

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	Effective Date: October 1, 2008
	Section 3: Minimum Contact	Version: 1

POLICY

Contact with Children at Imminent Risk of Placement

The Indiana Department of Child Services (DCS) will have **monthly** face-to-face contact with all children under DCS care and supervision who are at imminent risk of placement. This includes children and their families participating in an Informal Adjustment (IA). Visitation will occur in the home.

Contact During Crisis Periods

When the child or family is in crisis (e.g., potential risk of removal, new abuse or neglect allegations, potential runaway situations, pregnancy of the child, lack of parental contact, etc.), visitation must be made **within 24 hours** of receiving knowledge that a crisis has occurred. The Family Case Manager (FCM) will monitor and evaluate the situation, as well as convene the Child and Family Team (CFT), to assess whether the situation warrants additional services or supports to the family. See separate policies, [5.7 Child and Family Team Meetings](#) and [4.18 Safety Assessment](#).

DCS will initiate an emergency removal if the child is in immediate danger. See separate policy, [4.28 Involuntary Removals](#).

Contact with Child’s Parent/Guardian/Custodian

DCS will have **monthly** face-to-face contact with the parent/guardian/custodian who is receiving in-home services and has a child that is under the care and supervision of DCS. Visitation will occur in the home.

DCS will maintain contact with the non-custodial parent (mother/father) and will ensure that this parent is afforded the opportunity to visit with the child and maintain involvement in the child’s life, unless the court has ruled that this is not in the child’s best interest.

Code References

N/A

PROCEDURE

Contacts with the Child

The FCM will have monthly face-to-face contact with the child and:

1. Assess the child’s safety, health, and well-being. Does the child:
 - a. Have any visible injuries;
 - b. Appear to be ill; or

- c. Appear to be emotionally unhealthy (withdrawn, angry, scared, etc.)
2. Choose a setting that affords the child an opportunity to speak freely, and to discuss any concerns that the child may have about any incidents that have occurred (does the child feel safe with family members, other people who visit the home, etc.).

Contacts with the Parent/Guardian/Custodian

The FCM will have monthly face-to-face contact with the parent/guardian/custodian and:

1. Utilize the [Visitation Checklist](#) to gather information and discuss any updates with the family.
2. Assess family progress, discuss services the family needs or is receiving and provide assistance and support to the family as needed.
3. Observe the overall condition of the home, and discuss any areas of concern with the family.
4. Discuss the child's overall progress including behavioral management, school adjustment, etc.
5. Assist the family with problem-solving and accessing community resources as needed.
6. Review progress on the concerns that brought the family to the attention of DCS.

Contacts with siblings, if applicable

The FCM will develop a visitation plan to ensure that sibling contact is maintained and strengthened. See separate policy, [8.12 Developing the Visitation Plan](#).

Documenting visits

The FCM will document the visit and any new information gained (e.g., health, educational services, etc.) in the Indiana Child Welfare Information System (ICWIS) within one (1) business day following each visit with the child, and parent/guardian/custodian.

PRACTICE GUIDANCE

Note: While monthly visits conform to current Federal law and DCS policies, best practice would indicate a need to see the child on a more frequent basis early on to ensure monitoring and adherence of a Safety Plan, for example, as determined by the CFT meeting process.

FORMS

[Visitation Checklist](#) PENDING

RELATED INFORMATION

Regular Contact is Paramount

Regular contact with the parent/guardian/custodian and the child who has been identified as candidates at imminent risk of placement is the most effective way that DCS can:

1. Promote timely implementation of Case Plans or Informal Adjustments (IA's) for children and families served by DCS; and
2. Track and adjust service plans as needed.

Regular contact with the child allows the FCM to:

1. Assess the child's health, safety and well-being;
2. Develop and maintain a trusting and supportive relationship with the child; and
3. Assess the child's progress.

Note: Any concerns should be discussed with the parent/guardian/custodian and the child (as appropriate, based on the child's age and development).

Choose an Appropriate Setting

The FCM should choose a setting that allows the child to talk candidly to express his/her feelings comfortably.