



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 42: Plan of Safe Care

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Version: 4

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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 and caregivers and in collaboration with healthcare providers and other professionals working with the infant and family.

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PROCEDURE

A POSC will be completed regardless of the decision to substantiate or unsubstantiate the assessment (see policy 4.22 Making an Assessment Finding). The Indiana Department of Child Services (DCS) will complete a POSC and regularly review and update an existing POSC throughout DCS involvement until the infant turns one (1) year of age for an infant who has been:

1. Identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal);
2. Diagnosed with Neonatal Abstinence Syndrome (NAS); and/or
3. Diagnosed with Fetal Alcohol Spectrum Disorder (FASD).

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 (see policy 5.07 Child and Family Team (CFT) Meetings). A POSC should include the following (see the Plan of Safe Care Tip Sheet):
 - 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 support systems, including family support (see 4.G Tool: Community Resources and Prevention Services; and
 - d. A plan for continued informal support beyond DCS involvement.
3. Speak with the parents, guardians, and caregivers about safe sleep and document the discussion in the case management system (see the Safe Sleep Documentation Tip Sheet & Informational Resources);

4. Ensure the POSC addresses the mental and physical health and/or substance use treatment needs of the infant and each parent, household member, and/or caregiver;
5. Create a separate Safety Plan to address immediate safety needs of the infant (see policy 4.19 Safety Planning). 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 of each parent, adult household member, and caregiver who is listed on the POSC as participating and provide them with a copy of the POSC;

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. This should be documented in the case management system. A separate POSC should be created for the other parent.

7. Review the POSC with the FCM Supervisor during case staffing;
8. Provide a copy of the POSC to each individual, professional, or agency included in the POSC 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.

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RELEVANT INFORMATION

Definitions

Case Staffing

Case Staffing is a systemic and frequent review of all case information with safety, stability, permanency, and well-being as driving forces for case activities.

Child and Family Team

The CFT is defined as a group of formal and informal supports, identified by the child and family, and convened by DCS, who work together to achieve positive outcomes with the DCS Practice Model by engaging in the Child and Family Team Meeting (CFTM) process.

Child and Family Team Meeting

According to The Child Welfare Policy and Practice Group (CWG), a CFTM 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.

Protective Factors

Protective Factors are conditions or attributes in individuals, families, and communities that promote the safety, stability, permanency, and well-being of children and families.

Forms and Tools

- [4.G Tool: Community Resources and Prevention Services](#)
- [DCS Safe Sleep Website](#)
- [Healthy Children Safe Sleep website](#)
- [Indiana Safe Sleep Program website](#)
- [Plan of Safe Care \(SF 56565\)](#)
- [Plan of Safe Care Tip Sheet](#)
- [Riley Children's Health Safe Sleep Resources](#)
- [Safe Sleep Documentation Tip Sheet & Informational Resources](#)
- [Safety Plan \(SF 53243\)](#)
- [The American Academy of Pediatrics Website](#)
- [The National Institute of Health Website](#)

Related Policies

- [4.19 Safety Planning](#)
- [4.22 Making an Assessment Finding](#)

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LEGAL REFERENCES

- [PL 114-198: Comprehensive Addiction and Recovery Act of 2016](#)
- [42 USC 67: Child Abuse Prevention and Treatment and Adoption Reform](#)

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PRACTICE GUIDANCE- DCS POLICY 4.42

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.

Consideration of Protective Factors to Ensure Safety

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. By using a protective factors approach, child welfare professionals and others can help parents find resources and supports that emphasize their strengths while also identifying areas where they need assistance, thereby mitigating the chances of child abuse and neglect. When completing a Safety Plan, consider the protective factors listed on the Protective Factors to Promote Well-Being and Prevent Child Abuse & Neglect webpage (linked above) as part of an evaluation of the family's ability to ensure the safety of the child.

Family Support

Family, friends, and community members are often the most resourceful and effective support for the family, and their interventions are often the least disruptive for the child involved. Family support services may consist of childcare, transportation, home management assistance, and teaching of skills, and financial assistance for housing, food, or clothing on a short-term basis.

Safe Sleep Guidelines

The following safe sleep guidelines should be discussed with all parents, guardians, or custodians:

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. Drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised) have been banned from further manufacture and 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 sleeping area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleeping area. A sleep sack is appropriate to keep the baby warm;
5. Keep the baby's sleeping area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. Babies 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 supervising. 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. DCS Safe Sleep;
2. Healthy Children;
3. Indiana Safe Sleep Program;
4. The American Academy of Pediatrics; and
5. The National Institute of Health

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