAC 3-3-3 Request for hearing](#)

RELEVANT INFORMATION

Definitions


- N/A

Forms and Tools

- [Application for License to Operate a Children's Group Home \(GH\), Child Care Institution \(CCI\), or a Private Secure Facility \(PSF\) Indiana Code \(IC\) 31-27-3 or 31-27-5 \(SF45158\)](#)
- [Request for Administrative Hearing – Residential License Denial or Revocation \(SF 57115\)](#)

Related Policies

- 17.01 Initial Licensing Process

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing	Effective Date: November 1, 2021
	Section 07: Residential License Revocation	Version: 1

POLICY OVERVIEW

In the interest of child safety and well-being, a residential agency’s license may be revoked if the agency does not follow guidelines as outlined by statute, administrative rules, and the Indiana Department of Child Services (DCS).

PROCEDURE

DCS may revoke a residential agency’s license. See IC 31-27-3-31 and IC 31-27-5-31 for additional information regarding sufficient grounds that constitute reasons for revocation of a license.

The Residential Licensing Specialist (RLS) will:

1. Ensure the RLS Supervisor is aware of concerns regarding the agency’s license;
2. Work with other Residential Licensing Unit (RLU) members and collect documentation regarding concerns with the agency’s license;
3. Participate in a consultation with the DCS legal team and collectively make a decision regarding the agency’s license;

Note: See policies 17.08 Referral Holds and 17.13 Assessment for Negative Licensing Action for additional information regarding action that could be taken.

4. Upon a decision to revoke the agency’s license:
 - a. Monitor the agency’s progression throughout the revocation process,
 - b. Notify the Family Case Manager (FCM)/Probation Officer (PO) if a child is placed with the agency through DCS and request they notify the parent, guardian, or custodian (if Termination of Parental Rights [TPR] has not occurred), and
 - c. Assist DCS local office staff with the transfer process, including appropriate transition of DCS youth, if applicable. See policy 8.38 Placement Changes for additional guidance.
5. Staff with the RLS Supervisor as needed throughout the license revocation process; and
6. Upload documentation to the case management system upon receipt of the License Revocation Letter and written confirmation of the agency’s license revocation.

The RLS Supervisor will:

1. Ensure the RLU Manager is aware of concerns regarding the agency’s license;
2. Consult with the DCS legal team and collectively make a decision regarding the agency’s license;

3. Monitor the agency's completion of required actions upon a decision to revoke the agency's license, as outlined in the License Revocation Letter (see below);
4. Assist the RLS with any needs related to the license revocation;
5. Staff with the RLU Manager as needed throughout the revocation process; and
6. Close the agency's license in the case management system, once all necessary steps have been completed.

The RLU Manager will:

1. Provide notification to the DCS Deputy Director of Child Welfare Services or designee regarding the concerns discovered;
2. Request DCS legal consultation to determine next steps;
3. Consult with the DCS legal team and collectively make a decision regarding the agency's license;
4. Inform the following DCS Deputy Directors of the license revocation, who will then notify the appropriate DCS staff:
 - a. Child Welfare Services,
 - b. Field Operations, and
 - c. Juvenile Justice Initiatives and Support.
5. Monitor and support the DCS RLU, as needed, throughout the license revocation process; and
6. Ensure the Indiana Department of Health (IDOH) and Indiana Department of Homeland Security (IDHS) (i.e., fire marshal) are notified of the residential license revocation.

The DCS Deputy Director of Child Welfare Services or designee will:

1. Review documentation regarding the revocation of the agency's license and discuss next steps with the DCS RLU;
2. Participate in consultation with the DCS legal team and collectively make a decision regarding the agency's license;
3. Provide the License Revocation Letter (outlined below) to the DCS Director for final approval upon a decision to revoke the agency's license;
4. Send the License Revocation Letter via email to the agency upon approval and signature from the DCS Director; and
5. Ensure the DCS RLU receives a copy of the License Revocation Letter.

The DCS legal team will:

1. Consult with the DCS RLU and review documentation to determine if sufficient grounds exist for license revocation;
2. Collectively make a decision regarding the agency's license;
3. Continue communication with the agency and the DCS RLU throughout the revocation process;
4. Develop a License Revocation Letter to notify the agency upon a decision to revoke an agency's license. The letter should include the following:
 - a. Reason for license revocation,
 - b. Timeframe for license revocation,
 - c. A list of DCS youth placed with the agency,
 - d. Timeframe for appropriate transition of DCS youth,
 - e. Steps for appropriate transfer of records,
 - f. A request for the agency to acknowledge the license revocation,
 - g. Applicable code references, and
 - h. Notice of a Right to Request an Administrative Appeal Hearing.

LEGAL REFERENCES

- [IC 31-9-2-16.7: "Child caring institution" \[CCI\]](#)
- [IC 31-9-2-48.5: "Group home"](#)
- [IC 31-9-2-76.3: "Licensee"](#)
- [IC 31-9-2-115: "Secure private facility"](#)
- [IC 31-27-3-1: License required for operation \[CCI\]](#)
- [IC 31-27-3-27: Notice \[CCI\]](#)
- [IC 31-27-3-31: Grounds for revocation of license; waiver \[CCI\]](#)
- [IC 31-27-5-1: Group home operation; necessity for license; number of children and location of home](#)
- [IC 31-27-5-27: Notice \[Group Home\]](#)
- [IC 31-27-5-31: Grounds for revocation of license; waiver \[Group Home\]](#)
- [465 IAC 2-9 Child's Homes and Child Caring Institutions](#)
- [465 IAC 2-9-15: "License" defined](#)
- [465 IAC 2-11 Private Secure Facilities](#)
- [465 IAC 2-12 Child's Homes and Child Caring Institutions Defined as Group Homes](#)
- [465 IAC 3-3-3 Request for hearing](#)

RELEVANT INFORMATION

Definitions


N/A

Forms and Tools

- [Request for Administrative Hearing – Residential License Denial or Revocation \(SF 57115\)](#)

Related Policies

- [8.38 Placement Changes](#)
- 17.08 Referral Holds
- 17.13 Assessment for Negative Licensing Action

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing	Effective Date: November 1, 2021
	Section 09: Termination of Residential Contract	Version: 1

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) contracts with residential agencies that provide services for DCS and probation youth placed in residential treatment. In the interest of child safety and well-being, a residential agency's contract with DCS may be terminated if the agency does not follow the terms and conditions detailed in the executed contract. A residential agency may request to have its contract terminated by DCS.

PROCEDURE

Upon determining a residential agency failed to comply with material terms and conditions of the DCS contract, the process of contract termination may begin after the residential agency has been provided with thirty (30) calendar days to cure or correct the material breach and has failed to correct the noncompliance issue(s) identified within the time allotted.

Note: A thirty (30) day period to cure the breach will be triggered for most noncompliance issues prior to initiating the contract termination process. If the noncompliance issue involves endangering the life, health, or safety of any person, the contract may be terminated orally followed by sending a written notification within three (3) business days.

Involuntary Termination of Residential Contract

Upon determination that the residential agency has failed to correct the noncompliance issue(s), the Residential Licensing Specialist (RLS) will:

1. Ensure the RLS Supervisor is aware of the concerns regarding the residential agency's contract;
2. Work with other DCS Residential Licensing Unit (RLU) members to collect documentation regarding the concerns with the residential agency's contract;
3. Participate in consultation with the DCS legal team and collectively make a recommendation regarding the agency's contract;
4. Upon a decision to terminate the agency's contract:
 - a. Work with the RLU to develop a plan for next steps,
 - b. Consult with field staff regarding the transfer process, including appropriate transition of DCS youth and youth records (e.g., monthly reports), if applicable. See policy 8.38 Placement Changes for additional guidance, and
 - c. Monitor the agency's progression throughout the contract termination process.
5. Staff with the RLS Supervisor as needed throughout the contract termination process; and

6. Upload all communication and documentation regarding the contract termination in the case management system.

The RLS Supervisor will:

1. Ensure the RLU Manager is aware of the concerns regarding the agency's contract;
2. Participate in consultation with the DCS legal team and collectively make a recommendation regarding the agency's contract;
3. Upon decision to terminate an agency's contract:
 - a. Work with the RLU to develop a plan for next steps,
 - b. Monitor the agency's completion of required actions, outlined in the Notice of Default and Notice of Termination of Contract, and
 - c. Monitor and assist the RLS with any needs related to the contract termination.
4. Participate in discussion with the RLU Manager and the DCS Deputy Director of Child Welfare Services or designee to determine if DCS will complete a final agency audit; and
5. Staff with the RLU Manager as needed throughout the contract termination process.

The RLU Manager will:

1. Provide notification to the DCS Deputy Director of Child Welfare Services or designee regarding the concerns discovered and continue communication throughout the contract termination process;
2. Request DCS legal consultation to determine next steps;
3. Participate in consultation with the DCS legal team and collectively make a recommendation regarding the agency's contract;
4. Upon a decision to terminate the agency's contract:
 - a. Notify the Assistant Deputy Director of Purchasing and Pricing or designee of the date the contract will terminate, whether an audit will need to be conducted, and what the agency will be doing with the records associated with the terminating contract, and
 - b. Inform the following DCS Deputy Directors to begin the notification process:
 - i. Child Welfare Services;
 - ii. Field Operations; and
 - iii. Juvenile Justice Initiatives and Support.
 - c. Work with the RLU to develop a plan for next steps,
5. Participate in discussion with the DCS Deputy Director of Child Welfare Services or designee, Deputy Director of Purchasing and Pricing or designee, and the RLS Supervisor to determine if DCS will complete a final agency audit; and
6. Monitor and support the RLU, as needed, throughout the contract termination process.

Note: If the residential license is relinquished by the agency, the Indiana Department of Health (IDOH) and Indiana Department of Homeland Security (IDHS) (i.e., fire marshal) must be notified.

The DCS Deputy Director of Child Welfare Services or designee will:

1. Review documentation regarding the termination of the agency's contract and discuss next steps with the RLU;
2. Participate in consultation with the DCS legal team and collectively make a recommendation regarding the agency's contract;

3. Provide the Notice of Termination of Contract (outlined below) to the DCS Director for final approval and signature upon a decision to terminate the agency's residential contract;
4. Send the Notice of Termination of Contract via email to the agency upon approval and signature from the DCS Director;
5. Ensure the RLU and the DCS Contracts Division receive a copy of the Notice of Termination of Contract; and
6. Staff with the RLU to determine if DCS will complete a final agency audit.

The DCS legal team will:

1. Provide consultation to the RLU and review documentation to determine if sufficient grounds exist for a notice of default to be issued;
2. Collectively make a recommendation regarding the agency's contract;
3. Upon decision to terminate the agency's contract, send a default notice to the agency. This notice should include the following:
 - a. Findings,
 - b. Required action by the agency and request for supporting documentation,
 - c. Timeframe for agency's response, and
 - d. DCS contact information to send supporting documentation.
4. Continue communication with the agency and the RLU throughout the cure of breach process;
5. Upon response from the agency, review the response with the RLU and the Deputy Director of Child Welfare Services or designee and determine if the action taken by the agency is satisfactory. The following outcomes will occur:
 - a. If the action is not deemed satisfactory, the DCS legal team will allow for additional time, request further corrective action(s), or continue with the contract termination process and send a Notice of Termination of Contract to the agency, or
 - b. If the action taken by the agency is satisfactory, the breach will be cured and the contract will remain in effect with or without further supervision from the RLU.

The DCS Director will:

1. Review the Notice of Termination of Contract; and
2. Provide final approval by signing the Notice of Termination of Contract to terminate the agency's residential contract.

Request to Terminate Residential Contract by Agency

Upon notification or receipt of a request to terminate the contract from the agency, the process of determining whether to allow for the termination of the contract will begin.

The RLS will:

1. Ensure the RLS Supervisor is aware of the agency's request to terminate its contract;
2. Review the agency's request to determine steps the agency plans to take to complete the contract termination process (i.e., identified youth who will need to be moved, monthly reports sent to DCS, notification to other parties), if request is granted;
3. Participate in consultation with the DCS legal team and other RLU members to determine next steps:
 - a. Consult with field staff regarding the transfer process, including appropriate transition of DCS youth and youth records (e.g., monthly reports), if applicable. See policy 8.38 Placement Changes for additional guidance, and

- b. Monitor the agency's progression throughout the contract termination evaluation process.
- 4. Staff with the RLS Supervisor as needed throughout the contract termination evaluation process; and
- 5. Upload all communication and documentation regarding the contract termination in the case management system.

The RLS Supervisor will:

- 1. Ensure the RLU Manager is aware of the agency's request to terminate its contract;
- 2. Participate in consultation with the DCS legal team and other RLU members to determine next steps:
 - a. Monitor the agency's progression throughout the contract termination evaluation process, and
 - b. Monitor and assist the RLS with any needs related to the contract termination if request to terminate was granted by DCS.
- 3. Participate in discussion with the RLU Manager, Assistant Deputy Director of Purchasing and Pricing or designee, and the DCS Deputy Director of Child Welfare Services or designee to determine if DCS will complete a final agency audit; and
- 4. Staff with the RLU Manager as needed throughout the contract termination evaluation process.

The RLU Manager will:

- 1. Notify the DCS legal team of the agency's request to terminate its contract and continue communication with the legal team throughout the evaluation process;
- 2. Notify the Assistant Deputy Director of Purchasing and Pricing or designee of the date the contract will terminate, whether an audit will need to be conducted, and what the agency will be doing with the records associated with the terminating contract;
- 3. Inform the following DCS Deputy Directors of the agency's request to terminate its contract, and determine who will notify the appropriate DCS staff:
 - a. Child Welfare Services,
 - b. Field Operations, and
 - c. Juvenile Justice Initiatives and Support.
- 4. Consult with field staff and the agency, as needed throughout the process;
- 5. Participate in discussion with the DCS Deputy Director of Child Welfare Services or designee, Assistant Deputy Director of Purchasing and Pricing or designee, and the RLS Supervisor to determine if DCS will complete a final agency audit; and
- 6. Monitor and support the RLU, as needed, throughout the contract termination evaluation process; and

Note: If the residential license is relinquished by the agency, IDOH and IDHS (i.e., fire marshal) must be notified.

DCS Deputy Director of Child Welfare Services or designee will:

- 1. Review documentation regarding the agency's voluntary contract termination request;
- 2. Participate in consultation with the DCS legal team and the RLU to discuss next steps;
- 3. Inform the DCS Director of the agency's voluntary contract termination request; and

4. Participate in discussion with the RLU to determine if DCS will complete a final agency audit.

The DCS legal team will:

1. Review the agency's written request to terminate contract and work with the RLU to determine next steps;
2. Provide a response to the agency, which includes:
 - a. Reason for termination of contract,
 - b. Date contract termination becomes effective,
 - c. Notification that the agency has 90 calendar days after the service was provided or cost incurred to submit all outstanding invoices,
 - d. Notification of ongoing three (3) year duty to maintain documentation pertaining to all costs incurred under the contract, and
 - e. Notification of an upcoming audit, as deemed necessary.
3. Review a residential contract request from an agency that has previously requested to terminate its contract early and determine if the agency should receive a new residential contract.

LEGAL REFERENCES

- [IC 5-11: Accounting for public funds](#)
- [IC 31-27-6-15: Records regarding children](#)
- [IC 31-27-2-5: Monitoring of licensed entities](#)

RELEVANT INFORMATION

Definitions


- N/A

Forms and Tools

- Notice of Termination of Contract – provided by the DCS Residential Licensing Unit

Related Policies

- [8.38 Placement Changes](#)
- 17.07 Residential License Revocation

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing	Effective Date: November 1, 2021
	Section 10: Root Cause Analysis	Version: 1

POLICY OVERVIEW

When a sentinel event or near miss occurs in a licensed residential facility, it is imperative the facility is able to gain a clear understanding of what occurred and why. To improve child safety and outcomes, the facility must develop, implement, and adjust systems, programs, policies, and practices to address identified issues and prevent reoccurrence.

PROCEDURE

The Indiana Department of Child Services (DCS) requires the completion of a Root Cause Analysis by a licensed residential agency following any sentinel event or near miss. The root cause analysis may be conducted using the Framework for Root Cause Analysis and Corrective Actions or the facility may choose other tools or methods. However, the Root Cause Analysis must include documentation of the analysis, findings, and actions taken to prevent reoccurrence.

The Residential Licensing Specialist (RLS) will:

1. Notify the RLS Supervisor upon learning about the possible occurrence of a sentinel event or near miss;
2. Participate in discussions with the RLS Supervisor and the Clinical Specialist to determine whether a Root Cause Analysis will be required;
3. Contact the facility to discuss the required Root Cause Analysis and provide a date for completion following a decision to require a Root Cause Analysis;
4. Provide guidance to the facility, as needed, throughout the Root Cause Analysis process;
5. Provide the completed Root Cause Analysis to the RLS Supervisor and Clinical Specialist upon receipt from the facility;
6. Collaborate with the RLS Supervisor and Clinical Specialist to:
 - a. Review details of the sentinel event or near miss, the facility's analysis, findings, and follow-up actions to determine if additional action may be needed;
 - b. Provide feedback to the facility; and
 - c. Follow-up with the facility regarding the completion and/or continuation of any follow-up actions implemented and/or additional actions required by DCS.
7. Ensure all decisions and actions taken are documented appropriately; and
8. Review the Root Cause Analysis and follow-up actions taken again during the annual licensing review to ensure actions are adequate and continuing, as appropriate. See policy 17.11 Annual Licensing Review for additional information.

The Clinical Specialist will:

1. Participate in discussions with the RLS and RLS Supervisor regarding the sentinel event or near miss, and make a recommendation regarding whether requirement of a Root Cause Analysis is appropriate;
2. Review the completed Root Cause Analysis and communicate with the facility to:
 - a. Clarify information included in the Root Cause Analysis, as needed,
 - b. Request additional information, as needed,
 - c. Request documentation of actions taken, and
 - d. Make recommendations regarding additional actions to prevent reoccurrence.
3. Collaborate with the RLS and RLS Supervisor to provide feedback to the facility regarding the finalized Root Cause Analysis, and arrange for follow-up review of the facility's ongoing implementation of the plan.

The RLS Supervisor will:

1. Facilitate discussions with the RLS and Clinical Specialist to determine whether a Root Cause Analysis will be required;
2. Assist and provide guidance to the RLS and Clinical Specialist, as needed, with the completion of all requirements;
3. Ensure all decisions and actions taken, including any deviation from best practice, are documented appropriately.

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions

Near Miss

A near miss is an occurrence that would have resulted in a sentinel event, but for timely intervention (e.g., attempted suicide or attempted rape).

Root Cause

The root cause is a factor, which by removal, would prevent the occurrence of the adverse event.

Root Cause Analysis

Root Cause Analysis is a collaborative process undertaken to understand the underlying factors that led to a sentinel event or near miss and the development of strategies to help avoid similar occurrences in the future.

Sentinel Event

A sentinel event is any occurrence resulting in the death or serious injury of a child. The injury may be physical or psychological.

Forms and Tools

- [Framework for Root Cause Analysis and Corrective Actions](#)

Related Policies

- 17.11 Annual Licensing Review – Coming Soon