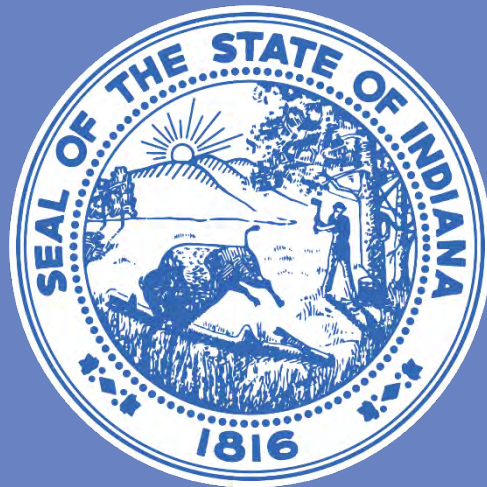


Indiana Child Welfare Policy Manual

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2/26/25

Visit www.in.gov/dcs/policies/child-welfare-policies/
for more recent updates.



Indiana Department
of Child Services

About the Policy Manual

The policy manual contains child welfare policies of the Indiana Department of Child Services (DCS). Please visit <https://www.in.gov/dcs/policies/administrative-policies/> to access DCS administrative policies, including human resources, general administration, and external affairs. DCS administrative letters may be accessed at <https://www.in.gov/dcs/policies/policies-implemented-via-admin-letters/>.

Policy Updates

The policy manual is updated regularly with new and revised policies. It is recommended that the user access the policy manual online and abstain from printing or saving a hard copy. To access DCS archived policies, visit <https://www.in.gov/dcs/policies/child-welfare-policies/policy-manual-archives/>.

Policy Portal

The Policy Portal may be accessed by DCS staff [here](#). Contact the DCS Policy Team at DCS.policy@dcs.in.gov.



MISSION



VISION



VALUES



**TRUST-BASED
RELATIONSHIPS**



SKILLS: TEAPI



INDIANA
DEPARTMENT OF
**CHILD
SERVICES**

DCS Practice Model

The DCS Practice Model

includes principles and skills to effectively implement the agency's mission, vision and values, and is encompassed by delivering great government service.



MISSION + 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.

VALUES BASED ON PRACTICE PRINCIPLES

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:

- Child safety
- Permanency
- Collaborative partnerships with foster and adoptive families
- Diversity, equity, and inclusion
- A culture of safety and transparency
- Continuous improvement

TRUST-BASED RELATIONSHIPS

The practice model is grounded in four core values:

- Authenticity
- Empathy
- Respect
- Professionalism

These also set the tone for successful engagement by DCS in developing trust-based relationships with children, families and stakeholders. Similarly, DCS focuses on these standards when engaged with co-workers as a sign of mutual respect, trust and support for fellow team members.

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.

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 [2.03 Child Care Worker Assessment Review Process](#); or
4. CA/N substantiated assessments involving DCS employees. See policy [4.45 Assessment 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 an Administrative Review \(SF 53068\)](#) 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 [Notification of Assessment Outcome and Right to Request an Administrative Review \(SF 53068\)](#) 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 [Notification of Assessment Outcome and Right to Request an Administrative Review \(SF 53068\)](#) 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 Reports; 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](#);
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 [Notification of Assessment Outcome and Right to Request an Administrative Review \(SF 53068\)](#);
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 [2.02 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 an Administrative Review \(SF 53068\)](#);
2. [Notification of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse and/or Neglect \(CA/N\) \(SF 53071\)](#);
3. [Notification of Administrative Review Decision Report Returned for Further Assessment \(SF 53094\)](#);
4. Notification of Administrative Decision after Further Assessment (Appendix D);
5. [Notification of Denial of Administrative Review \(SF 53072\)](#);
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 \(SF 54318\)](#);
13. [Notification of Deadline to Reactivate Administrative Review Appeal Request \(Appendix M\)](#); and
14. [Notice of Administrative Review Outcome for a Department of Child Services Employee \(SF 54317\)](#).

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 an Administrative Review \(SF 53068\)](#) 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. [Notification of Assessment Outcome and Right to Request an Administrative Review \(SF 53068\)](#)
3. [Request for Administrative Review of Child Abuse or Neglect Substantiation \(SF 54775\)](#)- Available in the case management system
4. [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 02: 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 Review Process](#) for additional information; or
2. CA/N substantiated cases involving a DCS employee. See policy [4.45 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 [Notification of Assessment Outcome and Right to Request an Administrative Review \(SF 53068\)](#) 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 [Notification of Denial of Administrative Review \(SF 53072\)](#) 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. [IC 31-33-26: Child Protection Index](#)
2. [465 IAC 3: Administrative Reviews and Hearings](#)
3. [42 USC 510a: Grants to States for child abuse and neglect prevention and treatment programs](#)

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 [Notification of Denial of Administrative Review \(SF 53072\)](#),
 - 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 [Notification of Administrative Review Decision Report Returned for Further Assessment \(SF 53094\)](#) 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 [Notification of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse or Neglect \(SF 53071\)](#) within **15 calendar days** of the local office receipt of the perpetrator's request, and
 - c. 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 [2.01 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 [2.01 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. [Notification of Assessment Outcome and Right to Request an Administrative Review \(SF 53068\)](#);
2. [Notification of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse or Neglect \(SF 53071\)](#);
3. [Notification of Administrative Review Decision Report Returned for Further Assessment \(SF 53094\)](#);
4. Notice of Administrative Decision after Further Assessment (Appendix D);
5. [Notification of Denial of Administrative Review \(SF 53072\)](#);

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
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.

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 [Notification of Assessment Outcome and Right to Request an Administrative Review \(SF 53068\)](#). 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 [Notification of Assessment Outcome and Right to Request an Administrative Review \(SF 53068\)](#) 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. [2.C Tool: Notifications for Administrative Reviews and Appeals](#)
2. Assessment of Alleged Child Abuse or Neglect (SF 113) (311) – Available in the case management system
3. [Forty-Five \(45\) Day Report of Assessment \(SF 54854\)](#)

4. [Notice of Administrative Appeal of a Child Abuse or Neglect Determination \(SF 55148\)](#) – available in the case management system
5. [Notification of Administrative Review Decision Report Returned for Further Assessment \(SF 53094\)](#)
6. [Notification of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse or Neglect \(SF 53071\)](#)
7. [Notification of Assessment Outcome and Right to Request an Administrative Review \(SF 53068\)](#)
8. [Notification of Denial of Administrative Review \(SF 53072\)](#)
9. [Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation \(SF 54776\)](#) – available in the case management system

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.

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 Section 03: Child Care Worker Assessment Review Process	
Effective Date: August 1, 2023	Version: 9

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

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 2.04 DCS Employee Administrative Review Process for more information.

The Child Care Worker Assessment Review (CCWAR) Process provides a Child Care Worker (CCW) or Licensed Resource Parent the opportunity to have a review of the assessment prior to the approval of an assessment decision to substantiate allegations of Child Abuse and/or Neglect (CA/N).

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PROCEDURE

The Indiana Department of Child Services (DCS) will ensure a CCW or Licensed Resource Parent, who is identified as an alleged perpetrator of CA/N, is given the opportunity for an Administrative Review. 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 the alleged perpetrator 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 CCWAR. The CCWAR is an informational meeting where the CCW or Licensed Resource Parent, has the opportunity to present any information that may 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 (1) of the following persons who was not involved in the assessment or the preparation of the assessment report and does not have a conflict of interest:

1. The DCS 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 was directly involved in the substantiation decision, was otherwise involved in the assessment or preparation of the report, or has a conflict of interest, the DM, LOD, RM, or Assistant Deputy Director of Field Operations and anyone in the 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. 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.

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. 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. A written request for a continuance is received by a person authorized to conduct the CCWAR from the CCW or Licensed Resource Parent who is an alleged perpetrator before the scheduled date for the review;
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 the CCW or Licensed Resource Parent disagrees with the assessment finding (see policy 2.05 Administrative Appeal Hearings). DCS will notify the CCW or Licensed Resource Parent who is an alleged perpetrator in writing of the assessment finding and that regardless of whether the CCW or Licensed Resource Parent participated in the CCWAR, the CCW or Licensed Resource Parent has the right to appeal.

DCS shall 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. DCS will send the Notice to Employer of a Report of Child Abuse/Neglect (CA/N).

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.

The FCM will:

1. Complete the assessment in accordance with the DCS assessment policies found on the Chapter 4 - Assessment webpage;
2. Notify the FCM 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 (311). Ensure that the word "DRAFT" is stamped on every page or watermarked on the 311.

The FCM Supervisor will:

1. Notify the DM, LOD, or RM, as appropriate, of the need for a CCWAR within one (1) business day of receiving the recommendation if the FCM and FCM Supervisor recommend substantiation;
2. Wait to approve the 311 until the CCWAR is conducted and the CCWAR decision is received;
3. Ensure that all remaining assessment tasks are completed in a timely manner as set out in Chapter 4 - Assessment policies;
4. Complete the following 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 form or the Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse/Neglect (CA/N) form as appropriate.
5. Ensure the CCW's employer and/or the appropriate licensing unit or agency are notified within two (2) business days of entering the CCW's name into the Child Protection Index (CPI), using the Notice to Employer of a Report of Child Abuse/Neglect (CA/N) form, if

DCS concludes that the health or safety of a child will be potentially endangered if the CCW has continuing unsupervised contact with a child.

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 form. 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 form was 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 (1) or more of the allegations,
 - b. Unsubstantiate one (1) or more of the allegations, and/or
 - c. Return the assessment to DCS for further assessment and reconsideration of the report, and send the Notice of Administrative Review Decision to Further Assess Allegations Against a Child Care Worker (CCW) or Licensed Resource Parent form.
5. Notify the FCM Supervisor of the review decision; and
6. Notify the CCW or Licensed Resource Parent who is alleged to be a perpetrator of the review decision within **five (5) business days** of conducting the CCWAR by sending:
 - a. The Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse/Neglect form and an approved redacted copy of the 311 if unsubstantiated; or
 - b. The Notice of Right to Administrative Appeal of Child Abuse and/or Neglect Determination form, a copy of the Request an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation, and an approved redacted copy of the 311 if substantiated.

Note: 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.

If the CCW or Licensed Resource Parent who is a perpetrator chooses to appeal a decision to substantiate, see policy 2.05 Administrative Appeal Hearings for additional information.

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 (1) 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 October 15, 2006 or Notice of an Administrative Review Decision for an Assessment Closed Prior to October 15, 2006. 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 will NOT be used, instead, the 2.C Tool: Notifications for Administrative Reviews and Appeals will be used.

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RELEVANT INFORMATION

Definitions

Child Care Worker (CCW)

DCS defines "Child Care Worker", per IC 31-9-2-16.6, as a person who:

1. Is employed or actively seeking employment (other than self-employment as an owner/operator) at any of the following types of facilities:
 - a. Childcare center,
 - b. Childcare home (licensed or required to be licensed),
 - c. Childcare ministry (registered or required to be registered),
 - d. Residential group home,
 - e. Child Caring Institution (CCI),

- f. School,
 - g. Juvenile detention center; **or**
2. Is a child caregiver who:
 - a. Provides or is responsible for providing care and supervision of a child to whom they are not a parent, stepparent, grandparent, aunt, uncle, sibling, or legal guardian or custodian with whom the person resides,
 - b. Provides the care described in (a) at a residence that is not where the child lives and outside of the presence of the child's parent, guardian, or a custodian with whom the child resides,
 - c. Is not required to be licensed as a childcare home or foster family home, and
 - d. Receives more than \$2,000 a year for providing care and supervision for a child or children; **or**
 3. Has or will have direct contact with children on a regular and continuing basis through employment (or through employment being actively sought) with any agency, facility, or home that provides the following to a child or children to whom the person is not related:
 - a. A service that provides for the care, health, safety, and supervision of a child's social, emotional, and educational growth; or
 - b. Services to, or for the benefit of, children who are victims of child abuse or neglect (this includes but is not limited to agencies, facilities, and homes that have contracts with DCS to provide services).

Forms and Tools

- [2.C Tool: Notifications for Administrative Reviews and Appeals](#)
- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) – available in the case management system
- [Notice to Employer of a Report of Child Abuse/Neglect \(CA/N\) \(SF 53031\)](#)
- [Notice of Administrative Review Decision to Further Assess Allegations Against a Child Care Worker \(CCW\) or Licensed Resource Parent \(SF 53029\)](#)
- [Notice of an Administrative Review Decision for an Assessment Closed Prior to October 15, 2006 \(SF 53033\)](#)
- [Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse/Neglect \(SF 53030\)](#)
- [Notice of Intent to Substantiate Allegations of CA/N by a Child Care Worker or Licensed Resource Parent \(SF 53028\)](#)
- [Notice of Right to Administrative Appeal of a Child Abuse/Neglect Determination \(SF 55148\)](#)
- [Notification of a Child Care Worker \(CCW\) Assessment Review Decision for an Assessment Closed Prior to October 15, 2006 \(SF 53032\)](#)
- [Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation \(SF 54776\)](#)

Related Policies

- [2.04 DCS Employee Administrative Review Process](#)
- [2.05 Administrative Appeal Hearings](#)
- [Chapter 4 - Assessment](#)

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LEGAL REFERENCES

- [IC 4-21.5-3: Chapter 3. Adjudicative Proceedings](#)
- [IC 4-21.5-5: Chapter 5. Judicial Review](#)
- [IC 31-9-2-16.3: "Child care"](#)
- [IC 31-9-2-16.4: "Child caregiver"](#)
- [IC 31-9-2-16.6: "Child care worker"](#)
- [IC 31-9-2-31: "Custodian"](#)
- [IC 31-9-2-133: "Victim of child abuse or neglect"](#)
- [IC 31-33-18-7: Notice to employer of child care worker who is subject of substantiated report](#)
- [IC 31-33-26: Chapter 26. Child Protection Index](#)

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PRACTICE GUIDANCE- DCS POLICY 2.03

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 2: Administration of Child Welfare

Section 04: DCS Employee Administrative Review Process

Effective Date: July 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

In the event an Indiana Department of Child Services (DCS) employee is found to have a substantiation of Child Abuse and/or Neglect (CA/N) following the completion of an assessment, due process is warranted through the completion of a timely Administrative Review process.

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PROCEDURE

All DCS Field Operations Division employees are both childcare workers and DCS employees, so they should receive both a Childcare Worker Administrative Review (CCWAR) and a DCS Employee Administrative Review. The CCWAR occurs before the employee review. Other DCS employees properly designated as childcare workers should also receive both types of administrative reviews. A CCWAR must be performed before the substantiation is approved in the child welfare case management system. If the substantiation at issue is not the result of a recent assessment, only a DCS employee administrative review will be performed. See policy 2.03 Child Care Worker Assessment Review Process for more information.

DCS will not allow an employee, who is a substantiated 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 will terminate the employment of DCS employees who are substantiated against as perpetrators of CA/N 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 who learns that they have been entered onto the Child Protection Index (CPI) or central registry as a perpetrator of child abuse or neglect in Indiana or in another state or territory will notify the following within **one (1) business day** of learning of the substantiation:

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 for other employees who work in a local office or if the employee works in:
 - a. Central Office,
 - b. The Hotline, or

c. Child Support Bureau (CSB).

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

If the DCS Central Office Background Check Unit (COBCU) learns that an employee has been entered onto the CPI or central registry as a perpetrator of child abuse or neglect in Indiana or in another state or territory, COBCU will notify the following within one (1) business day of learning of the substantiation:

1. The Human Resources (HR) Deputy Director;
2. The Chief of Staff; and
3. The Deputy Director of the substantiated employee's work unit.

Within **one (1) business day** of learning of the substantiation, the Human Resources Deputy Director will hold an internal meeting to discuss the situation and plan next steps. The meeting will include, at a minimum:

1. The Chief of Staff,
2. The HR Director,
3. The Deputy General Counsel over employee relations issues, and
4. Every person in the chain of command above the employee who is found to be on the CPI.

Note: If the substantiation has been entered on a central CA/N registry in another state or territory, DCS is unable to change the other state's or territory's substantiation. In these circumstances, the employee will be terminated without an Administrative Review.

For any Indiana substantiation on a DCS employee, DCS requires the completion of an Administrative Review for the DCS employee found to have substantiated Child Protective Service (CPS) History.

Note: When the following court orders exist, no administrative review is available and the employee will be terminated, as these court orders are binding upon the department:

1. Child in Need of Services (CHINS) and Juvenile Delinquent (JD) adjudications based on the same facts and circumstances as those that led to the substantiation; and
2. Criminal convictions based on the same facts and circumstances as those that led to the substantiation.

The Administrative Review must be conducted by a DCS team consisting of:

1. The Deputy Director of Field Operations or Designee,
2. The Deputy Director of Juvenile Justice Initiatives and Support or Designee, and
3. The Chief of Staff or Designee.

Note: A Designee of the DCS General Counsel may be present at the administrative review for consultation, but not as a deciding member of the team.

The DCS Regional Manager (RM) or Division Deputy Director of the DCS employee who is found to have substantiated CPI history or a new substantiation of CA/N will upon notification:

1. Submit a request to restrict access to the case management system records pertaining to the DCS employee with a substantiation as a perpetrator of C A/N. Any records pertaining to the DCS employee 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. Contact the DCS Human Resources Deputy Director concerning suspension without pay of the DCS employee found to have substantiated CPI history;

Note: Employees who are on desk duty due to a pending assessment will be suspended without pay at the time when a substantiation against them is approved, which is *after* any appropriate CCWAR, in the child welfare case management system.

3. Coordinate with the appropriate staff to suspend the substantiated employee pending the outcome of an administrative review. During this time, the employee will be removed from all DCS duties, responsibilities, and access to case management systems, files (paper and electronic), and office space;
4. Coordinate with appropriate staff to temporarily revoke all system access for the suspended employee;
5. Ensure the employee is aware of the Administrative Review process, when to expect a decision and what the potential outcomes may be;
6. Notify the DCS LOD and Family Case Manager (FCM) Supervisor (for Field Operations) or Work Unit Manager (for Central Office, Hotline, or CSB) of the Administrative Review Team's decision; and
7. Ensure the DCS employee is notified within **one (1) business day** of the Administrative Review Team's decision.

The DCS Deputy Director of Field Operations or designee will:

1. Promptly send Notice of Automatic DCS Employee Administrative Review to DCS Employee;
2. Coordinate the Administrative Review process by convening the Administrative Review Team members;
3. Ensure the Administrative Review is complete within **fifteen (15) business days** following the notification of the employee's substantiated CPI history; and
4. 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;

Note: When the following court orders exist, no administrative review is available and the employee will be terminated, as these court orders are binding upon the department:

- a. CHINS adjudications based on the same facts and circumstances as those that led to the substantiation;
 - b. Juvenile Delinquency (JD) adjudications based on the same facts and circumstances as those that led to the substantiation; and
 - c. Criminal convictions based on the same facts and circumstances as those that led to the substantiation.
2. Decide which of the following actions will be taken:
 - a. Uphold CPI entry or substantiation determination, or
 - b. Remove employee from the CPI or 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

Note: If the decision is to remand the case for further assessment, then the entire administrative review process, including any applicable CCWAR, will need to begin again if the decision resulting from that further assessment is again to substantiate.

3. Notify the HR Deputy Director of the outcome of the administrative review within **one (1) business day** to coordinate next steps:
 - a. If the decision is to uphold the substantiation, the employee will be terminated within **one (1) business day**; or
 - b. If the decision is to overturn the substantiation determination and reclassify as unsubstantiated, the employee should be returned to normal duties within **one (1) business day**.
4. Notify the DCS employee of the Administrative Review Team's decision in writing and edit the DCS 311 report to show "unsubstantiated" 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 or CPI entry 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.

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RELEVANT INFORMATION

Definitions

Child Care Worker

DCS defines "Child Care Worker", per IC 31-9-2-16.6, as a person who:

1. Is employed or actively seeking employment (other than self-employment as an owner/operator) at any of the following types of facilities:
 - a. Childcare center,
 - b. Childcare home (licensed or required to be licensed),
 - c. Childcare ministry (registered or required to be registered),
 - d. Residential group home,
 - e. Child Caring Institution (CCI),
 - f. School,
 - g. Juvenile detention center; **or**
2. Is a child caregiver who:
 - a. Provides or is responsible for providing care and supervision of a child to whom they are not a parent, stepparent, grandparent, aunt, uncle, sibling, or legal guardian or custodian with whom the person resides,
 - b. Provides the care described in (a) at a residence that is not where the child lives and outside of the presence of the child's parent, guardian, or a custodian with whom the child resides,
 - c. Is not required to be licensed as a childcare home or foster family home, and
 - d. Receives more than \$2,000 a year for providing care and supervision for a child or children; **or**

3. Has or will have direct contact with children on a regular and continuing basis through employment (or through employment being actively sought) with any agency, facility, or home that provides the following to a child or children to whom the person is not related:
 - a. A service that provides for the care, health, safety, and supervision of a child's social, emotional, and educational growth; or
 - b. Services to, or for the benefit of, children who are victims of child abuse or neglect (this includes but is not limited to agencies, facilities, and homes that have contracts with DCS to provide services).

Perpetrator

Per 465 IAC 3-1-11, "Perpetrator" means a person who, by an act or an omission, has been identified in a report concluding a child abuse and neglect assessment to have committed child abuse or neglect.

Substantiated

Per IC 31-9-2-123, "Substantiated", when used in reference to a child abuse or neglect report made under IC 31-33, means a determination regarding the status of the report whenever facts obtained during an assessment of the report provide a preponderance of evidence that child abuse and neglect has occurred.

Forms and Tools

- [Notice of Administrative Review Outcome for a Department of Child Services Employee \(SF 54317\)](#)
- [Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination \(SF 55148\)](#)
- [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](#)
- [4.39 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 Policy on Discipline](#)
- [State Personnel Department \(SPD\) Standard Policy on Discipline- Responsibilities and Procedures](#)

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LEGAL REFERENCES

- [IC 31-9-2-16.6: "Child care worker"](#)
- [IC 31-9-2-123: "Substantiated"](#)
- [IC 31-33-26-11: Binding court determinations; stay of administrative hearings; perpetrator entitlement to administrative hearings](#)
- [IC 31-33-26-12: Criminal charges against a perpetrator; entitlement to administrative hearings](#)
- [465 IAC 3-1-11: "Perpetrator" defined](#)
- [465 IAC 3-2-3: Administrative review procedure for department employees for a substantiated report of child abuse or neglect](#)

- [465 IAC 3-2-4: Exceptions to administrative review of an abuse or neglect determination based on court findings](#)

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PRACTICE GUIDANCE- DCS POLICY 2.04

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 02: Administration of Child Welfare

Section 05: Administrative Appeal Hearings

Effective Date: 12/01/2023

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The process outlined herein applies to all substantiated Child Abuse and Neglect (CA/N) determinations and denials of an Administrative Review made on or after October 15, 2006, the date in which the Indiana Department of Child Services (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 DCS Administrative Review. An Administrative Appeal of the Denial of Administrative Review may also be requested if a DCS Administrative Review is denied.

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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 by email at hearingsandappeals@dcs.in.gov or by hand-delivery or mail to 302 W. Washington St., E-306, Indianapolis, Indiana 46204. DCS Hearings and Appeals will forward any timely and complete requests for an Administrative Appeal Hearing to the Office of Administrative Law Proceedings (OALP) and request the appointment of an Administrative Law Judge (ALJ)/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 Indiana Code (IC) 4-15-10.5, IC 31-33-26, 465 IAC 3-2-7, and 465 IAC 3-3.

If the substantiated assessment is against a DCS Employee or a Child Care Worker (CCW) as defined in DCS policies 2.03 Child Care Worker Assessment Review Process and 4.45 Assessment 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. The substantiation will remain on the Child Protection Index (CPI) during the stay.
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. The substantiation will remain on the CPI during the stay.
3. An Informal Adjustment (IA) has been filed based on the same facts of the substantiated assessment 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 written 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, either the DCS local office or appellant may request the administrative appeal process be reactivated or dismissed, when appropriate, 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.

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

Requesting an Administrative Appeal Hearing

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

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

Note: An additional three (3) days will be allowed for mail time. If the request is received on a weekend or state holiday, 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 complete, DCS Hearings and Appeals will notify the alleged perpetrator of the defect in the request and allow additional time to correct the 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;
2. Provide supporting evidence and potential witness information to the DCS Local Office Attorney;
3. Staff the case with the DCS Local Office Attorney; and
4. Bring supporting documentation to the hearing.

Note: Exhibits should be appropriately redacted to eliminate all Social Security numbers (SSN), 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 prepare for the hearing in advance including conducting staffing, witness preparation, and submitting witness/exhibit lists as ordered by the ALJ; 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 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, the DCS FAA will:

1. Automatically conduct Final Agency Review of decision upon issuance of the written recommended decision by the ALJ, as appropriate; 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. 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 recommend that the denial be upheld or reversed. The recommendation will be sent for Final Agency Review by the DCS FAA; and
3. The DCS FAA will conduct the review and will notify the appellant of the result:
 - 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.

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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.

Child Care Worker (CCW)

DCS defines "Child Care Worker", per IC 31-9-2-16.6, as a person who:

1. Is employed or actively seeking employment (other than self-employment as an owner/operator) at any of the following types of facilities:
 - a. Childcare center,
 - b. Childcare home (licensed or required to be licensed),
 - c. Childcare ministry (registered or required to be registered),
 - d. Residential group home,
 - e. Child Caring Institution (CCI),
 - f. School,
 - g. Juvenile detention center; **or**
2. Is a child caregiver who:
 - a. Provides or is responsible for providing care and supervision of a child to whom they are not a parent, stepparent, grandparent, aunt, uncle, sibling, or legal guardian or custodian with whom the person resides,
 - b. Provides the care described in (a) at a residence that is not where the child lives and outside of the presence of the child's parent, guardian, or a custodian with whom the child resides,
 - c. Is not required to be licensed as a childcare home or foster family home, and
 - d. Receives more than \$2,000 a year for providing care and supervision for a child or children; **or**
3. Has or will have direct contact with children on a regular and continuing basis through employment (or through employment being actively sought) with any agency, facility, or home that provides the following to a child or children to whom the person is not related:
 - a. A service that provides for the care, health, safety, and supervision of a child's social, emotional, and educational growth; or
 - b. Services to, or for the benefit of, children who are victims of child abuse or neglect (this includes but is not limited to agencies, facilities, and homes that have contracts with DCS to provide services).

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 (DD) 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) (311) - available in the case management system
- DCS Hearings and Appeals email - hearingsandappeals@dcs.in.gov
- [Notice of Right to Administrative Appeal for a Child Abuse or Neglect Determination \(SF 55148\)](#)
- [Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation \(SF 54776\)](#)

Related Policies

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

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LEGAL REFERENCES

- [IC 4-15-10.5: Chapter 10.5. Office of Administrative Law Proceeding](#)
- [IC 4-21.5-1-15: "Ultimate authority"](#)
- [IC 4-21.5-5: Chapter 5. Judicial Review](#)
- [IC 31-33-26: Chapter 26. Child Protection Index](#)
- [465 IAC 3: Administrative Reviews and Hearings](#)
- [465 IAC 3-2: Administrative Reviews](#)
- [465 IAC 3-2-1: Administrative review of a substantiated report of child abuse or neglect](#)
- [465 IAC 3-2-7: Denial of review](#)
- [465 IAC 3-3: Administrative Hearings](#)
- [465 IAC 3-3-9: Schedule of hearings](#)

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PRACTICE GUIDANCE- DCS POLICY 2.05

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.

Hand Delivery

Hand delivery requires successful face-to-face contact between the alleged perpetrator and DCS representative with a documented contact in the case management.

Presenting the DCS Case at the Administrative Hearing

The appellant may present his or her case personally or through counsel or other representative. Each party has the right to bring witnesses to the hearing, present relevant evidence, and cross examine the other parties' witnesses.

Preparation for a Scheduled Administrative Appeal Hearing

DCS must prove by a preponderance of credible evidence that CA/N occurred and that the appellant is responsible for the child's abuse and/or neglect. The DCS local office should prepare exhibits and witnesses for an Administrative Appeal Hearing in the same manner as if it were preparing for a CHINS Juvenile Court Fact Finding Hearing. Thorough records and documentation should be compiled for presentation at the Administrative Appeal Hearing as DCS local office exhibits. All exhibits must be provided to the ALJ.

Note: The use of audio or video recordings, including forensic interviews, can be helpful in proving a DCS case. If submitted as an exhibit, it must be in a format that can be played at the hearing (laptop computer, recorder, etc.).

Location of Hearings

All hearings will be held in a pre-determined centralized location near the county of residence of the appellant, or in Indianapolis, Indiana. The ALJ may order a hearing site other than those identified in the event of natural disaster or other reason as determined by the ALJ.

Note: Hearings may also be conducted via telephone or video conference if approved by the ALJ.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 2: Administration of Child Welfare Services

Section 06: Sharing Confidential Information

Effective Date: July 1, 2024

Version: 13

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The identity of the report source, children, and others protected by law must be held confidential unless disclosure is 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.

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PROCEDURE

DCS will hold confidential all information, documents, reports, pictures, videos, images, or recordings obtained, possessed, produced, or created by DCS concerning a child or family with whom DCS has been involved during any stage of DCS' assessment, including post-assessment or post-adoption activity. DCS abides by Indiana law and shares confidential information with only those persons entitled to receive the information.

Note: All audio recordings of Child Abuse and Neglect (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 4.22 Making an Assessment Finding for more information.

The confidentiality of information and records from other sources must also be maintained, which may include medical records (e.g., physical or mental health records, substance abuse treatment records, and Human Immunodeficiency Virus [HIV] status). Child specific information, such as any diagnoses and/or behavioral needs, may be released to a Licensed Child Placing Agency (LCPA) or residential treatment facility to determine feasibility for placement of that child.

Note: In cases where the safety and well-being of the child is in question and the release of confidential information is necessary to maintain the child's safety or well-being, the Family Case Manager (FCM) should consult with the FCM Supervisor and DCS Staff Attorney.

DCS shall comply with any request to conduct CA/N history checks received from another state's child welfare agency if 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 by providing the Notice of Availability of Completed Reports and Information: Investigation of Allegations of Child Abuse or Neglect form. A copy of the Assessment of Alleged Child Abuse or Neglect (311) will be provided upon written request. See policies 4.10 Interviewing the Parent, Guardian, or Custodian and 4.11 Interviewing the Alleged Perpetrator for additional 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 (DV). 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. See policy 2.30 Domestic Violence for additional information.

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 FCM shall provide access to information, documents, reports, pictures, videos, images, or recordings obtained, possessed, produced, or created by DCS concerning a child or family with whom DCS has been involved during any stage of DCS' assessment 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.

Except as otherwise prohibited by federal law (including but not limited to Family Educational Rights and Privacy Act [FERPA] and Substance Use Disorder Patient Records [42 CFR Part 2]), 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):

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 LEA,
 - b. A prosecuting attorney, and
 - c. A coroner, in the case of the death of a child.

Note: A release of information under this section must be in relation to the law enforcement, prosecuting attorney, or coroner's current investigation of child abuse or neglect. Information should not be provided when there is an investigation into allegations that are unrelated to child abuse or neglect.

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;
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 welfare of a 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.

8. A court that requires the information to decide an issue before the court;
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 with redaction as required to protect the life or safety of any other person;
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 and any authorized employee of DCS for an appropriate purpose, as determined by the Director or Deputy Director of Field Operations;
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. A citizen's review panel, established under IC 31-25-2-20.4;
19. The DCS Ombudsman;
20. The State Superintendent of Public Instruction with redaction as required to protect the life or safety of any other person;
21. The state child fatality review coordinator employed by the state department of health;
22. **[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** 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.
23. **[For incidents that occur on or after 7-1-2014]** A person who operates a child placing agency if **ALL** 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.
24. The National Center for Missing and Exploited Children (NCMEC) (see policy 5.22 Missing and Runaway Children);
25. A local DV review team established under IC 12-18-8, as determined by DCS to be relevant to the death or near fatality that the local DV fatality review team is reviewing;
26. The statewide DV 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 DV review committee is reviewing;
27. 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;
28. 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;
29. 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;
30. The Office of Administrative Law Proceedings (OALP) for a matter that is the subject of an administrative proceeding before the OALP;
31. A tribal representative, agency, or organization authorized by the Indian tribe to care for, diagnose, treat, review, evaluate, or monitor active efforts regarding an Indian child, and the Indian child's parent, guardian, or custodian;

32. The United States (U.S.) Department of State and foreign governments to comply with federal law and treaties; and
33. A Child Advocacy Center (CAC) (see Definitions) when the CAC has before it an investigation of CA/N in which it is facilitating a forensic interview (see Definitions) or facilitating a case discussion or case review.

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, for purposes of placement, on an individual currently residing in Indiana. Such requests should go through the Interstate Compact for the Placement of Children (ICPC). See Chapter 9 Policies related to ICPC for additional guidance.

- 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 name/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 the name and date of birth of any children that are not the subject of the request prior to sending to the requesting agency.

Providing Information to Parent, Guardian, or Custodian; Perpetrator; Child; or CASA/GAL

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

1. Provide information regarding the assessment, after redacting 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. Consult with the DCS Staff Attorney prior to releasing a psychological evaluation or a mental health or substance abuse treatment record;

Note: If an individual 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 their 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 same to DCS Public Records Request along with 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 Public Records Coordinator will notify the DCS General Counsel or designee of the request. The DCS General Counsel or designee 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 Treatment

DCS will keep all records regarding children and information gathered about children and their parent, guardian, custodian, or other relatives confidential. Information about children involved in ongoing service cases and placed in a licensed foster home or residential treatment 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 the Providing Information to Another CPS Agency section;
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, prosecution, or civil or criminal proceeding conducted in connection with the administration of such plans;
3. Administration of any other Federal or federally assisted program, which provides assistance or services directly to individuals on the basis of need;
4. Any governmental agency audit regarding the administration of any referenced plan or program funded under the plan; or
5. Reporting to appropriate authorities any information concerning known or suspected CAN.

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.

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RELEVANT INFORMATION

Definitions

Child Advocacy Center (CAC)

A CAC is a child focused, trauma-informed community-based organization that:

1. Is recognized by the Indiana Chapter of National Children's Alliance and designed to collaborate on reports of CA/N;
2. Coordinates a multidisciplinary team; and
3. Facilitates forensic interviews.

Forensic Interview

A forensic interview is an interview in response to a report of CA/N conducted by a professional specially trained in a nationally recognized model using a multidisciplinary team approach.

Forms and Tools

- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) – available in the case management system
- DCS Public Records Request email - Dcspublic.Recordsrequest@dcs.IN.gov
- [Notice of Availability of Completed Reports and Information: Investigation of Allegations of Child Abuse or Neglect \(SF 48201\)](#)

Related Policies

- [2.27 Community Child Protection Team](#)
- [2.30 Domestic Violence \(DV\)](#)
- [4.10 Interviewing the Parent, Guardian, or Custodian](#)
- [4.11 Interviewing the Alleged Perpetrator](#)
- [4.22 Making an Assessment Finding](#)
- [5.22 Missing and Runaway Children](#)
- [Chapter 9- Interstate Compact \(ICPC\)](#)

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LEGAL REFERENCES

- [IC 4-1-6-8.5: Consistent handling of information among and between agencies; principles and procedures](#)
- [IC 5-14-3: Chapter 3. Access to Public Records](#)
- [IC 5-14-3-10: Classified confidential information; unauthorized disclosure or failure to protect; offense; discipline](#)
- [IC 12-18-8: Chapter 8. Domestic Violence Fatality Review Team](#)

- [IC 12-18-9-3: Statewide domestic violence fatality review committee purpose](#)
- [IC 16-49.5-2: Chapter 2. Suicide and Overdose Fatality Review Teams](#)
- [IC 16-49-6: Chapter 6. Fetal-Infant Mortality Review Teams](#)
- [IC 16-50-1-3: Statewide maternal mortality review committee established; duties; authority](#)
- [IC 31-9-2-14.2: "Child advocacy center"](#)
- [IC 31-9-2-47.1: "Forensic interview"](#)
- [IC 31-25-2-14.5: Child advocacy centers; duties; confidentiality; civil immunity](#)
- [IC 31-25-2-20.4: Citizen review panels; membership; appointment; duties; response to report; prohibited acts](#)
- [IC 31-27: ARTICLE 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: Chapter 8. Investigation of Reports of Suspected Child Abuse or Neglect](#)
- [IC 31-33-8-9: Provision 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 unredacted 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 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](#)
- [IC 31-36-2-2: Investigatory duties of law enforcement agency](#)
- [34 CFR Part 99: Family Educational Rights and Privacy](#)
- [42 CFR Part 2: Confidentiality of Substance Use Disorder Patient Records](#)
- [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](#)
- [42 U.S.C. 5106a\(b\)\(2\)\(B\)\(x\): The Child Abuse Prevention and Treatment Act; Grants to States for Child Abuse or Neglect Prevention and Treatment Programs](#)
- [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](#)

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PRACTICE GUIDANCE- DCS POLICY 2.06

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.

Adoption Records Requests

Any requests for adoption records should be sent to the DCS Public Records email.

Copying Cost

No fee may be charged for inspection of public records. However, a reasonable copying fee may be charged.

Incarcerated Parents

With authorization by either the incarcerated individual or a court, confidential information may be shared with the FCM or service provider at the Indiana Department of Corrections (DOC) when collaborating with DOC to facilitate services to the parent that are within DOC's service array. Authorization is not necessary for DCS to share information with DOC staff regarding the conduct of the incarcerated parent exhibited during visits with a child.

Maintaining Confidentiality for Children

DCS employees should ensure information that has the potential to cause safety and well-being issues for children has been redacted when releasing confidential information. This includes, but is not limited to, the HIV status of either the child or the parents and sexual orientation (Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer, Intersex, Asexual, and more [LGBTQIA+]). Except for cases where confidential information may be relevant to abuse, neglect, removal, placement, or reunification, confidentiality must be maintained.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 2: Administration of Child Welfare

Section 07: Confidentiality of Social Security Numbers

Effective Date: July 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) is committed to safeguarding Social Security Numbers (SSNs) and complies with state laws regarding confidentiality and permitted disclosures of SSNs.

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PROCEDURE

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.

Public Record Requests

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

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 the individual's minor child's SSN. The signed release may be valid for up to two (2) years from the date it was signed; or
3. The disclosure of the SSN is for the purpose of administration of Title IV-D of the Federal Social Security Act.

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

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

A resource parent may complete the Foster Parent Request Form to Obtain the Social Security Number of a Child in Foster Care for Tax Purposes form if the resource parent:

1. Provides or has provided care and supervision to the child under a court order for purposes of placement in a Child in Need of Services (CHINS) case or a juvenile delinquency case; and
2. Wishes to claim the child as a dependent for income tax purposes.

Note: The resource parent should submit the Foster Parent Request Form to Obtain the Social Security Number of a Child in Foster Care for Tax Purposes form to the Foster Care Support email box (fostercare support@dcs.in.gov).

DCS will approve or deny the request for release of the child's SSN within 10 business days of receipt of the Foster Parent Request Form to Obtain the Social Security Number of a Child in Foster Care for Tax Purposes form. The Foster Parent Communication and Support Liaison or designee will:

1. Approve the request if:
 - a. The child lived with the resource parent making the request in the 18 months preceding the request, and
 - b. The child lived with the resource parent making the request for:
 - i. At least six (6) months in any one (1) calendar year; or
 - ii. More than one-half (1/2) of the days the child lived in the calendar year if the child was born or died in the calendar year.

Note: If DCS approves the request for the release of the child's SSN, The Foster Parent Communication and Support Liaison or designee will:

1. Provide the child's SSN to the resource parent using the Foster Parent Request Form to Obtain the Social Security Number of a Child in Foster Care for Tax Purposes form; and

2. Use the Notice to Parents Regarding the Department of Child Services Release of Child Social Security Number form to notify the child's parent, if parental rights have not been terminated, that the child's SSN has been disclosed in accordance with IC 31-28-6.7.

2. Deny the request if:
 - a. The child does not have an SSN;
 - b. DCS does not have a record of the child's SSN; or
 - c. The conditions for approval of the request, as outlined above, are not met.

Note: If DCS denies the request, DCS will document the reason for the denial on the Foster Parent Request Form to Obtain the Social Security Number of a Child in Foster Care for Tax Purposes form and send a copy of the form to the resource parent.

Social Security Administration (SSA) Data Access Audit

DCS will designate at least one (1) employee who will conduct data access audits. For an 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.

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

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Consent to Release Social Security Number \(SF 53254\)](#)
- [Confidentiality Form for Disclosure of SSN to Providers with no DCS Contract](#)
- Foster Care Support Email Box- fostercare support@dcs.in.gov
- [Foster Parent Request Form to Obtain the Social Security Number of a Child in Foster Care for Tax Purposes \(SF 57304\)](#)
- [Notice to Parents Regarding the Department of Child Services Release of Child Social Security Number \(SF 57305\)](#)

Related Policies

N/A

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LEGAL REFERENCES

- [IC 4-1-10: Chapter 10. Release of Social Security Number](#)
- [IC 4-1-10-2: "State agency"](#)
- [IC 4-1-10-3: Non-disclosure of Social Security number](#)
- [IC 4-1-10-4: Exceptions to nondisclosures of Social Security number](#)

- [IC 4-1-10-5: Permitted disclosures of Social Security number](#)
- [IC 4-1-10-6: State agency compliance](#)
- [IC 4-1-10-8: Criminal disclosures of Social Security number; Level 6 felony](#)
- [IC 4-1-10-9: False representation to obtain Social Security number; Level 6 felony](#)
- [IC 4-1-10-10: Negligent disclosure of Social Security number; Class A infraction](#)
- [IC 4-1-10-11: Attorney general investigation of disclosures; notice to county prosecutor and state police](#)
- [IC 4-1-10-12: Attorney general determination of infraction; report to appointing authority and county prosecutor](#)
- [IC 31-28-6.7: Chapter 6.7. Release of Social Security Numbers to Caregivers of Foster Children](#)
- [U.S.C. 552a Privacy Act](#)

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PRACTICE GUIDANCE- DCS POLICY 2.07

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.

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 16 years of age and older if the case plan requires the 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.

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 Eligibility Determination Services System (IEDDS) 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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 2: Administration of Child Welfare Services

Section 08: Accessing and Maintaining Records in the Case Management System

Effective Date: October 1, 2022

Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

In order to comply with Indiana Code and maintain the confidentiality of those served by the Indiana Department of Child Services (DCS), the electronic records maintained in the case management system are only accessed for work purposes related to a DCS employee's job duties.

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PROCEDURE

DCS will maintain electronic records housed in the case management system for all open and closed Child Abuse and Neglect (CA/N) reports, assessments, and cases. 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 the DCS Code of Conduct for 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 reports, assessments, or case 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 reports, assessments, or cases when there may be a conflict of interest (see policy 4.39 Restricting Assessments in the Case Management System).

DCS employees will:

1. Staff with their supervisor regarding whether particular access is within their assigned job duties to determine whether viewing or documenting the records in the case management system is appropriate;

Note: Employees may be required to justify the reason for accessing specific assessments or cases. Any unresolved concerns may be referred to the DCS Ethics Officer and/or Internal Affairs. Failure to adequately justify the access of a report, assessment, or case was within assigned job duties may result in disciplinary action, up to and including termination (see IRUA and Code of Conduct).

2. Access, document, and view only the records in the case management system that are related to assigned job duties; 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 (e.g., participation in a Practice Model Review [PMR] or Child and Family Services Review [CFSR]).

3. Report concerns to their supervisor of any known conflicts of interest involving any assessments or cases that may need to be restricted.

Note: If concerns arise regarding a potential conflict of interest, DCS employees should speak to their supervisor immediately and prior to accessing any assessments or cases related to the potential conflict of interest.

DCS supervisors will:

1. Discuss concerns regarding accessing the case management system with their employees when:
 - a. Concerns arise regarding whether access is within an employee's assigned job duties, or
 - b. There are concerns of a possible conflict of interest.
2. Determine if viewing and documenting records in the case management system is appropriate.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- DCS Ethics Officer email - ethics@dcs.in.gov
- [Information Resources Use Agreement \(IRUA\)](#)

Related Policies

- [DCS Code of Conduct](#)
- [4.39 Restricting Assessments in the Case Management System](#)

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LEGAL REFERENCES

- [IC 5-14-3-10: Classified confidential information; unauthorized disclosure or failure to protect; offense; discipline](#)
- [IC 31-33-26-5: Establish access restrictions; maintain confidentiality; read only access by child services ombudsman](#)
- [IC 35-44.2-4-1: Disclosure of confidential information](#)
- [42 IAC 1-5-6: Conflicts of interest, decisions and voting](#)
- [42 IAC 1-5-10: Benefiting from confidential information](#)
- [42 IAC 1-5-11: Divulging confidential information](#)
- [42 IAC 1-5-12: Use of state property](#)

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PRACTICE GUIDANCE- DCS POLICY 2.08

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.

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 have motivated an action or decision. See the DCS Code of Conduct for additional information on conflict of interest.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 2: Administration of Child Welfare

Section 09: Verifying Identity and Relationship

Effective Date: March 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) verifies the identity of an adult or a child prior to conducting a background check for the purpose of contracting, licensure, or placement with a relative/kin.

DCS also verifies the relationship of the individual to a child in care prior to placing the child in the home of a relative/kin. Documenting the relative/kin's relationship with the child in the case management system is important, since this information is used to determine eligibility for federal funding, which may fund some of the cost of out-of-home care and DCS' administrative expenditures.

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PROCEDURE

Any time the identity of an adult or child cannot be verified, notify the Family Case Manager (FCM) Supervisor of the inability to verify the adult or child's identity and document the request to the family to produce valid ID in the case management system.

United States (U.S.) Citizen

To verify the identity of an adult or a child who is a United States (U.S.) citizen, the FCM will ask to see a valid, government-issued photo identification (ID) (e.g., driver's license, learner's permit, state ID card, or passport).

For children who are younger than legal driving age or who do not have a government-issued ID, ask to see any available ID with a photo (e.g., community pool pass photo ID, school-issued ID, or library card) and a copy of the child's social security card OR original birth certificate. If a child does not have an ID with a photo, ask to see two (2) forms of government-issued identification, such as a Social Security card AND a birth certificate.

Documented Immigrant

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 (e.g., Passport, driver's license, Permanent Residence Card ["Green Card"]). See policy 2.23 Verifying Citizenship or Immigration Status and the Desk Guide- International and Cultural Affairs for additional information regarding Consulate verification of these documents.

Undocumented Immigrant

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 (e.g., Matricula Consular or other Consulate-issued identification);
2. Ask to see the person's Individual Tax Identification Number (ITIN); and
3. Make a referral in KidTraks for International and Cultural Affairs (ICA) to assist in locating vital documents that are required to verify identity (see policy 2.22 International and Cultural Affairs Services).

Verification of Relationship

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

1. Provide the relative/kin with a copy of the Statement of Attestation Regarding Relationship form;
2. Obtain a signature from the relative/kin and sign the form as a witness;
3. Place a copy of the signed form in the child's case file; and

Note: The FCM must also obtain a copy of the relative/kin's birth certificate to verify the relationship with the child in the following instances:

- a. When placing a child with a relative/kin who is a foreign national, or
 - b. When human trafficking is suspected (see policy 4.47 Human Trafficking).
4. Enter the relationship of the child and relative/kin in the case management system (see policy 2.23 Verifying Citizenship or Immigration Status).

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RELEVANT INFORMATION

Definitions

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.

Human Trafficking

The Trafficking Victims Protection Act of 2000 defines human trafficking as:

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.

Forms and Tools

- [Desk Guide- International and Cultural Affairs](#)
- [Focused Needs](#)
- ICA Liaison Email Inbox – internationalculturalaffairs@dcs.in.gov
- [Statement of Attestation Regarding Relationship \(SF 52727\)](#)
- [Statement of Attestation by Relative Regarding Relationship \(Spanish\) \(SF 54251\)](#)

Related Policies

- [2.22 International and Cultural Affairs Services](#)
- [2.23 Verifying Citizenship or Immigration Status](#)
- [4.47 Human Trafficking](#)

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LEGAL REFERENCES

- [IC 31-34-1-3.5: Victim of human or sexual trafficking](#)
- [Public Law 106-386, 2000: The Trafficking Victims Protection Act of 2000](#)

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PRACTICE GUIDANCE- DCS POLICY 2.09

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.

Cultural Differences Regarding References to Relatives/Kin

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 policies 4.47 Human Trafficking and 2.23 Verifying Citizenship or Immigration Status).

Consulate Verification of Documents

In order to send a picture or a document to the Consulates for verification, the ICA liaisons must have accurate and complete pictures of the documents. FCMs should scan the documents in the office or utilize a mobile scanner application. Taking a photo of documents to send to the Consulate is not recommended. See policy 2.23 Verifying Citizenship and Immigration Status and the Desk Guide- International and Cultural Affairs for additional information.

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.

International and Cultural Affairs (ICA) Resources

ICA information is available on the Focused Needs webpage. This information includes documents and additional information on services provided by ICA. The Focused Needs webpage has resources 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/Queer, Intersex, Asexual, and more [LGBTQIA+]; military) by honoring the diversity of cultures and perspectives constituting the Indiana child welfare population. An ICA Liaison email inbox (see Forms and Tools) is available to obtain guidance from an ICA liaison. Questions that may be sent to the ICA Liaison email inbox include questions regarding service providers for interpreter services. Emergency situations that require immediate attentions should not be emailed to the inbox, please email the ICA Liaison directly (see the Focused Needs webpage).

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 2: Administration of Child Welfare

Section 12: Administration of the Indian Child Welfare Act

Effective Date: July 1, 2023

Version: 9

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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.

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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 (see the Bureau of Indian Affairs (BIA) Active Efforts Reference Sheet). 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 (see the 4.G Tool: Community Resources and Prevention Services);
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 (see the Focused Needs and International and Cultural Affairs [ICA] webpage);
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 ICA liaison when an Indian child's tribal membership is determined; and
12. Document all actions, including active efforts, 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.

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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

For the purpose of this policy, 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 recognized by the U.S. Secretary of the Interior because of their status as Indians, including any Alaska Native villages.

Pre-adoptive Placement

For the purpose of this policy, 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](#)
- [4.G Tool: Community Resources and Prevention Services](#)
- [Bureau of Indian Affairs \(BIA\) Active Efforts Reference Sheet](#)
- [Focused Needs and International and Cultural Affairs \(ICA\)](#)
- [Guidelines for Implementing the Indian Child Welfare Act](#)
- ICWA Notification – a template may be found on Quest
- [Indian Status Identification Form \(SF 55407\)](#)
- ICA Liaison email – internationalculturalaffairs@dcs.in.gov
- [Midwest Regional Office Bureau of Indian Affairs](#)
- [Notice to Relatives \(SF 55211\)](#)
- [Pokagon Band Social Services Staff](#)
- [US Department of the Interior - Indian Affairs](#)

Related Policies

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

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LEGAL REFERENCES

- [IC 31-9-2-58.4: "Indian child"](#)
- [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?](#)

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PRACTICE GUIDANCE- DCS POLICY 2.12

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.

Indian Child Welfare Act (ICWA) Protection for Parents and Indian Custodians


ICWA provides several protections for parents or Indian custodians of an Indian child. These protections include the right to revoke voluntary consents to placements and adoptions at any time prior to a decree of voluntary termination or adoption, whichever occurs later. If a consent is withdrawn, the Indian child shall, with court approval, 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 in effect for at least two (2) years may be challenged on this basis. **A consent given prior to or within 10 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.

International and Cultural Affairs (ICA) Resources

ICA information is available on the Focused Needs and International and Cultural Affairs webpage. This webpage includes services provided by ICA and several documents. The Focused Needs and International and Cultural Affairs webpage 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/Queer, Intersex, Asexual, and more [LGBTQIA+]; 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. 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; email the ICA Liaison directly (see the Focused Needs and International and Cultural Affairs webpage).

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	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: Chapter 27. Expungement of Child Abuse or Neglect Reports](#)
- [IC 31-33-26-15: Expungement and amendment of record procedures](#)
- [IC 31-39-8: Chapter 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

Section 15: Hospitalized Victim of Child Abuse and/or Neglect (CA/N)

Effective Date: October 1, 2022

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

To ensure the safety of a child who has been hospitalized and is an alleged victim of Child Abuse and/or Neglect (CA/N), the Indiana Department of Child Services (DCS) provides the hospital with a written release or a copy of a court order indicating the child may be released to the child's parent, guardian, or custodian; resource parent; or court-approved placement.

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PROCEDURE

DCS must authorize the release of a child from the hospital when:

1. The child is the subject of a CA/N assessment;
2. The child is the patient in a hospital; and
3. The hospital either was the reporter or has been notified of the CA/N assessment.

Note: DCS will ensure a release is provided to the hospital for screen-out reports.

The Family Case Manager (FCM) will:

1. Request access to any written medical records or reports from the designated hospital staff (e.g., social worker) in order to assist in assessing if a hospitalized child alleged to be the victim of CA/N can safely be released to the child's parent, guardian, or custodian; resource parent; or a court-approved placement;
2. Staff the assessment with the FCM Supervisor, and review the information obtained from the hospital to determine the most appropriate placement for the child; and

Note: If DCS determines that removal is necessary to ensure the safety of the child, the first placement entered in the case management system is the location where the child is to be placed once the child leaves the hospital. If the child's medical condition warrants a continued stay in the hospital, the hospital becomes the placement when DCS takes detention of the child. See policy 6.01 Detention/Initial Hearing for additional information.

3. Provide the Indiana Department of Child Services (DCS) Hospital Release Authorization form that has been signed by the FCM Supervisor or a court order to the hospital to advise when and to whom the child may be released.

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.

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, or custodian; resource parent; or a court-approved placement; and
2. Sign the Indiana Department of Child Services (DCS) Hospital Release Authorization form and provide the signed form to the FCM.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

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

Related Policies

- [6.01 Detention/Initial Hearing](#)

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LEGAL REFERENCES

- [IC 31-33-11-1: Conditions for release of child under investigation for abuse or neglect; expenses of extended hospital stay](#)
- [45 CFR 164.512\(b\)\(1\)\(ii\): Uses and disclosures for which an authorization or opportunity to agree or object is not required](#)

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PRACTICE GUIDANCE- DCS POLICY 2.15

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.

Access to Medical Records for a Hospitalized Victim of CA/N

DCS may 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.

Health Insurance Portability and Accountability Act (HIPAA) Exceptions for Child Protective Services (CPS)


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."

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, DCS should expect the hospital to:

1. Immediately contact the DCS local office to make them aware of the current medical situation of the child;
2. 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
3. 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.

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

RELATED INFORMATION

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.

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.

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.

PMR Reviewer

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

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.

QSA Lead

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



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 2: Administration of Child Welfare

Section 18: Reflective Practice Survey (RPS)

Effective Date: March 1, 2022

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Using quality standards to develop and strengthen worker skills and assess cases is an integral step toward achieving excellence in practice and improving outcomes for children and families.

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PROCEDURE

The Department of Child Services (DCS) is fully committed to critically assessing cases and improving practice. Therefore, DCS uses the Reflective Practice Survey (RPS) for case review and field observation of assessments, including Institutional Child Protective Services (ICPS) investigations, Older Youth Services (OYS) cases, and permanency cases. The RPS is used to assess the practice skills of the Family Case Manager (FCM), Older Youth Case Manager (OYCM), and ICPS FCM, identify regional trends and to focus on Continuous Quality Improvement (CQI) opportunities to ensure positive outcomes for children and families.

The RPS **case selection** shall consist of assessments, investigations, and cases open during the current quarter. The RPS will be completed quarterly, based on a calendar year. Each FCM, OYCM, and ICPS FCM will have one (1) assessment, investigation, permanency case, or OYS case selected for review.

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

The FCM Supervisor, OYCM Supervisor, or ICPS Supervisor will:

1. Review the selected assessment, investigation, assigned permanency case, or OYS case using the RPS tool located in the case management system;

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

2. Notify the FCM, OYCM, or ICPS FCM of the assessment, investigation, permanency case, or OYS case selected for review;

Note: If an FCM, OYCM, or ICPS FCM is no longer employed with DCS, is on Family Medical Leave (FMLA) for the entire quarter, or no longer has assigned cases or assessments, the selected assessment, investigation, or case will be eliminated from the RPS review. If an FCM, OYCM, 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, OYCM, or ICPS FCM's new case load.

3. Schedule a time to observe the FCM, OYCM, or ICPS FCM's selected assessment, investigation, permanency case, or OYS case;

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

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

Note: The RPS must be completed in the case management system 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 case staffing to the FCM, OYCM, 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.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Forms and Tools

- RPS Tool – available in the case management system

Related Policies

N/A

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LEGAL REFERENCES

N/A


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PRACTICE GUIDANCE- DCS Policy 2.18

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 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. To contact your local Child Support Bureau Field Consultant, see the Indiana Child Support Bureau Field Consultant Region Map.

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 needs](#)
7. [42 USC 654: State plan for child and spousal support](#)
8. [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 [5.05 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; 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 Indiana Juvenile CHINS Benchbook Forms 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 [5.05 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 Bureau Field Consultant Region Map](#)
3. [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


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 Section 22: International and Cultural Affairs Services	
	Effective Date: October 1, 2023	Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) provides International and Cultural Affairs (ICA) services to ensure the international and cultural needs of the children and families served are recognized and addressed.

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PROCEDURE

The ICA should be contacted for services and information including, but not limited to (see the International and Cultural Affairs Desk Guide):

1. Cultural needs or concerns;
2. Notification to a Consulate or Embassy regarding:
 - a. Detention of child,
 - b. Termination of Parental Rights (TPR),
 - c. Change in legal custody, and
 - d. Guardianship.
3. Immigration status concerns about:
 - a. Visas,
 - b. Immigration relief (e.g., 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 the following 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 for:
 - 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]); and
12. Any other cultural need or concern that may arise that is not an emergency.

DCS will use ICA to communicate with 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 copy 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.

The Family Case Manager (FCM) will:

1. Contact the ICA liaison immediately when:
 - a. Communication from ICE and/or Consulate/Embassy is received (e.g., phone calls, fax, or email),

Note: If an FCM receives communication from ICE or a Consular Official, the FCM should also refer them to ICA.

 - b. Information is received that a parent, guardian, or custodian is subject to deportation, or
 - c. Completing an assessment of an unaccompanied alien minor.
2. Complete a referral in KidTraks for ICA services when a need is identified;
3. Provide the ICA liaison with updated information and copy the DCS Staff Attorney on all communication with the ICA liaison;
4. Ensure all cultural needs of child and/or family are met by utilizing ICA for identified services;
5. Verify the identity of all family members (see policies 2.09 Verifying Identity and 2.23 Verifying Citizenship or Immigration Status); and
6. Complete the Consulate/Embassy Notification immediately when a foreign or dual national child is detained or foreign nationality is identified, whichever comes first, and send to the ICA liaison. A Consulate/Embassy Notification must be completed for each child at the time of:
 - a. Detention,

Note: DCS will notify the appropriate foreign consulate or embassy in the United States (U.S.) within 48 hours of detention (see Practice Guidance).

- b. Filing TPR;

- c. Change in legal custody; and
- d. Guardianship.

Note: A Consulate/Embassy Notification must be completed for each child.

The ICA liaison will:

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

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RELEVANT INFORMATION

Definitions

Citizenship

The position or status of being a citizen of a particular country.

Dual National/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.

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.

Memorandum of Understanding (MOU) with the Mexican Consulates

The MOU with the Mexican Consulates serves to notify the Mexican Consulates of the detention of a child who is a Mexican National or whose parents are Mexican Nationals.

Refugee

A person who has been forced to leave their country in order to escape war, persecution, or natural disaster.

Repatriation

Repatriation is the process of permanently placing a child with the child's parent or relatives. The child and/or the child's parent is known to be a national 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.

Visa

An endorsement on a passport indicating that the holder is allowed to enter, leave, or stay for a specified period of time in a country.

Forms and Tools

- [Consulate/Embassy Notification \(SF 55676\)](#)
- [Focused Needs](#)
- International and Cultural Affairs (ICA) email - internationalandculturalaffairs@dcs.in.gov
- [ICA Desk Guide](#)
- [International Dialing Guide](#)

Related Policies

- [2.09 Verifying Identity and Relationship](#)
- [2.12 Administration of the Indian Child Welfare Act \(ICWA\)](#)
- [2.23 Verifying Citizenship or Immigration Status](#)
- [4.47 Human Trafficking \(HT\)](#)
- [GA-3 Language Services](#)

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LEGAL REFERENCES

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

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PRACTICE GUIDANCE- DCS POLICY 2.22

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.

Completing the Notification to Consulate or Embassy

When completing the Consulate/Embassy Notification, 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 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.

Note: Do not contact ICE to obtain this information.

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

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 relatives by blood or marriage. FCMs should always verify the identity of all individuals involved with the family (see policy 2.09 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 (see policy 4.47 Human Trafficking).

International and Cultural Affairs (ICA) Resources

ICA resources include services provided by ICA. Several documents are also available on the Focused Needs webpage. These documents serve 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/Queer, Intersex, Asexual, and more [LGBTQIA]; 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. 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.

Immigration and Customs Enforcement (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 non-citizen parents are 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 (e.g., legal alien/resident, temporary resident, refugee, student visa holder, or undocumented) is independent from the individual's nationality/citizenship. See policy 2.23 Verifying Citizenship or Immigration Status for additional information on verifying identity.

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 the Regional Manager (RM) and request the International Dialing Card assigned to the region, and then follow the tracking procedures outlined by the RM. See the International Dialing Guide and the International and Cultural Affairs Desk Guide (page 2) for additional information.

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.

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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 2: Administration of Child Welfare

Section 23: Verifying Citizenship or Immigration Status

Effective Date: March 1, 2023

Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) verifies the citizenship or immigration status of children and parents served by DCS. Documentation of a child's United States (U.S.) citizenship or immigration status is a requirement for federal funding (Title IV-E foster care, Title IV-A Emergency Assistance, or Medicaid), which may fund some of the costs of out-of-home care, services, or DCS' administrative expenditures.

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PROCEDURE

DCS will require acceptable documentation verifying the citizenship or immigration status for the child and parent. DCS will accept the following as proof of citizenship or verification of immigration status:

1. The original or certified copies of the documents listed below; or
2. Verified data from the Central Eligibility Unit (CEU) obtained from the Indiana Eligibility Determination Services System (IEDSS).

The Family Case Manager (FCM) will:

1. Obtain at least one (1) of the following documents as proof of:
 - a. United States (U.S.) citizenship:
 - i. Government-issued 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;
 - ii. Final adoption decree that shows the child's name and place of birth in the U.S.;
 - iii. U.S. passport issued without limitations, even if it is expired;
 - iv. Certificate of Naturalization (N-550 or N-570);
 - v. Certificate of Citizenship (N-560 or N-561);
 - vi. Certification of Report of Birth (DS-1350);
 - vii. Consular Report of Birth Abroad of a Citizen of the U.S. (FS-240);
 - viii. Certification of Birth Abroad (FS-454);
 - ix. American Indian Card (I-872) issued by the Department of Homeland Security (DHS) with the classification code "KIC"; or
 - x. Northern Mariana Card (I-873).
 - b. Foreign citizenship:
 - i. Birth Certificate; or

- ii. Passport.

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

2. Obtain one (1) of the following immigration documents to verify legal residency if the parent and/or child is not a U.S. citizen:
 - a. Permanent Resident Card (I-551),
 - b. Temporary I-551 stamp/with passport or I-94 with alien number,
 - c. Employment Authorization Card (work permit I-766 or I-688B),
 - d. 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.,
 - e. Valid foreign passport with a current visa that states “Upon Endorsement Serves as Temporary I-551 evidencing Permanent Residence for 1-year”;
 - i. Canadian passports are not required to have a visa or a form I-94; and
 - ii. 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.
 - f. Form I-94 stamped with “Section 207” refugee status, or
 - g. Form I-94 stamped with “Section 208” asylum status.
3. Photocopy the front and back of the original documents or certified copies verifying the individual’s citizenship or immigration status, and maintain the copies in the child’s case file and upload the documents to the case management system;
4. Return original documents or certified copies to the parent and/or child; and
5. Document the parent and/or child’s citizenship status in the case management system.

Note: FCMs may make a referral for an International and Cultural Affairs (ICA) liaison in KidTraks (see the Focused Needs SharePoint) to assist in locating the required documents necessary for verifying citizenship or immigrant status. See the International & Cultural Affairs (ICA) Desk Guide for additional information regarding Consulate verification of these documents.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [ICA Desk Guide](#)
- [Focused Needs SharePoint](#)
- International and Cultural Affairs email - Internationalandculturalaffairs@dcs.in.gov

Related Policies

N/A

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 2.23

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.


Consulate Verification of Documents

In order to send a picture or a document to the Consulates for verification, the ICA liaisons must have accurate and complete pictures of the documents. FCMs should scan the documents in the office or utilize a mobile scanner application. Taking a photo of documents to send to the Consulate is not recommended. See the International & Cultural Affairs (ICA) Desk Guide for additional information.

International and Cultural Affairs (ICA) Resources

ICA information is available on the Focused Needs and International and Cultural Affairs webpage. This webpage includes services provided by ICA and several documents. The Focused Needs and International and Cultural Affairs webpage 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/Queer, Intersex, Asexual, and more [LGBTQIA+]; 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. 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, please email the ICA Liaison directly (see the Focused Needs and International and Cultural Affairs SharePoint).

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Services Section 25: Dual Status	
	Effective Date: September 1, 2022	Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Each child is screened for dual status (see Definitions) during the preliminary inquiry (see Definitions) process in both the Juvenile Justice and Child Welfare systems to determine if a dual status assessment team is appropriate.

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PROCEDURE

The Indiana Department of Child Services (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. DCS will coordinate with the Juvenile Probation Department to better serve children involved in both the Juvenile Justice and Child Welfare systems. A Memorandum of Agreement (MOA) will be established between the local DCS office and the local Juvenile Probation Department. See the Dual Status Resource Guide.

Note: The MOA must be signed by the Juvenile Court Judge(s) with jurisdiction, the Chief Juvenile Probation Officer, and the DCS Agency Director.

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. Ensure all youth 14 years of age and older who are in foster care (see Definitions) receive the Indiana DCS Bill of Rights for Youth in Foster Care and are informed of their rights;
3. Complete the Dual Status Screening Tool Report, including a recommendation to the Court as to whether or not a Dual Status Assessment Team (DSAT) assessment should be ordered in conjunction with filing either a Child in Need of Services (CHINS) petition or an Informal Adjustment (IA);
4. 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;
5. Participate on the DSAT when ordered by the court to provide information concerning past DCS involvement specific to the identified child;

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.

6. 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 of the parent, guardian, or custodian on the informed consent form. **The FCM should confirm the appropriate consent has been received prior to sharing confidential information.**

7. Share available relevant information during the DSAT. The Information Sharing Guide is a tool that may be used to assist in the information sharing process (see Practice Guidance);

Note: The FCM should confirm the parent, guardian, or custodian has signed the DSAT Informed Consent to Release and Exchange Information form before information about the child's history may be shared. If the parent's signature cannot be obtained, a court order must be requested, authorizing the sharing of information within the DSAT.

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

Note: Court orders for a Dual Status child who does not have current DCS involvement must be reviewed by DCS Management and Legal staff. If the child is dually adjudicated and the recommendation following the DSAT is for residential treatment, a referral to Maximus for the 30-Day Assessment must be completed by the FCM and the QRTP Determination Report should be reviewed with the assigned PO (see policy 5.24 Child-Focused Treatment Review [CFTR]).

The LOD will appoint a representative to the DSAT when there is not an open case with DCS or an assigned FCM.

The DCS Staff Attorney will file the Preliminary Inquiry and the Dual Status Screening Tool Report with the court.

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RELEVANT INFORMATION

Definitions

Dually Adjudicated (Dual Status)

A dually adjudicated case is defined in 31-41-1-2 as "a child who is alleged to be or is presently adjudicated to be a child in need of services under IC 31-34-10 or IC 31-34-11 and is alleged to be or is presently adjudicated to be a delinquent child under IC 31-37-12 or IC 31-37-13".

Dually Identified Youth

Youth involved with juvenile justice system/probation and have history in the child welfare system but not current involvement with DCS.

Dually Involved Youth

Youth who have current involvement with both the juvenile justice system/probation and DCS (may not yet be adjudicated as either a JD or a CHINS).

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.

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

- [DSAT Informed Consent to Release and Exchange Information](#)
- [Dual Status Resource Guide](#)
- Dual Status Screening Tool Report – available in the case management system
- [Memorandum of Agreement \(MOA\) \(2021\)](#)
- [Dual Status Youth MOU \(2017-2021\)](#)
- [Indiana Bill of Rights for Youth in Foster Care \(English\)](#)
- [Indiana Bill of Rights for Youth in Foster Care \(Spanish\)](#)
- [Information Sharing Guide](#)
- Preliminary Inquiry – available in the case management system
- Recommendation of the Dual Status Assessment Team – available in the case management system
- Referral to Dual Status Assessment Team – available in the case management system

Related Policies

- [5.24 Child-Focused Treatment Review \(CFTR\)](#)

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LEGAL REFERENCES

- [IC 31-34-7-1: Preliminary inquiry](#)
- [IC 31-34-7-2: Provision of preliminary inquiry and recommendation to attorney for department](#)
- [IC 31-34-9-2: Authorization to file petition; evidence; finding; determination for dual status assessment](#)
- [IC 31-34-10: Chapter 10. Initial Hearing on Child in Need of Services Petition and Issuance of Summons](#)
- [IC 31-34-10-2: Initial hearing; service of petition and summons; determination of referral for dual status assessment; CHINS petition; additional initial hearings](#)
- [IC 31-34-11: Chapter 11. Factfinding Hearing on Child in Need of Services Petition](#)
- [IC 31-34-23: Chapter 23. Modification of Dispositional Decrees](#)
- [IC 31-37-12: Chapter 12. Initial Hearing and Issuance of Summons](#)
- [IC 31-37-13: Chapter 13. Factfinding Hearing](#)
- [IC 31-37-22: Chapter 22. Modifications of Dispositional Decrees](#)
- [IC 31-41-1: Chapter 1. Definitions](#)
- [IC 31-41-1-2: "Dual status child"](#)
- [IC 31-41-1-4: "Dual status assessment"](#)
- [IC 31-41-2: Chapter 2. Dual Status Assessment Team](#)
- [IC 31-41-2-3: Dual status team meeting; considerations](#)
- [IC 31-41-2-4: Statements communicated in a dual status assessment team meeting](#)

- [IC 31-41-2-5: Dual status team considerations](#)
- [IC 31-41-2-6: Dual status team reports; recommendations](#)
- [IC 31-41-3-1: Determination of lead agency](#)

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PRACTICE GUIDANCE- DCS POLICY 2.25

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.

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 (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 Assessment Team Participants

The DSAT must convene within 10 days of the court order in accordance with IC 31-41-2-3. The court will designate a facilitator who will convene the meeting.

IC 31-41-2-2 defines the membership of the DSAT to include:

1. The FCM (or a representative appointed by the LOD if an FCM is not currently assigned to the case),
2. The probation officer (or a probation officer appointed by the Court if a probation officer is not currently assigned to the case), and
3. A facilitator (may be the FCM, PO, or another person appointed by the juvenile court).

The dual status assessment team may include:

1. The child if the juvenile court deems the child is age appropriate;
2. The child's public defender or attorney;
3. The child's parent, guardian, or custodian;
4. The child's parent's attorney;
5. A prosecuting attorney;
6. The attorney for the DCS;
7. Court Appointed Special Advocate (CASA) or a Guardian ad Litem (GAL);
8. A representative from DOC;
9. A school representative;
10. An educator;
11. A therapist;

12. The child's foster parent; and
13. A service provider appointed by the team or the juvenile court.

Dual Status Assessment Team Role

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.
2. In accordance with IC -31-41-1-4:
 - a. Status,
 - b. Best Interests,
 - c. Need for services, and
 - d. Level of needs, strengths, and risks of the child.

Dual Status Assessment Team Topics

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.

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.

DSAT Recommendations

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.

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 adjudication" (which case was last adjudicated) 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

DCS 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.

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. The Information Sharing Guide is a tool that may be used to assist in the process of sharing information between juvenile probation and DCS.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare Section 27: Community Child Protection Team (CPT)	
	Effective Date: 11/01/2023	Version: 7

- [Procedure](#)
 - [Definitions](#)
- [Forms and Tools](#)
 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

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 in which the Indiana Department of Child Services (DCS) has been involved in 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.

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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 Local Office Director (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 LOD and are 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

Note: Per statute, CPT members have the ability to request screen out reports for review. See Practice Guidance.

- b. Any other information or reports the coordinator considers essential to the team's deliberations. See the Community Child Protection Team Manual.
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: CPT meetings may only be attended by persons authorized to receive the information.

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).

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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 \(SF 49212\)](#)

Related Policies

- [4.25 Completing the Assessment Report](#)

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LEGAL REFERENCES

- [IC 31-33-3: Chapter 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: Chapter 18. Disclosure of Reports; Confidentiality Requirements](#)

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PRACTICE GUIDANCE- DCS POLICY 2.27

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 Protection Team (CPT) Review of Screen Outs

The CPT may request to review screen outs. If the CPT requests to review screen outs, the DCS LOD or designee should review all screen-outs each day before submitting screen-outs to the CPT for review.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 2: Administration of Child Welfare	
	Section 28: Regional Services Council (RSC)	
	Effective Date: 5/13/2024	Version: 5

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

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.

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PROCEDURE

Each county in Indiana will participate in a Regional Services Council (RSC) for the service region (see Definitions) 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 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 that identifies:
 - 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 an RSC may convene any additional meetings of the RSC that are, in the chairperson's or vice chairperson's opinion, necessary or appropriate.

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

Note: A proxy (see Definitions) may represent an RSC member during an RSC meeting.

All meetings of an 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 memorandum of each meeting to the DCS website and make the general public aware this information is available. In accordance with IC 5-14-1.5-4, the memorandum 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; or
- 2) Return the Plan to the RSC with directions concerning:
 - a) Subjects for further study and reconsideration, and
 - b) Resubmission of a revised Plan
- 3) Approve the Plan with amendments, modifications, or revisions.

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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](#)

Related Policies

N/A

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LEGAL REFERENCES

- [IC 5-14-1.5: Chapter 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: Chapter 3.5. Child Welfare Programs](#)
- [IC 31-26-6: Chapter 6. Regional Service Strategic Plans](#)
- [IC 31-26-6-5.5: Description of plan implementation](#)
- [IC 31-40: ARTICLE 40. JUVENILE LAW: FUNDING](#)


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PRACTICE GUIDANCE- DCS POLICY 2.28

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 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

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

Related Policies

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



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 2: Administration of Child Welfare

Section 30: Domestic Violence (DV)

Effective Date: June 1, 2022

Version: 1

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Domestic violence (DV) is a serious issue with potentially fatal implications for all family members. Exposure to DV can have long lasting effects on a child. A child who is exposed to DV in the 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 peers.

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PROCEDURE

Intake

The Indiana Department of Child Services (DCS) will ensure every Preliminary Report of Alleged Child Abuse or Neglect (310) is screened for the presence of DV. The DCS Child Abuse Hotline (Hotline) will recommend for assessment, DV related reports that meet any of the following criteria:

1. A child has witnessed a DV incident and/or was present in the home when a DV incident occurred;
2. The child has been physically injured because of intervening in or being present during a DV incident;
3. There is reason to believe the child is intervening or will intervene in the DV, placing the child at risk of injury;
4. The child is likely to be injured during the DV incident (e.g., being held during violence or physically restrained from leaving);
5. The alleged DV offender has access to weapons or firearms, has used or threatened to use weapons or firearms, and/or has made threats of homicide or suicide;
6. There are serious, recurring DV incidents and/or DV is occurring in combination with other significant risk factors (e.g., substance abuse);
7. The alleged DV offender does not allow the non-offending parent and/or child access to basic needs impacting the child's health and safety;
8. The alleged DV 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/or 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); or
10. Violence increasing in either frequency or severity.

The Hotline will also consider the following factors prior to making a recommendation to assess a DV related report:

1. Isolated victims with minimal support;
2. Stalking behaviors (i.e., patterns of behaviors that are intimidating to the other party);
3. Reports of DV combined with other risk factors including substance abuse or mental illness;
4. Previous reports to DCS or Law Enforcement Agency (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.

Assessments

For the assessment of reports involving alleged DV, follow the initiation requirements outlined in policy 4.38 Assessment Initiation. In addition, reports involving alleged DV will be initiated immediately, but no later than 24 hours following receipt of the report if:

1. The parent, guardian, or custodian or the child calls to report alleged DV and the allegations would not cause a reasonable person to believe the child is in imminent danger of serious bodily harm;
2. The alleged DV incident involved a deadly weapon; or
3. The alleged DV occurred within 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.

When conducting interviews during an assessment, interviews should be performed separately and without the alleged DV offender present. The safety of all family members and DCS staff should be considered when structuring interviews. Consider completing interviews outside of the home, when possible, and consider if it is appropriate to request a joint assessment with LEA (see policy 4.29 Joint Assessments). In assessments where DV is alleged, the purpose of interviews with the alleged DV offender is to discuss how to ensure the safety of the child, the purpose is not to get them to admit to the DV.

Note: Due to federal and state confidentiality laws, DCS staff may not be able to obtain information from staff of a DV program (residential or nonresidential). When the child and non-offending parent are at a DV shelter, shelter staff may decline to confirm their presence.

An out-of-home placement for cases involving DV should **only** be considered when the child is at imminent risk of removal (Indiana Code uses the phrase “imminent risk of placement” rather than “imminent risk of removal”), all other means of safety have been considered and offered, and the non-offending parent is unable to protect the child or is unwilling to accept services. An assessment involving DV does not warrant an automatic removal to ensure the safety of the child. DV does not always constitute exigent circumstances to interview the child without first seeking parental consent. See 2.D Tool: Considerations When Domestic Violence is Identified and policies 4.06 Exigent Circumstances and 7.01 Child at Imminent Risk of Removal for additional information.

Interviews should be completed in the following order:

1. Non-offending parent (see 2.F Tool: Suggested Interview Questions for the Child, Non-Offending Parent, and Alleged Domestic Violence Offender);
2. Child (see 2.F Tool: Suggested Interview Questions for the Child, Non-Offending Parent, and Alleged Domestic Violence Offender);

Note: It is critical to assess the unique impact of DV on each child, not just what the child was exposed to or observed. When interviewing a child who is alleged to have been exposed to DV, DCS will focus the interview on the following:

- a. Impact on the child of witnessing or being exposed to DV (see Practice Guidance);
 - b. The child's understanding and/or interpretation of the violence (how does the child explain what happened or what led to the DV, is the child aware of the aftermath of the DV incidents); and
 - c. The child's concerns about safety.
3. Alleged DV offender (see 2.F Tool: Suggested Interview Questions for the Child, Non-Offending Parent, and Alleged Domestic Violence Offender); and

Exception: If there is concern for potential danger for the child and/or non-offending parent or concern that the child may share information with the alleged DV offender, the interview with the child may be postponed. This will occur only in very rare instances and the FCM Supervisor must be notified immediately and approve the decision.

4. Any other required interviews, as outlined in policy 4.04 Required Interviews.

Note: Interviews with witnesses to a DV incident should be conducted with an understanding that the personal safety of the individuals is a consideration that may impact their willingness to discuss or be fully forthcoming about the abuse and/or violence occurring within the family. All interviews should focus on child safety.

When DV has been alleged, the FCM will:

1. Inform the non-offending parent of the time and location of the interview with the alleged DV offender, if possible, prior to making face-to-face contact with the alleged DV offender; and
2. Create a Safety Plan for the child and all family members upon initiation of the assessment (see Practice Guidance). The purpose of the Safety Plan is to:
 - a. Plan for the immediate safety for the child and non-offending parent,
 - b. Begin planning for the long-term safety of the child and the non-offending parent, including what will happen when DCS is no longer involved,

Note: The Safety Plan **cannot** include a provision that requires the non-offending parent to restrict the visitation or parenting time of the offending parent. This would be a constructive removal and a CHINS would need to be filed.

- c. Provide safety options and information about community services (e.g., DV advocacy programs and programs that provide financial assistance and information about requesting a protection or no contact order on the Protection, No Contact and Workplace Violence Restraining Orders webpage) for the non-offending parent and the child, and

- d. Address behaviors demonstrated by the alleged DV offender that pose a risk to the child's safety.

Note: DCS will partner with the non-offending parent and child to create a Safety Plan in all assessments where DV has been identified. If the non-offending parent has met with a DV advocate to create a DV Safety Plan, the DCS Safety Plan may be revised to incorporate the safety plan that was created with the DV advocate. Best practice would be to include a DV advocate in the development of the DCS Safety Plan.

3. Discuss with the non-offending parent the precautions to take if the parent wants a copy of the Safety Plan (e.g., where to safely keep the document). If the non-offending parent does not want a copy of the Safety Plan, document in the case management system that the non-offending parent opted to not take a copy of the plan.

Note: If the alleged DV offender requests or subpoenas a copy of the Safety Plan, the FCM should meet with the DCS Staff Attorney, and the Safety Plan should be redacted to protect the safety of the non-offending parent and child as outlined in IC 31-33-18-2(8) and IC 31-33-18-2(13).

The FCM will consider closing an assessment without opening a case when:

1. The alleged DV offender has supervised visits or no access to the child;
2. A Safety Plan is in place for the safety of the child;
3. Support services are in place for the alleged victim/parent and child, which help provide safety for the alleged victim/parent and the child;
4. Active involvement with the alleged DV offender by the criminal justice system and an appropriate intervention program is in place; and/or
5. Risks posed by the alleged DV offender are no longer present (e.g., the non-offending parent and child are living in a shelter or there is a reasonable belief the offender will no longer have access to the child).

Note: If an assessment is closed without opening a case, the FCM should offer to refer the non-offending parent to local DV service providers and other community resources for services as warranted (see 4.G Tool: Community Resources and Prevention Services).

The FCM will consider opening a case when:

1. Violence is increasing in either frequency or severity (this is especially important when a child is too young or unable to tell what happened);
2. A relevant individual is thinking about, planning, or has made past attempts of suicide or homicide;
3. The alleged DV offender is not allowing the non-offending parent and/or the child access to basic needs;
4. The child is exhibiting observable effects of the DV, causing substantial impairment;
5. The family requests assistance; or
6. Other risk factors impact the safety of the child (see 2.D Tool: Considerations When Domestic Violence is Identified for additional information).

When it is determined appropriate to open a case, the FCM will ensure the following forms are completed and redactions are completed with the DCS Staff Attorney (see Chapter 6- Court policies):

1. Taking Custody of a Child without Verbal Consent or Written Court Order: Description of Circumstances, if DCS was unable to obtain a court order prior to the removal of the child;
2. Preliminary Report of Alleged Child Abuse or Neglect (310);
3. Assessment of Alleged Child Abuse or Neglect (311) if the assessment is completed;
4. Preliminary Inquiry (PI); and
5. Any other required forms or notices located in the case management system.

Case Management

For cases where DV has been identified, the FCM will:

1. Seek input from the FCM Supervisor to assess whether holding a CFT Meeting with both parents present may be accomplished safely;

Note: Due to the extreme power and control that one (1) partner typically exhibits in a relationship where DV is present, it may be unsafe and/or unproductive to have both the non-offending parent and alleged DV offender present at the same CFT Meeting.

2. Consider other options for both parents to be involved in the CFT Meeting if it is determined to not be appropriate to have both parents present for the same meeting (see 2.E Tool: Domestic Violence and Child and Family Team [CFT] Meeting Considerations);

Note: If a CFT Meeting is held with both the non-offending parent and the alleged DV offender present, a plan should be created during CFT preparation meetings to address safety before, during, and after the meeting. This may include, but is not limited to:

- a. Having the non-offending parent and alleged DV offender arrive and leave the meeting at different times,
 - b. Having scheduled breaks throughout the meeting to evaluate the safety of all team members, and/or
 - c. Contacting the non-offending parent within 24 hours after the CFT Meeting, when both parents were present at the CFT Meeting to assess any impact the CFT Meeting may have had on the child's and non-offending parent's safety.
3. Recommend DV services to any family in which DV may be present and include a DV advocate or another DV service provider in CFT Meetings, whenever possible and appropriate. The DV services should be recommended instead of mandated for the non-offending parent, as mandating the services may actually be perceived by the non-offending parent as mirroring the same coercive and threatening behaviors of the alleged DV offender;

Note: According to IC 35-37-6-1, communications between victims of DV and victim advocates are confidential, even if certain third parties are present when information is exchanged. Victim advocates are legally precluded from giving testimony in CHINS proceedings, without victim consent, and the release of information must be very specific, time sensitive, and Violence Against Women Act approved.

4. Review the Safety Plan at each CFT Meeting and update the Safety Plan as needed (this should not be done, though, if the alleged DV offender is present). In addition to any general safety measure for the child, the Safety Plan should address the following:
 - a. Safety for the non-offending parent and child until the non-offending parent is able to meet with a DV advocate,

Note: If the non-offending parent has met with a DV service provider to create a DV Safety/Survival Plan, the Safety Plan may be revised to incorporate the Safety/Survival Plan that was created.

- b. Referrals to DV programs,
 - c. Financial assistance,
 - d. Other community services available, and
 - e. A plan for what will happen after the FCM is no longer present (e.g., leaves the home) and/or DCS is no longer involved.
5. Protect the confidentiality of information shared during court proceedings and the safety of a parent, guardian, or custodian who is alleged to be a victim of DV (see Chapter 6- Court policies for additional information). This may include, but is not limited to:
- a. Discussing the following with the DCS Staff Attorney:
 - i. The possibility of disclosing addresses and contact information for the parent, guardian, or custodian who is an alleged victim of DV in a sidebar, instead of offering the information to the entire court room;
 - ii. A request for confidential information regarding the parent, guardian, or custodian who is an alleged victim of DV to not be read aloud in the court room; and/or
 - iii. A request for separate hearings be held for a parent, guardian, or custodian who is an alleged victim of DV and alleged DV offender, when appropriate.
 - b. Requesting a security escort for the parent, guardian, or custodian who is an alleged victim of DV and/or alleged DV offender to and from the court room and the parent, guardian, or custodian's vehicle, if necessary.
6. Review 2.D Tool: Considerations When Domestic Violence is Identified and policies 5.09 Informal Adjustment/Prevention Plan or 5.12 Closing a CHINS Case, as applicable, to help determine when it is appropriate to close the case.

The FCM Supervisor will assist the FCM in creating a plan that addresses safety before, during, and after the CFT Meeting when a CFT Meeting is held with both the non-offending parent and alleged DV offender present.

Out-of-Home Care

When DV has been identified, the FCM will complete the following when creating a Visitation Plan:

1. Work with the CFT members to develop a Visitation Plan for the family (see policy 8.12 Developing the Visitation Plan). Ensure the following parameters are included in the Visitation Plan for the alleged DV offender:
 - a. There should be no discussion about the current locations or activities of the non-offending parent,
 - b. Past DV incidents or any of the circumstances that led to the removal of the child should not be discussed with the child during the visit, and the child should not be questioned about treatment the child may be receiving (e.g., counseling or therapy), and
 - c. Any form of physical discipline or intimidation is prohibited.
2. Offer separate visitation times for the non-offending parent and the alleged DV offender;

3. Consider recommending supervised visitation if the child is afraid of the alleged DV offender or either parent has physically abused the child;
4. Ensure the time and location of the non-offending parent's visitation is not provided to the alleged DV offender; and
5. Ensure there is no overlap of parental visitation time.

Note: Ample time should be included for the non-offending parent to pick up or drop off the child or to arrive or leave the premises without being forced to interact with the alleged DV offender. The non-offending parent should not be expected to transport the child to or from visits with the alleged DV offender.

In addition to procedures outlined in policy 8.48 Relative or Kinship Placements, the FCM will consider the following criteria prior to approving a relative or kinship placement for any child under DCS supervision when DV has occurred:

1. The household members have no history of DV;
2. The relative or kin believes DV has occurred and does not enable the violence;
3. The relative or kin are able to protect the child from the alleged DV offender;
4. The relative or kin will not reveal the whereabouts of the non-offending parent;
5. The alleged DV offender does not have coercive control over the relative' or kin's household members;
6. The relative's or kin's household members do not fear the alleged DV offender;
7. The relative' or kin's household members will report all violations of the Safety Plan; and
8. The relative' or kin's household members have a good relationship with the non-offending parent.

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RELEVANT INFORMATION

Definitions

Domestic Violence (DV)

DV involves a pattern of assaultive and coercive behaviors that an individual uses against the intimate partner with the intent to degrade, humiliate, or instill fear. 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.

Imminent Risk of Removal/Placement

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

- [2.D Tool: Considerations When Domestic Violence is Identified](#)
- [2.E Tool: Domestic Violence and Child and Family Team \(CFT\) Meeting Considerations](#)
- [2.F Tool: Suggested Interview Questions for the Child, Non-Offending Parent, and Alleged Domestic Violence Offender](#)
- [4.G Tool: Community Resources and Prevention Services](#)
- Assessment of Alleged Child Abuse or Neglect (311) (SF 113) – available in the case management system
- Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) – available in the case management system
- [Protection, No Contact and Workplace Violence Restraining Orders](#)
- [Safety Plan \(SF 53243\)](#)
- [Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstance \(SF 49584\)](#)
- Visitation Plan – documented in the CFT Meeting Notes and court reports

Related Policies

- [4.04 Required Interviews](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.29 Joint Assessments with Law Enforcement Agency \(LEA\)](#)
- [4.38 Assessment Initiation](#)
- [5.09 Informal Adjustment/Prevention Plan \(IA\)](#)
- [5.12 Closing a CHINS Case](#)
- [Chapter 6- Court](#)
- [7.01 Child at Imminent Risk of Removal](#)
- [8.12 Developing the Visitation Plan](#)
- [8.48 Relative or Kinship Placements](#)

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LEGAL REFERENCES

- [IC 5-26.5-1-3: "Domestic violence"](#)
- [IC 31-26-5-1: "Child at imminent risk of placement"](#)
- [IC 31-33-18-1: Confidentiality; exceptions](#)
- [IC 31-33-18-2: Disclosure of unredacted material to certain persons](#)
- [IC 34-6-2-34.5: "Domestic or family violence"](#)
- [IC 35-37-6-1: "Confidential communication"](#)

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PRACTICE GUIDANCE- DCS POLICY 2.30

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.

Creating a Safety Plan when DV is Alleged or Identified

When Domestic Violence (DV) is present or suspected, DCS will create a Safety Plan which addresses the safety of the child and all family members. 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 DV offender that pose a risk to the child's safety.

Note: The Safety Plan for the non-offending parent and child should not be shared with the alleged DV offender. DCS will work with the alleged DV offender to develop a separate Safety Plan. Both plans should also address any other safety concerns that have been identified for the child.

The plan created for the non-offending parent and/or child should include strategies to reduce the risk of physical violence and harm by the alleged DV offender and enhance the protection of the child and non-offending parent. The Safety Plan for individuals living with DV will vary depending on whether the non-offending parent is separated from the alleged DV offender, thinking about leaving, returning to, or remaining in the relationship. Specific planning may include, but is not limited to:

1. Engaging the non-offending parent in a discussion about the options available to keep the non-offending parent 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 DV offender accountable; and
4. Developing a written list of phone numbers of neighbors, friends, family, and community service providers that the non-offending parent may contact for safety, resources, and services. This requires FCMs to stay current about resources, contacts, victim advocates, and legal options.

The plan created for the alleged DV offender should identify and address behaviors and harm caused by the alleged DV offender with the safety and protection of the non-offending parent and child as the ultimate goal. Specific planning may include, but is not limited to:

1. Agreement to refrain from any further acts of physical harm or violence against the non-offending parent and/or child.
2. Agreement to refrain from any further acts of coercive control or manipulation against the non-offending parent and/or child (e.g., harassment, stalking, verbal, or emotional abuse, and withholding basic needs [food, clothing, medical care, modes of communication or transportation, access to employment]).
3. Exploring options to dispose of (temporarily or permanently) weapons kept on their person, or in the home.

Examples of items that may be addressed in a safety plan for an alleged DV offender include the following:

1. The alleged DV offender will not commit further physical violence towards any member of the household or any pets.
2. The alleged DV offender will not intimidate any member of the household including verbal threats, destruction of property, or throwing objects.
3. The alleged DV offender will not possess any weapons (e.g., guns, bows, arrows, knives) and no weapons will be in the home or on the premises.
4. The alleged DV offender will not withhold basic needs from the non-offending parent (food, clothing, shelter, medical/mental health care, education, socialization).
5. The alleged DV offender will not use physical discipline.
6. The alleged DV offender will not deny the partner access to telephone, vehicle, or other forms of communication and transportation.
7. The alleged DV offender will not deny the partner access to income/financial resources.

Documentation of DV in Contacts and Reports

When documenting DV in contacts and reports, ensure the documentation goes into detail and provides specific information about the DV incident. Example A and Example B below are samples of documentation about the same DV incident. These examples demonstrate the drastic differences between reports written without specific information versus reports that go into detail about the DV incident.

Example A (Lacking Specific Information):

The department substantiated neglect against both Mr. Smith (father/step-father) and Mrs. Smith (mother) due to domestic violence in the presence of Mrs. Smith's older two children and their mutual child as well as substance abuse by the mother. Mrs. Smith's older two children have different fathers. She has a history of domestic violence in those relationships. Mrs. Smith has a long history of abusing substances and not maintaining sobriety. Mrs. Smith had a bruise and cuts to her face following the last incident due to which Mr. Smith was arrested. The older children were in close proximity to the violence. Mrs. Smith denied abuse by Mr. Smith and bonded Mr. Smith out of jail. Mrs. Smith failed to protect the children and intends to remain in a relationship with Mr. Smith. Mr. Smith's parents help take care for the youngest child and want him placed with them.

Example B (Detailed Information- Best Practice):

The department substantiated neglect against Mr. Smith (father/step-father) due to domestic violence in the presence of Mrs. Smith's (mother) older two children and their mutual child. Mr. Smith was arrested due to physical violence against Mrs. Smith specifically, punching Mrs. Smith in the face multiple times with a closed fist leaving bruises, shoving Mrs. Smith over a sofa resulting in a laceration to her temple, and putting his knee to her chest with enough force to restrict her breathing. Mrs. Smith denied abuse by Mr. Smith and bonded Mr. Smith out of jail. Both older children were within 3 feet of this violence and at risk of being harmed. Both children were crying and begging Mr. Smith to stop. The oldest child attempted to intervene and was shoved out of the way by Mr. Smith. Mrs. Smith indicates she plans to stay in a relationship with Mr. Smith. Mrs. Smith was not able to verbalize a plan to ensure the safety of her children.

Mr. Smith has a history of being verbally and physically abusive to Mrs. Smith and controlling of finances as well as Mrs. Smith's contact with family and friends. The older children have witnessed Mr. Smith batter their mother multiple times (punching in the face, choking, twisting her arm, and kicking her in the stomach) over the past year and express fear that their mother will be harmed. Mr. Smith has punched holes in the walls and broken both the living room coffee

table and a chair when he has been violent. Mr. Smith repeatedly throws dishes breaking them. The children have observed Mrs. Smith with a black eye and bruises on her face and arms following Mr. Smith battering her on past occasions. None of the children have received injuries as a result of the violence.

Mr. Smith's violence toward Mrs. Smith and controlling behaviors have negatively impacted Mrs. Smith and the children. Mrs. Smith participated in substance abuse treatment services for 6 months to address her substance use and maintained sobriety. Mr. Smith refused to allow her to continue treatment and refused access to the car or money for transportation. Mrs. Smith did relapse once and has since regained sobriety.

The family has been evicted multiple times due to frequent domestic violence perpetrated by Mr. Smith. They have moved 6 times in the last year. These moves have impacted the older children's performance in school. Both have missed more than 30 days of school. When the children do attend school, they struggle to remain focused in class and frequently fall asleep. The children struggle to complete homework in the home with the tension and violence.

Mr. Smith frequently threatens to take his child and leave the home. He threatens that he will disappear, and Mrs. Smith will never see their child again. Mr. Smith has left with their child on two prior occasions, once for 4 days and another time for 3 weeks. Mrs. Smith did not know the child's whereabouts. She questioned Mr. Smith's parents and they denied knowing where Mr. Smith and their grandchild were.

Mr. Smith's parents regularly keep their grandchild on weekends. They shared concern for Mrs. Smith's caregiving of the children and her substance abuse history. The grandparents had no concerns about their son or his caregiving of his child. They shared that Mr. Smith stayed with them for 3 weeks about 4 months ago when he left Mrs. Smith. The grandparents are not interested in caring for the older two children. They would like to care for their grandchild.

Indicators of Domestic Violence

If any of the following indicators of DV are observed, carefully consider how to proceed. The alleged DV offender should not be present during other interviews, which may require a court order. Staff with your DCS Staff Attorney and FCM supervisor about how to proceed.

Child Indicators:

1. Child may blame self for the abuse;
2. Child may identify with the alleged DV offender by "acting out" aggressively toward the non-offending parent;
3. Child may be depressed, confused, or exhibit animosity, anger, or sadness;
4. Infants may be moody, restless, sleepless, or lack responsiveness;
5. Child may experience regression, such as bed wetting or thumb sucking;
6. Child may show signs of school phobia- a manifestation of leaving the non-offending parent alone in the home;
7. Child may experience guilt or the inability to establish trusting relationships;
8. Child may try to hide the fact that DV is present in the home;
9. Child may take on the "mothering" role;
10. Child may demonstrate fear when the alleged DV offender is around;
11. Child may be overly protective of one (1) parent; and/or
12. Child may be withdrawn, apathetic, or feel insecure and powerless.

Potential Indicators of DV

During each home visit, the FCM will look for the following potential signs of DV:

1. Evidence of damage to property (e.g., holes punched in walls and doors ripped off hinges);
2. Evidence of one (1) parent being deprived of a phone or unable to have access to a phone;
3. Reluctance of adults/partners to be interviewed separately; one (1) 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. Potential weapons are present in the home, openly visible, or are not secured (be aware of common household items that may be used as a weapon);
12. Home not adequately accessible for a family member's disabilities;
13. Presence of guard animals, especially if family members exhibit fear of them;
14. Home is in an isolated location; and/or
15. One (1) adult/partner appears to have other forms of isolation (e.g., social, electronic, financial, inability to work outside of the home).

Types of Domestic Violence

Domestic Violence (DV) 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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 2: Administration of Child Welfare

Section 31: Handling and Documenting Suspected Child Pornography

Effective Date: November 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Indiana Department of Child Services' (DCS) employees may encounter suspected child pornography during their job duties which shall be handled and documented in a manner that does not retraumatize the child or breach relevant laws.

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PROCEDURE

IC 35-42-4-4 allows DCS employees to possess child pornography while acting within the scope of their job duties. DCS employees will not upload suspected child pornography into the case management system. DCS employees shall not attempt to duplicate or copy child pornography. If the child pornography is electronic or received electronically, the DCS employee shall not forward the material to others.

Upon encountering suspected child pornography, a DCS employee will:

1. Contact their direct supervisor and law enforcement agency (LEA) immediately and request LEA take possession of the child pornography;

Note: If LEA is unavailable and/or declines to take possession of the child pornography, the Local Staff Attorney and Chief Counsel will work with the DCS employee and their supervisor to determine next steps.

2. Document the following in the case management system and the Preliminary Inquiry (PI), if applicable:
 - a. Communication with LEA (or a summary of the communication if it was verbal) and LEA's response to the request to take possession of the child pornography, and
 - b. A detailed description of what the image depicts, which should include:
 - i. A full description of each individual appearing in the pornographic material including the individual's:
 - a. Race,
 - b. Sex,
 - c. Approximate age,
 - d. Hair color,
 - e. Identifying marks, and
 - f. Other observable characteristics or physical descriptors.
 - ii. A full description of each animal appearing in the child pornography, if applicable;
 - iii. A full description of any other information discernable in the child pornography,

including, but not limited to:

- a. The room and any furniture or items in the room,
 - b. Approximate time of year and/or time of day, if discernable.
- iv. A full description of any audio that may be heard in the child pornography including:
 - a. Music,
 - b. Television sounds,
 - c. Voices, and
 - d. Other noises.
 - v. Any other factual information that the DCS employee finds relevant or unusual.
3. Seek supervisory guidance, as needed, to ensure the appropriate process is followed.

Child Pornography in the Case Management System

If DCS staff encounter suspected child pornography already in the case management system, the DCS employee will:

1. Report the issue to their direct supervisor;
2. Contact LEA to verify that the child pornography has been previously provided to LEA;
3. Work with LEA to provide the child pornography, if it is determined that the child pornography has not previously been provided to LEA; and
4. Submit a help desk ticket in the Management Gateway for Indiana's Kids (MaGIK) system for the child pornography to be expunged from the case management system.

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RELEVANT INFORMATION

Definitions

Child Pornography

Child pornography is an obscene image or performance that depicts or portrays a child under 18 years of age engaged in sexual conduct or an image or performance depicting or portraying a child under 18 years of age created or possessed with the intent to arouse. An image or performance as described above may still be determined to be child pornography if the image is digitized and/or if the child depicted in the image or performance does not actually exist (e.g., a hand-drawn cartoon).

Forms and Tools

- Critical Response Team (CIRT) email – DCS.CIRT@dcs.in.gov
- [CIRT Request](#)
- [Optum EAP website](#)

Related Policies

- [GA-17 Critical Incident Response](#)

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LEGAL REFERENCES

- [IC 35-31.5-2-164.2: "Image"](#)
- [IC 35-42-4-4: Child exploitation; possession of child pornography; exemptions; defenses](#)
- [IC 35-49-1: Chapter 1. Definitions](#)
- [IC 35-49-2: Chapter 2. General Provisions](#)
- [IC 35-36-10-2 "Child pornography"](#)

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PRACTICE GUIDANCE- DCS POLICY 2.31

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.

Support Services for DCS Employees

Services are available to assist DCS employees. Any employee may request an individual or group Critical Incident Stress Management (CISM) Response by completing a [Critical Incident Response Team \(CIRT\) Request](#) or by contacting the CIRT Liaisons via DCS.CIRT@dcs.in.gov or calling 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 the Optum EAP website (use "State of Indiana" to log in).

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	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.

 <p>INDIANA DEPARTMENT OF CHILD SERVICES</p>	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:
Notification of Assessment Outcome and Right to Request an Administrative Review (SF 53068)	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.
Notification of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse or Neglect (SF 53071)	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).
Notification of Administrative Review Decision Report Returned for Further Assessment (SF 53094)	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.
Notification of Denial of Administrative Review (SF 53072)	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.

<u>Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse/Neglect (CA/N) (SF 53030)</u>	<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>
<u>Notice to Employer of a Report of Child Abuse/Neglect (CA/N) (SF 53031)</u>	<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>
<u>Notification of a Child Care Worker (CCW) Assessment Review Decision for an Assessment Closed Prior to 10-15-06 (SF 53032)</u>	<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>
<u>Notice of an Administrative Review Decision for an Assessment Closed Prior to 10-15-06 (SF 53033)</u>	<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>
<u>Notice of Assessment Outcome for a Department of Child Services Employee (SF 54318)</u>	<p>Used to notify a DCS employee that they has been substantiated against and an administrative review will be conducted.</p>
<u>Notice of Administrative Review Outcome for a Department of Child Services Employee (SF 54317)</u>	<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 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 Neglect \(SF 113\) \(311\)](#) – 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	
	Tool: Considerations When Domestic Violence is Identified Reference: 2.D (2.30 Domestic Violence [DV])	
	Effective Date: June 1, 2022	Version: 1

Suggested Questions to Assist in Making a Finding When Domestic Violence (DV) has Been Identified

The following are examples of questions that may be used to assist in making an assessment finding when DV has been identified:

1. What is the frequency of the DV and the extent of the injuries?
2. Is there a history of strangulation (choking)? Has pressure been applied to the neck, or has there been a loss of time or memory, or bowel or bladder function? If any of these have occurred a Computed Tomography Angiography (CTA) is recommended to rule out a carotid dissection (see <https://www.allianceforhope.com/strangled-victims-need-imaging/> for further guidance).
3. Has your child observed property damage?
4. Are there current safety issues?
5. Where was the child located when the DV occurred?
6. Would the child be unsafe in the home where the DV occurred?
7. Is the child at risk of future harm?
8. Is the child in need of protection?
9. Has the child intervened in the DV? (Whether the child was injured or not, a child's direct involvement presents extreme risk.)
10. Has anyone else intervened in the DV?
11. Is there an established pattern of DV that is chronic or severe?
12. Has the child exhibited extreme emotional or behavioral changes, or has the child been diagnosed with a mental health condition such as Post Traumatic Stress Disorder (PTSD), depression, anxiety, or fear as a result of living with DV?
13. Has there been a co-existence of DV and substance abuse that impedes a parent's ability to assess the level of danger in the home? (Substance abuse may exacerbate the violence, increasing risk to the child and alleged victim/parent.)
14. Has a parent been threatened or injured in the presence of the child?
15. Has a parent been injured and/or sought medical treatment resulting from DV?
16. Has there been a history of abuse towards pets?
17. Are there services/assistance that may be provided to the alleged DV offender?
18. What resources and assistance can be provided to help the alleged victim/parent succeed?
19. How is the child doing in school (including both grades and behavior)? Is the child overly aggressive?
20. Are the parents willing and capable of providing a safe environment for the child?

The following criteria may be used when making a decision to determine if it is appropriate to substantiate neglect on the alleged victim/parent in DV related DCS cases:

1. The alleged victim/parent's history of and/or attempts to use DV shelters or programs;
2. The alleged victim/parent's history of and/or attempts calling law enforcement or use/knowledge of how to request court services for DV protection orders ([Protection, No Contact and Workplace Violence Restraining Orders](#));
3. The alleged victim/parent's past efforts and history of making other arrangements to protect the child (e.g., taking the child to a relative or friend's house);
4. The alleged victim/parent's history and level of cooperation with past DCS services; and
5. The level of risk and safety factors for the child at the present time.

Factors Indicating Child may Remain at Home

The following factors may suggest a child may safely remain in the home:

1. The non-offending parent acknowledges risk to the child and demonstrates the use of 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) to mitigate risks;
2. The non-offending parent and child are in a shelter or other safe location;
3. The alleged DV offender's access to the child and non-offending parent or activities with them are restricted (e.g., in jail, complying with protective orders, or no-contact orders in place);
4. The alleged DV offender is actively engaged in intervention programs and takes responsibility for the alleged DV offender's behavior;
5. The child has a supportive adult in the home;
6. The child is older and has a plan to be safe and the ability to carry out the plan;
7. Violence is not escalating;
8. Other issues (e.g., substance abuse and mental health) do not pose safety threats; and
9. The non-offending parent has supportive extended family or community ties.

Non-offending Parent Remains with the Offender

If the non-offending parent is remaining with the offender, consider the following:

1. Is the child safe to remain in the home?
2. In an emergency, what works best to keep the child safe?
3. Who can the non-offending parent or child call in a crisis?
4. Would the non-offending parent or child 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?
6. Is the non-offending parent aware of services that may address barriers to leaving the offender (e.g., housing and financial assistance, DV programs, or a civil attorney)?

Factors that may Indicate Need for Out-of-Home Placement

The following factors may suggest that a child needs an out-of-home placement:


1. No other workable plan may be put in place that ensures child safety;
2. Other types of child abuse exist, which creates safety threats;
3. The alleged DV offender continues to expose the child to serious violence despite intervention;
4. The alleged DV offender continues to have illegal or other contact with the child, which presents safety concerns;
5. The alleged DV offender's history includes known violent behaviors;
6. The child has increased vulnerability due to the child's physical, emotional, and/or developmental ability and/or age; and/or

7. Abuse of alcohol or other drugs presents additional safety threats in the home.

Factors to Consider Prior to Case Closure

The following are examples of factors that should be considered prior to case closure when DV has been identified as a risk factor during a case:

1. The child and non-offending parent feel safe in their home;
2. The alleged DV offender has participated in treatment;
3. The alleged DV offender is complying with parole or probation supervision and any court ordered intervention program;
4. The alleged DV offender is accepting responsibility and not using physical violence or control tactics;
5. Both parents or caregivers understand the effects of DV on their child;
6. No new reports of CA/N related to DV have been filed within the past six (6) months;
7. The non-offending parent and alleged DV offender each have a [Safety Plan \(SF 53243\)](#) in place that is being followed;
8. The non-offending parent has and exhibits the ability to protect the child;
9. The non-offending parent has knowledge of and access to relevant supports, resources, information, and safety options for both self and the child; and
10. Other case issues (e.g., drug or alcohol abuse) are resolved or not affecting parenting ability.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Domestic Violence and Child and Family Team (CFT) Meeting Considerations	
	Reference: 2.E (2.30 Domestic Violence [DV])	
	Effective Date: June 1, 2022	Version: 3

DCS will carefully assess the appropriateness of holding a CFT Meeting with both the non-offending parent and alleged domestic violence (DV) 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 for fear that the non-offending parent or the children would be in danger or feels intimidated and therefore unable to represent the child's best interests;
2. The non-offending parent has secured a "no contact order" and the meeting would be a violation of the order (the FCM should check to see if there is a "no contact order" as there are circumstances where the non-offending parent may not be aware that the "no contact order" is in place);

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 DV offender either denies or enables the abuse;
5. The FCM believes the parent alleged to be the victim of DV or the child could be placed in danger if the meeting took place; or
6. The alleged DV offender denies that DV is an issue or that DV has not occurred when evidence states otherwise (e.g., police reports and visible bruises).

Note: It may initially be inappropriate to have the parent alleged to be the victim of DV and alleged DV 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 DV and alleged DV offender attend the same CFT Meeting. Other options may be considered, such as a conference call with the alleged DV offender. If there is a court order in place, permission can be sought from the court for the alleged DV offender to be on the phone for a CFT Meeting.

Prior to deciding to hold a CFT Meeting with both the alleged DV offender and non-offending parent present, the FCM should answer the following:

1. Are there orders prohibiting contact (protective orders, restraining orders, or no contact orders)?
2. Do the non-offending parent and the alleged DV offender live together?

Note: If they do not live together, consider whether the non-offending parent's address and contact information need to be protected and kept confidential from the alleged DV

offender on CFT Meeting documents.


3. Is DV a topic that has been addressed publicly with the alleged DV offender (e.g., with police, a judge, the FCM, or other family members)? If yes, how did the alleged DV offender react?
4. What are the goals for having the alleged DV offender present and those for not having the alleged DV offender present at the CFT Meeting?
5. What is the biggest fear if the alleged DV offender does participate in the CFT Meeting?
6. Is the alleged DV offender involved in any services and, if so, for how long?
7. Are there any current stressors for the alleged DV offender that should be considered?

If it is determined that it is not appropriate for the alleged DV offender be present at the CFT Meeting with the non-offending parent, consider the following options to allow for involvement in the process:

1. Record the alleged DV offender's responses when discussing topics to be discussed during the CFT Meeting, and inform the CFT participants of the responses;
2. Allow the alleged DV offender to participate in some or all of the CFT Meeting via phone;
3. A criminal justice representative or a provider (e.g., therapist or case manager) with whom the alleged DV offender is working may attend the CFT Meeting as the alleged DV offender's representative;
4. The alleged DV offender may write a letter responding to questions/topics that will be discussed during the CFT Meeting; and/or
5. Hold two (2) separate CFT Meetings.

If the non-offending parent and the alleged DV offender will be attending the same CFT Meeting, the FCM will consider developing a Safety Plan (see policy 2.XX Domestic Violence) for the CFT Meeting with the non-offending parent and discuss the following prior to the CFT Meeting:

1. Are there any specific topics to avoid discussing during the meeting?
2. Are there safety concerns about anyone else who is attending the CFT Meeting?
3. Does the non-offending parent want to discuss the DV during the meeting?
4. How safe does the non-offending parent feel discussing the DV with the alleged DV offender present? Without the alleged DV offender present?
5. What actions will be taken if the non-offending parent feels unsafe during the CFT Meeting?
6. Is it appropriate to discuss the DV if children will be present at the CFT Meeting?

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Suggested Interview Questions for the Children, Non-Offending Parent, and the Alleged Domestic Violence Offender	
	Reference: 2.F (2.30 Domestic Violence [DV])	
	Effective Date: June 1, 2022	Version: 2

The following is a guide that may be used to assist the Family Case Manager (FCM) when interviewing the non-offending parent, children, and the alleged Domestic Violence (DV) offender during assessments when DV has been alleged or identified (see policies [4.09 Interviewing Children](#), [4.10 Interviewing the Parent, Guardian, or Custodian](#), and [4.11 Interviewing the Alleged Perpetrator](#) for further information).

Note: These are examples of questions are to be used as a guide for FCMs while interviewing the non-offending parent, children, and the alleged DV offender. This is not intended to be used as a questionnaire.

Prior to beginning the interviews, it is important to:

1. Explain the Indiana Department of Child Services' (DCS) assessment process;
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 source of the information, or any information concerning safety that the non-offending parent has provided, will not be shared with the alleged DV offender;
4. Explain that referral information will be provided, as appropriate; and
5. Explain the limits of confidentiality.

Interviewing the Non-Offending Parent

Always interview the non-offending parent without the alleged DV offender present.

Note: If the non-offending parent refuses to be interviewed without the alleged DV offender, discuss this with the FCM Supervisor and document in the case management system. If the non-offending parent of DV is believed to be the alleged perpetrator of Child Abuse and/or Neglect (CA/N), see policy [4.11 Interviewing the Alleged Perpetrator](#) for further guidance.

Below are questions that may be used while interviewing the non-offending parent in a DV relationship.

1. Tell me about your relationship with your partner.
2. How do decisions get made about things such as discipline and money? What happens when you disagree? Where are the children when the disagreements happen?
3. Have you or other family members felt afraid or intimidated by another family member? In what ways?
4. Have you or another family member been hurt by anyone else in the family? Has this occurred in front of the children?

5. Do you ever worry about the safety of your children? If yes, tell me more about that.
6. How have the children been exposed to the violence: heard it happen, saw it happen, was told about it by siblings or others, or saw the aftermath (e.g., broken bones, bruises on parent, or other family members or stitches), and what do the children understand about the violence?
 - a. Have your children observed property damage?
 - b. Have your children ever overheard you being demeaned or called names?
7. Have the children ever been hurt, either accidentally or on purpose during an incident? Tell me about this.
8. How are you able to keep your children safe?
9. Has your partner:
 - a. Called your children 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 the children feel uncomfortable?
 - f. Asked your children to report on what you do during the day?
 - g. Had your children spy on you?
10. Have any of your children:
 - a. Behaved in ways that remind you of your partner?
 - b. Physically hurt you or other family members?
 - c. Tried to protect you?
 - d. Tried to stop the violence?
 - e. Hurt themselves?
 - f. Hurt family pets?
 - g. Been fearful of leaving you?
 - h. Exhibited emotional/behavioral problems at home or school?
11. Describe how the children respond to the violence. Have you noticed any effects (e.g., sleep, school, or behavior)?
12. What does safety mean for you and your children? 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. Do you have family or friends you can talk to about your problems?
14. Who are some of the people you turn to for support?
15. Do you feel free to do, think, believe what you want?
16. Do you have any current injuries or health problems?
17. Has your partner ever:
 - a. Isolated you from your family or friends or going someplace you wanted to go?
 - b. Been jealous or possessive?
 - c. Followed you to see where you go?
 - d. Accused you of being unfaithful?
 - e. Controlled your money?
 - f. Called you degrading names?
 - g. Made threats to hurt you or the children?
 - h. Made threats to kill you if you ever attempt to leave or divorce?
 - i. Hurt household pets, or threatened to hurt them?
 - j. Been violent to people outside the family?
 - k. Behaved recklessly to scare you (e.g., driving too fast with the children in the car)?
 - l. Threatened to report you to DCS or take away the children?

- m. Been diagnosed with or been suspected of having depression, Post-traumatic Stress Disorder (PTSD), or another mental health condition?
 - n. Threatened to commit suicide?
 - o. Abused over the counter medications, prescriptions, illegal drugs and/or alcohol?
 - p. Prevented you from obtaining treatment (e.g., medical, drug/alcohol, mental health) or basic needs (e.g., food, clothing, shelter, or utilities)?
18. 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? How frequently does this happen?
19. 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.

20. Does your partner have any weapons? Does your partner have access to weapons owned by others?
21. Were you ever assaulted while you were pregnant?
22. Have you been exposed to DV in any previous relationships?
23. Have you ever used a DV violence shelter or group? Was it helpful? Do you have/have you had a DV advocate? If so, have you had a lethality assessment completed?

Note: If they have not contacted a DV advocate, recommend that they do. Also, if the individual has not had a lethality assessment, explore whether the individual is willing to call or have the FCM call for them to have the lethality assessment completed (by doing this there is no record on the individual's phone).

24. Have you ever called the police or filed a protective order? What happened (e.g., did your partner respect the order)?
25. Have you:
- a. Told anyone about the abuse?
 - b. Seen a counselor or therapist?
 - c. Left the home as a result of the abuse?

26. What do you think will happen when this meeting is over and I leave?
27. Will it increase the risk of harm to you or the children if I ask your partner some questions? Will the children tell your partner what I ask them?

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.

28. How can we help you keep you and your children safe (e.g., provide information on legal services or short-term housing/funding)?
29. What do you need right now to stay away from your abuser?

Interviewing Children

Below are questions that may be used while interviewing the children.

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 parents (boyfriend, girlfriend, partner, etc.) argue? What do they argue about?
2. What do you do when your parents (boyfriend, girlfriend, partner, etc.) are fighting?
 - a. Stay in the room.
 - b. Go to a sibling.
 - c. Leave or hide.
 - d. Ask parents to stop.
 - e. Call someone.
 - f. Go for help.
 - g. Other.
3. What do you think about when this is happening?
4. When your parents (boyfriend, girlfriend, partner, etc.) are fighting, does this make you sad, scared, or worried?
5. Do they ever get hurt?
6. Are you ever afraid to go home?
7. Has anyone ever thrown things or broken things?
8. Have you heard anyone being demeaned or called names?
9. Have you or anyone else been hurt when your parents (boyfriend, girlfriend, partner, etc.) were fighting?
10. Have you ever tried to stop the fighting between your parents (boyfriend, girlfriend, partner, etc.)? What happened?
11. Do you have any pets? If so, who takes care of the pets? Have the pets ever been hurt?
12. 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 ever think about them fighting while you are in school or playing?
13. Do you ever have trouble sleeping at night? Do you have nightmares?
14. Have you talked to any other grownups about this problem? What happened?
15. Do you know if either of your parents (boyfriend, girlfriend, partner, etc.) own any weapons? Do you know where they keep them?
16. What would you like your parents to do to improve their relationship with you, each other, or help you to feel safer?
17. In an emergency, who would you call?
 - a. What is their phone number?
 - b. What would you say if you called them during an emergency?

Note: 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 DV on the children if the children's safety will not be compromised.

Interviewing the Alleged Domestic Violence Offender

The purpose of interviewing the alleged DV perpetrator is to assess risk, not to elicit a confession. Do not confront the alleged DV perpetrator with information obtained from children or the non-offending parent. If at any point during the interview you feel that the alleged perpetrator is too dangerous, conclude the interview and consult with an FCM Supervisor regarding next steps.

Below are questions that may be used while interviewing the alleged DV offender.

The FCM may use the following as a guide for the interview with the alleged DV offender:

1. Tell me about your relationship with your partner.
2. Describe your relationship with your children/partner's children or other household members.
3. How do decisions get made?
4. There are disagreements in all relationships. What happens when you and your household members disagree? Where are the children when these disagreements happen?
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 ever worry about the safety of your children? If yes, tell me more about that.
8. Do you or any of your household members use alcohol or drugs? How often?
9. Do you own or have access to weapons?
10. Have you ever been told that violence/fighting is a problem for you? By whom?
11. Have you ever pushed, pulled, hit, kicked, slapped, or punched anyone in your family or a household member or a pet? If so, describe.
12. Have you ever caused property damage, either your property or someone else's property?
13. Do your partner, children, or other household members ever seem afraid of you?
14. Who are your partner's family/friends? How often does your partner see or talk with them?
15. How do the children interact with others? What activities/extracurriculars are the children involved in outside of the home?
16. How has the children been exposed to the violence: heard it happen, saw it happen, told about it by siblings or others, or saw the aftermath (e.g., broken bones, bruises on parent, or other family members or stitches), and what do the children understand about the violence?
 - a. Have your children observed property damage?
 - b. Have your children ever overheard you demeaning or calling another person names?
17. Have any of the children ever been hurt, either accidentally or on purpose during an incident? Tell me about this.
18. How are you able to keep your children safe?
19. Have any of your children:
 - a. Overheard the yelling and/or violence?
 - b. Behaved in ways that remind you of you?
 - c. Physically hurt you or other family members?
 - d. Tried to protect your partner?
 - e. Tried to stop the violence?
 - f. Hurt themselves?
 - g. Hurt family pets?
 - h. Been fearful of you?
 - i. Exhibited emotional/behavioral problems at home or school?
20. Describe how the children respond to the violence. Have you noticed any effects (e.g. sleep, school, or behavior)?
21. What does safety mean for you and your children? 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? How safe do you think

- your partner feels? Your children or household members?
22. What do you believe would help keep you and/or your children safe? What can be done to make this happen?
 23. How can you work to keep your children safe?
 24. If we could offer you any services or information to help strengthen your family or assist in strengthening parent skills what would those be?
 25. If we could offer your family or household members any services or information, what would they be?
 26. How does DV affect your family, especially your children?
 27. What were your parents' or caregivers' relationships like when you were a child?

Note: The FCM should also note observations of the alleged perpetrator's behavior during the interview.



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 3: Child Abuse Hotline

Section 01: Receiving Reports of Suspected Child Abuse and/or Neglect (CA/N)

Effective Date: July 3, 2024

Version: 8

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline (Hotline) is available for individuals to contact and make a report when they have reason to believe a child is a victim of Child Abuse and/or Neglect (CA/N). Receipt of a call made to the Hotline is a critical first step in the DCS's process of assessing the alleged child victim's safety.

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PROCEDURE

Allegations of CA/N are reported to the 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 (DCSHotlineReports@dcs.in.gov), or by fax (317-234-7596 or 317-234-7595). The Hotline will accept oral, written (hard copy), and electronic reports or requests. In Indiana, anyone who suspects a child is a victim of CA/N is a mandated reporter. A person who makes a CA/N report is protected from any civil or criminal liability that might otherwise be imposed because of such actions if the report is made in good faith.

Note: Hotline 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 CA/N report in person at the DCS local office. The DCS local office will ensure the individual has access to a telephone to make a CA/N report to the Hotline. If the reporter is unable or unwilling to place the call to the Hotline, the DCS local office should take the CA/N report and subsequently call or email 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 (see Tool 3.A Hotline Intake Overview Flowchart):

- a. CA/N allegations: Proceed with creating a Preliminary Report of Alleged Child Abuse or Neglect (310). See policy 3.02 Creating and Evaluating a Child Abuse and Neglect (CA/N) Intake Report,
- b. Homeless Unaccompanied Minor: Proceed with completing a CA/N intake report regardless of whether CA/N is alleged,
- c. Professional Service Request (PSR): Proceed with creating the PSR Intake form. See Relevant Information and policy 3.03 Professional Service Request (PSR), or
- d. Safe Haven infant: Send the intake report to the DCS local office for an emergency placement to be arranged for the child.

Additional Hotline Actions

Adoptive Parenting Inquiries

For adoption inquiries, the IS will refer the caller to 1-888-25-ADOPT to be connected with an Adoption Consultant in the caller's region.

Collateral Information

When collateral information is received regarding an open assessment or case, the IS will:

1. Document the additional information obtained from the caller for the open assessment or case as an Information and Referral (I&R); and
2. Forward the I&R to the FCM, FCM Supervisor, and the county distribution list of the open assessment or case.

Complaints

If the call is a complaint, the IS will refer the caller to the appropriate person by following the chain of command and will escalate the call only if previous complaints went unresolved.

Family Evaluation

If the call is regarding a family evaluation, the IS will send the family evaluation to the DCS local office.

Inquiries

The IS will follow procedures outlined in policy 2.06 Sharing Confidential Information if a caller is interested in the status of a CA/N report, assessment, or case.

LEA Requesting Immediate Assistance at the Scene

When LEA calls to request immediate assistance, the IS will:

1. Ask if there are any allegations of CA/N;
2. Request essential information from the report source before requesting immediate assistance from the DCS local office;
3. Contact the DCS local office directly, upon ending the call, and email notes to the DCS local office, if requested;
4. Complete one (1) of the following:
 - a. The 310 if there are allegations of CA/N, or
 - b. The Professional Service Request Intake form if there are no allegations of CA/N.
5. Follow the respective process as outlined in policies 3.02 Creating and Evaluating a Child Abuse and/or Neglect Intake Report or 3.03 Professional Service Request (PSR) Intake.

New Child Residing in a Household with a Parent or Caregiver with an Open DCS Case

If the call is regarding a new child residing in the household of a parent or caregiver with an open DCS case, the intake report will be routed to the county where the parent or caregiver resides.

Resource Parenting Inquiries

If a caller is inquiring about resource parenting, the IS will refer the caller to the Foster Care Helpline (1-888-631-9510) to be connected to a Regional Foster Care Specialist (RFCS).

Self-Referrals

If a caller is inquiring about referrals, the IS will provide the caller with the requested resource information, such as a phone number of a community resource or service.

Third-Party referral

If the call is about a third-party referral, the IS will collect resource information for a family. Examples of a third-party referral include but are not limited to a school seeking Community Partners for a family, a relative seeking legal aid information for a mother or father, or a neighbor requesting food pantry information.

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RELEVANT INFORMATION

Definitions

Mandated Reporter

A mandated reporter is any person who has reason to believe a child is a victim of CA/N. All mandated reporters must report the incident to the Hotline.

Professional Service Request (PSR)

A PSR is a request from a designated professional reporter, as defined by Indiana law (IC 31-33-5-2), as members of the staff of a medical or other public or private institution, school, facility, or agency, including a request for information from an out-of-state child service agency, where there is no allegation of CA/N. A professional reporter, other than a member of the staff of a hospital licensed under IC 16-21-2, is 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. See IC 31-33-5-2.5 for guidance on hospital staff reporting requirements.

Forms and Tools

- [Child Welfare Information Gateway](#)
- DCS Child Abuse and Neglect Hotline - 1-800-800-5556
- DCS Child Abuse and Neglect Hotline email - DCSHotlineReports@dcs.in.gov
- DCS Child Abuse and Neglect Hotline fax - 317-234-7596 or 317-234-7595
- DCS Foster Care Helpline - 1-888-631-9510
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system
- Professional Service Request Intake - available in the case management system
- [Tool 3.A Hotline Intake Overview Flowchart](#)

Related Policies

- [2.06 Sharing of Confidential Information](#)
- [3.02 Creating and Evaluating a Child Abuse and Neglect \(CA/N\) Intake Report](#)
- [3.03 Professional Service Request \(PSR\)](#)

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LEGAL REFERENCES

- [IC 20-50-2-1: Application](#)
- [IC 31-33-5: Chapter 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 31-33-5-2.5: Notification of individual in charge of hospital; report](#)
- [IC 31-33-5-3: Effect of compliance on individual's own duty to report](#)
- [IC 31-33-7: Chapter 7. Receipt of Reports of Suspected Child Abuse or Neglect](#)
- [IC 31-33-18: Chapter 18. Disclosure of Reports; Confidentiality Requirements](#)
- [IC 31-36-3: Chapter 3. Homeless Children](#)

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PRACTICE GUIDANCE- DCS POLICY 3.01

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.

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 reporter to hesitate to make future reports; therefore, the IS should always communicate with reporters in a courteous and helpful manner.

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Chapter 3: Hotline	
Section 02: Creating and Evaluating a Child Abuse and Neglect (CA/N) Intake Report	
Effective Date: July 3, 2024	Version: 9

- [Procedure](#)
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- [Legal References](#)
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POLICY OVERVIEW

Allegations of Child Abuse and Neglect (CA/N) must be received by the Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline (Hotline) for an intake report to be created. The quality and evaluation of information gathered by the Hotline impacts the ability of DCS to determine whether the intake report will be assigned for assessment.

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PROCEDURE

The Hotline will evaluate every intake report and make recommendations about:

1. Whether the allegations meet the statutory definition of Child Abuse and/or Neglect (CA/N) and should be recommended for assessment. See policy 3.08 Statutory Definition of Child Abuse and/or Neglect;

Note: DCS reserves the right to assess allegations of CA/N, no matter how long ago the alleged incidents occurred.

2. Whether the intake report contains enough information to identify or locate the child and initiate an assessment; and
3. The recommended response time.

The Hotline will accept CA/N allegations from persons who wish to remain anonymous; however, DCS will strongly encourage all reporters to provide their contact information so that follow-up may occur if more information is needed.

Audio recordings of reports made to the Hotline are confidential and may only be released by a court order. A prosecutor may request the recordings to investigate charges of false reporting. If a prosecutor requests a recording to investigate false reporting, the DCS Staff Attorney should be consulted. See policy 4.22 Making an Assessment Finding.

All intake reports involving a child who voluntarily enters an emergency shelter care or a shelter care facility, without the presence or consent of a parent, guardian, or custodian will be routed to the appropriate DCS local office for assessment. Intake reports for emancipated minors will not be recommended for assessment, unless CA/N is alleged. See policy 4.01 Reviewing Child Abuse and/or Neglect (CA/N) Allegations and Other Records.

All intake reports regarding a new child in the home of a parent, guardian, or custodian with an open DCS case will be routed to the county where the parent or caregiver resides (see policy 4.50 New Child in Household of a Parent or Custodian with an Open Case).

Note: A new child in the home may include a newborn infant or child that has moved into the home or regularly (or on a continual basis) visits the home.

During the reporter's call to the Hotline, the Hotline Intake Specialist (IS) will:

1. Gather and document as much information as possible in the case management system 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.
2. Screen each intake report for the presence of domestic violence (DV) by utilizing the DV screening questions;

Note: Intake reports that allege a child witnessed or was present in the home during an incident of DV 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. See policy 2.30 Domestic Violence (DV).

3. Review the information gathered from the reporter and ask any additional questions needed to clarify vague, confusing, or incomplete statements;
4. Advise the reporter that the reporter's identity will remain confidential unless the court orders the reporter's identity to be disclosed;
5. Follow all confidentiality policies and procedures (see policy 2.06 Sharing Confidential Information); and
6. Create an intake report in the case management system.

Note: If the intake report is not created during the initial call from the reporter, the intake report should be completed by the end of the shift following the conclusion of the initial call. Information received by email, United States (U.S.) mail, or fax should be triaged, and reports meeting legal sufficiency should be completed within 24 hours. Reports that are more urgent should be completed as soon as possible.

At the conclusion of the reporter's call to the Hotline, the IS will:

1. Determine if the allegations meet the statutory definition of CA/N;
2. Review history for any relevant connections to the intake report;
3. Complete the following if there are allegations of CA/N:
 - a. Recommend the intake report be routed to the DCS local office,
 - b. Recommend the assessment initiation time frame and determine if the response time needs to be advanced, and
 - c. Determine if the intake report should be marked for a Pediatric Evaluation and Diagnostic Services (PEDS) referral.

Note: A PEDS referral is mandatory for all reports involving a child less than six (6) years of age with allegations of suspected CA/N 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 CA/N resulting in fractures or burns or suspected fractures or burns anywhere on the body.

4. Send the intake report to the Hotline Intake Supervisor for review.

The Hotline Intake Supervisor will review the intake report and send to the appropriate DCS local county office for final review and approval. See policy 3.05 Supervisory Review of CA/N Intake Reports.

Note: At the discretion of DCS Hotline management, the Hotline Intake Supervisor's review of any intake report may be bypassed.

The DCS local county office will review the intake report and make the final decision on how to proceed.

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RELEVANT INFORMATION

Definitions

Homeless Unaccompanied Minor

A homeless unaccompanied minor is an individual who is under 18 years of age and is receiving shelter without a parent, guardian, or custodian present.

Forms and Tools

- [PEDS Program Referral](#)
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system

Related Policies

- [2.06 Sharing Confidential Information](#)
- [2.30 Domestic Violence \(DV\)](#)
- [3.05 Supervisory Review of Child Abuse or Neglect \(CA/N\) Intake Reports](#)
- [3.08 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#)
- [4.01 Reviewing Child Abuse and/or Neglect \(CA/N\) Allegations and Other Records](#)
- [4.22 Making an Assessment Finding](#)
- [4.50 New Child in Household of a Parent or Custodian with an Open Case](#)

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LEGAL REFERENCES

- [IC 20-50: ARTICLE 50. HOMELESS CHILDREN AND FOSTER CARE CHILDREN](#)
- [IC 31-9-2: Chapter 2. Definitions](#)
- [IC 31-33-7-4: Written reports; contents](#)
- [IC 31-33-18-5: Confidentiality of recordings of calls to child abuse hotline](#)
- [IC 31-34-1: Chapter 1. Circumstances Under Which a Child Is a Child in Need of Services](#)
- [IC 31-36-3: Chapter 3. Homeless Children](#)
- [IC 31-36-3-3: Notification to department; investigation of a child; notification to parents](#)
- [IC 35-31.5-2-76: "Crime involving domestic or family violence"](#)

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PRACTICE GUIDANCE- DCS POLICY 3.02

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.

Pediatric Evaluation and Diagnostic Services (PEDS) Referrals

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 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.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 3: Hotline Section 03: Professional Service Request (PSR)	
	Effective Date: November 1, 2023	Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

This policy does not apply to a request through the Interstate Compact on the Placement of Children (ICPC). For such requests, see policies in Chapter 9: Interstate Compact (ICPC).

A Professional Service Request (PSR) is created to address a designated professional’s request when an allegation that does not meet the statutory definition of Child Abuse and/or Neglect (CA/N) is made to the Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline (Hotline).

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PROCEDURE

As outlined in the 3.A Tool: Hotline Intake Overview Flowchart, PSRs include, but are not limited to:

1. Requests from or on behalf of a court, prosecutor, or law enforcement agency (LEA) (e.g., request for information in guardianship dissolution, LEA requests immediate assistance when there are no allegations of CA/N);
2. Requests from out-of-state child welfare agencies other than a courtesy interview; and
3. Courtesy interviews (e.g., out-of-state LEA requests DCS to interview a child, out-of-state child welfare agency requests DCS to interview a child).

When creating the 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 the PSR in the case management system; and

Note: The PSR must be completed in the case management system by the end of the IS’s shift.

4. Send 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 an assessment, if it is determined the allegations meet the statutory definition of CA/N (see policy 3.08 Statutory Definition of

Child Abuse and/or Neglect) and follow procedures in policy 3.05 Supervisory Review of Child Abuse or Neglect (CA/N) Intake Reports; or

2. Evaluate the information, approve the PSR, and send the PSR to the appropriate local county office queue. See policy 4.48 Professional Service Request (PSR) for further guidance regarding the DCS local office's handling of a PSR.

Note: At the discretion of DCS Hotline management, the Hotline Intake Supervisor review of any intake report may be bypassed.

The DCS local county office will review the PSR report and make the final decision on how to proceed.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [3.A Tool Hotline Intake Overview Flowchart](#)
- Professional Service Request (PSR) - available in the case management system

Related Policies

- [3.05 Supervisory Review of Child Abuse or Neglect \(CA/N\) Intake Reports](#)
- [3.08 Statutory Definition of Child Abuse and/or Neglect](#)
- [4.48 Professional Service Request \(PSR\)](#)
- [Chapter 9: Interstate Compact \(ICPC\)](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 3.03

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 3: Hotline	
Section 05: Supervisory Review of Child Abuse or Neglect (CA/N) Intake Report	
Effective Date: November 1, 2023	Version: 11

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Each Child Abuse or Neglect (CA/N) intake report is reviewed and approved by an Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline (Hotline) Intake Supervisor prior to a recommendation being made. Each intake report will be reviewed carefully, using the facts reasonably available to DCS, to assess the safety of each alleged child victim.

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PROCEDURE

A DCS Hotline Intake Supervisor will review each CA/N intake report as soon as possible, not to exceed 24 hours, and make a recommendation for one (1) of the following (see 3.A Tool: Hotline Intake Overview Flowchart):

1. Assign for assessment;
2. Refer to another state; or
3. Screen out.

Note: At the discretion of DCS Hotline management, the Hotline Intake Supervisor review of any intake report may be bypassed.

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 whether the child alleges that they were 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. 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 the child is a victim of CA/N and the child's parent, guardian, or custodian is an alleged perpetrator, the parent, guardian, or custodian may not be informed of the specific shelter or facility the child has entered.

The Hotline Intake Supervisor will:

1. Carefully review the CA/N intake report;
2. Ensure each intake report involving suspected injury to the head or neck of any child is recommended for a Pediatric Evaluation and Diagnostic Services (PEDS) referral; and

Note: A PEDS referral is mandatory for all children less than six (6) years of age with allegations of suspected CA/N to the head or neck and all children less than three (3) years of age with allegations of suspected CA/N resulting in fractures or burns or suspected fractures or burns.

3. Review the recommendation by the Hotline Intake Specialist (IS) and agree or disagree with the recommendation. The Hotline Intake Supervisor may overturn an IS recommendation of:
 - a. "Assign for assessment" if it is determined the allegations do not meet the statutory definition of CA/N (see policy 3.08 Statutory Definition of Child Abuse and/or Neglect [CA/N]), or
 - b. "Screen out" if it is determined the allegations meet the statutory definition of CA/N (see policy 3.06 Recommending a Child Abuse and Neglect (CA/N) Intake Report for Screen-Out).

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

1. Follow any additional procedures for special intakes using the following policies:
 - a. 3.10 Institutional Child Abuse and/or Neglect Intake Reports,
 - b. 4.22 Making an Assessment Finding, and
 - c. 4.29 Joint Assessments with Law Enforcement Agency (LEA).
2. Review the response time assigned by the IS and:
 - a. Agree with the response time, or
 - b. Recommend the response time be changed and disapprove the report or use the override function in the case management system to make the change.
3. Forward all intake reports to the appropriate local office.

After a thorough review, the final recommendation regarding whether an intake report will be assigned for assessment or screened out will be made at the DCS local office level.

For CA/N fatality and near fatality intake reports, the Hotline Intake Supervisor will notify the following individuals immediately but no later than within 24 hours of the report (regardless of weekends and holidays):

1. DCS Director;
2. Chief Deputy Director and Senior Advisor;
3. Deputy Director of Field Operations;
4. Communications Director;
5. Assistant Deputy Directors of Field Operations;
6. Regional Manager (RM); and
7. Local Office Director (LOD).

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RELEVANT INFORMATION

Definitions

Homeless Unaccompanied Minor

A homeless unaccompanied minor is an individual who is under 18 years of age and is receiving shelter without a parent, guardian, or custodian present.

Forms and Tools

- [PEDS Program Referral](#)
- [Tool 3.A Hotline Intake Overview Flowchart](#)

Related Policies

- [3.06 Recommending a Child Abuse and Neglect \(CA/N\) Intake Report for Screen-Out](#)
- [3.08 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#)
- [3.10 Institutional Child Abuse and/or Neglect Intake Reports](#)
- [4.22 Making an Assessment Finding](#)
- [4.29 Joint Assessments with Law Enforcement Agency \(LEA\)](#)

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LEGAL REFERENCES

- [IC 31-33-7-5: Written report; copies made available to law enforcement agencies, prosecuting attorney, and coroner](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-33-8-2: Investigations by law enforcement agencies](#)
- [IC 31-36-3: Chapter 3. Homeless Children](#)

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PRACTICE GUIDANCE- DCS POLICY 3.05

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 3: Hotline

Section 06: Recommending a Child Abuse and Neglect (CA/N) Intake Report for Screen-Out

Effective Date: June 1, 2024

Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

An intake report is “screened-out” and is not recommended by the Indiana Department of Child Services (DCS) to be assigned as an assessment when specific criteria have been met. The DCS Child Abuse and Neglect Hotline (Hotline) is responsible for making this initial recommendation.

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PROCEDURE

An intake report will be “screened-out” when the report:

1. Does not meet the statutory definition of Child Abuse and/or Neglect (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.

Intake reports that involve a homeless unaccompanied minor receiving shelter from an emergency shelter, shelter care facility, or program that provides shelter to homeless individuals without the presence or consent of a parent, guardian, or custodian, may not be screened-out.

Upon determining at least one (1) of the above criteria have been met, the Hotline Intake Specialist (IS) will:

1. Recommend the intake report for screen-out;
2. Document the specific reason for the screen-out;
3. Recommend the intake report be referred to a Law Enforcement Agency (LEA) if the allegations are of a criminal nature; and
4. Forward the intake report 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 intake report 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 a Hotline Deputy Director or the Hotline Director to make the final Hotline recommendation. The final recommendation regarding whether a report will be assigned for assessment or screened-out will be made at the DCS local office level, upon a thorough review of the intake report. See Chapter 4 - Assessment for additional information on completing assessments.

Intentional False CA/N Reports

DCS will collaborate with the local prosecuting attorneys to facilitate the prosecution of individuals who intentionally make false CA/N reports, if there is reason to believe an intentional false CA/N report was made (see policy 4.22 Making an Assessment Finding).

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RELEVANT INFORMATION

Definitions

Homeless Unaccompanied Minor

A homeless unaccompanied minor is an individual who is under 18 years of age and is receiving shelter without a parent, guardian, or custodian present.

Forms and Tools

N/A

Related Policies

- [Chapter 4 - Assessment](#)

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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 31-33-22-3: False reports; criminal and civil liability; notification of prosecuting attorney](#)
- [IC 31-36-3: Chapter 3. Homeless Children](#)


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PRACTICE GUIDANCE- DCS POLICY 3.06

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 3: Hotline Section 08: Statutory Definition of Child Abuse and/or Neglect (CA/N)	
	Effective Date: July 3, 2024	Version: 12

- [Procedure definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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.

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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 and the alleged perpetrator's relationship to the alleged victim is that of parent, guardian, or custodian; or

Note: For allegations involving sexual abuse, the perpetrator may have **any** or **no** relationship to the child.

2. The alleged victim is at least 18 years of age but less than 21 years of age and resides or has previously resided at a DCS-licensed residential facility and the alleged perpetrator's relationship to the alleged victim is that of a staff member at the DCS-licensed residential facility who committed an alleged battery offense or sexual activity offense against the alleged victim; and
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 for a victim under the age of 18. This list is intended to be used by DCS at intake, in conjunction with the Indiana Department of Child Services Child Abuse and Neglect 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); and the offense was committed by the parent, guardian, or custodian of the child.

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); murder (IC 35-42-1-1), causing suicide (IC 35-42-1-2), voluntary manslaughter (IC 35-42-1-3), involuntary manslaughter (IC 35-42-1-4), or reckless homicide (IC 35-42-1-5); or attempt (IC 35-41-5-1) or conspiracy (IC 35-41-5-2) to commit any of the listed offenses (IC 1-1-2-4).

The child lives in a home where there is evidence that the illegal manufacture of a drug or controlled substance that is occurring on the property where the child resides.

CHINS 3: The child is a victim of Rape (IC 35-42-4-1); Criminal Deviant Conduct (IC 35-42-4-2) (before its repeal); Child Molesting (IC 35-42-4-3); Child Exploitation (IC 35-42-4-4); Possession of Child Pornography (IC 35-42-4-4); Vicarious Sexual Gratification (IC 35-42-4-5); Child Solicitation (IC 35-42-4-6); Child Seduction (IC 35-42-4-7); Sexual Battery (IC 35-42-4-8); Sexual Misconduct with a Minor (IC 35-42-4-9); Public Indecency (IC 35-45-4-1); Prostitution (IC 35-45-4-2); Patronizing a Prostitute (IC 35-45-4-3); Promoting Prostitution (IC 35-45-4-4); or Incest (IC 35-46-1-3).

The child is living in a household with an adult who has been charged and is awaiting trial, who has been convicted of, or has resulted in a conviction or judgment under IC 31-34-11-2 for Rape (IC 35-42-4-1); Criminal Deviant Conduct (IC 35-42-4-2) (before its repeal); Child Molesting (IC 35-42-4-3); Child Exploitation (IC 35-42-4-4); Possession of Child Pornography (IC 35-42-4-4); Vicarious Sexual Gratification (IC 35-42-4-5); Child Solicitation (IC 35-42-4-6); Child Seduction (IC 35-42-4-7); Sexual Battery (IC 35-42-4-8); Sexual Misconduct with a Minor (IC 35-42-4-9); Public Indecency (IC 35-45-4-1); Prostitution (IC 35-45-4-2); Patronizing a Prostitute (IC 35-45-4-3); Promoting Prostitution (IC 35-45-4-4); or Incest (IC 35-46-1-3); or attempt (IC 35-41-5-1) or conspiracy (IC 35-41-5-2) to commit any of the listed offenses (IC 1-1-2-4).

The child lives in the same household as another child who was a victim of Rape (IC 35-42-4-1); Criminal Deviant Conduct (IC 35-42-4-2) (before its repeal); Child Molesting (IC 35-42-4-3); Child Exploitation (IC 35-42-4-4); Possession of Child Pornography (IC 35-42-4-4); Vicarious Sexual Gratification (IC 35-42-4-5); Child Solicitation (IC 35-42-4-6); Child Seduction (IC 35-42-4-7); Sexual Battery (IC 35-42-4-8); Sexual Misconduct with a Minor (IC 35-42-4-9); Public Indecency (IC 35-

45-4-1); Prostitution (IC 35-45-4-2); Patronizing a Prostitute (IC 35-45-4-3); Promoting Prostitution (IC 35-45-4-4); or Incest (IC 35-46-1-3).

A child lives in the same household as an adult who committed an offense that resulted in a conviction or a judgment under IC 31-34-11-2, or has been charged with and is awaiting trial for Promotion of Human Labor Trafficking (35-42-3.5-1); Promotion of Human Sexual Trafficking (IC 35-42-3.5-1.1); Promotion of Child Sexual Trafficking (IC 35-42-3.5-1.2); Child Sexual Trafficking (IC 35-42-3.5-1.3); Child Sexual Trafficking (IC 35-42-3.5-1.4) or attempt (IC 35-41-5-1) or conspiracy (IC 35-41-5-2) to commit any of the listed offenses (IC 1-1-2-4).

CHINS 3.5: The child is a victim of a human or sexual trafficking including a child who is recruited, harbored, transported, or engaged in forced labor, involuntary servitude, prostitution, juvenile prostitution (IC 35-31.5-2-178.5), child exploitation (IC 35-42-4-4(b)), marriage (unless authorized by a court under IC 31-11-1-7); trafficking for the purpose of prostitution, juvenile prostitution, or participation in sexual conduct as defined in IC 35-42-4-4(a); or human trafficking as defined in IC 35-42-3.5-0.5 (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 (IC 35-49-2-2 or 35-49-3-2).

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 the child's 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 regarding the child's improper behavior (described in IC 20-33-8-26) that has been repeatedly disruptive in the school.

Note: CHINS 6 and CHINS 7 are not defined as Child Abuse or Neglect under IC 31-9-2-14 but are conditions under which a child is a Child in Need of Services. CHINS 6 and CHINS 7 allegations do not qualify as Child Abuse or Neglect for purposes of entering information on the Child Protective Index (CPI).

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: According to IC 31-34-1-9, a child in need of services under CHINS 1, 2, 3, 4, 5, 6, 7, or 8 (as outlined above) includes a child with a disability who is deprived of:

- 1) Nutrition that is necessary to sustain life; or
- 2) 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, an abnormal physical or psychological development, has symptoms of neonatal intoxication or withdrawal, or is at substantial risk of a life-threatening condition that arises or is substantially aggravated by the mother's use of alcohol, controlled substance, or legend drug during pregnancy.

Indiana law includes the following definitions as the basis for CA/N for a child who is at least 18 years of age but less than 21 years of age who resides or has previously resided in a DCS-licensed residential facility. This list is intended to be used by DCS at intake, in conjunction with the Indiana Department of Child Services Child Abuse and Neglect Screening and Response Time Assessment (SDM Tool), as a parameter to determine whether a reporter's allegations would indicate that CA/N has occurred:

1. A child is harmed or threatened with harm as a result of a battery offense relating to: 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); or
2. A child is an alleged victim of the following offenses where the alleged perpetrator's relationship to the child is that of a staff member at the DCS-licensed residential facility: sexual intercourse; other sexual conduct (IC 35-31.5-2-221.5); or the fondling or touching of the buttocks, genitals, or female breasts (IC 35-42-4-13(b)).

The Hotline Intake Specialist (IS) will:

1. Complete the 310 in the case management system by:
 - a. Thoroughly screening each individual named in the case management system,
 - b. Determining if the allegations meet the statutory definition of CA/N by filling out the SDM Tool,

Exception: All intake reports regarding a new child in the home of a parent, guardian, or custodian with an open DCS case will be routed to the county where the parent or caregiver resides (see policy 4.50 New Child in Household of a Parent or Custodian with an Open Case). A new child in the home may include a newborn infant or child that has moved into the home or regularly (or on a continual basis) visits the home.

- c. Determining the appropriate response time for the assessment to be initiated,

Note: The case management system may automatically assign a response time that the IS may need to expedite upon determination.

- d. Recommending the report be routed to the DCS local office for assessment.

2. Forward the CA/N intake report in the case management system to the Hotline Intake Supervisor to be routed to the DCS local office.

The Hotline Intake Supervisor will:

1. Review the CA/N intake report as soon as possible but, not to exceed 24 hours;

Note: At the discretion of DCS Hotline management, the Hotline Intake Supervisor's review of any intake report may be bypassed.

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 appropriate DCS local office if the decision is "assign for assessment".

Note: Upon thorough review, the final recommendation regarding whether a report will be "assigned for assessment" or "screened-out" will be made at the DCS local office level; unless the report contains allegations of a new child in the home of a parent, guardian, or custodian with an open DCS case, in which case the final recommendation must remain "assessment". See policy 3.05 Supervisory Review of Child Abuse or Neglect (CA/N) Intake Report and Chapter 4 - Assessment for additional information on completing assessments.

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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.

Custodian

A custodian is any person with whom a child resides or any of the following:

1. A license applicant or licensee of:
 - a. A foster home or residential child care facility that is required to be licensed or is licensed under IC-31-27,
 - b. A child care center that is required to be licensed or is licensed under IC 12-17.2-4, or
 - c. A child care home that is required to be licensed or is licensed under IC 12-17.2-5.
2. 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:
 - a. A home, center, or facility described in one (1) above,
 - b. 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,
 - c. A home, center, or facility of a child care provider, as defined in IC 12-7-2-149.1(4), or
 - d. 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.

3. A school;
4. A child caregiver who is 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 is not required to be licensed and cares for the child without the presence of the child's parent, guardian, or custodian and receives more than \$2,000 annually in compensation for supervising children;
5. A member of the household of the child's noncustodial parent; or
6. 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.

Legend Drug

As defined in IC 31-9-2-76, a legend drug is a drug approved by the United States (U.S.) Food and Drug Administration that can be dispensed to the public only with a prescription from a medical doctor or other licensed practitioner.

Controlled Substance

As defined in IC 31-9-2-24, a controlled substance is generally a drug or chemical whose manufacture, possession, and use is regulated by a government, such as illicitly used drugs or prescription medications that are designated by law. These substances are listed on Schedules I-V (IC 35-48-2).

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.

Parent

A parent is a child's biological or adoptive mother or father or alleged father.

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

- [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) - available in the case management system

Related Policies

- [3.05 Supervisory Review of Child Abuse or Neglect \(CA/N\) Intake Report](#)

- [Chapter 4 - Assessment](#)
- [4.50 New Child in Household of a Parent or Custodian with an Open Case](#)

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LEGAL REFERENCES

- [IC 1-1-2-4: Construction of references to a conviction](#)
- [IC 12-7-2-28.6: "Child care home"](#)
- [IC 12-7-2-28.8: "Child care ministry"](#)
- [IC 12-7-2-149.1: "Provider"](#)
- [IC 12-17.2-2-8: 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 20-33-8-26: Rules requiring participation in disciplinary action by person caring for dependent student](#)
- [IC 31-9-2-13: "Child"](#)
- [IC 31-9-2-14: "Child abuse or neglect"](#)
- [IC 31-9-2-16.4: "Child caregiver"](#)
- [IC 31-9-2-24: "Controlled substance"](#)
- [IC 31-9-2-31: "Custodian"](#)
- [IC 31-9-2-76: "Legend drug"](#)
- [IC 31-9-2-133: "Victim of child abuse or neglect"](#)
- [IC 31-9-2-133.1: "Victim of human or sexual trafficking"](#)
- [IC 31-11-1-7: Petition for marriage of individual 16 or 17 years of age; evidentiary hearing; emancipation](#)
- [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: 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 35-31.5-2-178.5: "Juvenile prostitution"](#)
- [IC 35-31.5-2-221.5: "Other sexual conduct"](#)
- [IC 35-41-5-1: Attempt](#)
- [IC 35-41-5-2: Conspiracy](#)
- [IC 35-42-1-1: Murder](#)
- [IC 35-42-1-2: Causing suicide](#)
- [IC 35-42-1-2.5: Assisting suicide](#)
- [IC 35-42-1-3: Voluntary manslaughter](#)
- [IC 35-42-1-4: Involuntary manslaughter](#)
- [IC 35-42-1-5: Reckless homicide](#)
- [IC 35-42-2: Chapter 2. Battery and Related Offenses](#)
- [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: Female genital mutilation](#)
- [IC 35-42-3.5-0.5: Definitions](#)
- [IC 35-42-3.5-1: Promotion of human labor trafficking](#)
- [IC 35-42-3.5-1.1: Promotion of human sexual trafficking](#)
- [IC 35-42-3.5-1.2: Promotion of child sexual trafficking; promotion of sexual trafficking of a younger child](#)
- [IC 35-42-3.5-1.3: Child sexual trafficking](#)
- [IC 35-42-3.5-1.4: Human trafficking](#)
- [IC 35-42-4-1: Rape; restitution](#)
- [IC 35-42-4-2: Criminal deviant conduct \(Repealed 2012\)](#)
- [IC 35-42-4-3: Child molesting](#)
- [IC 35-42-4-4: Child exploitation; possession of child pornography; exemptions; defenses](#)
- [IC 35-42-4-5: Vicarious sexual gratification; sexual conduct in presence of a minor](#)
- [IC 35-42-4-6: Child solicitation](#)
- [IC 35-42-4-7: Child seduction](#)
- [IC 35-42-4-8: Sexual battery](#)
- [IC 35-42-4-9: Sexual misconduct with a minor](#)
- [IC 35-42-4-13\(b\): Inappropriate communication with a child](#)
- [IC 35-45-4-1: Public indecency](#)
- [IC 35-45-4-2: Prostitution](#)
- [IC 35-45-4-3: Making an unlawful proposition](#)
- [IC 35-45-4-4: Promoting prostitution](#)
- [IC 35-46-1-3: Incest](#)
- [IC 35-46-1-4: Neglect of a dependent; child selling](#)
- [IC 35-49-2-2: Matter or performance harmful to minors](#)
- [IC 35-49-3-2: Obscene performance](#)

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PRACTICE GUIDANCE- DCS POLICY 3.08

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.

Child Care Home

DCS assesses all child care homes (as defined in IC 12-7-2-28.6) whether licensed, unlicensed, or operating illegally without a license (see policy 4.30 Conducting Institutional Investigations by the Institutional Child Protection Services [ICPS] Unit).

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	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) Child Abuse and Neglect Hotline (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 Disabilities (BDS) Certified Group Home;
6. Licensed Child Care 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 (IS) 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 [3.02 Creating and Evaluating a Child Abuse and Neglect \(CA/N\) Intake Report](#);
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 [3.02 Creating and Evaluating a Child Abuse and Neglect \(CA/N\) Intake Report](#).

The IS will:

1. Gather as much information as possible to create a thorough CA/N intake report. See policy [3.02 Creating and Evaluating a Child Abuse and Neglect \(CA/N\) Intake Report](#);

2. Utilize www.childcarefinder.in.gov to determine if the institution that is the subject of the report is an unlicensed registered child care ministry;
3. Select the 'Institution' icon in 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; and
5. Evaluate the report for the statutory definition of CA/N. See policy [3.02 Creating and Evaluating a Child Abuse and Neglect \(CA/N\) Intake Report](#).

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 Disabilities (BDS) Certified Group Home;
7. Licensed Child Care Home or Center; or
8. Unlicensed Registered Child Care Ministry.

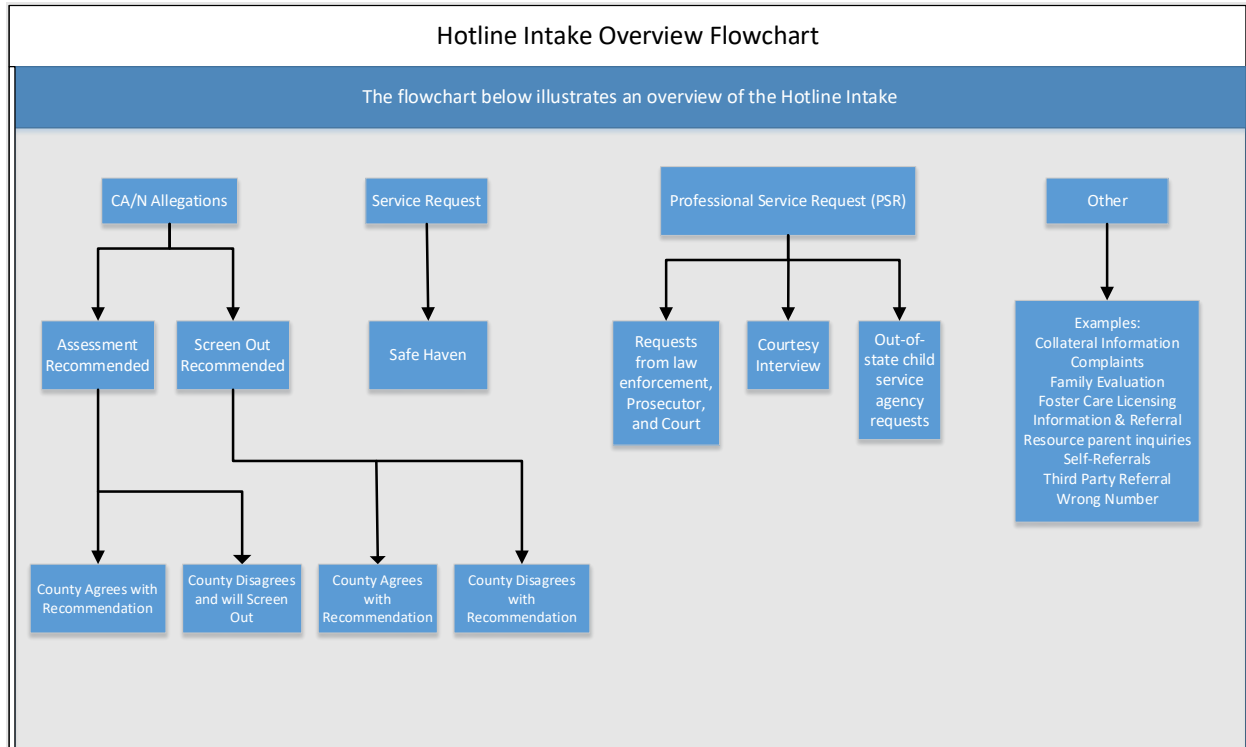
FORMS AND TOOLS


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: Hotline Intake Overview Flowchart	Effective Date: April 1, 2023
	Reference: 3.A (3.01 Receiving Reports of Suspected Child Abuse and/or Neglect [CA/N])	Version: 3



	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 (3.08 - 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 35-42-3.5-1.4	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 (consult DCS Staff Attorney)
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	Making an unlawful proposition	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	
Chapter 4: Assessment	
Section 01: Reviewing Child Abuse and/or Neglect (CA/N) Allegations and Other Records	
Effective Date: October 1, 2023	Version: 8

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A thorough review of the Child Abuse and/or Neglect (CA/N) allegations in the Preliminary Report of Alleged Child Abuse or Neglect (310), other available records, and family history is critical in the initial stage of the Indiana Department of Child Services' (DCS) assessment of the child's safety.

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PROCEDURE

Upon receipt of the 310 from the DCS Child Abuse and Neglect Hotline (Hotline), DCS local office management will:

1. Review the 310; and
2. Assign the 310 to a Family Case Manager (FCM), if it is determined the report will be assessed.

Note: DCS local office management will review each 310 prior to assigning to an FCM, including 310s received after hours, on weekends, and holidays.

DCS must conduct an assessment concerning a homeless unaccompanied minor who voluntarily enters an emergency shelter or shelter care facility without the presence or consent of a parent, guardian, or custodian. Per IC 31-36-3-3, 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.

The FCM will:

1. Review the 310;
2. Review records regarding prior DCS contact with the family via the following sources to gain insight into potential safety concerns prior to making contact with a child and family, if available:
 - a. Case management system, and/or
 - b. Child support records.

Note: To contact your local Child Support Field Consultant, see the Indiana Child Support Bureau (CSB) Field Consultant Region Map.

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,
 - 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 policy 2.03 Child Care Worker Assessment Review Process and 4.45 Assessment of DCS Staff Alleged Perpetrators).

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:

1. Fax;
2. Email; or
3. Hand delivery.

Note: Reports received on weekends or holidays will be delivered the following business day.

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RELEVANT INFORMATION

Definitions

Homeless Unaccompanied Minor

A homeless unaccompanied minor is an individual who is under 18 years of age and is receiving shelter without a parent, guardian, or custodian present.

Forms and Tools

- [Indiana Child Support Bureau Field Consultant Region Map](#)
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system
- [Records Retention Schedule](#)

Related Policies

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

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LEGAL REFERENCES

- [IC 31-9-2-44.1: "Exigent circumstances"](#)
- [IC 31-36-3-3: Notification to department; investigation of a child; notification to parents](#)

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PRACTICE GUIDANCE- DCS POLICY 4.01

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.

Unsubstantiated Child Abuse and/or Neglect (CA/N) History

Upon FCM Supervisor approval of an unsubstantiated assessment, DCS retains a hard copy of the documentation relating to an assessment of CA/N in the DCS local office for six (6) months. At that time, the file may be uploaded into the case management system and the hard copy file can be destroyed, or the hard copy file is transferred to the records center in accordance with the Records Retention Schedule. See policy 2.13 Expungement of Records.

Access to Unsubstantiated CA/N

Documentation in electronic form will be maintained until 24 years after the birth of the youngest child named as an alleged victim of CA/N in the unsubstantiated DCS assessment report. This documentation may be used in the assessment of a subsequent report concerning the same child or family; however, DCS may not rely solely on the unsubstantiated history to support substantiation. Unsubstantiated case documentation will not be available when it has been expunged to comply with a court order.

Thorough Review of Records

A thorough review of the CA/N intake information enables the FCM to begin the initial assessment of a child's safety. Factors such as the child's age and vulnerability and the family history are critical in this initial stage of assessment.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 02: Preparing for the Assessment

Effective Date: December 1, 2022

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Adequate preparation prior to initiating an assessment may be vital to completing a timely, thorough, and thoughtful response to reports of Child Abuse and/or Neglect (CA/N).

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PROCEDURE

The Indiana Department of Child Services (DCS) will take all foreseeable and necessary precautions to protect the safety of each alleged child victim, other children in the home, the Family Case Manager (FCM), and/or other responders during the assessment. To the extent possible, the FCM will take necessary steps for adequate preparation prior to initiating any interview or assessment of home and living conditions.

Before initiating any interview or assessment of the home and living conditions, the FCM will:

1. Consider environmental factors that might pose a danger to the child and/or FCM. Examples of such safety concerns include, but are not limited to:
 - a. History of domestic violence (DV). See policy 2.30 Domestic Violence (DV),
 - b. Locations that are extremely isolated or in high-crime areas,
 - c. Indications of mental illness, substance use, human trafficking, or volatile behavior,
 - d. Firearms or other weapons in the home,
 - e. Indications of illegal drug manufacturing in the home,
 - f. Household members who are criminal suspects and/or have outstanding arrest warrants, and
 - e. Dangerous pets and/or animals in the home or on the property.
2. Review all policies related to interviewing, including, but not limited to:
 - a. 4.04 Required Interviews,
 - b. 4.05 Consent to Interview Child,
 - c. 4.06 Exigent Circumstances for Interviewing Alleged Child Victims,
 - d. 4.08 Entry into Home or Facility,
 - e. 4.09 Interviewing Children,
 - f. 4.10 Interviewing the Parent, Guardian, or Custodian,
 - g. 4.11 Interviewing the Alleged Perpetrator,
 - h. 4.13 Assessing and Documenting the Home and Living Conditions,
 - i. 4.14 Examining and Photographing a Child and/or Trauma,

- j. 4.30 Conducting Institutional Investigations by the Institutional Child Protection Services (ICPS) Unit, and
 - k. 4.47 Human Trafficking (HT).
3. Develop an interview plan:
 - a. Determine who needs to be interviewed,
 - b. Determine whether it is best for family members to be interviewed separately or together, and
 - c. Determine the best order for the interviews.
 4. Arrange interpreter services if parties to the assessment are Limited English Proficient (LEP) and for those who communicate using American Sign Language. See policy GA-3 Language Services and contact the Focused Needs Team for additional guidance (see Forms and Tools);

Note: All DCS local offices should have a plan for the availability of interpreter services when needed.

5. Assess the appropriateness of the development and/or utilization of a Child and Family Team (CFT) during the assessment preparation;
6. Complete the following prior to contacting the family if DV or other acts of violence were identified during the CA/N intake (see policy 2.30 Domestic Violence [DV]):
 - a. Contact law enforcement agency (LEA) to determine if the family has had previous incidents of DV and/or police runs to the home for violence,
 - b. Determine if a detective has already been assigned to the case. Discuss with LEA, whether DCS and LEA may work together during the assessment, and

Note: DCS will not delay the initiation or completion of any assessment, regardless of LEA involvement. See policy 4.29 Joint Assessments with Law Enforcement Agency (LEA).

- c. Consider the safety of all family members prior to scheduling interviews.
7. Review policy 4.47 Human Trafficking (HT) prior to contacting the family if human trafficking was identified or is suspected during the CA/N intake;
 8. Plan interviews with LEA if the CA/N allegations are of a criminal nature and 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 with Law Enforcement Agency (LEA);
 9. Plan the location of each interview with the goal of optimizing the safety of the child, the FCM, and any other responders to the extent possible and practical;
 10. Consider any known or suspected safety risks for each location where an interview will occur and determine appropriate safety precautions (e.g., LEA assistance). Seek supervisory input when necessary;
 11. Confirm the address of destination;
 12. Confirm that all equipment is in working order (e.g., cell phones and tablets); and
 13. Start the assessment. See policy 4.03 Conducting the Assessment - Overview.

The FCM 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 all FCMs have access to appropriate, functioning assessment and interviewing equipment (e.g., cell phones and tablets).

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Assessment Staffing Guide \(SF 56567\)](#)
- Focused Needs Team email – internationalandculturalaffairs@dcs.in.gov

Related Policies

- [GA-3 Language Services](#)
- [2.30 Domestic Violence \(DV\)](#)
- [4.03 Conducting the Assessment - Overview](#)
- [4.04 Required Interviews](#)
- [4.05 Consent to Interview Child](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.08 Entry into Home or Facility](#)
- [4.09 Interviewing Children](#)
- [4.10 Interviewing the Parent, Guardian, or Custodian](#)
- [4.11 Interviewing the Alleged Perpetrator](#)
- [4.13 Assessing and Documenting the Home and Living Conditions](#)
- [4.14 Examining and Photographing a Child and/or Trauma](#)
- [4.29 Joint Assessments with Law Enforcement Agency \(LEA\)](#)
- [4.30 Conducting Institutional Investigations by the Institutional Child Protection Services \(ICPS\) Unit](#)
- [4.47 Human Trafficking \(HT\)](#)

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LEGAL REFERENCES

- [IC 5-26.5-1-3: "Domestic violence"](#)
- [IC 34-6-2-34.5: "Domestic or family violence"](#)
- [IC 35-42-3.5: Chapter 3.5. Human and Sexual Trafficking](#)

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PRACTICE GUIDANCE- DCS POLICY 4.02

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.

Observing All Homes of the Child

If a child spends time in numerous homes, it is best to visit every home the child goes to regularly, including the home of any parent, guardian, or custodian of that child. This will allow an observation of safe sleep practices, utilities, home conditions, occupants, and food (see the Assessment Staffing Guide [ASG]).

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 03: Conducting the Assessment - Overview	
	Effective Date: January 1, 2025	Version: 15

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

For Institutional Investigations, see policy 4.30 Conducting Institutional Investigations by the Institutional Child Protection Services (ICPS) Unit.

An assessment of alleged Child Abuse and/or Neglect (CA/N) is a comprehensive process and is completed to ensure the safety and well-being of a child alleged to be a victim of CA/N. This policy outlines an overview of the assessment process and references other policies to follow for additional guidance.

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PROCEDURE

The Indiana Department of Child Services (DCS) will conduct a thorough assessment of all assigned reports of alleged CA/N. DCS will be diligent in efforts to conduct an assessment that ensures child safety and well-being.

Upon receipt of a Preliminary Report of Alleged Child Abuse or Neglect (310) regarding a new child in the home of a parent, guardian, or custodian with an open DCS case, the DCS local office will assign the report as an individual assessment, not to be screened out or handled as part of the open DCS case (see policy 4.50 New Child in Household of a Parent or Custodian with an Open Case).

Note: A new child residing in the home may include a newborn infant or child that has moved into the home or regularly (or on a continual basis) visits the home.

When Assessment is Assigned/Prior to Assessment Initiation:

The Family Case Manager (FCM) will:

1. Review the Preliminary Report of Alleged Child Abuse or Neglect (310) when assigned;
2. Request law enforcement agency (LEA) assistance on all reports that require a two (2) hour response time and on additional reports, as needed. Document LEA's response to the request in the case management system (see policy 4.38 Assessment Initiation);
3. Conduct a search of MyCase and Child Protective Services (CPS) checks on alleged perpetrators who are 18 years of age and older, or request completion of the checks by the designated local office staff;
4. Locate the subjects named on the 310 (e.g., alleged child victim; victim's parent, guardian, or custodian; and alleged perpetrator) (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants), and
5. Notify the parent, guardian, or custodian (including incarcerated parents) of the allegation,

and request consent to interview the child unless exigent circumstances exist (see policies 4.05 Consent to Interview Child and 4.06 Exigent Circumstances for Interviewing Alleged Child Victims).

Note: An assessment involving domestic violence (DV) does not always constitute exigent circumstances to interview the child without first seeking parental consent (see policies 2.30 Domestic Violence [DV] and 4.04 Required Interviews).

During the Assessment:

The FCM will:

1. Follow all established local office reporting and check-in procedures. Activate the AlertMedia app prior to face-to-face interactions with clients and utilize the AlertMedia app throughout each interaction, as necessary (see policy HR-3-8 Worker Safety); Show proper identification at the onset of each interview;
2. Follow appropriate procedures for gaining entry into the home or facility (see policy 4.08 Entry into Home or Facility);
3. Conduct an assessment of the home environment, if appropriate (see policy 4.13 Assessing and Documenting the Home and Living Conditions);
4. Conduct all required interviews and any additional interviews necessary to support the assessment outcome and establish the current safety of the child (see policy 4.04 Required Interviews);
5. Visually examine the alleged child victim, as necessary, to confirm alleged or suspected bodily injuries. Ask the parent, guardian, or custodian to sign the Release for Use of Photographs form, and if the signature is obtained, take photographs of all children in the home. 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);
6. Arrange for necessary medical and/or psychological examinations (see policy 4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations);

Note: Ensure a Pediatric Evaluation and Diagnostic Service (PEDS) referral is completed for all reports involving:

1. 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);
 2. 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; or
 3. Any skin injury on a child under 12 months of age.
7. Document whether the assessment was initiated timely and any extenuating circumstances in the Assessment Initiation Application (see Practice Guidance and policy 4.38 Assessment Initiation);
 8. Complete the Initial Safety Assessment, and if appropriate, a Safety Plan and/or Plan of Safe Care and seek the FCM Supervisor’s approval of the documents (see policies 4.18 Establishing Initial Child Safety, 4.19 Safety Planning, and 4.42 Plan of Safe Care);

Note: The FCM will complete a Subsequent Safety Assessment in the case management system when updated information related to the child’s safety becomes

known.

9. Gather additional demographic information that is not already included on the 310 (e.g., place of employment, military status, and/or tribal origin);
10. Provide each parent, guardian, or custodian (including any alleged father or any known non-custodial parent) and alleged perpetrator (including minor perpetrators and their parent, guardian, or custodian) with the Notice of Availability of Completed Reports and Information (NOA) form and document in the Assessment of Alleged Child Abuse or Neglect (311), and

Note: If the parent is a minor, provide the notice to the minor parent and the minor parent's parent, guardian, or custodian.

11. Provide the NOA form to the alleged minor perpetrator and the alleged minor perpetrator's parent, guardian, or custodian and document it in the 311.

Note: The FCM should attempt to have face-to-face contact prior to mailing the NOA form. However, it is acceptable to have the form mailed if the parent, guardian, or custodian and/or the alleged perpetrator either lives outside of the jurisdiction of the DCS local office or has given verbal permission.

If Worker Safety Risks are Present:

The FCM will:

1. 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, and
2. Activate the AlertMedia app, discontinue the interview, and leave the premises if at any point concerns for the FCM's safety arise (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 Tool HR-3-A Worker Safety Protocol and policy HR-3-8 Worker Safety);

Assessments Regarding DCS Staff, Child Care Workers (CCW), or Resource Parents:

The FCM will:

1. 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 policies 2.04 DCS Employee Administrative Review Process and 4.45 Assessment of DCS Staff Alleged Perpetrators);
2. Notify the DCS employee of the right to receive a formal administrative review prior to a substantiation being approved in the case management system (see policy 2.04 DCS Employee Administrative Review Process), and
3. Notify the Child Care Worker (CCW) or resource parent of the right to participate in an informational review prior to arriving at a finding of substantiation if the alleged perpetrator is a CCW or resource parent (see policy 2.03 Child Care Worker Assessment Review Process).

Concluding the Assessment:

The FCM will:

1. Document all information gathered during the assessment in the case management system;
2. Seek supervisory input throughout the assessment during case staffing (see policy 4.18 Establishing Initial Child Safety);
3. Document good faith efforts if unable to complete any element of the assessment, and seek supervisory guidance for additional instructions (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants);
4. Send the Forty-five (45) Day Report of Assessment 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);
5. Arrive at a finding of substantiated or unsubstantiated for each allegation (see policy 4.22 Making an Assessment Finding);
6. Complete an Initial Family Risk Assessment to determine the likelihood of future maltreatment, if necessary (see policy 4.23 Initial Family Risk Assessment);
7. 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 Permanency Services and 5.07 Child and Family Team [CFT] Meetings);
8. Complete the 311 (see policy 4.25 Completing the Assessment Report); and
9. Send notice to the alleged perpetrator regarding the right to an administrative review and an appeal of the decision if the allegations are substantiated. If the perpetrator is a child, send the notice to the child perpetrator and the child perpetrator's parent, guardian, or custodian (see policies 2.01 Notice of Assessment Outcome and 2.05 Administration Appeal Hearings).

Note: If it is determined that allegations will be substantiated on a person who asserts they are employed as a CCW or as a Licensed Resource Parent, the assessment should go through the Child Care Worker Assessment Review Process, regardless of whether the substantiated incident occurred in the course of the individual's employment (see policy 2.03 Child Care Worker Assessment Review Process).

The FCM Supervisor will:

1. Discuss details of the assessment with the FCM during regular case staffing;
2. Approve the initial Safety Assessment, the Safety Plan, and/or the Plan of Safe Care; and
3. Guide the FCM, as necessary, to ensure all duties are completed.

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RELEVANT INFORMATION

Definitions

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 established by law as the legal father of the child.

Case Staffing

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

Child Care Worker

DCS defines "Child Care Worker", per IC 31-9-2-16.6, as a person who:

1. Is employed or actively seeking employment (other than self-employment as an owner/operator) at any of the following types of facilities:
 - a. Child care center,
 - b. Child care home (licensed or required to be licensed),
 - c. Child care ministry (registered or required to be registered),
 - d. Residential group home,
 - e. Child Caring Institution (CCI),
 - f. School,
 - g. Juvenile detention center; **or**
2. Is a child caregiver who:
 - a. Provides or is responsible for providing care and supervision of a child to whom they are not a parent, stepparent, grandparent, aunt, uncle, sibling, or legal guardian or custodian with whom the person resides,
 - b. Provides the care described in (a) at a residence that is not where the child lives and outside of the presence of the child's parent, guardian, or a custodian with whom the child resides,
 - c. Is not required to be licensed as a childcare home or foster family home, and
 - d. Receives more than \$2,000 a year for providing care and supervision for a child or children; **or**
3. Has or will have direct contact with children on a regular and continuing basis through employment (or through employment being actively sought) with any agency, facility, or home that provides the following to a child or children to whom the person is not related:
 - a. A service that provides for the care, health, safety, and supervision of a child's social, emotional, and educational growth; or
 - b. Services to, or for the benefit of, children who are victims of child abuse or neglect (this includes but is not limited to agencies, facilities, and homes that have contracts with DCS to provide services).

Perpetrator

Per 465 IAC 3-1-11, "Perpetrator" means a person who, by an act or an omission, has been identified in a report concluding a child abuse and neglect assessment to have committed child abuse or neglect.

Substantiated

Per IC 31-9-2-123, "Substantiated", when used in reference to a child abuse or neglect report made under IC 31-33, means a determination regarding the status of the report whenever facts obtained during an assessment of the report provide a preponderance of evidence that child abuse and neglect has occurred.

Forms and Tools

- Assessment of Alleged Child Abuse or Neglect Report (SF 113) (311) - available in the case management system
- [Assessment Staffing Guide \(SF 56567\)](#)
- [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#)
- [Incarcerated Parent Letter - Assessment](#)
- [Incarcerated Parent Demographics \(SF 56538\)](#)
- [Incarcerated Parent Information \(SF 56539\)](#)
- [Indiana Drug Endangered Children \(DEC\) Response Protocol](#)
- Initial Family Risk Assessment - available in the case management system
- Initial Safety Assessment - available in the case management system
- [mycase.IN.gov](#) - MyCase webpage
- [Notice of Availability of Completed Reports and Information \(SF 48201\)](#)
- [PEDS Program Referral](#)
- Plan of Safe Care – available in the case management system
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system
- [Release for Use of Photographs \(SF 54968\)](#)
- [Safety Plan \(SF 53243\)](#)
- [Tool HR-3-A Worker Safety Protocol](#)

Related Policies

- [HR-3-8 Worker Safety](#)
- [2.01 Notice of Assessment Outcome](#)
- [2.03 Child Care Worker Assessment Review Process](#)
- [2.05 Administration Appeal Hearings](#)
- [2.30 Domestic Violence \(DV\)](#)
- [4.04 Required Interviews](#)
- [4.05 Consent to Interview Child](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.08 Entry into Home or Facility](#)
- [4.13 Assessing and Documenting the Home and Living Conditions](#)
- [4.14 Examining and Photographing a Child and/or Trauma](#)
- [4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations](#)
- [4.18 Establishing Initial Child Safety](#)
- [4.19 Safety Planning](#)
- [4.21 Forty-five \(45\) Day Report of Assessment](#)
- [4.22 Making an Assessment Finding](#)
- [4.23 Initial Family Risk Assessment](#)
- [4.25 Completing the Assessment Report](#)
- [4.26 Determining Service Levels and Transitioning to Permanency Services](#)
- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)
- [4.45 Assessment of DCS Staff Alleged Perpetrators](#)
- [4.50 New Child in Household of a Parent or Custodian with an Open Case](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)

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LEGAL REFERENCES

- [IC 31-9-2-9: "Alleged father"](#)
- [IC 31-9-2-16.6: "Child care worker"](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-33-8-2: Investigations by law enforcement agencies](#)
- [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: Chapter 3. Homeless Children](#)
- [IC 34-6-2-34.5: "Domestic or family violence"](#)

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PRACTICE GUIDANCE- DCS POLICY 4.03

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.

Extenuating Circumstances for Assessment Initiation

When initiating an assessment, extenuating circumstances may occur that prevent the Family Case Manager (FCM) from completing face-to-face contact with a child within the initiation timeframe. Extenuating circumstances which may be approved include but are not limited to:

1. The child victim is not at the location stated on the report (e.g., school trip, out of town/state);
2. The victim is unknown or the child does not exist;
3. There is an inclement weather emergency;
4. There is a traffic accident or traffic delays;
5. A new child victim added to the report after the initial family contact was made;
6. Child is deceased;
7. Parent refused to allow access to the child (motion to compel is needed);
8. Report is linked to an open assessment and additional face-to-face contact is not required;
9. Report is assigned after the initiation timeframe; or
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.


Observing All Homes of the Child

If a child spends time in numerous homes, it is best to visit every home the child goes to regularly, including the home of any parent, guardian, or custodian of that child. This will allow an observation of safe sleep practices, utilities, home conditions, and food (see the Assessment Staffing Guide [ASG]).

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals

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 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.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 04: Required Interviews	
	Effective Date: June 1, 2022	Version: 5

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Interviews are required for certain individuals during an assessment of Child Abuse and/or Neglect (CA/N) to gain the necessary information to assess child safety.

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PROCEDURE

The Family Case Manager (FCM) will conduct the following interviews for all assessments:

1. An in-person interview with all alleged child victims (see policy 4.09 Interviewing Children);

Note: 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.

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 (1) or both parents, guardians, or custodians, including each noncustodial parent. The interviews will take place on the same day the interview takes place with the alleged child victim, unless an interview on the same day is 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);

Exception: DCS will not interview the alleged perpetrator when certain conditions apply.

5. An in-person or phone interview with the report source (unless the report source is anonymous);
6. An in-person or phone interview with every person who is known to have witnessed the incident; and
7. An in-person or phone interview with individuals who may be able to provide additional information which adds value to the assessment by helping assess the child's safety, mitigate risks, and make an assessment finding. The FCM may obtain records (e.g., school, law enforcement, or medical) if the individual is inaccessible. The need for additional interviews should be made on a case-by-case basis.

Exception: Specific interview types are addressed in separate policies. See policies 4.09 Interviewing Children, 4.10 Interviewing the Parent, Guardian, or Custodian, and 4.11 Interviewing the Alleged Perpetrator.

Once the interviews are completed, the FCM will:

1. Document each interview in the case management system; and

Note: If the required interview could not be completed, the FCM must document the reason in the case management system.

2. Staff the results of each interview, all attempted interviews, and child safety with the FCM Supervisor, as needed.

The FCM Supervisor will:

1. Provide assistance to the FCM regarding the required interviews, as needed, and help determine if additional interviews should be completed; and
2. Assist the FCM with identifying when and where to interview the child and/or non-offending parent when domestic violence (DV) is suspected (see policy 2.30 Domestic Violence [DV]).

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Assessment Staffing Guide \(SF 56567\)](#)

Related Policies

- [2.30 Domestic Violence \(DV\)](#)
- [4.09 Interviewing Children](#)
- [4.10 Interviewing the Parent, Guardian or Custodian](#)
- [4.11 Interviewing the Alleged Perpetrator](#)

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LEGAL REFERENCES

- [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](#)

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PRACTICE GUIDANCE- DCS POLICY 4.04

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.

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. Best practice is that children are not interviewed in the presence of family members or other witnesses. A contact is not always considered an interview.


A contact includes, but is not limited to the following types of communication:

1. Face-to-face at the home, office, or other location;
2. Telephone;
3. Fax;
4. Email;
5. Voicemail;
6. Written correspondence; and/or
7. Virtual (e.g., video conferencing and Facebook).

Observing All Homes of the Child

If a child spends time in numerous homes, it is best to visit every home the child goes to regularly, including the home of any parent, guardian, or custodian of that child. This will allow an observation of safe sleep practices, utilities, home conditions, occupants, and food (see the Assessment Staffing Guide [ASG]).

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 05: Consent to Interview Child	
	Effective Date: October 1, 2022	Version: 7

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

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. Exhibiting empathy, professionalism, genuineness, and respect is the first step in building a trust-based relationship when engaging with children, parents, and other individuals.

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PROCEDURE

The Indiana Department of Child Services (DCS) will secure 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;
3. A potential witness; or
4. An individual who may be able to provide additional information to support the assessment outcome, as outlined in policy 4.04 Required Interviews.

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;

Note: Exigent circumstances may exist when the child is receiving treatment at a residential 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.

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. If an FCM has questions about whose consent is needed to interview the child, they should contact their DCS Staff Attorney for guidance.

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 steps #8 and #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.

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 to Parent, Guardian, or Custodian to Interview with 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. Document actions taken 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:

1. Assist the FCM as needed throughout the assessment; and
2. Ensure all information is documented in the case management system.

The DCS Staff Attorney will:

1. 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; and
2. Provide guidance to the FCM, as necessary, when there are questions about whose consent is needed to interview the child.

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RELEVANT INFORMATION

Definitions

Custodian

For the purposes of interviewing children during an assessment of CA/N, a custodian is defined in IC 31-9-2-31(a) as a person with whom the child resides.

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

- [Consent of Parent, Guardian, or Custodian to Interview Child\(ren\) \(SF 52013\) \(English version\)](#)
- [Consent of Parent, Guardian, or Custodian to Interview Child\(ren\) \(SF 54252\) \(Spanish version\)](#)
- [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](#)

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LEGAL REFERENCES

- [IC 5-26.5-1-3: "Domestic violence"](#)
- [IC 31-9-2-31\(a\): "Custodian"](#)
- [IC 31-9-2-44.1: "Exigent circumstances"](#)
- [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](#)

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PRACTICE GUIDANCE- DCS POLICY 4.05

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.

Consent from One or Both Parents?

1. If the child has **two** parents and **both** parents have physical custody of the child (e. g., the parents are living together) either parent may give consent. However, once either parent has said “no,” it is inappropriate to seek permission from the other parent (this is referred to as “answer shopping.”); and
2. If the child has **two** parents but the parents do not live together, consent must be obtained from the custodial parent (i.e., the parent with physical custody, also referred to as the “custodial parent”).

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. Best practice is that children are not interviewed in the presence of family members or other witnesses. A contact is not always considered an interview.

A contact includes, but is not limited to the following types of communication:

1. Face-to-face at the home, office, or other location;
2. Telephone;
3. Fax;
4. Email;
5. Voicemail;
6. Written correspondence; and/or
7. Virtual (e.g., video conferencing and Facebook).

Who Must Give Consent When Exigent Circumstances Do Not Exist?

The chart below summarizes many, but not all, situations. If an FCM encounters a circumstance not covered on this chart, the FCM should use critical thinking skills and seek supervisory guidance as needed.

<u>Child's Situation</u>	<u>Additional Details</u>	<u>Consent From</u>
Child lives at home with parent, guardian, or custodian		Parent, guardian, or custodian.
Child lives in foster home	Parental rights have not been terminated.	Parent, guardian, or custodian. No consent needed from resource parent or LCPA. It is advisable to give advance notice to the LCPA, as a courtesy.
Child is on probation		Parent, guardian, or custodian
Child has been committed to DOC facility		Parent, guardian, or custodian and the DOC facility superintendent.

Child is receiving treatment at a residential facility	Alleged perpetrator is an employee or resident of the facility.	Exigent circumstances are assumed to exist; no consent needed.
	Alleged perpetrator is someone other than an employee or resident of the facility.	Assessing FCM contacts ongoing services FCM assigned to child. Ongoing services FCM seeks consent from parent, guardian, or custodian.
Child is under care and custody of DCS	Parental rights have been terminated, but child has not been emancipated.	Assessing FCM seeks permission from ongoing services FCM assigned to child.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 06: Exigent Circumstances for Interviewing Alleged Child Victims

Effective Date: September 1, 2022

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Exigent circumstances may exist if a child would be endangered by seeking permission from the parent, guardian, or custodian prior to interviewing the child. It is essential to determine if exigent circumstances exist prior to interviewing the child to ensure the safety, well-being, and due process of the child, parents, and guardians.

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PROCEDURE

The Indiana Department of Child Services (DCS) evaluates every Preliminary Report of Alleged Child Abuse or Neglect (310) on its own merit to determine if exigent circumstances exist. The evaluation process 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. DCS has definite and explainable evidence that gives 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 DCS' 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 the parent, guardian, or custodian 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 the safety of the child might be jeopardized, or there is essential evidence regarding signs or symptoms of abuse or neglect on or in the child's body, which 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, and/or
 - 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 circumstances exist;

Note: 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 the FCM has determined 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.

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RELEVANT INFORMATION

Definitions

Homeless Unaccompanied Minor

A homeless unaccompanied minor is an individual who is under 18 years of age and is receiving shelter without a parent, guardian, or custodian present.

Forms and Tools

- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system

Related Policies

- [4.05 Consent to Interview Child](#)

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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: Chapter 3. Homeless Children](#)
- [IC 31-36-3-3: Notification to department; investigation of a child; notification to parents](#)

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PRACTICE GUIDANCE- DCS POLICY 4.06

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.

Decision Support

DCS Central Office will support an FCM who makes this decision provided the FCM:

1. Made the decision based on the best interests of the safety and well-being of the child;
2. Sought supervisory validation if the FCM was unclear about whether the safety and well-being of the child may have been compromised by seeking consent prior to interviewing; and
3. Clearly documented the rationale for the decision in the assessment records.

In the following examples, seeking parent, guardian, or custodian permission prior to interviewing the child would further endanger the child:

1. The child self-reports Child Abuse and/or Neglect (CA/N) allegations to DCS or a professional (e.g., teacher, medical professional) and the child requests an interview with DCS without parent, guardian, or custodian consent;
2. The parent is the alleged perpetrator and there are immediate concerns for the child's safety. In this example, it would be in the best interest of the child to conduct the interview immediately at a location other than the child's home; and
3. The child's uncle is the alleged perpetrator of sexual abuse. There was a previous assessment of alleged sexual abuse of the child by this uncle. The assessment documents that the parent did not believe the allegations. In this situation, the FCM has reason to believe the parent will not provide for the safety of the child.

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

Chapter 4: Assessment

Section 08: Entry into Home or Facility

Effective Date: September 1, 2022

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

During an assessment of Child Abuse and/or Neglect (CA/N), in which in-person contact with a child in their home or a facility is needed, the Indiana Department of Child Services (DCS) will take procedural steps to ensure the child's safety and well-being.

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PROCEDURE

DCS must obtain permission prior to entering a home or facility for any purpose, including making in-person contact with a child.

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. Introduce themselves and show official DCS identification;
3. Ask to speak to an adult in the house (or facility personnel);
4. Immediately contact law enforcement agency (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;
5. Explain the purpose of the visit without revealing any confidential information about the 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. The FCM should seek guidance from the FCM Supervisor if an adult is not present. If one (1) adult who lives in the home gives permission to enter, and an adult who lives in the home objects, DCS will not enter the home and will staff with legal regarding seeking a court order.

Upon entering a home or facility, the FCM will:

1. 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 non-accredited 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.

2. Exit immediately and without alarming the persons inside if at any time there is suspicion there may be contaminating controlled substances and/or 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. 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. Staff the assessment with the DCS Staff Attorney to determine if a court order should be pursued from the juvenile court to gain admission to the home or facility;
2. If a court order is formally granted and transmitted in writing to DCS, 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., DCS local office or licensed child placing agency [LCPA]) if denied entry to a licensed foster home or facility; and

Note: DCS reserves the right to revoke a foster family home (FFH) license if denied access to a foster home.

4. Document the request was denied and who denied the request in the case management system.

The FCM Supervisor will discuss case specifics and provide guidance, as necessary.

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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 child care 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 childcare home.

Forms and Tools

N/A

Related Policies

- [4.05 Consent to Interview Child](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)

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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](#)


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PRACTICE GUIDANCE- DCS POLICY 4.08

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 4: Assessment Section 09: Interviewing Children	
	Effective Date: July 1, 2024	Version: 10

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A timely, thorough, and thoughtful response to child safety concerns is critical in effectively protecting children. This response includes interviewing children to complete a comprehensive assessment of all reports of alleged Child Abuse and/or Neglect (CA/N). The interview provides the child an opportunity to share information which may assist in reaching an appropriate assessment finding.

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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 was 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 age and/or developmental status.

A trained forensic interviewer (see Definitions for forensic interview) 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) (see Definitions).

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 (see policies 2.30 Domestic Violence [DV] and 4.29 Joint Assessments with Law Enforcement Agency [LEA]). DCS will conduct an

additional interview if the FCM is unable to assess the child's safety and well-being during the joint LEA interview;

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 it is determined that a child who lives in the home part-time or has visitation in the home as a result of a custody arrangement is not a victim, the FCM should proceed with interviewing the child, but is not permitted to disclose details regarding the allegations of CA/N to the child's custodial parent. See Practice Guidance.

4. Obtain consent from a parent, guardian, or custodian prior to interviewing any child. See policy 4.05 Consent to Interview Child;

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 record 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. See Practice Guidance;
6. Schedule the interview with the child. See Relevant Information for additional clarification regarding what constitutes a contact versus an interview;
7. Conduct the interview in a nonthreatening 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;

Note: Any information that impacts the safety of the child should be documented within the required timeframes (see policies 4.18 Establishing Initial Child Safety and 4.19 Safety Planning).

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 4.47 Human Trafficking (HT).

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 at any time during the interview when 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 (see policy 4.19 Safety Planning);

12. Document all contacts, the child's interview, and any disclosed or immediately evident impact CA/N has had on the child in the case management system within three (3) business days of the child's interview.

The FCM Supervisor will:

1. Assist the FCM throughout the interview process through regular case staffing (see Definitions); and
2. Ensure information is entered timely in the case management system.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Child Advocacy Center (CAC)

A CAC is a child focused, trauma-informed community-based organization that:

1. Is recognized by the Indiana Chapter of National Children's Alliance and designed to collaborate on reports of CA/N;
2. Coordinates a multidisciplinary team; and
3. Facilitates forensic interviews.

Forensic Interview

A forensic interview is an interview in response to a report of CA/N conducted by a professional specially trained in a nationally recognized model using a multidisciplinary team approach.

Forms and Tools

- Indiana Human Trafficking Screening Tool - available in the case management system
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [2.30 Domestic Violence \(DV\)](#)
- [4.05 Consent to Interview Child](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.11 Interviewing the Alleged Perpetrator](#)
- [4.18 Establishing Initial Child Safety](#)
- [4.19 Safety Planning](#)
- [4.29 Joint Assessments with Law Enforcement Agency \(LEA\)](#)
- [4.47 Human Trafficking \(HT\)](#)

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LEGAL REFERENCES

- [IC 5-26.5-1-3: "Domestic violence"](#)
- [IC 31-9-2-14.2: "Child advocacy center"](#)
- [IC 31-9-2-47.1: "Forensic interview"](#)
- [IC 31-25-2-14.5: Child advocacy centers; duties; confidentiality; civil immunity](#)

- [IC 31-33-18-2: Disclosure of unredacted material to certain persons](#)
- [IC 31-34-13: Chapter 13. Child Videotape Testimony in Child in Need of Services Proceedings](#)
- [IC 34-6-2-34.5: "Domestic or family violence"](#)
- [IC 35-42-3.5: Chapter 3.5. Human and Sexual Trafficking](#)

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PRACTICE GUIDANCE- DCS POLICY 4.09

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.

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. Best practice is that children are not interviewed in the presence of family members or other witnesses. A contact is not always considered an interview.

A contact includes, but is not limited to the following types of communication:

1. Face-to-face at the home, office, or other location;
2. Telephone;
3. Fax;
4. Email;
5. Voicemail;
6. Written correspondence; and/or
7. Virtual correspondence (e.g., video conferencing).

Interviewing Children Who Have Visitation or Reside in the Home Part-Time

A child who lives in the home part-time or has visitation in the home requires a face-to-face interview. The FCM should stress the importance of the interview by advising the parent that the child may have witnessed an incident or have information that was disclosed by another child and the information may affect child safety.

Nonverbal Communication During Forensic Interviews

Using means other than verbal communication is often a critical component of interviewing alleged victims of sexual abuse. In many cases, what children will demonstrate with objects or drawings is far more compelling than what they may say. The interviewer may ask a child to draw pictures of the home and/or the family, or to communicate using blank figure drawings or anatomically detailed dolls and doll houses.

Number of Interviews

While it is best practice to conduct only one (1) interview with a child, an FCM may have to conduct additional interviews with a child if the FCM was unable to gather sufficient information in the initial interview to assess child's safety and well-being.

Types of Questions to Ask During an Interview

Open-ended questions should be used as much as possible during an interview. Multiple-choice or yes and no questions should only be used if the FCM is unable to elicit any information from the child. The more open-ended the question, the greater confidence the FCM may have in the child's response. The following examples show how the FCM may use open-ended questions to gather information regarding the who, what, when, where, and how of the alleged CA/N:

Who questions: These questions are important in identifying the parties involved and who is aware of what has happened.

Who did this? Who was there? Who knows about this besides you?

When questions: These questions are used to determine the most recent occurrence as well as the duration of the CA/N. In physical abuse cases, “when” questions are used to determine if the degree of healing of the injury is consistent with the time frame the child is describing.

When mommy left, what was on TV? When mommy came home, what was on TV?

Where questions: These questions are used to determine the location of the CA/N as well as the whereabouts of other family members at the time of the occurrence.

Where were you hit? Where were mommy and daddy at the time you were hit?

How questions: These questions help children expand their responses. For instance, when a child says, “He hit me,” the worker might say, “*How did he hit you?*” or “*Tell me about that.*”

What questions: These questions ask for descriptive statements or observations. The worker may need to ascertain whether the child was threatened, tricked, bribed, or otherwise coerced to cooperate with a perpetrator (e.g., in a sexual abuse incident) or to maintain secrecy after any incident of CA/N. For instance, a child who has divulged that the perpetrator “told me not to tell” should be asked, “*What did he say?*”

Video/Audio Recorded Interviews

Video/audio recordings 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. Recording interviews may reduce the number of times an alleged child victim must be interviewed. It may also reduce the necessity for the alleged victim to provide further testimony if the case goes to court.

Decisions regarding how to record an interview should be made based on the circumstances of the report and the location of the interview. Written notes should always be taken during the interview (preferably by someone other than the assigned FCM when possible, such as LEA or another FCM). All information should be reviewed and clarified with the child to ensure the interviewer has an accurate understanding of what the child said.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 10: Interviewing the Parent, Guardian, or Custodian

Effective Date: June 1, 2022

Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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.

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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 noncustodial parent. See policy 5.04 Locating and Engaging Noncustodial Parents.

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 their 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 (see 4.G Tool: Community Resources and Prevention Services);
9. Obtain the names of other family members and/or individuals who may be able to provide additional information to support the assessment outcome;
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 noncustodial 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 (311) report. 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.

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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.

Noncustodial Parent

A noncustodial parent is a person who does not have physical custody of the child.

Parent

A parent, as defined by IC 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

- [4.G Tool: Community Resources and Prevention Services](#)
- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) - available in the case management system
- [Assessment Staffing Guide \(SF 56567\)](#)
- [Notice of Availability of Completed Reports and Information \(SF 48201\)](#) (English version)
- [Notice of Availability of Completed Reports and Information \(SF 51886\)](#) (Spanish version)

Related Policies

- [4.11 Interviewing the Alleged Perpetrator](#)
- [5.04 Locating and Engaging Noncustodial Parents](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)

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LEGAL REFERENCES

- [IC 31-9-2-88: "Parent"](#)
- [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 31-33-18-4: 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"](#)

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PRACTICE GUIDANCE- DCS POLICY 4.10

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.

Adult Indicators of Domestic Violence

1. Evidence of physical injuries;
2. Feelings of depression, anger, and emotional distress;
3. Low self-esteem and suicidal thoughts;
4. Frequent medical problems;
5. Violence in family of origin;
6. Requests for financial assistance;
7. Isolation from friends and family;
8. Damaged property (holes in the wall, etc.);
9. Minimizing abuse;
10. Offender's accusations of infidelity;
11. Abuse of family pets;
12. Limited access to financial resources;
13. Child overly protective of one parent;
14. Reluctance of adults to be interviewed separately; and/or
15. One parent or adult answers all the questions.

Observing All Homes of the Child

If a child spends time in numerous homes, it is best to visit every home the child goes to regularly, including the home of any parent, guardian, or custodian of that child. This will allow an observation of safe sleep practices, utilities, home conditions, occupants, and food (see the Assessment Staffing Guide [ASG]).


Resources for Domestic Violence

Indiana Coalition Against Domestic Violence
Crisis Line: 1-800-332-7385, <http://www.icadvinc.org/>

Indiana Coalition to End Sexual Assault & Human Trafficking
<https://icesaht.org/>

National Coalition Against Domestic Violence
1-800-799-SAFE (7233) or TTY 1-800-787-3224, www.ncadv.org

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 11: Interviewing the Alleged Perpetrator	
	Effective Date: July 1, 2023	Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A timely, thorough, and thoughtful response to child safety concerns is critical in effectively protecting children. Interviewing the alleged perpetrator is an essential part of completing an assessment of all assigned reports of alleged Child Abuse and/or Neglect (CA/N). Information gained from this interview may assist in reaching an appropriate assessment finding.

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PROCEDURE

The Indiana Department of Child Services (DCS) will conduct a face-to-face interview with the alleged perpetrator of CA/N unless:

1. An attorney representing the alleged perpetrator informs DCS that the attorney's client will not participate in an interview;
2. The alleged perpetrator's identity is unknown or the alleged perpetrator 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 a 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.

Worker Safety

To maintain worker safety during an interview with the alleged perpetrator, the Family Case Manager (FCM) will follow steps outlined in policy HR-3-8 Worker Safety and Tool HR-3-A Worker Safety Protocol.

Alleged Perpetrator Refuses Interview

If the alleged perpetrator refuses to participate in the interview, the FCM will:

1. Explain to the alleged perpetrator, if they are the parent, guardian, or custodian of the alleged victim, that if child safety cannot be verified by completing the interview, the child may be removed from the parent, guardian, or custodian's care;
2. Explain that the DCS assessment will move forward regardless of the alleged perpetrator's participation in an interview;
3. Follow-up with the alleged perpetrator at a later time to attempt to schedule an interview (within the timeframe to complete a timely investigation); and
4. Seek supervisory input, as needed, throughout the interview process.

When LEA is Involved

When LEA is involved, the FCM will:

1. Attempt to coordinate and conduct a joint interview with the alleged perpetrator within a timeframe that ensures completion of the assessment within the required 40-day timeframe;

Note: DCS will make a good faith effort to conduct the interview with LEA. However, if LEA does not respond to repeated contacts to set up the interview with the alleged perpetrator, DCS will conduct the interview without LEA.

2. Coordinate with LEA when conducting interviews with alleged perpetrators who are in police custody or under investigation (see Practice Guidance);
3. Request that LEA conduct the interview, upon consent to interview the child, when the interview is related to the child's possible involvement in a criminal offense or delinquent act. DCS will not interview an alleged child perpetrator without LEA present unless LEA declines or is unavailable for participation;

Note: 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.

4. Seek supervisory input, as needed, throughout the joint interview process.

Prior to the Interview

Prior to starting the interview, 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. Consider conducting the interview in a place where others are present (e.g., DCS local office or other neutral location), asking LEA to be present during the interview, or consult with an FCM Supervisor for additional suggestions;
3. Obtain consent to interview all alleged child perpetrators by completing the Consent of Parent, Guardian, or Custodian to Interview Child(ren). In Institutional Child Protection Services Unit (ICPS) assessments, written electronic consent (i.e., text, fax, scan, or email) is acceptable;

Note: In the event a ward is identified as an alleged perpetrator in a criminal case, and there is no legal parent, guardian, or custodian; the parent, guardian, or custodian is unable to be located by utilizing a diligent search; or Termination of Parental Rights (TPR) has occurred, DCS will not provide consent to allow LEA to interview the child without allowing the child an opportunity to consult with an attorney.

4. Request the court to appoint a Guardian Ad Litem (GAL)/Court Appointed Special Advocate (CASA), if a GAL/CASA is not currently appointed or serving, for a child alleged to be a perpetrator if TPR has been finalized or the child's parent, guardian, or custodian is unable to be located by utilizing a diligent search. See policy 5.23 Diligent Search for Relatives/Kin and Case Participants;
5. Secure the alleged perpetrator's government-issued photo identification (ID) and request the individual's Social Security number (SSN);

Note: An FCM cannot legally demand or require disclosure of an individual's SSN.

6. Inform the alleged perpetrator of the reason for the interview;

7. Explain 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;
8. Inform the alleged perpetrator that any information shared during the interview may be released to LEA, the prosecutor, and/or other sources (e.g., court, GAL/CASA, Department of Homeland Security [DHS]);

Note: If the alleged perpetrator is a child, and the FCM is not reasonably assured the child understands this statement, the FCM must have the child's parent or guardian; GAL/CASA; and/or legal counsel present before starting the interview.

9. Ensure the alleged perpetrator understands the interview may be ended at any time; and
10. Seek supervisory input, as needed, throughout the interview process.

During the Interview

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 the interview should be halted. DCS staff, including the DCS Staff Attorney, is not authorized to waive any rights of an alleged perpetrator (including a child adjudicated a CHINS) who is subject to a DCS assessment of allegations regarding CA/N or criminal investigation;

Note: Contact the DCS Staff Attorney if ending the interview impedes the completion of the assessment.

2. Engage the alleged perpetrator in a manner 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 exact quotes or the source of any information provided by the non-offending parent or alleged child victim during the interview. Refer only to information provided from 3rd party reports (e.g., LEA and court documents);
5. Take detailed notes or ensure detailed notes are taken;
6. Allow the alleged perpetrator to respond to each allegation and tell their "side of the story";
7. Focus the interview on the safety of the child;
8. Observe and ask questions about indications of CA/N;
9. Identify any child of the alleged perpetrator and determine where and with whom the child resides;
10. Determine the level and type of access the alleged perpetrator has to the alleged child victim or any other child;
11. Review with the alleged perpetrator what has been discussed to confirm comprehension by both the FCM and the alleged perpetrator;
12. Explain next steps and how the alleged perpetrator will be informed of results of the assessment;
13. Verbally inform and provide the alleged perpetrator with a copy of the Notice of Availability of Completed Reports and Information and document in the Assessment of Alleged Child Abuse or Neglect (311) report;

Note: If the alleged perpetrator is a child, provide a copy of the Notice of Availability of Completed Reports and Information to the child's parent or guardian; GAL/CASA; and the child's legal counsel if the child is represented.

14. Inform the alleged perpetrator that notification will be provided in writing of the right to a review of the facts of the assessment prior to an assessment finding of substantiated if the alleged perpetrator asserts to be employed as a child care worker (CCW) or a licensed resource parent. The assessment should go through the Child Care Worker Assessment Review (CCWAR) process, regardless of whether the substantiated incident occurred during the individual's employment. See policy 2.03 Child Care Worker Assessment Review Process;
15. Inform the alleged perpetrator that if the report is substantiated, the alleged perpetrator will receive a copy of the Notice of Availability of Completed Reports and Information, or if the alleged perpetrator is a child, the child's parent or guardian; GAL/CASA; and the child's legal counsel, if the child is represented will receive a copy. See policy 4.22 Making an Assessment Finding;

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

16. Inform the alleged perpetrator that if an allegation of CA/N is substantiated, the alleged perpetrator will also receive instructions for requesting an Administrative Review of the decision by the DCS Local Office Director (LOD). See policies 2.01 Notice of Assessment Outcome and 2.02 Administrative Review Process; and

Note: If the alleged perpetrator is a child, the FCM will inform the child's parent or guardian; GAL/CASA; and the child's legal counsel, if the child is represented, that the parties will also receive instructions for requesting an Administrative Review if the allegation of CA/N is substantiated.

17. Seek supervisory input, as needed, throughout the interview process.

After the Interview

After the interview, the FCM will:

1. Enter interview notes in the case management system within three (3) business days; and

Note: If the face-to-face interview did not occur or if it ended prematurely, the FCM should document in the case management system why the interview did not occur or ended early.

2. If consent to interview the child is received electronically, the Consent of Parent, Guardian, or Custodian to Interview Child(ren) should be mailed to the parent, guardian, or custodian for signature and the signed copy should be uploaded to the case management system; and
3. Seek supervisory input, as needed, throughout the interview process.

Alleged Perpetrator is a DCS Employee

If the alleged perpetrator is a DCS employee, see policy 4.45 Assessment of DCS Staff Alleged Perpetrators.

The DCS Staff Attorney will provide legal consultation for the FCM conducting the assessment and/or FCM Supervisor as needed during the assessment.

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RELEVANT INFORMATION

Definitions

Child Care Worker

DCS defines “Child Care Worker”, per IC 31-9-2-16.6, as a person who:

1. Is employed or actively seeking employment (other than self-employment as an owner/operator) at any of the following types of facilities:
 - a. Child care center,
 - b. Child care home (licensed or required to be licensed),
 - c. Child care ministry (registered or required to be registered),
 - d. Residential group home,
 - e. Child Caring Institution (CCI),
 - f. School,
 - g. Juvenile detention center; **or**
2. Is a child caregiver who:
 - a. Provides or is responsible for providing care and supervision of a child to whom they are not a parent, stepparent, grandparent, aunt, uncle, sibling, or legal guardian or custodian with whom the person resides,
 - b. Provides the care described in (a) at a residence that is not where the child lives and outside of the presence of the child’s parent, guardian, or a custodian with whom the child resides,
 - c. Is not required to be licensed as a childcare home or foster family home, and
 - d. Receives more than \$2,000 a year for providing care and supervision for a child or children; **or**
3. Has or will have direct contact with children on a regular and continuing basis through employment (or through employment being actively sought) with any agency, facility, or home that provides the following to a child or children to whom the person is not related:
 - a. A service that provides for the care, health, safety, and supervision of a child’s social, emotional, and educational growth; or
 - b. Services to, or for the benefit of, children who are victims of child abuse or neglect (this includes but is not limited to agencies, facilities, and homes that have contracts with DCS to provide services).

Forms and Tools

- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) - available in the case management system
- [Consent of Parent, Guardian, or Custodian to Interview Child\(ren\) \(SF 52013\) \(English version\)](#)
- [Consent of Parent, Guardian, or Custodian to Interview Child\(ren\) \(SF 54252\) \(Spanish version\)](#)
- [Notice of Availability of Completed Reports and Information \(SF 48201\)](#) (English version)
- [Notice of Availability of Completed Reports and Information \(SF 51886\)](#) (Spanish version)
- [Tool HR-3-A Worker Safety Protocol](#)

Related Policies

- [HR- 3-8 Worker Safety](#)

- [2.01 Notice of Assessment Outcome](#)
- [2.02 Administrative Review Process](#)
- [2.03 Child Care Worker Assessment Review Process](#)
- [4.10 Interviewing the Parent, Guardian, or Custodian](#)
- [4.22 Making an Assessment Finding](#)
- [4.45 Assessment of DCS Staff Alleged Perpetrators](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)

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LEGAL REFERENCES

- [IC 31-9-2-16.6: "Child care worker"](#)

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PRACTICE GUIDANCE- DCS POLICY 4.11

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.

Alleged Perpetrator is the Parent, Guardian, or Custodian

The closer the relationship between the victim and the alleged perpetrator, the greater the risk to the child, especially for emotional abuse. It is critical 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 due to potential consequences for the alleged perpetrator, which includes loss of job, their child, or family.

Joint Interviews with LEA

When LEA is present, the alleged perpetrator's rights may be explained by LEA. Determining 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 following:

1. Nature of the allegations;
2. Probability of criminal charges;
3. Who has more experience and training; and
4. Who has better rapport with the alleged perpetrator.

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, 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 their perspective and the identified inconsistencies. The FCM's tone should remain neutral and fact-oriented throughout the interview.

Assess 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.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 12: Courtesy Interviews Between DCS Local Offices	
	Effective Date: April 1, 2024	Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Information regarding out-of-state courtesy interviews may be found in policy 4.48 Professional Service Request (PSR).

Indiana Department of Child Services (DCS) local offices are responsible for communicating with one another to request courtesy interviews between local offices to assess child safety.

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PROCEDURE

A courtesy interview may occur between the DCS local offices when:

1. The best interest of the child is not compromised;
2. There is excessive distance between the DCS local office and the family's home (i.e., travel of more than two [2] hours); and/or
3. There is a conflict of interest.

The DCS local office with jurisdiction over an Assessment of Alleged Child Abuse or Neglect (311) 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 interviews assessing home conditions should be handled on a case-by-case basis. It is beneficial for the assigned Family Case Manager (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 and Documenting the Home and Living Conditions).

A courtesy interview may be requested regarding a homeless unaccompanied minor in a shelter where the alleged victim's permanent residence with the alleged victim's parent, guardian, or custodian is in County A, but a report is made by a homeless shelter in County B (more than an hour away from County A). The assessment will be conducted by County B, and the DCS local office in County A will be responsible for completing the 311 and arriving at a finding.

To request a courtesy interview, 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 to request the courtesy interview; and
2. Notify the FCM of the LOD's decision.

The LOD that has jurisdiction over the assessment will:

1. Approve or deny the FCM Supervisor's request for a courtesy interview;
2. Contact the LOD in the receiving county where the interview will take place and discuss the specific circumstances that make a courtesy interview necessary, and collectively make a determination.

If the request for a courtesy interview is approved, the LOD in the receiving county where the interview will take place will:

1. Approve or deny the courtesy interview request from the county of jurisdiction;

Note: If the request for the courtesy interview is denied, the FCM that has jurisdiction over the assessment is responsible for completing the interview.

2. Include the receiving FCM Supervisor in the discussion to relay and document the details of the assessment in the case management system, including the allegations and information that is pertinent to the safety of the FCM who will conduct the courtesy interview; and
3. Discuss and agree upon a completion date for any requested interviews to be conducted and for the information obtained from the interview to be documented into the case management system.

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.

The FCM conducting the courtesy interview will:

1. Review policies 4.09 Interviewing Child, 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.

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RELEVANT INFORMATION

Definitions

Homeless Unaccompanied Minor

A homeless unaccompanied minor is an individual who is under 18 years of age and is receiving shelter without a parent, guardian, or custodian present.

Forms and Tools

- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) - available in the case management system

Related Policies

- [4.09 Interviewing Children](#)
- [4.10 Interviewing the Parent, Guardian, or Custodian](#)
- [4.11 Interviewing the Alleged Perpetrator](#)
- [4.13 Assessing and Documenting the Home and Living Conditions](#)
- [4.48 Professional Service Request \(PSR\)](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 4.12

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.

Logistics Example

The alleged victim lives in County A and is transported more than an hour to a hospital in County B for medical care. County A has jurisdiction over the assessment but may ask County B to conduct the courtesy interview at the hospital to prevent extensive travel.

Video/Audio Recorded Interviews

Video/audio recordings 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. Recording interviews may reduce the number of times an alleged child victim must be interviewed. It may also reduce the necessity for the alleged victim to provide further testimony if the case goes to court.

Decisions regarding how to record an interview should be made based on the circumstances of the report and the location of the interview. Written notes should always be taken during the interview (preferably by someone other than the assigned FCM when possible, such as law enforcement agency [LEA] or another FCM). All information should be reviewed and clarified with the child to ensure the interviewer has an accurate understanding of what the child said.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 13: Assessing and Documenting the Home and Living Conditions

Effective Date: March 1, 2025

Version: 8

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Assessing the home and living conditions of an alleged child victim of Child Abuse and/or Neglect (CA/N) is completed by the Indiana Department of Child Services (DCS) to determine if any conditions exist that support CA/N allegations and/or raise additional concerns about the safety and well-being of the child. Documenting the home and living conditions is a critical step in the assessment to portray evidence of the living conditions.

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PROCEDURE

DCS will conduct an assessment (announced or unannounced) of the home and living conditions of an alleged child victim if:

1. The alleged CA/N occurred in the child's home;
2. The alleged child victim resides with the alleged perpetrator; or
3. Concerns about the condition of the home and its impact on child safety and well-being are identified during the course of the assessment.

The Family Case Manager (FCM) will:

1. Determine whether an announced or unannounced visit to the home should be conducted based on the nature of the allegations and the need to protect the child;

Note: 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.

2. Consider any risks associated with visiting the home;

Note: Law Enforcement Agency (LEA) assistance should be requested when any risk factors are identified that could threaten the safety of the child, FCM, and/or other responders (see Practice Guidance for examples).

3. Seek permission to enter the home from an adult living in the home. See policy 4.08 Entry into Home or Facility for guidance when permission is denied;

Note: Any adult who lives in the home may deny permission to enter the home. If one (1) adult who lives in the home gives permission to enter, and another adult who lives in the home objects, DCS will not enter the home and will contact the DCS Staff Attorney regarding seeking a court order.

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;
5. Discontinue the interview if at any point concerns arise for one's own safety (e.g., persons in the home become hostile or threatening or there are other dangerous conditions in the home);

Note: The FCM should 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: If the assessment is open while the child is admitted for treatment in a residential facility and the assessment is not an institutional assessment, the FCM should:

- a. Complete a face-to-face interview with the child alone, unless the child is identified as being an alleged perpetrator (see policy 4.11 Interviewing the Alleged Perpetrator),
 - b. Complete a visual inspection of the child's living quarters (e.g., sleeping area, bathroom, dining area) to ensure the child has safe and hazard free living conditions and the child's basic needs are being met (i.e., appropriate bedding, clothing, shoes, hygiene supplies), and
 - c. Contact an FCM Supervisor and the DCS Residential Licensing Unit (RLU) immediately if a concern is identified regarding the conditions or supervision observed at the residential facility or if access to any of these areas is denied.
7. Discuss safe sleep practices with all parents, guardians, and custodians for all children in the home, paying particular attention to any child under the age of one (1) and document the discussion and any concerns in the case management system (see Practice Guidance for safe sleep practices);

Note: If the sleeping arrangements do not meet safe sleep guidelines, the FCM should assist the parent, guardian, or custodian to meet these guidelines at the time of the home visit.

8. Using a state issued device, take clear photographs of the home and living conditions to document all appropriate and/or adverse conditions, upon consent from the parent, guardian, or custodian (see Practice Guidance). Photographs should include, but are not limited to:
 - a. Sleeping arrangements for each child,
 - b. Food/water or access to food/water, and
 - c. Utilities or access to utilities (e.g., electricity, gas, air conditioning).
9. Using a state issued device, take clear photographs of evidence to support or deny the allegations included in the Preliminary Report of Alleged Child Abuse or Neglect (310), and any safety concerns and/or risk factors observed (see 4.F Tool: Tips for Photographing Child Abuse and/or Neglect [CA/N]);

10. Immediately address any safety concerns and complete a Safety Plan and/or Plan of Safe Care, if applicable. The Safety Plan and/or Plan of Safe Care should be reviewed during each home visit and revised, as needed (see policies 4.19 Safety Planning and 4.42 Plan of Safe Care);
11. Complete an 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);
12. Report any new CA/N allegations noted during the assessment of the home environment to the DCS Child Abuse and Neglect Hotline (Hotline). See policy 4.38 Assessment Initiation for additional information regarding reporting allegations which are immediately initiated while in the field;
13. Ensure all household members are documented in the case management system;
14. Upload all clear photographs in the case management system within three (3) business days of the observation. Each photograph should be identified by the date the photograph was taken. Additional information regarding the content of a photograph may be documented in the case management system; and

Note: All photographs taken or obtained during the assessment should be protected by handling and storing in a secure manner.

15. Document all observations (including the conditions of the home) and actions taken in the case management system.

The FCM Supervisor will:

1. Discuss the conditions of the home and actions taken with the FCM during regular case staffing; and
2. Guide the FCM in planning for safety and next steps, including a Safety Plan and/or Plan of Safe Care, if applicable.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [4.F Tool: Tips for Photographing Child Abuse and/or Neglect \(CA/N\)](#)
- [Assessment Staffing Guide \(SF 56567\)](#)
- [DCS Safe Sleep website](#)
- [Healthy Children Safe Sleep website](#)
- [Indiana Safe Sleep Program website](#)
- Plan of Safe Care (SF 56565) - available in the case management system
- Residential Licensing Unit email - residential.licensing@dcs.IN.gov
- [Riley Children's Health Safe Sleep Resources](#)
- [Safety Plan \(SF 53243\)](#)
- [The American Academy of Pediatrics website](#)
- [The National Institute of Health website](#)

Related Policies

- [2.30 Domestic Violence \(DV\)](#)
- [4.08 Entry into Home or Facility](#)

- [4.11 Interviewing the Alleged Perpetrator](#)
- [4.19 Safety Planning](#)
- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)

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LEGAL REFERENCES

- [IC 5-26.5-1-3: "Domestic violence"](#)
- [IC 34-6-2-34.5: "Domestic or family violence"](#)
- [IC 35-42-3.5: Chapter 3.5. Human and Sexual Trafficking](#)

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PRACTICE GUIDANCE- DCS POLICY 4.13

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.

Announced and Unannounced Visits

The determination of whether an announced or unannounced visit is appropriate for the home assessment should be 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.

Assessment of Risk

Risk factors that may pose a danger to a child, FCM, and/or other responder include, but are not limited to the following:

1. History of domestic violence (see policy 2.30 Domestic Violence [DV]);
2. Locations where high crime is known and/or suspected or locations that are remote;
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;
6. Family members that are criminal suspects and have outstanding arrest warrants;
7. Indications of human trafficking; and/or
8. Dangerous pets or other animals.

Observing All Homes of the Child

If a child spends time in numerous homes, it is best to visit every home the child goes to regularly, including the home of any parent, guardian, or custodian of that child. This will allow an observation of safe sleep practices, utilities, home conditions, occupants, and food (see the Assessment Staffing Guide [ASG]).

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 via the following websites:

- DCS Safe Sleep;
- Healthy Children;
- Indiana Safe Sleep Program;
- The American Academy of Pediatrics; and
- The National Institute of Health.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 14: Examining and Photographing a Child and/or Trauma

Effective Date: July 1, 2022

Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Examining and photographing a child and/or trauma is necessary to confirm alleged or suspected bodily injuries caused by Child Abuse and/or Neglect (CA/N). Documentation of findings is a critical piece used to complete an assessment of CA/N.

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PROCEDURE

The Indiana Department of Child Services (DCS) will examine and document the child's injuries 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. Notify the non-offending parent, guardian, or custodian if the child's injuries require immediate medical attention and assess their willingness to transport the child for an immediate examination by a medical professional; or

Note: If the non-offending parent is unable to be reached and the child needs immediate medical attention, DCS may request law enforcement agency (LEA) assistance or place an emergency call to 911.

2. Move forward with the examination and documentation of the injuries if the child does not need immediate medical attention and the injury can be readily seen on the child with minimal repositioning of clothing. See Practice Guidance for further information on observations and examinations.

DCS will not examine or photograph a child who is alleged to be sexually abused, regardless of the age of the child, including an examination or photographs of the child's private area, (i.e., child's anus, genitalia, or breasts). All allegations involving sexual abuse or trauma, requiring an examination or observation will be completed by a medical professional.

Note: DCS is permitted to accept and/or use LEA and medical professional's photographs of visible trauma or injury as documentation and evidence.

The Family Case Manager (FCM) will:

1. Engage the child's parent, guardian, or custodian and explain the necessity of examining and photographing by telling the parent what is happening, why it is happening, and how they can help their child, unless exigent circumstances exist (see policy 4.06 Exigent Circumstances for Interviewing Alleged Child Victims);

2. Refer the non-offending parent to obtain a medical examination for the child in situations where the injury occurred on a private area on the child's body and the child has disclosed abuse and a possible injury is indicated;

Note: If the parent refuses to obtain a medical examination for the child, seek supervisory input to determine whether the allegations require an examination and if court intervention is required.

3. Obtain consent from the child's parent, guardian, or custodian to examine and photograph the child if the CA/N allegations warrant such action and document the consent in the case management system;

Note: If consent is not obtained, seek supervisory input to determine whether the allegations require court intervention.

4. Seek a court order if consent to examine and photograph is not given and no exigent circumstances exist if it is determined that court intervention is needed after staffing with the FCM Supervisor;
5. Establish a rapport with the child by spending time talking with the child before initiating the examination or photographing;

Note: Ensure the child's culture, religious, and/or spiritual beliefs are always considered when examining and photographing the child.

6. Observe the child's body to determine if there are external marks (e.g., cuts, bruises, welts, burns, scratches, or sores) that may have been caused by CA/N; and communicate with the child what is happening in a logical and descriptive manner. See Practice Guidance;
7. Ask the child to explain how the injury occurred, if applicable;

Note: A child may be afraid to disclose an injury based on threats from the alleged perpetrator to further injure the child or a loved one if they tell. To access and document the safety of the child, photographs should be taken of the place on the child's body where the CA/N is alleged, even if the allegations are denied and/or no visible injuries are located on the child.

8. Photograph the child using the following guidelines once consent is granted (see 4.F Tool: Tips for Photographing Child Abuse and/or Neglect [CA/N]):
 - a. 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:
 - i. Ask the parent or caregiver of a child under the age of three (3) and/or is non-verbal to reveal the place of alleged abuse on the child's body, or
 - ii. Ask the child who is over the age of three (3) and/or is verbal if they are comfortable displaying the injury, and if the child agrees, observe the injury.
 - b. Request assistance from the parent, guardian, or custodian when adjusting/removing the child's clothing, if deemed necessary for the examination;
 - c. Ensure an adult witness is present in the room when photographing trauma to the body of a child who is 10 years of age and older. The FCM will only remove children's clothing when necessary;

Note: Communicate to all witnesses of the examination that they could be required to attend and testify in a court proceeding regarding what they witnessed.

- d. 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 an adult witness present, 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;
 - e. 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, if appropriate, and in the presence of a medical professional; and
 - f. 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.
9. Upload the photographs to the case management system, document the name and title of all witnesses during the examination, and label all hardcopy photographs. 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 or raised). See policy 4.22 Making an Assessment Finding;

Note: All photographs and recordings taken or obtained during the assessment should be protected by handling and storing in a secure manner.
 10. Refer the child for further examination by medical, dental, and mental health professionals, as needed (see policy 4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations); and
 11. Seek supervisory support, as needed, during the examination/documentation process.

The FCM Supervisor will:

1. Staff with the FCM regarding an assessment that warrants an examination but is unable to be completed. This includes but is not limited to:
 - a. The parent, guardian, or custodian refuses to provide consent for the child to be interviewed,
 - b. The parent, guardian, or custodian refuses to obtain a medical examination of the child, if deemed necessary, and/or
 - c. The child is not comfortable completing the observation.
2. Determine if court intervention is needed when the parent, guardian, or custodian refuses to provide consent to observe the child; and
3. Ensure all required documentation is entered in the case management system.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [4.F Tool: Tips for Photographing Child Abuse and/or Neglect \(CAN\)](#)

Related Policies

- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations](#)
- [4.22 Making an Assessment Finding](#)

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LEGAL REFERENCES

- [IC 31-33-8-3: Photographs and x-rays](#)
- [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 31-33-10-1 Duty to photograph, x-ray, and physically examine trauma visible on child](#)
- [IC 31-33-10-3: Photographs, x-rays, and physical medical examinations; delivery to department of child services; notice of existence](#)

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PRACTICE GUIDANCE- DCS POLICY 4.14

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.

Sensitivity During an Examination

When a stranger observes a child's body, it can be frightening for the child. The FCM should be sensitive to the child's needs. While observing the child, it is important to be clear with the child, speaking calmly and confidently about the process. Some children may want to engage in conversation during the examination and be reassured by the FCM, while others may want to be quiet.

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 three (3) years of age and older, the FCM should ask a child to leave their underwear on during an examination. The front waistline of the underwear may be lowered to allow observation of the lower abdomen and upper pelvic area. The rear of the underwear may also be lowered completely to expose the buttocks to allow observation.

FCMs should not ask a child to remove their bra. The bra should be left on, and the child may shift the bra straps from side to side, to observe the areas of the chest and back directly under the straps. The FCM should never ask the child to shift their bra in such way that the breasts may be exposed.

Once the FCM has obtained all necessary photographs, it is recommended the FCM upload the pictures into the case management system as soon as possible and delete the pictures from their work cell phone.

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, LEA, school personnel, or the child's parent, guardian, or custodian.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 16: Medical Examinations, Psychological Testing, Drug Screens, and Substance Use Evaluations

Effective Date: January 1, 2025

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Medical examinations, psychological testing, drug screens, and substance use evaluations may be completed on an alleged child victim, any child who lives in the home of the alleged child victim, and/or any parent, guardian, or custodian of an alleged child victim during an Indiana Department of Child Services (DCS) assessment to determine the health and well-being of the child.

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PROCEDURE

DCS will pursue a medical examination of the child victim when one (1) or more of the following conditions exist:

1. The child has an injury that would cause a reasonable person to believe medical attention is necessary;
2. The allegations include sexual abuse involving penetration, and it is believed the information gathered during the examination of the child will assist in making an assessment finding;

Note: The extent and type of evaluation for allegations involving sexual abuse 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.

3. The child has been removed from a property that contains a contaminating controlled substance; 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.

DCS will pursue psychological testing of the child victim when approved by the DCS Local Office Director (LOD) and one (1) or more of the following conditions exist:

1. The child's Child and Adolescent Needs and Strengths (CANS) assessment indicates a need for a full mental health assessment. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment; or
2. The child exhibits behaviors that would cause a reasonable person to believe the child is a danger to self and/or others.

DCS will pursue a drug screen and/or a substance use evaluation of the child victim when one (1) or more of the following conditions exist:

1. The alleged child victim may have had access to illegal substances;
2. The alleged child victim's behavior indicates the child may have used or been exposed to illegal substances; and/or
3. There are allegations or other indications that the child victim may have used or been exposed to illegal substances.

DCS may ask the alleged victim's parent, guardian, or custodian to voluntarily submit to a medical examination, psychological testing, drug screen, and/or substance use evaluation, if there is an indication of Child Abuse and/or Neglect (CA/N) or the allegations involve CA/N which may be due to:

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

The Family Case Manager (FCM) will:

1. Ensure all child victims who are or will be under the supervision of DCS receive a CANS assessment to determine if a full mental health assessment is needed. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment;
2. Confirm written consent is provided by the child's parent, guardian, or custodian for a medical examination, psychological testing, drug screen, and/or substance use evaluation, if applicable;
3. Seek a court order, if consent is not given and the child is alleged to be a Child in Need of Services (CHINS);

Note: If the parent, guardian, or custodian is unable to be contacted or located; or refuses to provide consent to the examination, testing, or evaluation, the FCM will contact the DCS Staff Attorney to seek a court order. The parent, guardian, or custodian should be notified before or as soon as possible after a court order is obtained.

4. Consult with the FCM Supervisor to determine the need for psychological testing. If psychological testing is deemed necessary, obtain approval from the DCS LOD;

Note: The Clinical Services Specialist (CSS) may be contacted for consultation regarding psychological testing.

5. Arrange for necessary medical examinations, approved psychological testing, drug screens, and/or substance use evaluations, if needed;

Note: 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.

6. Ask the alleged child victim's parent, guardian, or custodian to voluntarily submit to a medical examination, psychological testing, drug screen, and/or substance use evaluation, if appropriate.

Note: If the child's parent, guardian, or custodian does not agree to voluntarily submit to medical examinations, psychological testing, drug screens, and/or other substance use

evaluations, DCS may pursue a court order if such examinations, tests, and evaluations are necessary to complete the assessment.

7. Seek access to medical, mental health, and/or substance use records of the child's parent, guardian, or custodian as part of an assessment and completing a Preliminary Inquiry (PI), if needed, when a child is alleged to be a CHINS. DCS may petition the juvenile court for an order to release the records if the parent, guardian, or custodian does not consent;
8. Complete a Pediatric Evaluation and Diagnostic Services (PEDS) referral, if required.

Note: A PEDS referral is mandatory for all reports involving:

1. A child less than six (6) years of age with allegations of suspected CA/N 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);
 2. A child less than three (3) years of age with allegations of suspected CA/N resulting in fractures or burns or suspected fractures or burns anywhere on the body; or
 3. Any skin injury on a child under 12 months of age.
9. Utilize critical thinking to evaluate and discuss the allegations with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with an injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. See Practice Guidance; and
 10. Request written findings upon the medical examination, approved psychological testing, drug screens, and/or substance use evaluations and follow procedural steps outlined in policy 4.17 Accessing Child's Medical, Psychological and Substance Abuse Records to obtain copies of the records.

Note: If the FCM has not received the results by the end of the assessment deadline, the FCM should proceed with making a finding, unless the results may impact the outcome of the assessment. See policy 4.22 Making an Assessment Finding.

The FCM Supervisor will:

1. Consult with the FCM to determine if psychological testing is necessary; and

Note: The CSS may be contacted for consultation regarding psychological testing.

2. Assist the FCM, as needed, regarding medical examinations, psychological testing, drug screens, and substance use evaluations completed during the assessment.

The CSS will consult with the FCM and FCM Supervisor to determine if psychological testing is necessary, if requested.

The DCS LOD will approve psychological testing for a child, if deemed necessary.

The DCS Staff Attorney will seek a court order if the parent, guardian, or custodian is unable to be contacted or located; or refuses to provide consent to the examination, testing, or evaluation.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Consent to Release of Medical, Mental Health and/or Substance Use Records \(SF 51128\)](#)
- [PEDS Program Referral](#)
- Preliminary Inquiry (PI) - available in the case management system
- [Psychotropic Medication Guidelines for Youth in Care with the Indiana Department of Child Services](#)

Related Policies

- [4.17 Accessing Child's Medical, Psychological and Substance Abuse Records](#)
- [4.22 Making an Assessment Finding](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)

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LEGAL REFERENCES

- [IC 16-39-3-8: Child in need of services; petition for emergency hearing on request for records of parent, guardian, or custodian](#)
- [IC 31-32-12: Chapter 12. Mental or Physical Examinations](#)
- [IC 31-32-12-2: Temporary confinement of child](#)
- [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; petition to interview child; order; requirements](#)

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PRACTICE GUIDANCE- DCS POLICY 4.16

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.

Differences Between Psychological Evaluation and Psychiatric Evaluation

A psychological evaluation and psychiatric evaluation are distinct services. When requests or court orders for these services are made, it is important to ensure the testing type is correct.

A psychological evaluation is completed by a psychologist or a Health Service Provider in Psychology (HSPP) and uses clinical observations, collateral information, record review, interviews, and standardized tools. A psychological evaluation may provide the following information:

1. An intelligence quotient (IQ) and cognitive functioning;
2. A diagnosis;
3. The impact of trauma on the individual's functioning;
4. Identification of personality disorders; and
5. Assistance in determining eligibility of services (e.g., Bureau of Disabilities Services [BDS], Supplemental Security Income [SSI], or vocational rehab).

A psychiatric evaluation (commonly referred to as a medication evaluation) is completed by a psychiatrist or psychiatric nurse practitioner. Findings from a psychiatric evaluation are based on clinical observation and collateral information. A psychiatric evaluation is a medical evaluation for the purpose of determining if psychotropic medication is appropriate and which psychotropic medication will be the most effective for the individual (see Psychotropic Medication Guidelines for Youth in Care with the Indiana Department of Child Services for additional guidance).

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals

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 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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 4: Assessment	
Section 17: Accessing Child’s Medical, Mental Health, and Substance Use Records	
Effective Date: March 1, 2025	Version: 3

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Obtaining an alleged child victim’s medical, mental health, and/or substance use records is important when conducting a Child Abuse and/or Neglect (CA/N) assessment. The Indiana Department of Child Services (DCS) obtains consent, as required, when seeking to obtain a child’s medical, mental health, and/or substance use records.

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PROCEDURE

DCS is required to obtain written consent from the alleged child victim’s parent, guardian, or custodian prior to obtaining any:

1. Mental health assessment or treatment records;

Exception: Per IC 16-39-2-6(b)(10)(F), a mental health record may be obtained without consent if the record was the basis of the report for CA/N.

2. Medical records for the alleged child victim who was not a part of a CA/N assessment; and
3. Alcohol use and/or substance use assessment or treatment records.

Exception: If the alcohol/substance use records pertain to treatment that the child received through their own voluntary consent, that child may consent to the release of the records without parent, guardian, or custodian consent.

DCS is **not** required to get consent from the alleged child victim’s parent, guardian, or 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 CA/N assessment; or
2. Resulted in a CA/N report by a medical professional.

The Family Case Manager (FCM) will:

1. Seek required signatures on the Consent to Release Medical, Mental Health and/or Substance Use Records form to facilitate the release of any necessary medical, mental health, and/or substance use records of an alleged child victim; and
2. Consult with the DCS Staff Attorney to seek a court order if a required consent is denied.

The DCS Staff Attorney will seek a court order if:

1. An alleged child victim's parent, guardian, or custodian does not give consent to the release of the alcohol/substance use records;
2. An alleged child victim does not consent to the release of the alcohol/substance use records pertaining to treatment that the child received through their 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.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Consent to Release of Medical, Mental Health and/or Substance Use Records \(SF 51128\)](#)
- [Consent to Release of Medical, Mental Health and/or Substance Use Records \(SF5792\) \(Spanish version\)](#)

Related Policies

N/A

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LEGAL REFERENCES

- [42 USC 290dd-2: Confidentiality of records](#)
- [45 CFR 164.512\(b\)\(1\)\(ii\): Standard: Uses and disclosures for public health activities](#)
- [IC 12-23-12-1: Notification or consent of parents or guardians; treatment in absence of notification](#)
- [IC 16-39-2: Chapter 2. Release of Mental Health Records to Patient and Authorized Persons](#)
- [IC 16-39-2-6\(b\)\(10\)\(F\): Disclosure without patient's consent; interpretation of records; immunities](#)
- [IC 31-32-11-1: Admissibility of privileged communications](#)
- [IC 35-37-6: Chapter 6. Privileged Communications and Victim Counseling](#)

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PRACTICE GUIDANCE- DCS POLICY 4.17

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.

Health Insurance Portability and Accountability Act (HIPAA)

Federal code, 45 CFR 164.512(b)(1)(ii), makes exceptions to HIPAA for Child Protective Services (CPS) investigations. The Act states: "A covered entity may disclose protective 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 outlined in Indiana Code (IC) 35-37-6: Chapter 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 assessment.

Voluntary Consent to Treatment and Release of Related Records by a Minor

Per IC 12-23-12-1, 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, guardians, or person having control or custody of the minor. DCS interprets this code, along with 42 USC 290dd-2, to mean that a minor can consent to the release of records that pertain to treatment for which the minor voluntarily consented.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	
	Section 18: Establishing Initial Child Safety	
	Effective Date: January 1, 2024	Version: 9

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Establishing initial safety of a child is a critical step in every Indiana Department of Child Services (DCS) assessment. The Safety Assessment and participation in daily safety staffing are completed to evaluate the safety, risk, and needs of each child and to plan for the next steps to address any needs of the child and family.

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PROCEDURE

Safety Assessment

A Safety Assessment is completed during an assessment to:

1. Determine whether a child is likely to be in immediate danger of serious harm/maltreatment which requires further intervention; and
2. Determine which interventions should be initiated or maintained to provide appropriate protection to ensure the child’s safety.

Daily Safety Staffing

DCS will ensure every assessment is staffed by the assigned Family Case Manager (FCM) and the assigned FCM Supervisor or a Safe Assessment Closure Team (SafeACT) Supervisor during daily safety staffing until the following criteria are met:

1. Each child listed as an alleged victim has been interviewed (see policies 4.04 Required Interviews and 4.09 Interviewing Children);

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 Interviewing Alleged Child Victims).

2. All parents, guardians, or custodians, including each non-custodial parent, have been interviewed (see policy 4.04 Required Interviews);
3. A Safety Plan is developed and approved by the FCM Supervisor (see policy 4.19 Safety Planning);
4. A Plan of Safe Care is developed (if needed) and approved by the FCM Supervisor (see policy 4.42 Plan of Safe Care).
5. Contact notes that support the safety decision are entered in the case management system;

6. The Safety Assessment is completed within 24 hours of assessment initiation to determine if there are any safety threats present; **and**

Note: For an assessment completed through the Safe Assessment Closure Team (SafeACT) within 24 hours of initiation, the Safety Assessment may be completed during the call with the SafeACT Supervisor. If all children involved in the assessment are safe and the assessment outcome is unsubstantiated, the assessment should be staffed with a SafeACT Supervisor and procedural steps should be followed in policy 4.22 Making an Assessment Finding.

7. The FCM Supervisor determines the daily safety staffing is no longer warranted.

Note: Discussion of an assessment during the daily safety staffing may continue beyond completion of the above requirements when deemed appropriate for ensuring child safety.

The FCM will:

1. Participate in the daily safety staffing with an FCM Supervisor to discuss the safety of each child until all above listed criteria have been met;

Note: Continuous assessment of the child's initial and subsequent safety should be monitored throughout the duration of the assessment and documented in the case management system (see policy 4.03 Conducting the Assessment - Overview).

2. Identify protective factors to help mitigate the safety threats;
3. Identify the appropriate safety decision in the Safety Assessment;
4. Work with the family and Child and Family Team (CFT) to identify responses to safety threats (see policy 5.07 Child and Family Team [CFT] Meetings);

Note: 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 Change of Household Composition below).

5. Consider the appropriateness of filing an Informal Adjustment (IA) or In-Home Child in Need of Services (CHINS) petition only when the child's safety can be ensured and the child and family's service needs can be met in the home;
6. Take necessary action to remove the child from the home if the child cannot remain safely in the home (see policy 4.28 Removals from Parents, Guardians, or Custodians);

Note: Any new allegations of Child Abuse and/or Neglect (CA/N) must be reported to the DCS Child Abuse and Neglect Hotline (Hotline), per State reporting statutes, and may not be handled as part of the current case. If the allegations meet the statutory definition of child abuse or neglect, these reports will be assessed separately and not screened out. Seek supervisory approval to initiate emergency removal if the child is in immediate danger. See policy 4.38 Assessment Initiation.

7. Document the results of the Safety Assessment, all safety responses and decisions, and actions taken in the case management system within one (1) business day.

The FCM Supervisor will:

1. Conduct a daily safety staffing to discuss every assessment for which requirements to ensure child safety have not been met and create a plan with the FCM for ensuring child safety;

Note: The FCM Supervisor should communicate the expectation and requirements of the daily safety staffing to the FCM.

2. Review the Safety Plan and/or Plan of Safe Care, discuss any needed revisions to ensure the child's safety, and sign the approved Safety Plan and/or Plan of Safe Care;
3. Review the Safety Assessment and decision;
4. Make a determination regarding whether the 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 each alleged child victim, as well as other household children and other children who were present when the incident occurred prior to making a determination regarding the continuation of daily safety staffing.

5. Ensure information is documented within three (3) business days in the case management system.

Change of Household Composition

When it is determined a change of household composition is in the best interest of a child, the FCM will:

1. Ensure the safety of the child;

Note: Consider the family's protective factors when evaluating their ability to ensure the safety of their child.

2. Partner with the family and recommend a CFT meeting, including their informal supports, to develop a plan to address the safety issues that led to DCS involvement;
3. Document the family's agreed-upon plan by using the Safety Plan or outlining the plan in the CFT meeting notes;

Note: The Safety Plan should include a discussion with the family regarding the recommended course of action to remedy the immediate concerns and allow for the child's return to the family's household (e.g., the child or parent moving to a safe location until the safety concerns in the home are rectified) (see policy 4.19 Safety Planning). If there is a restriction regarding contact with a child placed on an adult household member other than a parent, guardian, or custodian (e.g., a parent, guardian, or custodian's significant other), the FCM will ensure contact will not occur between that individual and the child until the safety concerns are remedied.

4. Ensure other identified caregivers for the child are in agreement to provide a safe environment for the child;
5. Complete a Child Protective Services (CPS) History Check and a National Sex Offender Registry Check on all possible temporary caregivers and ensure the caregivers are in agreement to provide a safe environment for the child;
6. Work with the family to identify resources to provide immediate assistance, if needed; and

7. 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 complete these additional steps:

1. Perform a home visit and ensure the location is safe for the child; and
2. Ensure the issues causing a change in household composition are remedied within five (5) business days.

Note: At any time during an assessment when there is a restriction placed by DCS on any parent, guardian, or custodian regarding contact with the child, a determination must be made at the time the restriction is put in place as to whether the restriction may last longer than 48 hours (excluding state holidays and weekends). If there is a possibility the restriction may last longer than 48 hours, DCS must file a CHINS petition and schedule a detention hearing with the court. A detention hearing must take place within 48 hours of the restriction being initiated (see policies 4.28 Removals from Parents, Guardians, or Custodians, 5.09 Informal Adjustment/Prevention Plan [IA], and 6.02 Filing a Child in Need of Services [CHINS] Petition).

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RELEVANT INFORMATION

Definitions

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.

Temporary Caregiver

A temporary caregiver is someone providing short-term care for a child who is the alleged victim in a DCS assessment. Temporary care for the child is arranged by the custodial parent and should provide a safe, nurturing, and stable environment for the child while the parent remedies the concern for child safety.

Forms and Tools

- Family Functional Assessment (FFA) - available on the [Indiana Practice Model SharePoint](#)
- Plan of Safe Care (SF 56565) - available in the case management system
- [Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families](#)
- [SafeACT SharePoint](#)
- Safety Assessment - available in the case management system
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [4.03 Conducting the Assessment - Overview](#)
- [4.04 Required Interviews](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.09 Interviewing Children](#)
- [4.19 Safety Planning](#)
- [4.22 Making an Assessment Finding](#)
- [4.28 Removals from Parents, Guardians, or Custodians](#)

- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.09 Informal Adjustment/Prevention Plan \(IA\)](#)
- [6.02 Filing a Child in Need of Services \(CHINS\) Petition](#)
- [13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements](#)
- [13.11 Conducting Background Checks for Emergency Unlicensed Placements](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 4.18

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 Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families document under Forms and Tools as part of an evaluation of the family's ability to ensure the safety of the child.

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. Best practice is that children are not interviewed in the presence of family members or other witnesses. An interview is one (1) type of contact. A contact includes, but is not limited to the following types of communication:

1. Face-to-face at the home, office, or other location;
2. Telephone;
3. Fax;
4. Email;
5. Voicemail;
6. Written correspondence; and/or
7. Virtual correspondence (e.g., video conferencing).

Parental Involvement in Safety Planning

Involvement of the family in the development of a Safety Plan 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.

SafeACT

SafeACT is a process for closing out assessments of CA/N when it is determined all children are safe and the assessment finding is "unsubstantiated". FCMs 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. See the SafeACT SharePoint for more information.


Safety Planning

The Safety Plan 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 Safety Plan 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 (see policy 4.19 Safety Planning).

Safety vs. Risk Assessment

The safety assessment differs from the risk assessment in that 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. 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, Intersex, Asexual and more (LGBTQIA+) youth. Safety assessment questions that may be helpful in determining the safety of LGBTQIA+ youth can be found in the FFA tool.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 19: Safety Planning	
	Effective Date: May 1, 2023	Version: 9

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Safety planning promotes the ongoing safety and well-being of a child when risk to the child’s safety has been identified. Collaboration with the child and family in the safety planning process helps to build their protective capabilities.

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PROCEDURE

The Indiana Department of Child Services (DCS) will assist a child’s family with the development of safety planning when a child’s safety is at risk. Efforts to ensure the child’s safety in all settings must be considered (e.g., school, extracurricular activities, home). The Safety Plan should contain clearly defined action steps that relate directly to the child’s immediate safety and describe in detail how, when, and by whom each intervention will be implemented.

The Safety Plan cannot restrict parenting time in any way or contradict existing court orders (i.e., child support and child custody orders). If a concern arises regarding the child’s safety during parenting time, DCS will staff with the FCM Supervisor and the DCS Staff Attorney to identify possible steps to remedy the concerns.

Child safety will be reassessed regularly and the Safety Plan and/or Plan of Safe Care (if applicable) will be developed, reviewed, and modified, as needed, throughout the assessment phase.

Note: A separate Safety Plan must be completed when the Plan of Safe Care does not address all safety concerns for each child included in the case. See policies 4.22 Making an Assessment Finding and 4.42 Plan of Safe Care.

Following the completion of the Initial Safety Assessment (see policy 4.18 Establishing Initial Child Safety), a Safety Plan will be created as quickly as necessary to maintain the safety of the child. Situations which require the completion of a Safety Plan include, but are not limited to:

1. A safety decision of “Conditionally Safe” has been determined through the Initial Safety Assessment;

Note: Safety Plans are not required for unsubstantiated assessments where the safety decision of Initially Safe/Clearly Safe has been determined through the Initial Safety

Assessment. Safety Plans are optional in such instances and should only be completed if there is a value in creating a Safety Plan.

2. An assessment finding of “Substantiated” is reached, but DCS will pursue no further direct intervention; or

Note: An assessment may not be closed without further DCS intervention unless all safety threats have been resolved.

3. Initiation of an assessment when domestic violence (DV) has been alleged. See policy 2.30 Domestic Violence (DV).

The Family Case Manager (FCM) will:

1. Collaborate with the family and Child and Family Team (CFT) to develop a Safety Plan;

Note: Partner with the non-offending parent and child to create a Safety Plan in all Child and Family Team assessments where DV has been alleged (see policies 2.30 Domestic Violence [DV] and 5.07 Child and Family Team [CFT] Meetings).

2. Engage the child in safety planning, as age and developmentally appropriate. See Practice Guidance for information about creating a plan for safety with the child.

Note: The child is not responsible for the child’s own safety and should not be responsible for implementing the Safety Plan.

3. Discuss in detail with the family the implementation of any of the interventions below that are included in the safety response:
 - a. The family uses informal supports to ensure the child’s safety, or

Note: 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 (see policy 16.03 Assistance for a Family of Origin’s Basic Needs).

- b. A referral for services through a contracted DCS service provider for the family. See policy 4.26 Determining Service Levels and Transitioning to Permanency Services.

Note: DCS service providers will not be included on a Safety Plan created at assessment closure when DCS involvement will not continue unless a plan is in place for the service to continue without DCS involvement.

4. Document any changes in the family’s living arrangements in the case management system, if applicable;
5. Specify how the FCM will monitor and support the family’s compliance with the Safety Plan until the completion of the assessment, and discuss what may occur if an intervention is not followed;
6. Have the parent, guardian, or custodian, and all responsible parties listed in the plan sign the Safety Plan and provide a copy to the parent, guardian, or custodian and all responsible parties listed in the plan;

Note: If there is court involvement in an active Child in Need of Services (CHINS) case, the Safety Plan should also be provided to the court.

7. Review the Safety Plan with the FCM Supervisor and obtain approval of the Safety Plan prior to assessment closure (see policy 4.18 Establishing Initial Child Safety);

Note: When updates to the Safety Plan are identified during review with the FCM Supervisor, the FCM must engage the family and CFT to create an updated plan and obtain supervisory approval of the new plan.

8. Upload each Safety Plan to the case management system;
9. Re-assess the child's safety regularly throughout the assessment and prior to closure of the assessment, and adjust the Safety Plan, as necessary. See policy 4.25 Completing the Assessment Report; and
10. Ensure the Safety Plan is discussed with the permanency FCM during transition planning if further DCS involvement is necessary (see policy 5.01 Assessment to Permanency Case Transfer Process).

The FCM Supervisor will:

1. Review information gathered during the assessment, the Initial Safety Assessment, and the Safety Plan during regular case staffing and prior to assessment closure (see policy 4.18 Establishing Initial Child Safety);
2. Ensure each identified safety concern is addressed in the Safety Plan;
3. Guide the FCM in engaging the family and CFT to create or update the Safety Plan, as needed;
4. Sign the approved Safety Plan following each review;
5. Ensure each Safety Plan is uploaded to the case management system and provided to all listed responsible parties; and
6. Ensure the Safety Plan and assessment details are discussed with the permanency FCM during transition planning if further DCS involvement is necessary.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

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.

Safety Plan

A Safety Plan is a voluntary, non-legally binding written agreement with the family, which identifies interventions to address the safety of the child and specifies family supports and/or community services that will be utilized.

Forms and Tools

- Initial Safety Assessment - available in the case management system
- Plan of Safe Care (SF 56565) - available in the case management system
- [Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [2.30 Domestic Violence \(DV\)](#)
- [4.18 Establishing Initial Child Safety](#)
- [4.22 Making an Assessment Finding](#)
- [4.25 Completing the Assessment Report](#)
- [4.26 Determining Service Levels and Transitioning to Permanency Services](#)
- [4.42 Plan of Safe Care](#)
- [5.01 Assessment to Permanency Case Transfer Process](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.09 Informal Adjustment/Prevention Plan \(IA\)](#)
- [6.02 Filing a Child in Need of Services \(CHINS\) Petition](#)
- [16.03 Assistance for a Family of Origin's Basic Needs](#)

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LEGAL REFERENCES

- [IC 34-6-2-34.5: "Domestic or family violence"](#)
- [IC 35-37-6-1: "Confidential communication"](#)

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PRACTICE GUIDANCE- DCS POLICY 4.19

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 Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families document under Forms and Tools as part of an evaluation of the family's ability to ensure the safety of the child.

Including Children in the Safety Planning Process

During the initial interview, if the child is unable to identify who to 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. Not intervening, in any circumstance, in moments of violence between parents/caregivers;
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.

Parental Involvement in Safety Planning Development

Involvement of the family in the development of a Safety Plan 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 Safety 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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 4: Assessment	
Section 21: Forty-Five (45) Day Report of Assessment	
Effective Date: August 1, 2023	Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A Forty-five (45) Day Report of Assessment is a confidential report made available to a professional report source listed in IC 31-33-7-8. A Forty-five (45) day Report of Assessment is a confidential report, which is sent to professional report sources listed in IC 31-33-7-8 to provide an update on the status of the assessment.

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PROCEDURE

The Indiana Department of Child Services (DCS) shall send the Forty-five (45) Day Report of Assessment no later than 45 days after receiving the Preliminary Report of Alleged Child Abuse or Neglect (310) from any of the agencies listed in IC 31-33-7-8. DCS shall send the report to:

1. The administrator of the hospital;
2. The community mental health center;
3. The managed care provider (as defined in IC 12-7-2-127);
4. The referring physician;
5. The dentist;
6. The principal of the school;
7. A licensed psychologist;
8. A child caring institution (CCI) licensed under IC 31-27;
9. A group home (GH) licensed under IC 31-27 or IC 12-28-4;
10. A secure private facility; or
11. A child placing 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.

No later than 45 days after the 310 is received, the Family Case Manager (FCM) will:

1. Ensure the Assessment of Alleged Child Abuse or Neglect (311) report is complete and approved in the case management system;
2. Generate a Forty-five (45) Day Report of Assessment for each professional report source;

Note: A Forty-five (45) Day Report of Assessment must be generated for each professional report source even if more than one (1) 310 is received by DCS from the agencies listed above and the 310s will be linked.

3. Complete the Forty-five (45) Day Report of Assessment by updating any appropriate data fields that are not auto populated;

Note: The Forty-five (45) Day Report of Assessment must contain these items that are known at the time the report is sent:

- a. The name of the alleged victim of Child Abuse and/or Neglect (CA/N),
- b. The name of the alleged perpetrator and the alleged perpetrator's relationship to the alleged victim,
- c. Whether the assessment is closed,
- d. Whether DCS has completed an assessment of the case and has not taken any further action,
- e. The FCM name and telephone number,
- f. The date the report is prepared, and
- g. Other information that DCS may prescribe.

4. Print the Forty-five (45) Day Report of Assessment 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.

5. Send the approved Forty-five (45) Day Report of Assessment to the appropriate person or agency via United States (US) 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, as required. An additional Forty-five (45) Day Report of Assessment must be sent every 30 days until the assessment is complete.

The FCM Supervisor will review and approve the Forty-five (45) Day Report of Assessment.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) - available in the case management system
- Forty-five (45) Day Report of Assessment (SF 54854) - available in the case management system
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system

Related Policies

N/A

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LEGAL REFERENCES

- [IC 12-7-2-127: "Managed care provider"](#)
- [IC 12-28-4: Chapter 4. Residential Facilities for Individuals With a Developmental Disability or Mentally Illness](#)
- [IC 31-9-2-17.5: "Child placing agency"](#)
- [IC 31-27: ARTICLE 27. CHILD SERVICES: REGULATION OF RESIDENTIAL CHILD CARE](#)
- [IC 31-33-7-8: Reports after initiation of assessment or investigation; contents; confidentiality](#)

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PRACTICE GUIDANCE- DCS POLICY 4.21

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 4: Assessment

Section 22: Making an Assessment Finding

Effective Date: January 1, 2024

Version: 14

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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 received of known or suspected Child Abuse and/or Neglect (CA/N). Upon the completion of the assessment, a finding of “substantiated” or “unsubstantiated” must be made to determine next steps for the child and family.

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PROCEDURE

DCS will make an assessment finding no later than **40 calendar 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.

Note: An assessment of a homeless unaccompanied minor receiving shelter without the presence or consent of a parent, guardian, or custodian should not be considered an automatic substantiation of CA/N.

Upon completion of a thorough assessment, a determination must be made regarding whether a Child in Need of Services (CHINS) petition or Informal Adjustment (IA) will be filed in compliance with other DCS policies.

For each allegation, the Family Case Manager (FCM) will:

1. Carefully review and weigh all evidence collected during the assessment, placing greater weight on those pieces of evidence that have greater credibility or impact on the safety of the child (See Practice Guidance);
2. Discuss the assessment with the local office FCM Supervisor during case staffing;

Note: If the perpetrator is unknown, the FCM should discuss with the FCM Supervisor if there is a preponderance of evidence to show CA/N occurred. The FCM must exhaust all efforts in identifying and locating the subjects (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants) prior to substantiating CA/N on an unknown perpetrator.

3. Call the regional Safe Assessment Closure Team (SafeACT) phone 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 safe and the assessment outcome is clearly unsubstantiated (see SafeACT Guide);
4. 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 there is a lack of evidence that supports the allegation. 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) (see Practice Guidance), and ensure the caregiver understands that First Steps will contact them regarding an assessment for the child.
5. Follow all procedures to submit the Assessment of Alleged Child Abuse or Neglect (311) report for approval within 30 calendar 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 Child Abuse or Neglect (311S).

Note: If the 311 is originally submitted more than 30 calendar 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 calendar days passes between contacts with the child.

The FCM Supervisor will:

1. Discuss the evidence collected during the assessment and complete the Assessment Staffing Guide (ASG) with the FCM during case staffing;
2. Upload the ASG to the case management system;
3. Determine if the information provided in the 311 and documentation in the case management system support the finding of the assessment;

4. Ensure the assessment is completed and approved in the case management system within 40 calendar days from the date the 310 was received; and
5. 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 ASG and uploading it to the case management system, and:

1. Completing the 311S and closing the assessment, if all information is provided to determine all children are clearly safe and the assessment should be unsubstantiated;
2. Requesting the FCM complete the next steps outlined in the Needs More Information (NMI) section of the ASG; or
3. Referring 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.

Intentional False CA/N Reports

DCS will collaborate with the local prosecuting attorneys to facilitate the prosecution of individuals who intentionally make false CA/N reports, if there is reason to believe an intentional false CA/N report was made.

The FCM will immediately notify the FCM Supervisor in writing (email is acceptable) that the FCM suspects a reporter has intentionally made a false CA/N report.

The FCM Supervisor will

1. Review the information provided by the FCM; and
2. Forward the information to the DCS Local Office Director (LOD) if the FCM Supervisor concurs with the FCM's suspicions.

The DCS LOD will:

1. Consult with the DCS Staff Attorney and Chief Counsel if the DCS LOD concurs with the FCM Supervisor's suspicions; and
2. Notify the prosecuting attorney for possible prosecution with local procedures if the DCS Staff Attorney, Chief Counsel, and LOD determine there is a reason to believe that a person has made an intentional false report of CA/N.

The DCS Staff Attorney and Chief Counsel will consult with the DCS LOD to help determine whether to forward the information to the local prosecuting attorney.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Credible Evidence

Credible evidence is evidence that is believable.

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.

Homeless Unaccompanied Minor

A homeless unaccompanied minor is an individual who is under 18 years of age and is receiving shelter without a parent, guardian, or custodian present.

Preponderance of the Evidence

Preponderance of the evidence is an evidentiary standard used in a burden of proof analysis. The preponderance standard applies to the quality and weight of the evidence and is not specifically related to the quantity of evidence. 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 safe and the assessment finding is "unsubstantiated".

Substantiated

According to IC 31-9-2-123, "substantiated, when used in reference to a CA/N report made under IC 31-33, means a determination regarding the status of the report whenever facts obtained during an assessment of the report provide a preponderance of evidence that child abuse or neglect has occurred".

Unsubstantiated

According to IC 31-9-2-132, "unsubstantiated, for purposes of IC 31-33 and IC 31-39-8-4, means a determination regarding the status of a report made under IC 31-33 whenever facts obtained during an assessment of the report provide credible evidence that child abuse or neglect has not occurred".

Forms and Tools

- [4.B Tool: Assessment Narrative](#)
- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) - available in the case management system
- [Assessment Staffing Guide \(SF 56567\)](#)
- Child and Adolescent Needs and Strengths (CANS) Assessment - available in the case management system
- [DCS Screening and Response Time Assessment \(SDM Tool\)](#)
- [First Steps website](#)
- Initial Risk Assessment - available in the case management system
- [Investigation Services SharePoint](#)

- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system
- [SafeACT Guide](#)
- [SafeACT SharePoint](#)
- [Safe Assessment of Alleged Child Abuse or Neglect \(SF 57056\) \(311S\)](#)

Related Policies

- [2.30 Domestic Violence \(DV\)](#)
- [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 Needs and Strengths \(CANS\) Assessment](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)

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LEGAL REFERENCES

- [IC 31-9-2-14: "Child abuse or neglect"](#)
- [IC 31-9-2-123: "Substantiated"](#)
- [IC 31-9-2-132: "Unsubstantiated"](#)
- [IC 31-33: ARTICLE 33. JUVENILE LAW: REPORTING AND INVESTIGATION OF CHILD ABUSE AND 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 31-33-22-3: False reports; criminal and civil liability; notification of prosecuting attorney](#)
- [IC 31-39-8-4: Expungement of child abuse or neglect information](#)
- [IC 34-6-2-34.5: "Domestic or family violence"](#)

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PRACTICE GUIDANCE- DCS POLICY 4.22

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.

Credibility of Evidence

Many factors affect the credibility of evidence. When making assessment findings, the credibility of each piece of evidence must be evaluated by considering factors such as, but not limited to:

1. A witness's ability and opportunity to observe what the witness has claimed;
2. The manner and conduct of the witness while speaking;
3. Any interest, bias, or prejudice the witness may have;
4. Any relationship the witness may have with other interested parties;
5. The reasonableness of the witness's testimony considered in the light of all the evidence heard;
6. Additional evidence and information that supports someone's prior statements or other evidence. This information makes the prior statement or other evidence it supports more credible than evidence that has not been verified or supported by independent sources; and
7. The witness is a professional source who may provide an opinion because of the witness's knowledge, skill, experience, training, or education. Consider the following when deciding how much weight to give a professional source opinion:
 - a. The witness's skill, experience, knowledge, and familiarity with the facts of this case;
 - b. The reliability of the information supporting the witness's opinions; and
 - c. The reasons for the opinions.

While a detailed description of a complex chain of events is beyond the capabilities of young children, they are able to give plausible and specific descriptions of traumatic situations that would normally be beyond their experience (e.g., sexual acts) and such statements should be taken seriously. Consultation with a Qualified Mental Health Professional (QMHP) is appropriate when considering emotional injury to the child.

Considerations in Requesting A Child In Need Of Services (CHINS) Petition

In contrast to a substantiation, a CHINS designation focuses on the condition of the child rather than on an act or omission (fault) by the parent, guardian, or custodian. A CHINS proceeding establishes whether a child's circumstances necessitate services that are unlikely to be provided without the coercive intervention of the court. The purpose of a CHINS adjudication is to protect the child, not punish the parent, guardian, or custodian. Every CHINS request must be made focusing on the needs of the child.

Considering Unsubstantiated CA/N History in Making an Assessment Finding

Documentation of unsubstantiated assessments will be maintained in electronic form until 24 years after the birth of the youngest child named as an alleged victim of CA/N in the DCS assessment report. DCS personnel will have access to the assessment. This documentation may be used in the assessment of a subsequent report concerning the same child or family; however, DCS may not rely solely on the unsubstantiated history to support substantiation. Unsubstantiated case documentation will not be available when it has been expunged.

First Steps

The Indiana First Steps program is provided through the Indiana Family and Social Services (FSSA) and is accessible to families in every county. This service uses professionals from education, health, and social services to provide coordinated early intervention resources. Families who are eligible to participate in First Steps have children under three (3) years of age who:

1. Are experiencing developmental delays, or
2. Have a diagnosed physical or mental health condition that has a high probability of resulting in a developmental delay.

While most First Steps referrals originate from doctor's offices, hospitals, or social service agencies such as DCS, a parent may also initiate a "self-referral". For further information, visit the First Steps website.

Parental Drug Use

A single positive drug screen or single instance of drug use outside the presence of the child should not be considered an automatic CHINS. All the information gathered during the assessment, including the impact the drug use has on the child and home environment, should be carefully considered before making a determination. Each situation should be evaluated on a case-by-case basis, taking into consideration the needs of the child as well as the actions of the parent, guardian, or custodian.

Presumption of CA/N

Some injuries presume CA/N by their nature. For example, a child who has suffered a subdural hematoma, internal injuries, bone fractures, or burns as the result of parental action or inaction may be presumed to have been abused and/or neglected. Other injuries do not presume CA/N by their nature. For example, bruises or welts as the result of parental action or inaction may or may not constitute CA/N.

Whether the incident constitutes CA/N depends upon the extent of the injury, the location of the injury, the age of the child, and other pertinent factors. These factors may include, but are not limited to the child's:

1. Developmental age;
2. Maturity;
3. Ability to make sound judgment; and
4. Ability to care for or protect oneself.

Although parental responsibility for the provision of protection, supervision, food, shelter, clothing, education, and a sanitary environment continues until the child turns 18 years of age or is a legally emancipated minor, the need for the parent, guardian, or custodian to provide these things decreases as the child's own ability to protect oneself or to obtain and/or provide these necessities increases.

Utilization of SafeACT


FCMs 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.

Substantiating on an Unknown/Undetermined Perpetrator

In situations where there is a preponderance of evidence to show CA/N did occur and the alleged perpetrator denies allegations or places blame on someone or something else, it is unacceptable to simply substantiate CA/N on an unknown perpetrator. In situations of sexual abuse where an alleged perpetrator is unknown and does not live in the household, it may be acceptable to substantiate on an unknown perpetrator if the FCM is unable to locate or identify the alleged perpetrator.

Note: When attempting to identify an unknown alleged perpetrator and identifying information is available, a referral should be made to Investigation Services.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 23: Initial Family Risk Assessment	
	Effective Date: December 1, 2023	Version: 8

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Initial Family Risk Assessment is not to be used to arrive at a substantiation or unsubstantiation of the allegations of Child Abuse and/or Neglect (CA/N). Refer to policies 4.18 Establishing Initial Child Safety and 4.22 Making an Assessment Finding for guidance on substantiated or unsubstantiating CA/N allegations.

The Indiana Department of Child Services (DCS) conducts an Initial Family Risk Assessment to assess the future probability of CA/N on all substantiated assessments. When risk is clearly defined and objectively quantified, DCS is able to identify and provide resources to families at higher risk of subsequent maltreatment.

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PROCEDURE

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 (310) was received.

The Family Case Manager (FCM) will:

1. Answer all questions on the Initial Family Risk Assessment;

Note: 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, Transgender, Queer/Questioning, Intersex, Asexual, + (LGBTQIA+) youth.

2. Determine the overall risk level based on the highest of either the abuse score or the neglect score; and

Note: There are separate scales on the Initial Family Risk Assessment to assess the future probability of abuse and neglect. Both scales are completed regardless of the type of allegation or substantiated type of maltreatment, and every effort should be made to answer every question. If the FCM is unable to obtain the information to answer a particular question, that question should be scored as "0".

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 (see policy 5.07 Child and Family Team [CFT] Meetings).

The FCM Supervisor will:

1. Review and discuss the details of the assessment during regular case staffing;
2. Review the Initial Family Risk Assessment and decision; and
3. Guide the FCM in assisting the family and CFT to develop a plan to address the family's needs.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Forms and Tools

- Family Functional Assessment (FFA) Field Guide - available on the [Indiana Practice Model SharePoint](#)
- Initial Family Risk Assessment - available in the case management system
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system

Related Policies

- [4.18 Establishing Initial Child Safety](#)
- [4.22 Making an Assessment Finding](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)

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LEGAL REFERENCES

- [IC 31-9-2-123 "Substantiated"](#)

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PRACTICE GUIDANCE- DCS POLICY 4.23

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.

Determining Overall Risk Level

The scores for the abuse scale and the neglect scale are total 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.

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 FCM 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.

Safety Assessment vs. Risk Assessment

It is important to keep in mind the different 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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 25: Completing the Assessment Report

Effective Date: September 1, 2023

Version: 9

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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 (311) report 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.

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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 copies of the following and document in the 311:
 - a. The Notice of Availability of Completed Reports and Information form, and
 - b. The Request for Release of Completed Reports and Information form.

Note: If the alleged perpetrator is a child, provide the forms 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.

4. Create a succinct narrative in the 311 that summarizes the evidence gained during the assessment (see Practice Guidance);
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.

Upon approval of the 311 and/or 311S, DCS local office will:

1. Email a copy of each substantiated 311 to the prosecuting attorney and to the coordinator of the Child Protection Team (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;
3. Process the completed Request for Release of Completed Reports and Information form if submitted by the parent, guardian, custodian, or alleged perpetrator; and
4. Make available a copy of any 311 (substantiated or unsubstantiated) or 311S to the appropriate court and/or law enforcement agency (LEA) upon request.

DCS will have 15 calendar days from approval of the 311 to provide the Notification of Assessment Outcome and Right to Request an Administrative Review and a copy of the redacted 311 to the perpetrator by mail or hand delivery. See policy 2.01 Notice of Assessment Outcome for additional guidance.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [4.B Tool: Assessment Narrative](#)
- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) - available in the case management system
- [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#)
- [Notice of Availability of Completed Reports and Information \(SF 48201\)](#) (English version)
- [Notice of Availability of Completed Reports and Information \(SF 51886\)](#) (Spanish version)
- [Notification of Assessment Outcome and Right to Request An Administrative Review \(SF 53068\)](#)
- [Request for Release of Completed Reports and Information \(SF 53112\)](#) (English version)
- [Request for Release of Completed Reports and Information \(SF 57269\)](#) (Spanish version)

- [SafeACT SharePoint](#)
- [Safe Assessment of Alleged Child Abuse or Neglect \(SF 57056\) \(311S\)](#)

Related Policies

- [2.01 Notice of Assessment Outcome](#)
- [4.21 Forty-Five \(45\) Day Report of Assessment](#)
- [4.22 Making an Assessment Finding](#)

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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](#)

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PRACTICE GUIDANCE- DCS POLICY 4.25

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.

Assessment Narratives

When creating the narrative, the FCM should summarize the evidence that was collected during the assessment and include information that was pertinent to making a finding for each allegation. The FCM should not cut and paste, type word for word, or include all notes that were taken during the assessment. This creates a cumbersome, lengthy narrative that is time consuming for supervisors, prosecutors, etc. to read. Additionally, the narrative should never be entered in all caps, as this type of formatting is difficult to read; and it can interfere with spell check and other features.

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.

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INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment
Section 26: Determining Service Levels and Transitioning to Permanency Services

Effective Date: April 1, 2024

Version: 5

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) intervenes at the least intrusive level possible, given the assessment findings and circumstances of each case. As the case transfers from assessment to permanency, a determination is made of the child and family’s initial service needs to plan for appropriate services.

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PROCEDURE

The Family Case Manager (FCM) will:

1. Identify any challenges, including those disclosed by the family (e.g., a lack of adequate food, housing, employment, transportation, healthcare, childcare, language barriers, reasonable modifications to accommodate a disability). If assistance is requested and/or a need is identified:
 - a. Provide the family with information regarding community resources and service providers (see 4.G Tool: Community Resources and Prevention Services); and/or
 - b. Request emergency funds when other resources are not immediately available by submitting the Request for Additional Funding form to the FCM Supervisor. See policy 16.03 Assistance for a Family of Origin’s Basic Needs.
2. Utilize the Child and Adolescent Needs and Strengths (CANS) Assessment, Risk Assessment, Safety Assessment, and the Family Functional Assessment (FFA) Field Guide as tools to mutually determine the family’s strengths and underlying needs. See policies 4.18 Establishing Initial Child Safety, 4.23 Initial Family Risk Assessment, and 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment;
3. Ensure a plan is developed for visitation between the child and parent, guardian, or custodian within 48 hours of removal, if applicable. See policy 8.12 Developing the Visitation Plan;
4. Collaborate with the family and the Child and Family Team (CFT) to identify needed services based on the family’s strengths and underlying needs. See policy 5.07 Child and Family Team (CFT) Meetings and 5.10 Family Services;

Note: A transition CFT meeting attended by both the assessment and permanency FCM is a vital function for successful case transfer, but may be completed after a case is officially transferred. See policy 5.01 Assessment to Permanency Case Transfer Process.

5. Complete a provider referral in KidTraks to refer the family for any appropriate services prior to case transfer;
6. Continue to monitor the child's safety and well-being until the official transfer to the permanency FCM;
7. Ensure the permanency FCM is aware of visitation plans, Safety Plan and/or Plan of Safe Care, services referred, and any additional needs of the family (see policies 4.18 Establishing Initial Child Safety and 4.42 Plan of Safe Care);
8. Communicate with the DCS Staff Attorney when the case has transferred to the permanency FCM; and
9. Document all actions taken in the case management system.

The FCM Supervisor will:

1. Review assessment details with the FCM during regular case staffing;
2. Ensure the 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 the permanency worker is aware of the details of the case and actions taken.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Community Resources

Community resources can be essential in helping children and families access support and assistance to meet their unique needs. Community resources may include, but are not limited to, the following:

1. Concrete support (e.g., public assistance, food pantries, utility assistance);
2. Housing assistance;
3. Child care;
4. Parenting education;
5. Child development activities;
6. Transportation; and
7. Access to mental health and substance abuse treatment.

Functional Strengths

Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement.

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.

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

- [4.G Tool: Community Resources and Prevention Services](#)
- 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 website](#)
- Family Functional Assessment (FFA) Field Guide - available on the [Indiana Practice Model SharePoint](#)
- 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
- Out-of-Home Risk and Safety Reassessment - available in the case management system
- Plan of Safe Care (SF 56565) - available in the case management system
- Program of Informal Adjustment - available in the case management system
- [Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families](#)
- Provider Referral - available in KidTraks
- [Request for Additional Funding \(SF 54870\)](#)
- [Safety Plan \(SF 53243\)](#)
- [Service Standards Summaries and Comparisons website](#)
- [Vital Information for Service Referral](#)

Related Policies

- [4.18 Establishing Initial Child Safety](#)
- [4.23 Initial Family Risk Assessment](#)
- [4.42 Plan of Safe Care](#)
- [5.01 Assessment to Permanency Case Transfer Process](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.09 Informal Adjustment/Prevention Plan \(IA\)](#)
- [5.10 Family Services](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [8.12 Developing the Visitation Plan](#)
- [16.03 Assistance for a Family of Origin's Basic Needs](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 4.26

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 Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families document under Forms and Tools as part of an evaluation of the family's ability to ensure the safety of the child.

Recommended Service Levels


No services needed: Children are assessed as safe. There are no (or extremely low) risk factors. Children and their families are able to manage any risk factors using their own strengths and resources.

Referral to prevention services: There is low risk to the children, but their families are not able to manage risk factors using their own strengths and resources. However, the families are able to use prevention resources for support without ongoing DCS case management services. DCS involvement is limited to actively linking the families with those prevention services and community resources that effectively and safely address their needs.

Informal Adjustment/Prevention Plan (IA): An IA may be appropriate for children in families where risk levels range from low to moderate, but coercive intervention of the court is not needed. DCS will work with families to develop the terms of the IA, monitor participation in services, and regularly evaluate the safety of children. The court must approve IAs. Consequences for not complying with the terms of an IA may include, but are not limited to, court intervention, such as filing a Child in Need of Services (CHINS) petition (see policy 5.09 Informal Adjustment/Prevention Plan [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 safety and well-being of children. The children may stay in the home or be placed in substitute care. The court monitors CHINS cases, including the Case Plan/Prevention Plan and permanency goal (see policy 5.08 Developing the Case Plan/Prevention Plan). Consequences for parental noncompliance with the Case Plan/Prevention Plan 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).

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	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 [2.06 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 Notification of Assessment Outcome and Right to Request an Administrative Review to all perpetrators. See [2.C Tool: Notifications for Administrative Reviews and Appeals](#). 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. [Notification of Assessment Outcome and Right to Request an Administrative Review \(SF 53068\)](#)
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 (LOD) 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, [2.01 Notice of Assessment Outcome](#), [2.02 Administrative Review Process](#), [2.03 Child Care Worker Assessment Review Process](#), [2.04 DCS Employee Administrative Review Process](#), and [2.05 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	
Section 28: Removals from Parents, Guardians, or Custodians	
Effective Date: July 3, 2024	Version: 14

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

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.

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PROCEDURE

The Indiana Department of Child Services (DCS) **shall request a court order** to remove a child from the child’s parent, guardian, or custodian or, **on an emergency basis**, remove without a court order when the child’s physical or mental condition will be seriously impaired or seriously endangered if the child is not immediately taken into custody.

- Note:** An assessment involving the following does not warrant an automatic removal to ensure the child’s safety and well-being:
- a. A new child in a household of a parent or caregiver with an open DCS case which may include a newborn infant, or a child that has moved into the home or regularly (on a continual basis) visits the home. See policy 4.50 New Child in Household of a Parent or Custodian with an Open Case, or
 - b. Domestic violence (DV) (see policy 2.30 Domestic Violence [DV]).

A Child and Family Team (CFT) meeting may be held when it has been determined the child is at imminent risk of removal (see policy 5.07 Child and Family Team [CFT] Meetings).

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 Administration of the 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. Information may include, but is not limited to the following:
 - a. Medical information (diagnoses, allergies, current prescription medications, dietary restrictions),
 - b. Favorite toy/item,
 - c. Favorite hobby/activity,
 - d. Education information, and
 - e. Social/behavioral information.
6. Prepare the child for removal. See policy 8.08 Preparing Child for Placement;
7. 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 Focused Needs Team. See policy 2.22 International and Cultural Affairs Services;

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.

8. Complete a referral for Focused Needs services if needs are identified;
9. Complete the following if the child is believed to be an Indian child
 - a. Ask the question, "Is this an Indian child?",
 - b. Complete the Indian Status Identification and genogram with the family, and
 - c. Forward the completed 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.

10. Provide the child's parent, guardian, or custodian, including an alleged father or any known noncustodial 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.

Note: 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.

11. Complete the Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstances form to document why the child was removed without a court order and/or without LEA presence if such extreme measures were taken;
12. Complete a diligent search to identify all adult relatives and 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 policy 5.23 Diligent Search for Relatives/Kin and Case Participants;
13. 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.
14. 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;

Note: Ask if the noncustodial parent, relative, and/or former foster parent needs a reasonable accommodation due to a disability.

15. Make reasonable efforts to actively engage the child's parent, guardian, or custodian, and resource parent in facilitating two-way communication between the child's parent, guardian, or custodian, and any resource parent caring for their child (see Indiana Co-Care);
16. 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;
17. Complete a referral to the DCS Education Services within 24 hours to request the School Notification and Best Interest Determination form be submitted to the child's school. See policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement;
18. 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;
19. Complete the Preliminary Inquiry (PI) and submit it to the FCM Supervisor for review;
20. 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;

21. 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 Administration of the Indian Child Welfare Act (ICWA);
22. 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;
23. Gather the information necessary to determine eligibility for federal funding when a child is removed from the home. See Chapter 15 - Eligibility;
24. Complete a Child and Adolescent Needs and Strengths (CANS) Assessment. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment;
25. Document the child's health records in the medical passport and/or electronically in the case management system in the "Health Information" card on the child's person page (see policy 8.27 Maintaining Health Records - Medical Passport); and
26. Ensure all information and actions taken are documented in the case management system to ensure a smooth case transfer process (see policy 5.01 Assessment to Permanency Case Transfer Process).

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 Focused Needs Team, 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; and
8. Ensure required language regarding Contrary to the Welfare/Best Interests of the child (CTW/BI), Reasonable Efforts (RE) to Prevent Removal, and Responsibility for Placement and Care (PC) to DCS or Active Efforts for ICWA cases is included in the Detention/Initial court order.

The Focused Needs Team 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.

The DCS Education Services will complete the School Notification and Best Interest Determination form and submit it to the appropriate school personnel.

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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.

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.

Medically Fragile

A child who has a medically diagnosed immunocompromised condition (chronic or acute) or dependence on specialized care or equipment for life or health sustaining function. Conditions that may qualify a child as medically fragile may include cancer, transplant care, and cystic fibrosis.

Noncustodial Parent

A noncustodial parent is a person who does not have physical custody of the child.

Parent

A parent, as defined by IC 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.

Forms and Tools

- [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 \(SF 47114\)](#) (English version)
- [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 \(SF 49902\)](#) (Spanish version)
- [Consulate/Embassy Notification \(SF 55676\)](#)
- [DCS Child Support Worksheet Questionnaire Form](#)
- [Indian Status Identification \(SF 55407\)](#)
- [Indiana Co-Care website](#)
- Notice of Hearing - available in the case in the case management system
- [Notice to Relatives \(SF 55211\)](#) (English version)
- [Notice to Relatives \(SF 55250\)](#) (Spanish version)
- Preliminary Inquiry (PI) - available in the case management system
- [School Notification and Best Interest Determination \(SF 47412\)](#)

- [Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstances \(SF 49584\)](#)
- [Title IV-E and Title IV-A/EA Information \(SF 55435\)](#)

Related Policies

- [2.12 Administration of the Indian Child Welfare Act \(ICWA\)](#)
- [2.20 Establishment of Child Support Orders](#)
- [2.22 International and Cultural Affairs Services](#)
- [2.30 Domestic Violence \(DV\)](#)
- [4.50 New Child in Household of a Parent or Custodian with an Open Case](#)
- [5.01 Assessment to Permanency Case Transfer Process](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [6.01 Detention/Initial Hearing](#)
- [8.01 Selecting a Placement Option](#)
- [8.08 Preparing Child for Placement](#)
- [8.20 Educational Services](#)
- [8.22 School Notifications and Legal Settlement](#)
- [8.27 Maintaining Health Records - Medical Passport](#)
- [Chapter 15 - Eligibility](#)

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LEGAL REFERENCES

- [42 USC Ch. 126 12102: Definition of disability](#)
- [42 USC 671 \(a\)\(29\): State plan for foster care and adoption assistance](#)
- [IC 31-9-2-88: "Parent"](#)
- [IC 31-9-2-107\(b\): "Relative"](#)
- [IC 31-10-2-1: Policy and purpose](#)
- [IC 31-27-4-6.5: "Disability"; foster family home](#)
- [IC 31-28-0.5: Chapter 0.5. Electronic Records](#)
- [IC 31-32-3-10.5: Civil immunity for placement of a child on a waiting list for guardian ad litem or court appointed special advocate services](#)
- [IC 31-33-8-8: Order for child's immediate removal; preparation of investigative report](#)
- [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 31-34-3-4.5: Notice of removal of child](#)
- [IC 31-34-3-4.7: Notice to School of Child Taken into Custody](#)
- [IC 31-34-4: Temporary Placement of Child Taken into Custody](#)
- [IC 34-30-2-134: Reporting Child Abuse or Neglect](#)

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PRACTICE GUIDANCE- DCS POLICY 4.28

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 and Family Team (CFT) Process During Assessment Phase

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. CFT members may aid in identifying the least restrictive and most appropriate placement option by providing information about non-custodial parents, absent parents, and/or appropriate relatives, as well as, discussing priorities such as proximity and placement of siblings, if applicable.

The following should be considered when developing the CFT during the assessment phase:

1. **A lengthy prep is not necessarily required when utilizing the CFT process during the assessment phase.** During the assessment phase, FCMs are gathering the same information that is covered during the “prep” for the CFT process. It is important to realize that the CFT process utilizes all the basic Teaming, Engaging, Assessing, Planning, and Intervening (TEAPI) skills that each FCM has learned.
2. **Some families may identify a limited support system during the assessment phase.** As a result of a limited support system, there may only be two (2) to three (3) individuals at the meeting in addition to the representatives from DCS. In these situations, DCS may engage and team with the family to identify a goal of expanding their informal support system, which would increase the CFT’s membership. The key is to have a CFT composed of key individuals that may support the family after DCS involvement ends. DCS should always ask the question, “Is this an Indian Child?”
3. **The format of the CFT may look different in the assessment phase.** These meetings may lack the formality of the CFT meetings held later in the case. The focus of the meeting will be the same: the creation of a functioning CFT that may support the family so that well-informed decisions may be made to ensure the safety and well-being of the child involved.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 29: Joint Assessments with Law Enforcement Agency (LEA)

Effective Date: January 1, 2024

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Teamwork offers several benefits to both the alleged child victim and the professionals involved in the assessment of Child Abuse and/or Neglect (CA/N). Coordinated responses and joint assessments to allegations of Child Abuse and/or Neglect (CA/N) between the Indiana Department of Child Services (DCS) and Law Enforcement Agency (LEA) may reduce the number of interviews with the child, minimize the number of personnel involved in the assessment, and expedite the delivery of necessary assistance to the child and/or family. Joint assessments may also enhance the quality of evidence obtained.

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PROCEDURE

DCS will contact LEA and request a joint assessment upon receipt of a report with CA/N allegations that 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 3.08 Statutory Definition of Child Abuse and/or Neglect (CA/N) for legal definition of sexual abuse; and
4. All reports of human trafficking. See policy 4.47 Human Trafficking.

DCS Institutional Child Protection Service (ICPS) Unit may request joint assessments with LEA for licensed childcare homes, residential childcare centers, or schools (or employees or volunteers of those persons or entities). 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).

The Family Case Manager (FCM) will:

1. Request LEA assistance and document LEA's response to DCS's request in the case management system;
2. Upon confirmation LEA is able to respond within the assessment timeframe required by DCS, discuss the allegations with LEA and a plan for the interview and other assessment requirements. See policy 4.38 Assessment Initiation; and
3. Cooperate with LEA to complete all steps necessary in a routine CA/N assessment. See policy 4.03 Conducting the Assessment for additional guidance.

Note: DCS will participate in the interviews with the child and family, conducted by LEA, to the extent practical, given the circumstances of the assessment. 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.

If LEA is unable to respond within the assessment timeframe required by DCS, 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

Note: DCS will not be deterred from initiating a CA/N assessment within the necessary timeframe 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. See policy 4.38 Assessment Initiation and Indiana Drug Endangered Children (DEC) Response Protocol for additional guidance.

3. Anticipate that LEA may join the DCS assessment at any time during the process.

During all joint assessments, the FCM will:

1. Stay in regular contact with LEA, including providing copies of all pertinent CA/N assessment files of the child and/or family;
2. Obtain authorization to conduct the interview if the alleged perpetrator is in police custody. If the alleged perpetrator's attorney does not allow the interview or the alleged perpetrator who is not represented by an attorney refuses to be interviewed, the FCM must immediately advise the FCM Supervisor and document the refusal in the case management system.

Note: These steps are necessary to ensure the alleged perpetrator's rights under criminal law are protected.

3. Follow local agreements and protocols to resolve any conflicts between DCS and LEA about differing methods of assessment; and
4. Testify at criminal hearings, upon subpoena request.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Indiana Drug Endangered Children \(DEC\) Response Protocol](#)

Related Policies

- [3.08 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#)
- [4.03 Conducting the Assessment - Overview](#)
- [4.31 Child Fatality and Near Fatality Assessments](#)

- [4.38 Assessment Initiation](#)
- [4.47 Human Trafficking \(HT\)](#)

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LEGAL REFERENCES

- [IC 31-9-2-31: "Custodian"](#)
- [IC 31-33-7-7: Law enforcement agency investigation and communication of information](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-33-8-2: Investigations by Law enforcement agencies](#)

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PRACTICE GUIDANCE- DCS POLICY 4.29

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 4: Assessment	
Section 30: Conducting Institutional Investigations by the Institutional Child Protection Services (ICPS) Unit	
Effective Date: July 1, 2024	Version: 8

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The ICPS Unit does not assess Child Abuse or Neglect (CA/N) reports on resource homes or on fatalities/near fatalities that occur in an institutional setting. For assessments regarding resource homes, see policy 12.23 Evaluation of CA/N Allegations or Complaints Involving Foster Family Homes. For assessments regarding fatalities or near fatalities, see policy 4.31 Child Fatality and Near Fatality Assessments.

The Institutional Child Protection Services (ICPS) Unit conducts assessments of reports 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 an institution (see Definitions).

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PROCEDURE

The DCS ICPS Unit shall request joint assessments with Law Enforcement Agency (LEA) for licensed child care homes, residential childcare centers, or schools (or employees or volunteers of those persons or entities). The DCS ICPS Unit will not conduct an assessment on an unlicensed registered child care ministry without LEA involvement unless the child care ministry receives Child Care Development Fund (CCDF) vouchers (see policy 4.29 Joint Assessments with LEA).

The ICPS Unit will also conduct an assessment of a report of CA/N if the alleged victim is at least 18 years of age but less than 21 years of age and resides or has previously resided at a DCS-licensed residential facility and is harmed or threatened with harm by a member of the staff at the DCS-licensed residential facility as a result of:

1. A battery offense, or
2. Sexual activity.

When Assigned an Assessment/Prior to Assessment Initiation

When assigned an assessment and/or prior to assessment initiation, the ICPS Family Case Manager (FCM) will:

1. Review the Preliminary Report of Alleged Institutional Child Abuse or Neglect (310) and prepare for the assessment (see policy 4.02 Preparing for the Assessment);
2. Make verbal contact or e-mail LEA to request a joint assessment, and send a copy of the 310 to LEA;

Note: The conversation with LEA and the email to LEA providing a copy of the 310 should be documented in the case management system.

3. Locate the subjects named on the 310 (e.g., alleged victim; victim's parent, guardian, or custodian; and alleged perpetrator) (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants); and
4. Notify the parent, guardian, or custodian (including incarcerated parents) of the allegation, and request consent to interview the child unless exigent circumstances exist (see policies 4.05 Consent to Interview Child and 4.06 Exigent Circumstances for Interviewing Alleged Child Victims).

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.

During the Assessment:

During the assessment, the ICPS FCM will:

1. 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.
2. Follow appropriate procedures for gaining entry into the home or facility (see policy 4.08 Entry into Home or Facility);
3. 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 4.09 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 policy 4.05 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; and
 - f. An **in-person** interview with the **alleged perpetrator** (see policy 4.11 Interviewing the Alleged Perpetrator).
4. Visually examine the alleged child victim, as necessary, to confirm alleged or suspected bodily injuries. Photograph visible trauma found on the child or secure photographs or copies of said photographs that have been taken by a medical professional or LEA. Scan and upload any photographs taken or obtained into the case management system (see policy 4.14 Examining and Photographing a Child and/or Trauma);

5. Ensure the necessary medical and/or psychological examinations are arranged (see policy 4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations);

Note: Ensure a Pediatric Evaluation and Diagnostic Services (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 additional information.

6. Obtain and review, when possible, the alleged child victim's records kept by the facility (e.g., daily log sheets, medical reports, incident reports, and surveillance);
7. Examine and photograph pertinent areas of the institution (e.g., classrooms, hallways, and items related to the allegations) and upload into the case management system;
8. Obtain and review information on the alleged perpetrator and their custodial relationship over the alleged child victim and any other information relevant to assessment completion;
9. Complete a Safety Plan, if applicable, and seek the FCM Supervisor's approval of the Safety Plan. Document any identified safety measures in the case management system (see policy 4.18 Establishing Initial Child Safety);
10. Gather additional demographic information that is not already included on the 310;
11. Discontinue the interview, and leave the premises if at any point concerns for the FCM's safety arise (e.g., the individual becomes hostile or threatening or there are other dangerous conditions in the home or facility). Seek supervisory input to make alternate arrangements to complete the assessment;
12. Provide each parent, guardian, or custodian (including an alleged father or any known noncustodial parent) and alleged perpetrator the Notice of Availability of Completed Reports and Information (NOA) form and document in the Assessment of Alleged Child Abuse or Neglect Report (311);
13. Provide the NOA form to the alleged minor perpetrator and the alleged minor perpetrator's parent, guardian, or custodian and document in the 311, if the alleged perpetrator is a minor;
14. Notify any state agency that has responsibility over licensing/certification within one (1) business day; and
15. Determine with the ICPS Supervisor if a review of the licensing file would further the progress of the assessment if the institution holds a license by an agency other than DCS.

Note: In situations when an institution will not release information without a subpoena or formal request from DCS, the ICPS FCM and their Supervisor and/or Program Manager will take necessary steps to obtain information or evidence that would further the progress of the assessment.

Assessments regarding DCS Staff or Child Care Workers (CCW)

During assessments regarding DCS Staff, the ICPS FCM will:

1. Notify the employee's management team, which includes the FCM Supervisor, Local Office Director (LOD), Regional Manager (RM), and the DCS Human Resources (HR)

- Office within one (1) business day if the alleged perpetrator is a DCS staff member (see policy 2.04 DCS Employee Administrative Review Process);
2. Notify the DCS employee of the right to receive a formal administrative review prior to a substantiation being approved in the case management system (see policy 2.04 DCS Employee Administrative Review Process); and
 3. Notify the CCW of the right to participate in an informational review prior to arriving at a finding of substantiation (see policy 2.03 Child Care Worker Assessment Review Process).

Assessments involving Institutions Licensed, Certified, or Monitored by Another State 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 (DOC);
2. Family and Social Services Administration (FSSA): Bureau of Disabilities (BDS);
3. FSSA: Division of Mental Health; or
4. FSSA: Division of Family Resources.

If another executive branch state agency is involved with the child or family, DCS will collaborate with the designated liaison from the agency.

Concluding the Assessment

While concluding the assessment, the ICPS FCM will:

1. Document all information gathered during the assessment in the case management system;
2. Seek supervisory input as needed throughout the assessment during case staffing;
3. Document good faith efforts if unable to complete any element of the assessment, and seek supervisory input for additional instructions (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants);
4. Send the Forty-five (45) Day Report of Assessment 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);
5. Arrive at a finding of substantiated or unsubstantiated for each allegation (see policy 4.22 Making an Assessment Finding);
6. Complete the 311 (see policy 4.25 Completing the Assessment Report and 4.B Tool: Assessment Narrative); and
7. Provide a copy, upon request, of the approved 311 to the director of a residential facility when a CA/N assessment is completed if the allegations involved a facility employee or volunteer when the child was placed at the facility.

Note: The 311 can be released to the facility even if the child is removed from the facility prior to the completion of the assessment (see policy 2.06 Sharing Confidential Information).

The ICPS Supervisor will:

1. Discuss the details of the assessment with the ICPS FCM during regular case staffing;
2. Approve the Safety Plan;
3. Send a copy of all 310s recommended for screen out to LEA;

4. Email a copy of each substantiated 311 to the Prosecuting Attorney in the county in which the residential facility is located and/or where the CA/N allegations are alleged to have occurred and to the Coordinator of the Child Protection Team (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 alternative selection method will be used.

5. Send a copy of the approved 311 to the Secretary of Education if the assessment involved allegations regarding a licensed teacher (including substitutes) or to the Family and Social Services Administration (FSSA) Office of Early Childhood and Out-of-School Learning if the assessment involved allegations regarding a licensed child care provider that occurred in the course of their employment as a teacher or child care provider if the assessment involved allegations that took place on school or child care grounds. Prior to sending notice, the ICPS Supervisor 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
6. Send notice to the perpetrator regarding their rights to a review and an appeal of the decision if any allegations are substantiated. See policies 2.01 Notice of Assessment Outcome, 2.02 Administrative Review Process, 2.03 Child Care Worker Assessment Review Process, 2.04 DCS Employee Administrative Review Process, and 2.05 Administrative Appeal Hearings for additional information.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Child Care Worker (CCW)

DCS defines "Child Care Worker", per IC 31-9-2-16.6, as a person who:

1. Is employed or actively seeking employment (other than self-employment as an owner/operator) at any of the following types of facilities:
 - a. Child care center,
 - b. Child care home (licensed or required to be licensed),
 - c. Child care ministry (registered or required to be registered),
 - d. Residential group home,
 - e. Child Caring Institution (CCI),
 - f. School,
 - g. Juvenile detention center; **or**
2. Is a child caregiver who:
 - a. Provides or is responsible for providing care and supervision of a child to whom they are not a parent, stepparent, grandparent, aunt, uncle, sibling, or legal guardian or custodian with whom the person resides,
 - b. Provides the care described in (a) at a residence that is not where the child lives and outside of the presence of the child's parent, guardian, or custodian with whom the child resides,

- c. Is not required to be licensed as a childcare home or foster family home, and
 - d. Receives more than \$2,000 a year for providing care and supervision for a child or children; **or**
3. Has or will have direct contact with children on a regular and continuing basis through employment (or through employment being actively sought) with any agency, facility, or home that provides the following to a child or children to whom the person is not related:
- a. A service that provides for the care, health, safety, and supervision of a child's social, emotional, and educational growth, or
 - b. Services to, or for the benefit of, children who are victims of child abuse or neglect (this includes but is not limited to agencies, facilities, and homes that have contracts with DCS to provide services).

Institution

An institution is defined as one (1) of the following:

1. Residential Facility (e.g., Indiana Department of Child Services (DCS) licensed Child Care 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 Disabilities (BDS) Certified Group Home;
7. Licensed Child Care Home or Center;
8. Unlicensed Registered Child Care Ministry; or
9. Unlicensed Child Care Home or Center that cares for more than five (5) unrelated children.

Victim of Child Abuse or Neglect

For purposes of IC 31-33, a "victim of child abuse or neglect" includes an individual who:

1. Is under the age of 18; or
2. Is 18 years of age and less than 21 years of age and resides, or has previously resided, at a residential facility licensed by DCS and is harmed or threatened with harm due to a battery offense or sexual activity committed by a member of staff at the residential facility.

Forms and Tools

- [4.B Tool: Assessment Narrative](#)
- Assessment of Alleged Child Abuse or Neglect Report (SF 113) (311) - available in the case management system
- [Consent of Parent, Guardian, or Custodian to Interview Child\(ren\) \(SF 52013\)](#)
- [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#)
- Preliminary Report of Alleged Institutional Child Abuse or Neglect (310A) - available in the case management system
- [Request for Release of Assessment Information \(SF 55671\)](#)
- [Safety Plan \(SF 53243\)](#)
- [Notice of Availability of Completed Reports and Information \(SF 48201\)](#)
- [Notice to Parent, Guardian, or Custodian of Interview with Child \(SF 53130\)](#)

Related Policies

- [2.01 Notice of Assessment Outcome](#)

- [2.02 Administrative Review Process](#)
- [2.03 Child Care Worker Assessment Review Process](#)
- [2.04 DCS Employee Administrative Review Process](#)
- [2.05 Administrative Appeal Hearings](#)
- [2.06 Sharing Confidential Information](#)
- [4.02 Preparing for the Assessment](#)
- [4.04 Required Interviews](#)
- [4.05 Consent to Interview Child](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.08 Entry into Home or Facility](#)
- [4.09 Interviewing Children](#)
- [4.11 Interviewing the Alleged Perpetrator](#)
- [4.14 Examining and Photographing a Child and/or Trauma](#)
- [4.16 Medical Examinations, Psychological Testing, Drug Screens, & Substance Use Evaluations](#)
- [4.18 Establishing Initial Child Safety](#)
- [4.21 Forty-Five \(45\) Day Report of Assessment](#)
- [4.22 Making an Assessment Finding](#)
- [4.25 Completing the Assessment Report](#)
- [4.31 Child Fatality and Near Fatality Assessments](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [12.23 Evaluation of Child Abuse or Neglect \(CA/N\) Allegations or Complaints Involving Foster Family Homes](#)

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LEGAL REFERENCES

- [IC 31-9-2-133: "Victim of child abuse or neglect"](#)
- [IC 31-33: ARTICLE 33. JUVENILE LAW: REPORTING AND INVESTIGATION OF CHILD ABUSE AND NEGLECT](#)
- [IC 31-33-7-8: Reports after initiation of assessment or investigation; contents; confidentiality](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)
- [IC 31-33-18-2: Disclosure of unredacted material to certain persons](#)

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PRACTICE GUIDANCE- DCS POLICY 4.30

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.

Access to Information

The Indiana Department of Child Services (DCS) has the authority to request and secure any information from a facility that is necessary to conduct an Institutional Child Protection Services (ICPS) Child Abuse/Neglect (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.

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 the report will ensure the ICPS FCM receiving the report is notified.

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:

<u>Alleged Perpetrator</u>	<u>Allegation Type</u>	<u>Assignment</u>
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 (1) 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.

Pediatric Evaluation and Diagnostic Services (PEDS) Referrals

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 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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 4: Assessment Section 31: Child Fatality and Near Fatality Assessments	
Effective Date: July 1, 2024	Version: 11

- [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 child (see definitions) 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 (CDR) in Salesforce (see CDR User Guide);
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; and

Note: 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.

11. Include the following information in the 311 for all fatalities and near fatalities, per IC 31-33-18-1.5(i):
 - 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.

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.

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. Ensure a mandated reason of fatality is entered in the case management system;

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.

3. 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. Contact the Central Office Fatality Unit to obtain 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.
- 4. Complete the 311;
- 5. 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.
- 6. 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).

Note: An automatic CIRT request will be sent to the CIRT responders on all fatalities that occur on an open DCS assessment or case.

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.

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

Autopsy Report

An autopsy report is a clinical report issued by a medical doctor/pathologist.

Child

For purposes of IC 31-33, a “child” includes an individual who:

1. Is under the age of 18; or
2. Is 18 years of age and less than 21 years of age and resides, or has previously resided, at a residential facility licensed by DCS.

Child Advocacy Center (CAC)

A CAC is a child focused, trauma-informed community based organization that:

1. Is recognized by the Indiana Chapter of National Children’s Alliance and designed to collaborate on reports of Child Abuse or Neglect (CA/N);
2. Coordinates a multidisciplinary team; and
3. Facilitates forensic interviews.

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.

Forensic Interview

A forensic interview is an interview in response to a report of CA/N conducted by a professional specially trained in a nationally recognized model using a multidisciplinary team approach.

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) - available in the case management system
- Child Death Review - available in Salesforce
- Child Fatality/Near Fatality Assessment Checklist - Central Office Fatality Unit email - Fatalities@dcs.in.gov
- [Notice of Availability of Completed Report and Information \(SF 48201\)](#)
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system
- 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

- [42 USC Ch. 67: Child Abuse Prevention and Treatment and Adoption Reform](#)
- [IC 16-49: ARTICLE 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 31-9-2-14.2: "Child advocacy center"](#)
- [IC 31-9-2-47.1: "Forensic interview"](#)
- [IC 31-25-2-14.5: Child advocacy centers; duties; confidentiality; civil immunity](#)
- [IC 31-33-8: Chapter 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 31-33-18-2: Disclosure of unredacted material to certain persons](#)
- [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](#)

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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.

Availability of an Autopsy Report

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 IC 36-2-14-18 is confidential and shall not be disclosed to another individual or agency, unless otherwise authorized or required by law.**

Example of Documenting a Fatality or Near Fatality

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.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment Section 33: Standby Guardianship	
	Effective Date: December 1, 2022	Version: 2

- [Procedure](#)
 - [Definitions](#)
- [Forms and Tools](#)
 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

POLICY OVERVIEW

A Standby Guardian may be engaged during an Indiana Department of Child Services (DCS) Assessment to gather valuable information about a child’s history, including the child’s extended family and noncustodial parents. This information may help to ensure the child’s safety, stability, permanency, and well-being.

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PROCEDURE

DCS will consider a Standby Guardian or Alternate Standby Guardian, as defined in IC 29-3-3-7, for purposes of determining the placement of a child who is the subject of:

1. An allegation of Child Abuse or Neglect (CAN) under IC 31-33;
2. An open Child In Need of Services (CHINIS) case under IC 31-34; or
3. An open delinquency case under IC 31-37.

The Standby Guardianship becomes effective upon the death or incapacity of the parent or guardian and terminates 90 days later. If the Standby Guardian files a petition for guardianship during that 90-day period, the guardianship remains in effect until the court rules on the petition.

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. Standby Guardians or Alternate Standby Guardians must still meet the requirements of DCS placements for a ward of DCS or Probation to be placed in their care. See policy 8.01 Selecting a Placement Option for additional guidance.

Note: This consideration is required, but not binding upon DCS, Probation, or the Juvenile Court.

The Family Case Manager (FCM) will:

1. Review any notarized documentation from the family regarding a guardianship;
2. Utilize the Kinship Connection Diagram to document information obtained about the child’s history, if applicable;
3. Staff the case with the FCM Supervisor, Local Office Director (LOD), or designee, and a DCS Staff Attorney when a 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;

4. Consider the Standby Guardian or Alternate Standby Guardian for purposes of determining a placement, if applicable; and
5. Document all actions taken, including any deviation from best practice, in the case management system.

The FCM Supervisor, LOD, and DCS Staff Attorney will staff the case with the FCM and provide guidance regarding the Standby Guardianship, as needed.

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RELEVANT INFORMATION

Definitions

Incapacity

An incapacitated person is an individual who:

- Cannot be located upon reasonable inquiry;
- Is unable to:
 - a. Manage in whole or in part of the individual's property,
 - b. Provide self-care, or
 - c. Both,
- because of insanity, mental illness, mental deficiency, physical illness, infirmity, habitual drunkenness, excessive use of drugs, incarceration confinement, detention, duress, fraud, undue influences of others on the individual, or other incapacity; or
- or having a developmental disability (as defined in IC 12-7-2-61).

Standby Guardian

A Standby Guardian is a person designated in writing by the parent or guardian of a minor to assume legal custody of a child when that parent or guardian is no longer able to care for the child as a result of a triggering event (e.g., incapacity or death).

Forms and Tools

- [Kinship Connection Diagram](#)

Related Policies

- [8.01 Selecting a Placement Option](#)

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LEGAL REFERENCES

- [IC 12-7-2-61: "Developmental disability"](#)
- [IC 29-3-1-7.5: "Incapacitated person"](#)
- [IC 29-3-3-7: Standby guardians](#)
- [IC 31-33: ARTICLE 33. JUVENILE LAW: REPORTING AND INVESTIGATION OF CHILD ABUSE AND NEGLECT](#)
- [IC 31-34: ARTICLE 34. JUVENILE LAW: CHILDREN IN NEED OF SERVICES](#)
- [IC 31-37: ARTICLE 37. JUVENILE LAW: DELINQUENCY](#)

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PRACTICE GUIDANCE- DCS POLICY 4.33

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 4: Assessment

Section 34: Abandoned Infants

Effective Date: September 1, 2024

Version: 8

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

This policy does not address safe haven infants. See policy 4.49 Safe Haven Infants.

Indiana law requires the Indiana Department of Child Services (DCS) to assume the care, control, and custody of an infant who is designated as abandoned.

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PROCEDURE

DCS will assume the care, control, and custody of an infant who is less than 12 months of age whose parent, guardian, or custodian has knowingly or intentionally left an infant in:

1. An environment that endangers the infant'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 infant.

Note: DCS will conduct an assessment regarding allegations of abandonment.

For abandoned infants (see Definition), the Family Case Manager (FCM) will:

1. Arrange for emergency placement of the infant;
2. Complete the Taking Custody of a Child without Verbal Consent or Written Court Order: Description of Circumstances form;
3. Call the following within 48 hours of assuming care, control, and custody of the abandoned infant to determine if the abandoned infant has been reported missing:
 - a. The Indiana Clearinghouse at 1-800-831-8953, and
 - b. The National Center for Missing and Exploited Children (NCMEC) at 1-800-843-5678 (1-800-THE-LOST).
4. Conduct a diligent search and complete the Affidavit of Diligent Inquiry (ADI) form to locate either of the infant's parents or other family members (see policies 5.06 Locating Absent Parents and 5.23 Diligent Search for Relatives/Kin and Case Participants);
5. Ensure the DCS Staff Attorney is aware of the abandoned infant and work with DCS legal to complete and file all documents necessary for court proceedings (see policy 6.02 Filing a Child in Need of Services (CHINS) Petition);
6. Be prepared to submit an ADI form or an update as to the progress toward completion of the ADI form to the court at the time of the Detention/Initial Hearing;
7. Forward a copy of the Preliminary Inquiry (PI) to the FCM Supervisor for review and approval;

8. Attend the scheduled Detention/Initial Hearing; and
9. Document the infant's placement and all information gathered during the assessment in the case management system.

The FCM Supervisor will:

1. Assist the FCM with completing the required court documents, as necessary;
2. Confirm the Indiana Clearinghouse has been contacted within 48 hours for the abandon infant; and
3. Ensure all actions taken and any deviation from best practice is documented in the case management system.

The DCS Staff Attorney will:

1. Ensure the DCS Chief Counsel is aware of the abandoned infant;
2. File a petition alleging that the abandoned infant is a CHINS and ask the court to hold a Detention/Initial Hearing no later than 48 hours (excluding weekends and holidays) after the child is taken into custody;

Note: The CHINS petition must include a request for the court to make findings of Best Interests/Contrary to the Welfare (BI/CW), Reasonable Efforts to Prevent Removal (RE), and Placement and Care (PC) responsibility to DCS.

3. Request that a CASA/GAL be appointed for the abandoned infant;
4. At a hearing following the written report and recommendation of CASA/GAL being filed, request a finding of No Reasonable Efforts to Reunify regarding the abandoned infant;

Note: Once a finding of No Reasonable Efforts has been made, a permanency hearing must be held within 30 days.

5. File for publication in the Child in Need of Services proceeding and publish in the county where the child was abandoned.

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RELEVANT INFORMATION

Definitions

Abandoned Infant

An abandoned infant is a child who is less than 12 months of age and whose parent, guardian, or custodian has knowingly or intentionally left the child in an environment that endangers the child's life or health or at a hospital or medical facility and has no reasonable plan to assume the care, custody, and control of the child.

Forms and Tools

- [Affidavit of Diligent Inquiry \(ADI\) \(SF 54778\)](#)
- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) – available in the case management system
- [Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults \(Indiana Clearinghouse\) website](#)
- Indiana Clearinghouse phone number: 1- 800-831-8953
- [National Center for Missing and Exploited Children \(NCMEC\) website](#)
- NCMEC phone number: 1-800-843-5678 (1-800-THE-LOST)

- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) – available in the case management system
- [Taking Custody of a Child Without Verbal Consent or Written Court Order: Description of Circumstances \(SF 49584\)](#)

Related Policies

- [4.49 Safe Haven Infants](#)
- [5.06 Locating Absent Parents](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [6.02 Filing a CHINS Petition](#)

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LEGAL REFERENCES

- [IC 10-13-5: Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults](#)
- [IC 31-14-7-1: Presumptions: child's biological father](#)
- [IC 31-9-2-0.5: "Abandoned infant"](#)
- [IC 31-21-2-2: "Abandoned"](#)
- [IC 31-25-3-2: Duties of bureau; access to information](#)
- [IC 31-34-21-5.6\(b\)\(5\): Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [45 CFR 1356.21 Foster care maintenance payments program implementation requirements](#)

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PRACTICE GUIDANCE- DCS POLICY 4.34

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 4: Assessment

Section 35: Transferring Intercounty Preliminary Reports of Child Abuse or Neglect (310)

Effective Date: July 3, 2024

Version: 5

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

See policy 3.01 Receiving Reports of Suspected Child Abuse and/or Neglect (CA/N) for guidance on transferring a Preliminary Report of Alleged Child Abuse or Neglect (310) to other states.

In order to assess a Preliminary Report of Alleged Child Abuse or Neglect (310) in the Indiana county where the allegations occurred, it is important that the correct DCS local office is assigned. Therefore, a 310 may be transferred if it is discovered the allegations took place in an Indiana county other than the county to which it was originally assigned.

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PROCEDURE

Upon discovering the alleged CA/N reported in the 310 took place in another Indiana county, the FCM will:

1. Ensure each child’s safety; and
2. Contact an FCM Supervisor to discuss whether the 310 should be transferred to another DCS local office.

Note: A report regarding a new child in the home of a parent, guardian, or custodian with an open DCS case will be assigned as an individual assessment, not to be screened out or handled as part of the open DCS case (see policies 4.03 Conducting the Assessment - Overview and 4.50 New Child in Household of a Parent or Custodian with an Open Case).

The FCM Supervisor will:

1. Verify the FCM has ensured the safety of each child, regardless of whether the 310 should be transferred to another DCS local office;
2. Staff with appropriate DCS personnel to determine if the 310 should be transferred to another DCS county;
3. Verbally contact the DCS local office (during business hours) where it is believed the CA/N occurred when it is determined the 310 should be transferred, and transfer the 310 within one (1) business day; and

Note: The Hotline does not have access to the county’s specific Unassigned Caseload; therefore, transferring a 310 from one (1) county to another is an FCM Supervisor function.

4. Contact the Hotline if it is believed the 310 received during non-business hours should be transferred to another DCS local office.

Note: The DCS local office is only contacted during non-business hours by the Hotline for reports with a response time of two (2) hours, except on holidays. Calls on holidays will be sent according to the response times during normal business hours.

The Local Office Director (LOD) in each DCS county will determine if it is appropriate to transfer a 310 to another DCS county 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 DCS local office staff.

Upon notification by an FCM Supervisor, the DCS Hotline will contact the correct DCS local office and advise them of the 310 during non-business hours.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system

Related Policies

- [3.01 Receiving Reports of Suspected Child Abuse and/or Neglect \(CA/N\)](#)
- [4.03 Conducting the Assessment - Overview](#)
- [4.50 New Child in Household of a Parent or Custodian with an Open Case](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 4.35

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 4: Assessment

Section 36: Linking and Withdrawing a Preliminary Report of Alleged Child Abuse or Neglect (310)

Effective Date: July 3, 2024

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Linking a new Preliminary Report of Alleged Child Abuse or Neglect (310) to an open assessment or withdrawing a 310, when used appropriately, may avoid duplication of effort. Linking or withdrawing of a 310 should never occur at the expense of child safety and well-being.

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PROCEDURE

The Indiana Department of Child Services (DCS) may **link** a 310 to an open assessment in the case management system, regardless of maltreatment type, when the new 310 includes allegations that meet the statutory definition of Child Abuse and/or Neglect (CA/N) and:

1. The same alleged perpetrator;
2. The same alleged child victim; and/or
3. A household member that was not listed in the open assessment.

Linking a new 310 to an open assessment does not eliminate initiation timeframe requirements. Decisions as to whether a linked 310 requires an additional face-to-face contact will be determined at the supervisory level. A separate assessment may not need to be conducted, but appropriate steps must be taken to ensure the safety and well-being of the child. Any additional allegations in the linked 310 must be assessed.

Note: Once a new 310 is linked to an existing assessment, it may not be unlinked.

A 310 should **not** be linked in the case management system when:

1. Individuals listed in the new 310 are not entitled to information contained in the open assessment (see policy 2.06 Sharing Confidential Information); and/or
2. The assessments are initially assigned to separate counties.

Note: If it is determined the 310 should **not** be linked to an open assessment, the 310 should be assigned, when possible, to the FCM completing the open assessment.

DCS may **withdraw** a 310 in the case management system when:

1. The 310 was approved for assessment in error; or
2. "Unknown" profiles listed on the 310 became known and are identified in an open assessment and there is no ability to link.

Note: The assessment with “unknown” profiles should be “withdrawn due to duplicate” and the 310 should be uploaded to the original assessment in the case management system.

A 310 may not be withdrawn when the report is regarding a new child in the home of a parent, guardian, or custodian with an open DCS case. The DCS local office will assign the report as an individual assessment, not to be screened out or handled as part of the open DCS case (see policies 4.03 Conducting the Assessment – Overview and 4.50 New Child in Household of a Parent or Custodian with an Open Case).

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 determine if the 310 meets the linking or withdrawing criteria listed above and proceed with one (1) of the following:
 - a. Complete the approval process to link the new 310 to the existing assessment, or
 - b. Withdraw the 310 in the case management system.
2. Notify the FCM of the linked 310, when approved, and confirm receipt of the linked report;
3. Staff each new 310 with the FCM assigned to the existing assessment, and 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; and

Note: The new 310 may include a new household member (i.e., an alleged perpetrator or alleged child victim) that was not listed in the open assessment. If a new household member is not automatically added to the open assessment, the household member should be added manually.

4. Ensure the FCM takes all appropriate actions, including but not limited to:
 - a. Contacting the family, and
 - b. Conducting a new Safety Assessment, Initial Family Risk Assessment, Safety Plan and/or Plan of Safe Care.
5. Ensure the FCM has documented the following in the case management system:
 - a. The initial and subsequent child safety for each linked 310
 - b. The reason the following are not required, if applicable:
 - i. A face-to-face contact with each alleged child victim, and
 - ii. A Safety Assessment.

Upon receipt of the linked 310, the FCM will:

1. Review the response time and the allegations in the linked 310;

Note: If the existing assessment has not been initiated, the FCM and FCM Supervisor should review the initiation timeframes and determine the appropriate action to take to ensure the safety of the child.

2. Contact the Report Source for each linked assessment;
3. Notify the parent, guardian, or custodian of all allegations for each new 310;

4. Ensure all allegations are assessed within the appropriate timeframe and determine the appropriate action to ensure the safety of the child (see policy 4.38 Assessment Initiation);

Note: A new face-to-face interview must be completed with the child victim if the new 310 has a different allegation and/or maltreatment type that was not previously addressed in the open assessment. Additional consent to speak to the child must be obtained unless exigent circumstances exist (see policy 4.06 Exigent Circumstances for Interviewing Alleged Child Victims).

5. Document whether each linked 310 requires additional face-to-face contact, any exigent circumstances, and any extenuating circumstances in the Assessment Initiation Tracking Tool;
6. Ensure all allegations are addressed in the Assessment of Alleged Child Abuse or Neglect (311) (see policy 4.25 Completing the Assessment Report); and

Note: If the same incident is alleged in multiple linked 310s, those allegations must have a consistent decision outcome (i.e., unsubstantiated or substantiated). The decision outcome of each allegation must be documented for each 310 in the conclusion statement of the 311.

7. Generate a Forty-five (45) Day Report of Assessment for each applicable report source and include the statutorily required information outlined in policy 4.21 Forty-five (45) Day Report of Assessment.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- Assessment Initiation Tracking Tool - available in Salesforce
- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) - available in the case management system
- [Forty-five \(45\) Day Report of Assessment \(SF 54854\)](#)
- Initial Family Risk Assessment - available in the case management system
- Plan of Safe Care (SF 56565) - available in the case management system
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system
- Safety Assessment - available in the case management system
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [2.06 Sharing Confidential Information](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.21 Forty-Five \(45\) Day Report of Assessment](#)
- [4.25 Completing the Assessment Report](#)
- [4.38 Assessment Initiation](#)
- [4.50 New Child in Household of a Parent or Custodian with an Open Case](#)

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LEGAL REFERENCES

- [IC 31-33-7-4: Written reports; contents](#)
- [IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries](#)


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PRACTICE GUIDANCE- DCS POLICY 4.36

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 4: Assessment Section 38: Assessment Initiation	
	Effective Date: August 1, 2024	Version: 10

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Indiana Code (IC) specifies required initiation timeframes for assessments which are based upon the allegations in the Preliminary Report of Alleged Child Abuse or Neglect (310). Timely initiation of an assessment of Child Abuse and/or Neglect (CA/N) is crucial to ensure the safety and well-being of a child.

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PROCEDURE

Indiana Department of Child Services (DCS) assessments will be initiated regardless of the time of day, weekends, or holidays. The assessment response time begins at the time the DCS local office receives notification of the intake report. DCS will initiate every CA/N assessment within the following timeframes:

1. Two (2) hours if the allegations would cause a reasonable person to believe the child is in imminent danger of serious bodily harm;
2. Twenty-four (24) hours if the allegations involve abuse but the conditions in item one (1) above do not apply; or
3. Five (5) days if the allegations involve neglect and none of the conditions in items one (1) or two (2) above apply.

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 a same-day release is anticipated. DCS will provide the requesting hospital with the Hospital Release Authorization form when it has been determined that the child is safe to be released.

Note: Face-to-face 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.

For an assessment involving alleged domestic violence (DV), DCS will initiate the assessment immediately, but no later than 24 hours, following receipt of the report if the following conditions apply (see policy 2.30 Domestic Violence):

1. The alleged DV 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; or
2. The alleged DV incident involved a deadly weapon; or

3. The parent, guardian, or custodian or the child calls to report alleged DV and the allegations would not cause a reasonable person to believe the child is in imminent danger of serious bodily harm.

All new allegations of CA/N must be reported to the Hotline, per state reporting statutes, and may not be handled as a part of the current assessment or permanency case. If the allegations meet the statutory definition of CA/N, these reports will be assessed separately and not screened out. 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. The FCM must report to the Hotline the exact time of initiation and the exact date and time the FCM became aware of the allegations (see policy 4.36 Linking Child Abuse and/or Neglect (CA/N) Reports to Open Assessments).

Note: If the FCM is at the scene and discovers new allegations of CA/N but 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.

DCS must conduct an assessment within 24 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. 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 the child is a victim of CA/N and the child's parent, guardian, or custodian is an alleged perpetrator, the parent, guardian, or custodian may not be informed of the specific shelter or facility the child has entered.

Exception: If allegations would cause a reasonable person to believe the child is in imminent danger of serious bodily harm, DCS must initiate the response within two (2) hours.

The FCM will:

1. Consider all known information about the CA/N allegations;
2. Staff with the FCM Supervisor, as needed, to determine if Law Enforcement Agency (LEA) assistance should be requested or if LEA should be notified of the assessment. LEA assistance should be requested when:
 - a. The report requires a two (2) hour response time, unless the report is for hospital release authorization, and
 - b. There are extenuating circumstances preventing DCS from initiating a two (2) hour response assessment timely (see Practice Guidance for extenuating circumstances which may be approved).

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. When LEA agrees to respond with DCS, make contact with the responding LEA officer to advise of the allegations and obtain any information LEA may have regarding the child or family (see policy 4.28 Removals from Parents, Guardians, or Custodians if a decision is made to remove the child and policy 4.29 Joint Assessments when the assessment will be conducted jointly with LEA).

3. Ensure the assessment has been initiated by making face-to-face contact with all alleged child victims. When extenuating circumstances exist, make 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 and make face-to-face contact with the alleged child victim as soon as possible (see practice guidance);

Note: When a FCM responds within the initiation timeframe but is unsuccessful in making face-to-face contact with all alleged child victims, the assessment is not considered initiated.

4. Notify the parent, guardian, or custodian in person or by phone of the face-to-face contact with the alleged victim (see policy 4.05 Consent to Interview Child);
5. Report all 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), or by calling to report equivalent information. The 310 or equivalent information may be submitted to the Hotline via email, fax, or phone; and

Note: When the FCM has initiated the assessment, the FCM must specify in the report to the Hotline the exact time of initiation and the exact date and time the FCM became aware of the allegations (see policy 4.36 Linking Child Abuse and/or Neglect (CA/N) Reports to Open Assessments).

6. Document the following in the case management system:
 - a. The face-to-face contact with each alleged child victim,
 - b. Notification to the child's parent, guardian, or custodian of the contact with the child, including any exigent circumstances (see policy 4.06 Exigent Circumstances for Interviewing Alleged Child Victims),
 - c. Whether the assessment was initiated timely,
 - d. LEAs response for assistance and presence on the scene (if applicable), and
 - e. Any extenuating circumstances in initiating the assessment.

Note: If any reports are linked to the assessment, see policy 4.36 Linking CA/N Reports.

The FCM Supervisor will:

1. Staff with the FCM to determine if LEA assistance should be requested or if LEA should be notified of the assessment;
2. Discuss details of the assessment and review information gathered during regular case staffing with the FCM; and
3. Guide the FCM to ensure all duties of the assessment have been completed.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Forms and Tools

- DCS Hotline email - dcshotlinereports@dcs.in.gov
- DCS Hotline fax: 317-234-7595 or 317-234-7596

- DCS Hotline number: 1-800-800-5556
- [Hospital Release Authorization \(SF 54337\)](#)
- [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#)

Related Policies

- [2.30 Domestic Violence](#)
- [4.05 Consent to Interview Child](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [4.29 Joint Assessments](#)
- [4.36 Linking CAN Reports](#)

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LEGAL REFERENCES

- [IC 31-33-8-1: Investigations by local child protection service; time of initiation; investigations of child care ministries](#)
- [IC 31-33-8-6: Investigatory duties of local child protection service; purpose](#)
- [IC 31-36-3-3: Notification to department; investigation of a child; notification to parents](#)
- [IC 34-6-2-34.5: "Domestic or family violence"](#)

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PRACTICE GUIDANCE- DCS POLICY 4.38

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.

Extenuating Circumstances for Assessment Initiation

When initiating an assessment, extenuating circumstances may occur that prevent the family case manager (FCM) from completing face-to-face contact with a child within the initiation timeframe. Extenuating circumstances which may be approved include but are not limited to:

1. The child victim is not at the location stated on the report (e.g., school trip, out of town/state);
2. The victim is unknown or the child does not exist;
3. There is an inclement weather emergency;
4. There is a traffic accident or traffic delays;
5. A new child victim is added to the report after the initial family contact was made;
6. The child is deceased;
7. The parent refused to allow access to the child (motion to compel is needed);
8. The report is linked to an open assessment and additional face-to-face contact is not required;
9. The report is assigned after the initiation timeframe; or
10. The 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.

Initiation Timeframes

A two (2) hour response time begins when the DCS Hotline (Hotline) calls the DCS local office. Examples of a two (2) hour response may include, but are not limited to, allegations regarding:

1. A child fatality or 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 (e.g., fractures, broken bones, head injuries, extensive and serious bruising, or internal injuries);
4. A child is intentionally burned or scalded;
5. A child is too young or disabled to ensure the child's own safety and 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, which has resulted in the 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 or the child's parent, guardian, or custodian is actively attempting suicide;
10. There is an active domestic violence (DV) incident in the home or a child has been injured as a result of the active DV incident;
11. An active contaminating, controlled substance is present; and/or

12. Specific allegations that a parent, guardian, or custodian is actively using illicit drugs or abusing prescription medications.

A 24-hour response time begins when the DCS local office receives the email that a report is in the county queue. Examples of a 24-hour response 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;
5. DV incidents when:
 - a. Parent, guardian, custodian or child calls in the incident,
 - b. The incident involves a deadly weapon, or
 - c. The incident occurred within the last 48 hours.

A five (5) day response time begins when the DCS local office receives the email that a report is in the county queue. Examples of a five (5) day response 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.

Response Time Versus Initiation of an Assessment

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. For example, when an FCM responds within the initiation timeframe but is unsuccessful in making face-to-face contact with all alleged child victims, the assessment has not been initiated.

Response times are measured from the time a local office receives notification of the intake report until the FCM makes face-to-face contact with all alleged child victims. For example, this means for two (2) hour assessments, the FCM must make face-to-face contact with all alleged child victims 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 all alleged child victims.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 4: Assessment	
Section 39: Restricting Assessments in Management Gateway for Indiana’s Kids (MaGIK)	
Effective Date: February 1, 2024	Version: 2

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When necessary, the Indiana Department of Child Services (DCS) will restrict access to assessments in the case management system to ensure confidentiality is maintained. [Back to Top](#)

PROCEDURE

Assessments will only be restricted with permission from a member of the DCS management team including:

1. Family Case Manager (FCM) Supervisor;
2. Division Manager (DM);
3. Local Office Director (LOD);
4. Regional Manager (RM);
5. Assistant Deputy Director of Field Operations;
6. Deputy Director of Field Operations; and/or
7. Chief Deputy Director | Senior Advisor.

Note: Assessments may be restricted at any time while they are open.

Assessments will be restricted when:

1. The assessment pertains to a DCS employee or immediate family members of a DCS employee;
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: 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. Utilize the Help Resource within the case management system for additional information about restricting assessments.

The FCM Supervisor will:

1. Restrict the assessment in the case management system;
2. Enter a contact into the case management system documenting the reason why the assessment has been restricted;

3. Advise the FCM that the assessment restriction should not be modified without permission from a member of the DCS management team;
4. Inform the FCM which individuals should be invited throughout the assessment to view the assessment in the case management system; and

Note: The FCM Supervisor may invite appropriate individuals to view the assessment in the case management system as needed.

5. Ensure the FCM has invited the appropriate individuals to view the assessment in the case management system.

The FCM will invite appropriate individuals to view the assessment once given permission from the FCM Supervisor.

All case management users will follow guidelines set forth in the Information Technology Resources (ITR) User Policy when using the case management system.

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RELEVANT INFORMATION

Definitions

Immediate Family

Immediate Family is a term for the closest members of a person's family unit: spouse, children, parents, and siblings.

Forms and Tools

- [DCS Code of Conduct](#)
- Help Resource - available in the case management system
- [Information Technology Resources User Policy](#)

Related Policies

N/A

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LEGAL REFERENCES

- [IC 31-33-26-5: Establish access restrictions; maintain confidentiality; read only access by child services ombudsman](#)

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PRACTICE GUIDANCE- DCS POLICY 4.39

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.

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 have motivated an action or decision. If a conflict of interest or potential conflict of interest is identified, notify the direct supervisor. See the DCS Code of Conduct for additional information.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	
	Section 40: Drug Screening in Assessments	
	Effective Date: May 1, 2022	Version: 2

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Substance use or abuse may be a factor in an Indiana Department of Child Services (DCS) assessment of alleged Child Abuse and/or Neglect (CA/N) when there is:

1. The alleged use of drugs during a pregnancy, resulting in the live birth of a child; or
2. The alleged use of drugs by the parent, guardian, or custodian, resulting in a child’s physical or mental condition being seriously impaired or seriously endangered.

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, drug screening may be utilized to gather evidence of CA/N.

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PROCEDURE

DCS will consider screening for illicit substances 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 CA/N.

Note: With the exception of IC 31-34-1-10, the decision to substantiate or unsubstantiate an allegation of 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. In addition to drug screen results, credible evidence must be present showing the causal link between the parent, guardian, and/or custodian’s use of substances, and how it has seriously harmed or endangered the children, to determine the assessment finding.

Any indication of substance use or misuse (as evidenced by self-disclosure or drug screening results) will be assessed to determine if the use or misuse contributed to the maltreatment of the child. The child’s safety as well as the family’s strengths, needs, and protective capacities will also be considered during the assessment.

The Family Case Manager (FCM) will:

1. Gather information from various sources regarding the need to drug screen a parent, guardian, or custodian, including any current or prior substance use and participation in substance abuse treatment;

Note: 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.

2. Create a new referral in the case management system for each person, once it is determined an oral drug screen should be administered. If an oral screen is collected prior to creating the referral, create a new referral in the case management system within 48 business hours. See DCS Administered Testing document for additional guidance on creating a referral;
3. 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. 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;

Note: DCS drug screens should not be used to determine if an individual is taking a prescription drug as prescribed, or at a therapeutic level. If there is concern about an individual taking more medication than prescribed, the FCM should contact the individual's prescribing doctor for additional guidance.

4. Staff with the FCM Supervisor if there are no indications of CA/N to determine next steps;
5. Utilize the UNCOPE questionnaire to identify risk for abuse or dependence for alcohol and other drugs;

Note: In situations where it is not clear if completion of a drug screen is necessary during the assessment, the FCM should staff the case with a FCM Supervisor, DCS Local Office Director (LOD), or Division Manager (DM).

6. Inform the parent, guardian, or custodian of the purpose of 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 for additional information;
7. Provide the parent, guardian, or custodian an opportunity to voluntarily submit to a drug screen when there are observable facts and circumstances of substance use consistent with CA/N;
8. Ensure the parent, guardian, or custodian provides consent for the drug screen by signing the drug screen Chain of Custody form **prior to** performing the screen. The Chain of Custody form must be legible;
9. Upon signed consent for the drug screen, administer an oral swab and follow all steps in the DCS Administered Oral Fluid Collection Procedure document;

Note: For assessments involving a fatality or near fatality, see policy 4.31 Child Fatality and Near Fatality Assessments.

10. Continue thoroughly assessing the situation and staff with the FCM Supervisor and the DCS Local Staff Attorney if the parent, guardian, or custodian refuses to voluntarily consent to a drug screen, to determine the need to seek a court order.

Note: Refusal to voluntarily consent to drug screening, without other child safety and risk factors, is not sufficient basis for removal of a child.

11. Obtain medical records to support substance use or abuse, **if there is any indication or allegation of substance use and or abuse**;
12. View each drug screen result and discuss next steps with the FCM Supervisor, as needed;

Note: The drug screen result must be matched in KidTraks to view it. See the Matching Guide for additional information.

13. Refer the parent, guardian, or custodian for ongoing drug screening, if it has been ordered by the court; and
14. Document all relevant factors of the assessment in the case management system, including but not limited to:
 - a. Admission of drug use by the parent, guardian, or custodian,
 - b. Observations of risk posed to the child due to the parent, guardian, or custodian's drug use,
 - c. Any indication that a drug screen is warranted, and
 - d. Completion and/or refusal of a drug screen.

The FCM Supervisor will:

1. Guide and assist the FCM through regular case staffing; and
2. Ensure any deviation from best practice is documented in the case management system.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Forms and Tools

- [DCS Administered Oral Fluid Collection Procedure](#)
- [DCS Administered Testing document](#)
- [Drug Detection Times](#)
- [Matching Guide](#)
- [UNCOPE](#)

Related Policies

- [4.26 Determining Service Levels and Transitioning to Permanency Services](#)
- [4.31 Child Fatality and Near Fatality Assessments](#)

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LEGAL REFERENCES

- [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 31-34-1-2: Act or omission of parent, guardian, or custodian seriously endangering child's physical or mental health; victim of specified offense](#)

- [IC 31-34-1-10: Child born with fetal alcohol syndrome, neonatal abstinence syndrome, or drugs in the child's body](#)
- [IC 31-34-1-11: Risks or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy](#)

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PRACTICE GUIDANCE- DCS POLICY 4.40

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.

Assessment Involving Drug Exposed Infants

A pregnant woman's drug abuse may constitute CA/N and may be legally sufficient for a finding of CHINS, requiring the coercive intervention of the court to ensure the family receives the necessary services. Factors that should be considered in the comprehensive assessment, in addition to the drug screen results include, but are not limited to evidence that:

1. The child was born with fetal alcohol syndrome;
2. The child was born with neonatal abstinence syndrome;
3. The child was 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. The 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's use of alcohol, a controlled substance or legend drug during pregnancy absent a prescription or medical supervision; and
5. The child is at substantial risk of a life-threatening condition that arises or is substantially aggravated because of the child's mother's use of alcohol, a controlled substance, or legend drug during pregnancy without a prescription or medical supervision.

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. See the Drug Detection Times for additional information.

Drug Screening Frequency

The number of drug screens administered during the assessment phase will depend on several factors. 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. Factors to consider include, but are not limited to:

1. The parent, guardian or custodian appears to be immediately impaired (e.g., slurred speech, poor balance);
2. The child reports witnessing drug use;
3. A substance abuse counselor reports concerns;
4. Drug paraphernalia is located in the home; or
5. Law Enforcement Agency (LEA) is involved and/or an arrest is made regarding drug involvement.

Instant Drug Screens and the Confirmation Process

Instant drug screen results are considered only presumptive positive. The current instant oral drug screens available to DCS cannot be confirmed. If an instant oral drug screen is presumptively positive, it must be followed by the regular oral fluid swab that is sent to the lab

for confirmation. Instant urine drug screens completed by providers and medical facilities that are presumptively positive, must be sent to the lab for confirmation. FCMs should inquire about the validity of such screens prior to using the screen to inform an assessment decision.

Medication-Assisted Treatment (MAT)

The use of medication-assisted treatment (MAT), such as the use of Methadone, Buprenorphine, or Naltrexone, 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, 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.

The FCM should not need confirmation of a substance that the parent is prescribed through MAT. The expectation that if a parent screens positive for the substance that they are prescribed, confirmation is not needed.

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.

The Assessment Decision Involving Substance Use

Parental drug use or abuse constitutes CA/N 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 (i.e., extreme lethargy, hyperactivity, slurred speech, poor balance, inability to focus and, visible needle track marks);
7. One (1) or more children living in the home discloses detailed knowledge or first-hand observations of parent, guardian, 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 (e.g., syringes, pipes, charred spoons, foils, alcohol bottles) found in the home;

9. The drugs or drug paraphernalia present in the home was or could have been accessed by one (1) or more children living in the home;
10. The condition of the home (e.g., 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.

The Law Regarding Drug Screening and Parental Disclosure of Drug Use

A single occurrence of drug use outside the presence of a child without additional evidence of CA/N is legally insufficient to support the filing of a CHINS petition. Good cause for the court to order a drug screen when a parent, guardian, or custodian denies consent requires evidence beyond a report of CA/N from an undisclosed source.

Admissions of drug use by a parent, guardian, or custodian is admissible as evidence in court proceedings. The evidence must be specific to the case being investigated. Best practice would include documenting discussions with the parent, guardian, or custodian regarding drug use including such admissions and any specific reasons why such a discussion was necessary.

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 LOD/DM or designee or the hair follicle screen must be court ordered.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 4: Assessment

Section 42: Plan of Safe Care

Effective Date: December 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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 and risk, 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](#)
- [The American Academy of Pediatrics Website](#)
- [DCS Safe Sleep Website](#)
- [Healthy Children Safe Sleep website](#)
- [Indiana Safe Sleep Program website](#)
- [The National Institute of Health Website](#)
- Plan of Safe Care (SF 56565) - available in the case management system
- [Plan of Safe Care Tip Sheet](#)
- [Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families](#)
- [Riley Children's Health Safe Sleep Resources](#)
- [Safe Sleep Documentation Tip Sheet & Informational Resources](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

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

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LEGAL REFERENCES

- [Pub. L. No. 114-198: Comprehensive Addiction and Recovery Act of 2016](#)
- [42 USC Ch. 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 Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families document under Forms and Tools 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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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 4: Assessment	
	Section 45: Assessment of DCS Staff Alleged Perpetrators	
	Effective Date: July 1, 2023	Version: 11

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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.

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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.

When an FCM is assigned a report for 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 (HR) 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) or Licensed Resource Parent, 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 policies 2.03 Child Care Worker Assessment Review Process and 2.04 DCS Employee Administrative 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. See policy 2.04 DCS Employee Administrative Review Process.

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. HR 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. See policies 2.03 Child Care Worker Assessment Review Process and 2.04 DCS Employee Administrative Review Process.

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 during the assessment and CCWAR, if applicable;
3. Contact the DCS HR 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.

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RELEVANT INFORMATION

Definitions

Child Care Worker

DCS defines "Child Care Worker", per IC 31-9-2-16.6, as a person who:

1. Is employed or actively seeking employment (other than self-employment as an owner/operator) at any of the following types of facilities:
 - a. Childcare center,
 - b. Childcare home (licensed or required to be licensed),
 - c. Childcare ministry (registered or required to be registered),
 - d. Residential group home,
 - e. Child Caring Institution (CCI),
 - f. School,
 - g. Juvenile detention center; **or**
2. Is a child caregiver who:
 - a. Provides or is responsible for providing care and supervision of a child to whom they are not a parent, stepparent, grandparent, aunt, uncle, sibling, or legal guardian or custodian with whom the person resides,
 - b. Provides the care described in (a) at a residence that is not where the child lives and outside of the presence of the child's parent, guardian, or a custodian with whom the child resides,
 - c. Is not required to be licensed as a childcare home or foster family home, and
 - d. Receives more than \$2,000 a year for providing care and supervision for a child or children; **or**
3. Has or will have direct contact with children on a regular and continuing basis through employment (or through employment being actively sought) with any agency, facility, or home that provides the following to a child or children to whom the person is not related:
 - a. A service that provides for the care, health, safety, and supervision of a child's social, emotional, and educational growth; **or**

- b. Services to, or for the benefit of, children who are victims of child abuse or neglect (this includes but is not limited to agencies, facilities, and homes that have contracts with DCS to provide services).

Perpetrator

Per 465 IAC 3-1-11, "Perpetrator" means a person who, by an act or an omission, has been identified in a report concluding a child abuse and neglect assessment to have committed child abuse or neglect.

Substantiated

Per IC 31-9-2-123, "Substantiated", when used in reference to a child abuse or neglect report made under IC 31-33, means a determination regarding the status of the report whenever facts obtained during an assessment of the report provide a preponderance of evidence that child abuse and neglect has occurred.

Forms and Tools

- [2.C Tool: Notifications](#)
- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) - available in the case management system
- [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](#)
- [2.04 DCS Employee Administrative 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](#)
- [HR-2-2 Background Checks](#)
- [State Personnel Department \(SPD\) Standardized Policy - Discipline](#)
- [State Personnel Department \(SPD\) Standardized Policy - Discipline Responsibilities & Procedures](#)

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LEGAL REFERENCES

- [465 IAC 3-1-11: "Perpetrator" defined](#)
- [465 IAC 3-2-2: Administrative review procedure for child care workers and licensed foster parents](#)
- [465 IAC 3-2-3: Administrative review procedure for department employees; substantiated report of child abuse or neglect](#)
- [IC 31-9-2-16.6: "Child care worker"](#)
- [IC 31-9-2-123: "Substantiated"](#)
- [IC 31-33-26-8: Notification after index entry; notice to perpetrators; request for administrative hearing](#)
- [IC 31-33-26-13: Adoption of rules](#)


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PRACTICE GUIDANCE- DCS POLICY 4.45

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 4: Assessment Section 47: Human Trafficking (HT)	
	Effective Date: July 1, 2024	Version: 7

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Children involved in the child welfare system are at a higher risk for being exposed to Human Trafficking (HT) (see Definitions). It is critical for the Indiana Department of Child Services (DCS) to be diligent in its efforts to identify and/or assess suspected HT to ensure child safety.

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PROCEDURE

DCS will follow all procedural steps outlined in policy 4.03 Conducting the Assessment-Overview in addition to the steps listed below.

Upon receipt of a suspected HT assessment or upon observation of potential HT indicators with DCS youth or dual status youth (see Definitions), the Family Case Manager (FCM) will:

1. Be aware of potential signs of HT during the assessment, including but not limited to visits to the home and interviews with the child and/or family (including caregivers);

Note: Not all Preliminary Reports of Alleged Child Abuse or Neglect (310) are identified as HT reports at the Hotline level due to a lack of information. It is important to be aware of any indicators or red flags of HT (see Human Trafficking “Red Flags” for the General Public).

2. Assess the medical needs of each child suspected to be a HT victim and determine whether an immediate and/or acute medical exam is warranted and arrange for an exam if determined to be needed. See policy 4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Use Evaluations for additional support. Factors to be considered include:
 - a. Suspected sexual assault,
 - b. Potential exposure to sexually transmitted infection (STI) (formerly known as sexually transmitted diseases [STDs]) or other communicable diseases. See policy 8.31 Testing and Treating for HIV, STDs, and Other Communicable Diseases for additional information,
 - c. Evidence of physical injuries which may need immediate care, and
 - d. Suspected substance use or potential exposure to substances.
3. Notify the HT Regional Field Lead (see Definitions) of suspected human trafficking within 24 hours in emergency situations;

Note: Upon identification of a foreign-born national child, the FCM must contact the HT Regional Field Lead as soon as possible and no more than 24 hours and complete a referral through KidTraks to the Focused Needs Team. The Health and Human Services (HHS) Office on Trafficking in Persons (OTIP) must be notified within 24 hours of identification of a foreign-born national child who is a suspected or confirmed victim of trafficking.

4. Contact the HT Regional Field Lead within five (5) business days in non-emergency situations to schedule a staffing with the HT Regional Field Lead and the FCM Supervisor;
5. Staff with the law enforcement agency (LEA) and/or the local multi-disciplinary team (MDT) (this may include LEA, local prosecutor's office, victim advocates, and the Child Advocacy Center [CAC] [see Definitions]) to gain additional information about the child and/or family and discuss next steps, as appropriate;
6. Complete the Human Trafficking Screening Tool when:
 - a. A child returns from a runaway episode (see policy 5.22 Missing and Runaway Children),
 - b. A new report of CA/N with allegations of HT is received,
 - c. There are any potential indicators of HT observed during an open assessment or case,
 - d. A child's behaviors or circumstances significantly change (e.g., child becomes secretive, has excessive online activity, withdraws from friends, has changes in interests, or obtains new items the child does not have the monetary means to purchase) or new information is gathered that warrants the usage of a more comprehensive screening tool, and
 - e. Imminent child safety concerns are present in which there are immediate concerns about HT.
7. Complete the Human Trafficking Screening and Assessment Tool when the Human Trafficking Screening Tool recommends completion of the Human Trafficking Screening and Assessment Tool as a next step;
8. Staff the Human Trafficking Screening Tool, Human Trafficking Screening and Assessment Tool (if applicable), and any additional information and observations (including medical concerns) with the FCM Supervisor, HT Regional Field Lead, or Focused Needs Team to determine next steps;
9. Discuss with the appropriate local LEA a plan for a forensic interview (see Definitions) if this is determined to be the next step and consider the safety of the alleged victim of HT prior to the forensic interview (see policy 4.09 Interviewing Children). If the local LEA is not able to assist with the interview, reach out to the HT Regional Field Lead for guidance;

Note: During the forensic interview, it is important to ensure the location of the interview is appropriate and safe for the child, and that the child be separate from family, friends, or other contacts where possible as the individual may be the child's trafficker or be involved with the HT (see policies 4.06 Exigent Circumstances for Interviewing Alleged Child Victims and 4.09 Interviewing Children).

10. Identify an appropriate placement for the child, if it is determined the child is not safe to remain in the child's home. Determine if a non-custodial parent or other relatives would be an appropriate placement option prior to considering other options (see policy 4.28 Removals from Parents, Guardians, or Custodians);

Note: When selecting a placement, the FCM will consider that many children who are victims of HT run away from their placements and return to their trafficker or a similar situation from which they came. 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 may remain safe in the placement.

11. Staff the assessment, including all decisions on securing placements with the following individuals:
 - a. The FCM's immediate Supervisor,
 - b. Local Office Director (LOD) or designee, as deemed necessary,
 - c. HT Regional Field Lead or Focused Needs Team, and/or
 - d. Clinical Services Specialist (CSS).
12. Staff with the DCS Staff Attorney before a petition is filed and as deemed necessary;
13. Refer the child and/or family for appropriate services after a Child and Adolescent Needs and Strengths (CANS) Assessment has been completed (see policies 2.23 Verifying Citizenship or Immigration Status and 5.10 Family Services); and
14. Document staffing decisions, any indicators of HT, and all interview notes in the case management system.

The FCM Supervisor will:

1. Discuss all information regarding the case, the Human Trafficking Screening Tool, and the Human Trafficking Screening and Assessment Tool (if applicable) with the FCM;
2. Participate in a staffing with the HT Regional Field Lead and the FCM;
3. Guide the FCM in arranging a forensic interview and/or an immediate or acute medical examination, if needed; and
4. Discuss next steps with the HT Regional Field Lead, as necessary.

Upon receipt of a suspected HT assessment or upon observation of potential human trafficking indicators, the **HT Regional Field Lead** will:

1. Discuss the report with the Family Case Manager (FCM) within 24 hours of notification for emergency situations;
2. Schedule a staffing with the FCM and FCM Supervisor within five (5) business days for non-emergency situations to ensure all parties are aware of the HT concerns, required duties are completed, and to discuss resources for the child and/or family;
3. Notify the Focused Needs Team as soon as possible and no more than 24 hours following the identification of a foreign-born national child;
4. Assist the FCM with notifying the OTIP through the HHS Shepherd Anti-Trafficking Information Management System within 24 hours following the identification of a foreign-born national child; and
5. Continue to be a regional resource to assist the FCM with follow-up guidance, resources, and education, as appropriate, throughout the assessment.

The Focused Needs Team will:

1. Provide assistance to the HT Regional Field Lead and field staff, as needed, throughout the assessment; and
2. Create a referral for immigration relief, if deemed necessary.

The CSS will provide consultation to secure a placement for a child, as needed.

The DCS Staff Attorney will discuss the case with the FCM and seek court intervention, as needed.

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RELEVANT INFORMATION

Definitions

Child Advocacy Center (CAC)

A CAC is a child focused, trauma-informed community-based organization that:

1. Is recognized by the Indiana Chapter of National Children's Alliance and designed to collaborate on reports of CA/N;
2. Coordinates a multidisciplinary team; and
3. Facilitates forensic interviews.

Dually Adjudicated (Dual Status)

A dually adjudicated case is defined in 31-41-1-2 as "a child who is alleged to be or is presently adjudicated to be a child in need of services under IC 31-34-10 or IC 31-34-11 and is alleged to be or is presently adjudicated to be a delinquent child under IC 31-37-12 or IC 31-37-13".

Forensic Interview

A forensic interview is an interview in response to a report of CA/N conducted by a professional specially trained in a nationally recognized model using a multidisciplinary team approach.

Human Trafficking (HT)

The Trafficking Victims Protection Act of 2000 define human trafficking as:

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 Code (IC 31-9-2-133.1) defines human or sexual trafficking of children to include a child who is recruited, harbored, transported, or engaged in forced labor, involuntary servitude, prostitution, juvenile prostitution (IC 35-31.5-2-178.5), child exploitation (IC 35-42-4-4(b)), marriage, unless authorized by a court (IC 31-11-1-7), trafficking for the purpose of prostitution, juvenile prostitution, or participation in sexual conduct (IC 35-42-4-4(a)), or human trafficking (IC 35-42-3.5-0.5).

Human Trafficking (HT) Regional Field Lead

HT Regional Field Leads (see Human Trafficking Response System) are individuals identified within their region who are trained to assist with the following:

1. Recognizing potential indicators of HT;
2. Providing resources available to assist in assessing HT; and
3. Assisting field staff to complete a thorough HT assessment.

Forms and Tools

- Child and Adolescent Needs and Strengths (CANS) Assessment - available in the case management system

- DCS Human Trafficking Information email address - dcshumantraffickinginformation@dcs.in.gov
- [DCS Human Trafficking Response System](#) - available on the [Focused Needs SharePoint](#)
- [Health and Human Services \(HHS\) Shepard Anti-Trafficking Information Management System](#)
- [Human Trafficking "Red Flags" for the General Public](#) - available on the [Focused Needs SharePoint](#)
- Human Trafficking Screening and Assessment Tool - available in the case management system under Blank Forms
- Human Trafficking Screening Tool - available in the case management system under Plans/Tools
- [Missing & Runaway Child Flowchart](#) - available on the [Focused Needs SharePoint](#)
- [United States Department of Justice Key Legislation on Human Trafficking](#)

Related Policies

- [2.23 Verifying Citizenship or Immigration Status](#)
- [4.03 Conducting the Assessment - Overview](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.09 Interviewing Children](#)
- [4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations](#)
- [5.10 Family Services](#)
- [5.22 Missing and Runaway Children](#)
- [8.31 Testing and Treatment for HIV, STDs, and Other Communicable Diseases](#)

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LEGAL REFERENCES

- [22 USC 7102: Definitions](#)
- [IC 31-9-2-14.2: "Child advocacy center"](#)
- [IC 31-9-2-47.1: "Forensic interview"](#)
- [IC 31-9-2-133.1: "Victim of human or sexual trafficking"](#)
- [IC 31-11-1-7: Petition for marriage of individual 16 or 17 years of age; evidentiary hearing; emancipation](#)
- [IC 31-25-2-14.5: Child advocacy centers; duties; confidentiality; civil immunity](#)
- [IC 31-33-18-2: Disclosure of unredacted material to certain persons](#)
- [IC 31-34-1-3.5: Victim of human or sexual trafficking](#)
- [IC 31-34-10: Chapter 10. Initial Hearing on Child in Need of Services Petition and Issuance of Summons](#)
- [IC 31-34-11: Chapter 11. Factfinding Hearing on Child in Need of Services Petition](#)
- [IC 31-37-12: Chapter 12. Initial Hearing and Issuance of Summons](#)
- [IC 31-37-13: Chapter 13. Factfinding Hearing](#)
- [IC 31-41-1-2: "Dual status child"](#)
- [IC 35-31.5-2-178.5: "Juvenile prostitution"](#)
- [IC 35-42-3.5: Chapter 3.5. Human and Sexual Trafficking](#)
- [IC 35-42-3.5-0.5: Definitions](#)
- [IC 35-42-4-4: Child exploitation; possession of child pornography; exemptions; defenses](#)


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PRACTICE GUIDANCE- DCS POLICY 4.47

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 4: Assessment Section 48: Professional Service Request (PSR)	
	Effective Date: June 1, 2022	Version: 2

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Professional Service Requests (PSRs) are completed to facilitate the use of community resources and cooperation between the Indiana Department of Child Services (DCS) and community professionals or DCS and out-of-state child services agencies.

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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 if the Requestor was not already contacted due to immediate need, and ensure the FCM and Requestor have a mutual understanding of the purpose;
3. Document all contacts in the case management system;
4. Complete the PSR Report within 14 calendar days;

Note: The FCM may contact other individuals, 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 in the case management system upon completion;
7. Submit the PSR to the FCM Supervisor for approval;

Note: Exceptions in the case management may apply for non-required portions of a PSR.

8. Notify the Requestor of the findings; and
9. Ensure a copy of the PSR is redacted and provide the redacted copy to the parent, guardian, or custodian upon approval by the DCS Staff Attorney.

The FCM Supervisor will:

1. Review the PSR;
2. Assign the PSR to an FCM;
3. Discuss the PSR with the FCM during regular case staffing; and
4. Review and approve the completed PSR Report, if appropriate, and close the PSR.

The DCS Staff Attorney will ensure the PSR is appropriately redacted, upon request, prior to the FCM providing the PSR to the parent, guardian, or custodian.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

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 - 1-800-800-5556
- DCS Child Abuse Hotline Email 1 DCSHotlineReports@dcs.in.gov
- Family Evaluations Email - Family.Evaluation@dcs.in.gov
- Professional Service Request (PSR) - available in the case management system
- [Professional Service Request \(PSR\) Report \(SF 57089\)](#)

Related Policies

- [3.01 Receiving Reports of Suspected Child Abuse and/or Neglect \(CA/N\)](#)
- [3.03 Professional Service Request \(PSR\)](#)
- [4.12 Courtesy Interviews Between DCS Local Offices](#)
- [Chapter 9 - Interstate Compact \(ICPC\)](#)

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LEGAL REFERENCES

- [IC 31-25-2-14: Cooperation with public and private agencies](#)

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PRACTICE GUIDANCE- DCS POLICY 4.48

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 4: Assessment

Section 49: Safe Haven Infants

Effective Date: September 1, 2024

Version: 1

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Indiana law requires the Indiana Department of Child Services (DCS) to assume the care, control, and custody of a safe haven infant (see Definition) if DCS is contacted regarding a safe haven infant.

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PROCEDURE

The Indiana Safe Haven Law allows a parent to surrender their newborn child to an emergency medical services provider or place the child in a newborn safety device (e.g. a Safe Haven Baby Box). This law allows the emergency medical services provider (see Definition), who takes custody of a safe haven infant, to contact a licensed child placing agency (LCPA) or DCS. The parent's identity is protected; and the parent will not receive a substantiation for abandonment or neglect regarding the relinquishment if the parent acts within 30 calendar days of the child's birth, and the child is not harmed.

Note: If there are other allegations of child abuse or neglect, those allegations must be assessed on the merits. Even if there are other allegations, an infant who has been surrendered will still be treated as a safe haven infant.

When contacted by an emergency medical services provider, DCS will assume the care, control, and custody of a safe haven infant, who is or who appears to be no more than 30 days old, immediately after receiving notice that:

1. A parent has knowingly or intentionally left the infant with an emergency medical services provider;
2. An individual has left the infant with medical staff after delivery and the parent notified staff of the surrender;
3. An individual dialed 911 due to extenuating circumstances and remained with the infant until an emergency medical services provider took custody of the infant; or
4. An individual placed the infant in a newborn safety device and the parent did not express an intent to return for the infant.

Note: Unless prohibited by federal law, a safe haven infant in the custody of DCS is presumed eligible for Medicaid until a court grants a petition for adoption of the safe haven infant.

For safe haven infants, the Family Case Manager (FCM) will:

1. Arrange for emergency placement of the child in foster care;

Note: The initial placement may not be considered a long-term or adoptive placement for the child, unless approved by the Deputy Director of Field Operations or ordered by the court.

2. Complete the Taking Custody of a Child without Verbal Consent or Written Court Order: Description of Circumstances form;
3. Contact the Indiana Clearinghouse and the National Center for Missing and Exploited Children (NCMEC) within 48 hours of assuming care, control, and custody of the safe haven infant to determine if the safe haven infant has been reported missing (see policy 5.22 Missing and Runaway Children);

Note: NCMEC must be contacted a second time 15 calendar days after taking custody of the safe haven infant to determine if the safe haven infant has been reported missing.

4. Immediately notify the DCS Staff Attorney of the safe haven infant and work with DCS legal staff to complete and file all documents necessary for court proceedings (see policy 6.02 Filing a Child in Need of Services (CHINS) Petition);
5. Forward a copy of the Preliminary Inquiry (PI) to the FCM Supervisor for review and approval;
6. Attend the scheduled Detention/Initial Hearing;

Note: The Detention/Initial Hearing must be scheduled no later than the next business day from the day the child is taken into custody.

7. Meet with the Safe Haven Review Committee within five (5) business days of the child's emergency placement to determine the appropriate placement and Permanency Plan for the child (see policy 6.10 Permanency Plan). The committee should include, but not limited to, 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 (RFCS).
8. Provide the Safe Haven Review Committee's recommendation to the DCS LOD (if not included in the committee) and the DCS Staff Attorney;
9. Document the placement and all information gathered during the assessment in the case management system; and
10. If a person contacts DCS and claims to be a parent of the safe haven infant, immediately notify the DCS Staff Attorney.

The FCM Supervisor will:

1. Assist the FCM with completing the required court documents, as necessary;
2. Confirm the Indiana Clearinghouse and NCMEC has been contacted within 48 hours and contacted again at 15 days for the safe haven infant;
3. Attend the Safe Haven Review Committee meeting for the safe haven infant; and

4. Ensure all actions taken and any deviation from best practice is documented in the case management system.

The DCS Staff Attorney will:

1. Ensure the DCS Chief Counsel is aware of the safe haven infant;
2. File a petition alleging that the safe haven infant is a CHINS and ask the court to hold a Detention/Initial Hearing no later than the next business day after the child is taken into custody;

Note: The CHINS petition must include a request for the court to make findings of Best Interests/Contrary to the Welfare (BI/CW), Reasonable Efforts to Prevent Removal (RE), and Placement and Care (PC) responsibility to DCS.

3. Request that a CASA/GAL be appointed for the safe haven infant;
4. Ensure the juvenile court receives the recommendation of the Safe Haven Review Committee regarding placement for a safe haven infant;
5. Request a finding of No Reasonable Efforts to Reunify regarding the safe haven infant;
6. File a verified petition for termination of the parent-child relationship not more than 15 calendar days after taking custody of the safe haven infant (see policy 6.12 Involuntary Termination of Parental Rights [TPR]);
7. File for publication in the Child in Need of Services proceeding and publish in the county of surrender.
8. File for publication as required for the Termination of Parental Rights proceeding in the county where the safe haven infant was surrendered and in each contiguous county including out of state counties that are contiguous to the county of surrender; and
9. Immediately notify the DCS Chief Counsel, if informed that a person has contacted DCS and claims to be a parent of the safe haven infant.

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RELEVANT INFORMATION

Definitions

Emergency Medical Services Provider

IC 16-41-10-1 defines an 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 their employment.

Safe Haven Infant

Per IC 31-9-2-113.1, a safe haven infant is a child:

1. Who is, or appears to be, not more than 30 days old; and
2. Who has been voluntarily left:
 - a. By a parent with an emergency medical services provider, or
 - b. In a newborn safety device.

Forms and Tools

- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) – available in the case management system
- [Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults \(Indiana Clearinghouse\) website](#)
- Indiana Clearinghouse phone number: 1-800-831-8953
- [National Center for Missing and Exploited Children \(NCMEC\) website](#)
- NCMEC phone number: 1-800-843-5678 (1-800-THE-LOST)
- Preliminary Report of Child Abuse or Neglect (SF 114) (310) – available in the case management system
- [Taking Custody of a Child Without Verbal Consent or Written Court Order: Description of Circumstances \(SF 49584\)](#)

Related Policies

- [5.22 Missing and Runaway Children](#)
- [6.02 Filing a CHINS Petition](#)
- [6.10 Permanency Plan](#)
- [6.12 Involuntary Termination of Parental Rights \(TPR\)](#)

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LEGAL REFERENCES

- [IC 10-13-5: Chapter 5. Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults](#)
- [IC 16-41-10-1: "Emergency medical services provider" defined](#)
- [IC 31-9-2-113.1: "Safe haven infant"](#)
- [IC 31-14-7-1: Presumptions; child's biological father](#)
- [IC 31-19-2.5-6: Provision of notice of petition for adoption or petition for termination of parent-child relationship of safe haven infant](#)
- [IC 31-21-2-2: "Abandoned"](#)
- [IC 31-25-3-2: Duties of bureau; access to information](#)
- [IC 31-34-2.5: Chapter 2.5. Emergency Custody of Certain Abandoned Children](#)
- [IC 31-34-21-5.6\(b\)\(6\): Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [IC 31-35-1.5: Chapter 1.5. Termination of Parent-Child Relationship Involving Safe Haven Infants](#)
- [45 CFR 1356.21 Foster care maintenance payments program implementation requirements](#)

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PRACTICE GUIDANCE- DCS POLICY 4.49

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 4: Assessment

Section 50: New Child in Household of a Parent or Custodian with an Open Case

Effective Date: July 3, 2024

Version: 1

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Information on completing all necessary steps of an assessment may be found in policy 4.03 Conducting the Assessment – Overview.

The Indiana Department of Child Services (DCS) completes a holistic assessment of alleged Child Abuse and/or Neglect (CA/N) to ensure the safety and well-being of all new children in the household of a parent, guardian, or custodian with an open DCS case (i.e., Informal Adjustment [IA], In-Home Child in Need of Services [CHINS], and Out-of-Home CHINS).

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PROCEDURE

Upon receipt of a Preliminary Report of Alleged Child Abuse or Neglect (310) regarding a new child in the home of a parent, guardian, or custodian with an open DCS case, the DCS local office will assign the report as an individual assessment, not to be screened out or handled as part of the open DCS case.

Note: A new child in the home may include a newborn infant or child that has moved into the home or regularly (or on a continual basis) visits the home.

The Family Case Manager (FCM) assigned to the assessment will:

1. Review and follow all procedural steps outlined in policy 4.03 Conducting the Assessment – Overview;
2. Notify the assigned permanency FCM and FCM Supervisor of the assessment, if applicable;

Note: The permanency FCM may assist the assessment FCM with initiation, if possible, to maintain a trust-based relationship and support transparency with the family.

3. Review the permanency case to understand the reason for DCS involvement and current case status;

Note: Considerations when reviewing the permanency case should include the Risk Assessment, criminal history, informal and formal supports, progress in services from provider reports, the family's protective factors and underlying needs, and whether the conditions for initial DCS involvement continue to exist.

4. Complete the Safety Assessment and Initial Family Risk Assessment, and provide the assessment outcomes to the FCM Supervisor (see policies 4.18 Establishing Initial Child Safety and 4.23 Initial Family Risk Assessment);
5. Convene a Child and Family Team (CFT) Meeting (with the permanency FCM, if applicable) to discuss the safety and risk concerns of the new child in the home;

Note: Utilize the Safety Assessment, Initial Family Risk Assessment, and the Family Functional Assessment (FFA) 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 Establishing Initial Child Safety, 4.23 Initial Risk Assessment, and 5.07 Child and Family Team (CFT) Meetings).

6. Develop a plan for the following during the CFT Meeting:
 - a. Safety Plan (see policy 4.19 Safety Planning),
 - b. Plan of Safe Care (POSC), if applicable (see policy 4.42 Plan of Safe Care), and
 - c. Appropriate services available to assist the family (see policy 4.26 Determining Service Levels and Transitioning to Permanency Services and Tool 4G: Community Resources and Prevention Services).
7. Support the family in accessing community resources and/or prevention services to meet their underlying needs (see Tool 4G: Community Resources and Prevention Services);
8. Document all information gathered during the assessment within three (3) business days in the case management system; and

Note: If the siblings to the new child in the home are in an out-of-home placement, the FCM should document information regarding the safety of the new child remaining in the home, if it is determined the new child can remain safely in the home.

9. Complete a Preliminary Inquiry (PI) if it is determined that DCS involvement is needed to ensure child safety;

Note: If it is determined that DCS involvement is not needed, a PI may be requested by local office management and should be completed within 24 hours and distributed to the FCM Supervisor.

The FCM Supervisor who supervises the assigned FCM will:

1. Email the Division Manager (DM)/Local Office Director (LOD) and Regional Manager (RM) to advise of the assigned assessment FCM;

Note: If the assessment is assigned to a different county from where the permanency case is open, the FCM Supervisor will notify via email the assigned permanency FCM, FCM Supervisor, and DM/LOD.

2. Facilitate a consultation to review risk and safety for the child with the permanency FCM and permanency FCM Supervisor, if applicable, the DM/LOD and the DCS Staff Attorney (if available) within 48 hours upon assessment initiation (see policy 4.18 Establishing Initial Child Safety);

Note: Prior to approving an infant to be released from the hospital, a consultation should occur with the FCM Supervisor, LOD, and DCS Staff Attorney.

3. Complete the Assessment Staffing Guide (ASG);
4. Collaborate with the permanency FCM Supervisor, if applicable, to ensure all case information is current and accurate; and
5. If it is determined a PI is needed, review the PI for approval as soon as possible but no later than 48 hours, and distribute to the DM/LOD.

The DM/LOD will:

1. Complete a consultation with the FCM, FCM Supervisor, and DCS Staff Attorney (if available) within 48 hours of assessment initiation;
2. Maintain communication with the out of county permanency DM/LOD, if the assessment is assigned to a different county from where the permanency case is open; and
3. If it is determined a PI is needed, review the PI for approval as soon as possible but no later than 48 hours, and distribute to the RM.

The RM will:

1. Forward the 310 to the Chief Counsel and Deputy Chief Counsel upon email notification of the 310 from the DCS Child Abuse Hotline (Hotline);
2. If it is determined a PI is needed, review the PI for approval as soon as possible but no later than 48 hours; and
3. Contact the Assistant Deputy Director of Field Operations and Assistant General Counsel, if it is determined further review is needed.

The DCS Staff Attorney will:

1. Complete a consultation, if available, with the FCM, FCM Supervisor, and DM/LOD within 48 hours of assessment initiation; and
2. If it is determined a PI is needed, review the PI for approval as soon as possible but no later than 48 hours.

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RELEVANT INFORMATION

Definitions

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.

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

- [4.G Tool: Community Resources and Prevention Services](#)
- [Assessment Staffing Guide \(SF 56567\)](#)
- Family Functional Assessment (FFA) Field Guide – available on the [Indiana Practice Model SharePoint](#)
- Initial Family Risk Assessment – available in the case management system
- Preliminary Inquiry (PI) – available in the case management system
- Preliminary Report of Alleged Child Abuse or Neglect (310) – available in the case management system
- [Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families](#)
- Safety Assessment – available in the case management system

Related Policies

- [4.03 Conducting the Assessment - Overview](#)
- [4.18 Establishing Initial Child Safety](#)
- [4.19 Safety Planning](#)
- [4.23 Initial Family Risk Assessment](#)
- [4.26 Determining Service Levels and Transitioning to Permanency Services](#)
- [4.42 Plan of Safe Care](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)

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LEGAL REFERENCES

- [IC 31-33-8-1: Investigations by local child protective services; time of initiation](#)
- [IC 31-33-8-2: Investigations by law enforcement agencies](#)
- [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 31-34-12-4.5: Presumption if living in household with adult who committed or has been charged with specified offense](#)

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PRACTICE GUIDANCE- DCS POLICY 4.50

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 and Family (CFT) Meeting


According to the Child Welfare Policy and Practice Group, 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. 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. Preventing removal and placement disruptions;
3. Strengthening engagement with families 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 the 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.

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 Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families document under Forms and Tools as part of an evaluation of the family's ability to ensure the safety of the child.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Tips for Child Interviews	Effective Date: October 1, 2007
	Reference: 4.A (4.09 - 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 Name: 4.B Assessment Narrative	
	Reference: 4.25 Completing the Assessment Report, 4.31 Child Fatality and Near Fatality Assessments	
	Effective Date: August 1, 2024	Version: 5

This tool provides guidance to Indiana Department of Child Services (DCS) Family Case Managers (FCM) on the purpose and the completion of the Assessment of Alleged Child Abuse or Neglect (311) and the Safe Assessment of Alleged Child Abuse or Neglect (311S).

Purpose of the Assessment Narrative

The 311 may be used by DCS for the following purposes, including, but not limited to:

1. Notification of the assessment conclusions to the substantiated alleged perpetrator and/or parent, guardian or custodian of the alleged child victim;
2. Monitoring of assessments by management staff to ensure consistent compliance with DCS policy requirements and for case staffing purposes, to ensure best practices are being followed;
3. Approvals of relative placement for a child alleged to be a Child in Need of Services (CHINS), pre-adoptive placements and consents, and Foster Family Home license applications/revocations, including appropriate waivers;
4. Waivers of Child Protection Services (CPS) History by DCS; and
5. Evidence in a DCS administrative hearing, CHINS hearing, or Termination of Parental Rights (TPR) case.

Note: Others also use the 311 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 311 may also be requested by the public and media in fatalities through an information request made through Central Office. The 311 should be written accurately and professionally to reflect the outcome of the assessment.

Completion of the Assessment Narrative

When completing a 311 narrative, the FCM should follow these general guidelines:

1. Individuals referenced in the narrative should be specifically identified by name, as well as agency affiliation if relevant;
2. Write the narrative in paragraph format, using complete sentences, proper grammar and punctuation;
3. Use appropriate wording (e.g., no slang, no abbreviations unless previously identified, use quotes when quoting other sources or statements);
4. Be mindful of using words or phrases that can create bias or labeling (e.g., aggressive, defiant, filthy, noncompliant, unstable). Use nouns and verbs to describe behavior rather than value-based adjectives;
5. Avoid overusing pronouns;
6. Do not cut and paste contact logs into the narrative;
7. Do not use all capital letters;

8. Utilize spell-check prior to submitting for supervisory approval; and
9. Be mindful of confidentiality policies when there is more than one (1) alleged perpetrator (see policy 2.06 Sharing Confidential Information).

Each 311 assessment narrative should include a:

1. Summary of the Preliminary Report of Alleged Abuse or Neglect (310);
2. Scope of the assessment;
3. Initial and subsequent assessment of the child's safety;
4. Conclusion statement for each allegation assessed; and
5. Notice section.

Note: Additional guidance is provided below for assessments that involve a near fatality/fatality and Institutional assessments.

The following outlines information to be included in each 311 assessment narrative and 311S as applicable:

1. Summary of the Preliminary Report of Alleged Child Abuse or Neglect (310)
 - a. The report date and the allegations selected on the Standard Decision Making (SDM) Tool including any additional related allegations identified during the assessment;
 - b. The name and date of birth ([DOB] or approximate age if not known) of all alleged child victims;
 - c. The name and DOB (or approximate age if not known) of all alleged perpetrators including additional perpetrators identified during the assessment;
 - d. Each alleged perpetrators' relationship to each alleged child victim;
 - e. The name and title of the assessing FCM and the date the assessment was assigned to the FCM;
 - f. The date the FCM, or assigned DCS office staff, completed a CPS History and criminal history search, and the findings of the search. See policy 4.03 Conducting the Assessment-Overview. See policy 4.03 Conducting the Assessment and Chapter 13 – Background Checks.

Example of the 310 summary for 311 and 311S:

On January 1, 2024, the Department of Child Services (DCS) received a report alleging John Doe (age 12) is a victim of physical abuse. The alleged perpetrators are Jane Doe (age 36), mother of John, and Jim Doe (age 37), father of John.

A review of the SDM Tool indicated the report was sent for assessment for caregiver action that will likely cause injury.

Family Case Manager (FCM) Danielle Brown was assigned to this assessment on January 2, 2024.

On January 2, 2024, FCM Brown searched the Child Protection Index regarding Jane Doe and found the following:
10/29/20 Substantiation for neglect (educational neglect).

On January 2, 2024, FCM Brown searched the Child Protection Index regarding Jim Doe and found no history.

On January 2, 2024, FCM Brown completed a criminal history search for Jane Doe. The following was found:

07/16/2021 35-48-4-11(a)(1)/MB: Possession of Marijuana; 35-48-4-8.3(b)(1)/MC: Possession of Paraphernalia

On January 2, 2024, FCM Brown completed a criminal history search for Jim Doe and found no history.

2. Scope of the Assessment (not applicable for 311S)

- a. A summary of the events, interviews, and relevant facts that led to the assessment findings, not a step-by-step detailed account of the assessment. Provide an explanation if a required interview is not conducted. In some instances, documenting that a visit was unannounced may be relevant. The date or time frame of an alleged incident may be critical information necessary to reach an informed conclusion and should be included (see policies 4.03 Conducting the Assessment – Overview and 4.11 Interviewing the Alleged Perpetrator);
- b. Relevant observations, either as part of an interview or separately if no interview is conducted, including whether the FCM's observations were documented by photographs (see policy 4.14 Examining and Photographing a Child and/or Trauma);
- c. Relevant information obtained through records and reports the FCM reviewed (e.g., police reports, medical records, court orders). Document the date and outcome of a PEDS referral, if applicable (see policy 4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations); and
- d. Any arrests made related to the alleged abuse or neglect incident. If charges are filed, state the charges and court case number.

Note: The 311S does not require the information listed in steps 1-4. The Scope of the Assessment section in the 311S should say, "Assessment".

Example for 311:

On January 2, 2024, FCM Brown interviewed the mother, Jane Doe, in the home. Jane reported she has never used physical discipline to punish John. Jane stated typical forms of punishment include John being sent to his room, getting his phone taken away, or being grounded from seeing his friends.

On January 2, 2024, FCM Brown interviewed John in the home. No pertinent information was disclosed at this time.

On January 3, 2024, John was forensically interviewed at Jenny's Place by Dan Jones. John disclosed numerous times he has been hit, kicked, and choked by his parents. John disclosed he has been choked to the point of losing consciousness multiple times. John disclosed his father has shoved him to the ground, kicked him multiple times, and then stepped on his neck. John appeared tearful and shaky while disclosing this information.

On January 3, 2024, FCM Brown observed an interview conducted by Officer Leonard Perkins with Jane and Jim Doe at the Elkhart County Jail. Jane admitted to the allegations stating she has hit, kicked, and choked Joey on multiple occasions as a form of discipline. Jim reported he would like his attorney present before making a statement.

On January 5, 2024, FCM Brown reviewed medical records received from Elkhart Memorial Hospital suggesting John could suffer from episodes of memory loss due to a reactionary response to the physical abuse in the household.

On January 7, 2024, Derek Fairchild, Jim's attorney, declined to have Jim make a statement at this time due to the pending criminal charges.

Example for 311S:
Assessment.

3. Initial and Subsequent Safety of the Child(ren)

- a. A brief statement indicating how the safety of each victim was ensured including each surviving child in the case of fatality assessments;
- b. The date the Initial Safety Assessment (as well as any subsequent safety assessments, if applicable) was completed and the outcome of the assessment;
- c. The date of removal, if the alleged victim was removed from the home, original placement type, and measures utilized to prevent the removal (e.g., safety plan, CFT Meeting [see policy 5.07 Child and Family Team Meetings]);
- d. The date and reason for the child's return if any child was removed from the home environment and returned home before the completion of the assessment;
- e. A brief description of any service referrals, including the identity of the agency or service provider;
- f. Any protective orders in place and the case number;
- g. A description of any casework plan that has been developed (e.g., Community Services and Safety Plan); and
- h. The date of any CFT Meetings and include information relevant to the outcomes reached by the CFT.

Note: The 311S does not require the information listed in 1-8. The Initial and Subsequent Safety of the Child(ren) section in the 311S should say, "Staffed with SafeACT."

Example for an unsubstantiated assessment for 311:

An Initial Safety Assessment was completed on 01/03/2024. Outcome: SAFE.

Jenny's safety was able to be established through safety planning with the family on January 04, 2024. Jenny's mother is a sober caregiver at her apartment, and Jenny's grandmother is a sober caregiver at her home. Both parents demonstrated knowledge relevant to Jenny's developmental milestones and appeared to have a strong relationship with Jenny. A Child and Family Team (CFT) Meeting was facilitated on 01/17/2024 to support the safety plan and the parents were able to identify informal supports they can utilize. FCM Brown put in a Community Partners referral on 01/20/2024.

Example for 311S:

Staffed with SafeACT.

Example for a substantiated assessment for 311:

An Initial Safety Assessment was completed on 01/03/2024. Outcome: UNSAFE.

Jenny's safety was unable to be ensured in her parent's home. During FCM's home visit on 01/01/2024, drug paraphernalia was observed throughout the home within the reach of Jenny. The parents were unwilling to clean up the home. Both parents tested positive for marijuana and heroin throughout the course of the assessment. Jenny was observed to have a flat affect and did not appear to have formed appropriate attachment to her parents.

Due to the nature of the concerns, Jenny was removed from the home on 01/03/2024 and placed with maternal grandparents, Bob and Joanne Doe.

4. 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). The conclusion statement for the 311 and 311S should include the following:

- a. Whether the allegations were regarding abuse and/or neglect;
- b. The abuse or neglect maltreatment type (e.g., environment life/health endangering, sexual misconduct with a minor, inappropriate discipline, bruises/cuts/welts);
- c. Whether each allegation was substantiated or unsubstantiated;
- d. Alleged perpetrator's name;
- e. Alleged child victim's name;
- f. The relevant act or omission of the alleged perpetrator;
- g. How the act or omission impacted the alleged child victim;
- h. Any court action taken by DCS (e.g., Informal Adjustment [IA] or Child in Need of Services [CHINS]); and
- i. A statement indicating that the permanency FCM was notified of the conclusion of the assessment if an Informal Adjustment or CHINS case is open.

Example for an unsubstantiated assessment for a 311 and 311S:

Neglect (lack of supervision) is unsubstantiated against Jason Doe in regard to John Doe due to a lack of the preponderance of the evidence to support the allegations as true. The Scott County Sheriff's Department received a report of a young child walking down the street unaccompanied by an adult. Shortly after LEA arrived, Jason appeared to be searching for John and reported he realized John was not in the home and immediately began searching for him. Time frames from LEA and Jason's interview indicate John was away from the home for less than 5 minutes before he was found. John appeared healthy, with clean clothes, and was happy to see Jason when he was found.

Example for a substantiated assessment for a 311:

Physical abuse (inappropriate discipline and bruises/cuts/welts) is substantiated against Jane Doe in regard to Jenny Doe due to the preponderance of the evidence to support the allegations to be true. Jenny disclosed to DCS that Jane caused the bruising to her face after slamming her head into the wall as punishment. Jane's father, John Doe, informed DCS that Jane admitted to him that she caused the injury. Jane had told Jenny to be dishonest about the injury and kept her home from school to hide the injury. FCM Brown observed a blackish-purple bruise covering Jenny's entire left cheek.

Example for a substantiated assessment for a 311 on an open case:

Sexual abuse (child molesting) is substantiated against Jason Doe in regard to Jenny Doe due to the preponderance of the evidence to support the allegations to be true. During a forensic interview, Jenny disclosed Jason Doe to have touched her inappropriately under her clothes in the vaginal area. Jason Doe denied the allegations to law enforcement and DCS, and he stated he would comply with a voice stress test; however, Jason Doe did not attend the voice stress test at the time it was scheduled. Due to the disclosure made by Jenny, criminal charges of child molestation against Jason Doe have been filed. At this time, Jenny is involved in a current out-of-home CHINS case and is receiving ongoing therapy services under DCS' supervision.

5. Notice Section

The 311 and 311S should include the following information regarding providing notices:

- a. The names of persons provided with the Notice of Availability of Completed Reports and Information and Request for Release of Completed Reports and Information and the dates the notices were provided; and
- b. For substantiated assessments: A statement indicating the Child Abuse Prevention and Treatment Act (CAPTA) forms will be sent by mail or hand delivered after the approval of the assessment. For Child Care Workers/Resource Parent assessments, add the date the Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse/Neglect or the Notice of Intent to Substantiate Allegations of CA/N by a Child Care Worker or Licensed Resource Parent was mailed or hand delivered, as well as the Child Care Worker Assessment Review (CCWAR) meeting date and the outcome of the CCWAR, if applicable.

Example for 311 and 311S:

A Notice of Availability was provided to Jane Doe on 02/15/2024.

A Notice of Availability was provided to John Doe on 02/15/2024.

A Request for Release of Completed Reports and Information was provided to Jane Doe on 02/15/2024.

A Request for Release of Completed Reports and Information was provided to John Doe on 02/15/2024.

Post Assessment Approval - Reversal Information Due to Administrative Process

Upon completion of an administrative process (Administrative Review or Administrative Hearing), if the classification of allegations is reversed on one (1) or more allegations, the post assessment section should reflect the final decision. 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 in the statement:

1. The date of the reversal;
2. The name and title of the person who authorized the reversal (e.g., the Local Office Director [LOD], Administrative Law Judge [ALJ], court);
3. What procedure occurred that resulted in the reversal (e.g., administrative review, administrative hearing, Judicial Review); and
4. The basis of the reversal if the reversal is authorized through administrative review.

Example:

On February 15, 2024, Regional Manager (RM) John Henry conducted an administrative review and reversed the decision to substantiate allegations of neglect (environment life/health endangering) by Jane Smith in regard to Jason Doe, a minor child, because RM John Henry determined Jane Smith was not a parent, guardian, or custodian to Jason Doe.

Post Assessment Approval - Reversal Information Due to Adverse CHINS Findings

If a court having jurisdiction over a CHINS case under IC 31-34 has determined that the child was not a victim of abuse or neglect as substantiated or that the perpetrator did not commit the child abuse or neglect as substantiated, the post assessment section should reflect the final determination. 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 in the statement:

1. The date of the reversal; and
2. The CHINS case in which the adverse judicial findings occurred.

Additional Information for Fatality/Near Fatality Assessments

The following information should also be included in the 311 for fatality/near fatality assessments:

1. 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 it is not available, and include additional documentation related to the death (e.g., coroner's report, coroner's inquest);
2. Provide a brief statement, for near fatalities, stating the child's condition was certified as life threatening by a licensed physician and include the licensed physician's name;
3. 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:
 - a. Frequency of contact or communication with the family (this includes face-to-face, telephonic, or written correspondence) and the date the last contact or communication occurred before the fatality or near fatality,
 - b. Any prior assessments and whether each assessment was substantiated or unsubstantiated, and
 - c. A summary of the child's most up-to-date case status at the time the fatality or near fatality assessment is closed, including:
 - i. Whether the child's case was closed before the fatality or near fatality,
 - ii. Reasons the case was closed if closure occurred prior to the near fatality or fatality, and
 - iii. Date of case closure.
4. A statement addressing any impairment, or lack thereof, on the part of parents/caregivers/alleged perpetrators at the time of the incident resulting in the fatality or near fatality;
5. A statement indicating whether drug or alcohol screens were conducted on parents/caregivers/alleged perpetrators and the results of those screens;
6. Statements regarding the following for sleep-related deaths:
 - a. Who placed the child to sleep,
 - b. The environment where the child was placed (e.g., adult bed, couch, crib, bedding),
 - c. Who last saw the child alive, and
 - d. Who found the child unresponsive.
7. Provide a statement that prescription medications were verified by the FCM for all household members and caregivers for ingestion related fatalities or near fatalities.

Note: No CAPTA forms should be provided without prior approval from the Central Office Fatality Unit (see policies 2.02 Administrative Review Process and 4.31 Fatality and Near Fatality Assessments).

Additional Information for Institutional Assessments

The following information should also be included in the 311 for institutional assessments:

1. Include the Resource Number of the facility or the Licensed Child Placement Agency (LCPA) at the beginning of the assessment narrative if the institution is a residential treatment facility or resource parent licensed through an LCPA;
2. Whether the alleged child victim (and alleged perpetrator, if appropriate) was a private or agency placement. If an agency placement, state which agency (e.g., DCS, Probation, Department of Education [DOE], Division of Disability and Rehabilitative Services);
3. The last three (3) residential placements for the child victim, if applicable (see policy 4.30 Conducting Institutional Investigations by the ICPS Unit); and
4. A statement that the DCS licensing unit was notified of the assessment conclusion.

Forms and Tools


- Assessment of Alleged Child Abuse or Neglect (311) (SF 113) – available in the case management system
- [Notice of Availability of Completed Reports and Information \(SF 48201\)](#)
- [Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse/Neglect \(SF 53030\)](#)
- [Notice of Intent to Substantiate Allegations of CA/N by a Child Care Worker or Licensed Resource Parent \(SF 53028\)](#)
- Preliminary Report of Alleged Abuse or Neglect (310) (SF 114) – available in the case management system
- [Request for Release of Completed Reports and Information \(SF 53112\)](#)
- [Safe Assessment of Alleged Child Abuse or Neglect \(311S\) \(SF 57056\)](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [2.02 Administrative Review Process](#)
- [2.06 Sharing Confidential Information](#)
- [4.03 Conducting the Assessment – Overview](#)
- [4.11 Interviewing the Alleged Perpetrator](#)
- [4.14 Examining and Photographing a Child and/or Trauma](#)
- [4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations](#)
- [4.22 Making an Assessment Finding](#)
- [4.30 Conducting Institutional Investigations by the ICPS Unit](#)
- [4.31 Fatality and Near Fatality Assessments](#)
- [5.07 Child and Family Team Meetings](#)
- [Chapter 13-Background Checks](#)

Legal References

- [IC 31-34: JUVENILE LAW: CHILDREN IN NEED OF SERVICES](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Tips for Photographing Child Abuse and/or Neglect (CA/N)	Effective Date: April 1, 2023
	Reference: 4.F (4.14 Examining and Photographing a Child and/or Trauma)	Version: 3

Tips for Photographing Child Abuse and/or Neglect (CA/N)¹

1. Ensure an identifying photograph is taken of the child's face.
2. Identify each photograph by the date that the photograph was taken.
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 capture photographs from different angles, 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 are not limited to: rulers, coins or business cards.
7. Take photographs of the object allegedly used to inflict the injury or other pertinent objects related to CA/N (e.g., drug paraphernalia, bugs, feces).
8. If injury is related to a fall, take photographs of what the child fell from and where the child landed, if possible.
9. To capture scene photos, always take a photograph of the entire room in which the incident allegedly occurred.
10. If sending photographs to be reviewed by a medical professional expert or law enforcement agency (LEA), 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.childabusemd.com/documentation/documenting-photographic.shtml>

Specific Injury Documentation²

1. **Bruises:** Bruises should be photographed whether they are old or new.
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 photographs can later be compared to the 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:** During a medical examination for sexual abuse have a medical professional take all photographs of alleged sexual trauma or injuries. DCS is permitted to accept and/or use LEA and medical professional's photographs of visible trauma or injury as documentation and evidence.

² U.S. Dept of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (2006). Photo-documentation in the Investigation of Child Abuse:

https://openlibrary.org/books/OL14554629M/Photodocumentation_in_the_investigation_of_child_abuse

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool 4.G: Community Resources and Prevention Services Reference: 4.26 Determining Service Levels and Transitioning to Permanency Services	
	Effective Date: April 1, 2024	Version: 1

The Indiana Department of Child Services (DCS) will connect the child and family to appropriate community resources and prevention services based on any challenges and needs identified by the family.

Community resources may be accessed through the local DCS office or by contacting Indiana 2-1-1 by going to the [Indiana 211](#) website or dialing 2-1-1 anytime a child and family identify a need that may benefit from additional resources and/or services. [Indiana 211](#) is a free and confidential service that provides information about local community resources 24 hours a day, seven (7) days a week. Community resources may include, but are not limited to:

1. Local DCS offices;
2. Hospitals;
3. Faith-based organizations;
4. Schools;
5. First Steps;
6. Head Start/Early Head Start;
7. Healthy Families Indiana (HFI); and
8. Family resource centers.

Connecting a child and family to community resources may include:

1. Calling the community resource during a home visit with the child and family;
2. Providing a list of specific resources to the parent, guardian, or custodian at a child family team (CFT) meeting;
3. Ensuring the child and family have transportation to access the community resource; and
4. Engaging the child and family after the community resource is accessed to monitor the outcome and address any concerns.

Below is a list of statewide community resources:

Child Care Finder

[Child Care Finder](#) is a webpage that searches for childcare providers currently licensed or registered with the State of Indiana. Filtered searches can be done to look for providers who accept certain age groups, days/times of the week, licensed or unlicensed centers, CCDF or On My Way Pre-K acceptance, and Paths to Quality rating. Visit the [Child Care Finder](#) webpage for more information.

Child Care and Development Fund (CCDF)

[CCDF](#) is a federal program that provides assistance to low-income families to obtain childcare so they may work, attend training, or continue their education.

On My Way Pre-K

[On My Way Pre-K](#) is a voucher program that awards grants to 4-year-olds from low-income families so that they may have access to a high-quality pre-K program before they begin kindergarten.

Community Mental Health Centers (CMHC)

Indiana has 24 CMHCs certified by the Division of Mental Health and Addiction. These agencies provide an array of behavioral health and addiction services for adults, adolescents, and children. Visit the [Family and Social Services Administration \(FSSA\)](#) webpage for more information on locating a local service provider.

Community Partners for Child Safety (CPCS)

[Community Partners for Child Safety \(CPCS\)](#) is a voluntary Indiana prevention program which supplies primary, secondary, and tertiary child abuse and/or neglect (CA/N) prevention services in every region of the state. This service collaborates with other community resources within each region to build a collaborative prevention network.

DCS staff may refer a family through KidTraks. Families may also access CPCS services through self-referral or a referral from another community agency. Contact the local CPCS for more information.

Family Resource Centers (FRC)

Family Resource Centers allow family members to access formal and informal supports to promote their health and well-being. FRC's are family centered and strength-based providing support at no or low cost for families. FRC's provide multiple services and resources, increase protective factors, and reduce the likelihood of child abuse and neglect. FRC's are located in areas with a local Community Partners agency. Visit the [Strengthening Indiana Families](#) webpage for more information.

Help Me Grow Indiana

Help Me Grow Indiana is designed to help communities leverage existing resources to ensure families are empowered to support their children's healthy development by linking them to community-based services. Help Me Grow Indiana offers one-on-one interaction with qualified care coordinators, free developmental questionnaires, community resources and referrals for children birth to age eight (8), information on general child development, parent topics, and fun developmental activities. Contact 1-844-624-6667 option 3 or HMGIndiana@isdh.in.gov for more information.

My Healthy Baby

[My Healthy Baby](#) is a collaboration with the Indiana Department of Health (IDOH), the Indiana FSSA, and the Indiana Department of Child Services (DCS). This initiative connects pregnant women to family support providers in their own communities. The My Healthy Baby Provider Referral Form can be accessed [here](#). A family support provider offers free, personalized guidance and support to the woman during her pregnancy for at least the first 12 months after her baby's birth. For more information, the [MOMS Helpline](#) can be contacted at 1-844-MCH-MOMS (1-844-624-6667) or download the Liv app to your mobile device. Liv is also available online at askliv.com.

My Healthy Baby encompasses Home-Based Early Headstart, Healthy Families Indiana, Nurse Family Partnership, and/or other local home visiting programs.

Head Start/Early Head Start

[Head Start](#) is a federal program that promotes school readiness for children under the age of five from low-income families by enhancing their cognitive, social, and emotional development. The Head Start program emphasizes the role parents assume in their child's growth and helps to build relationships with families that support family well-being and many other important areas.

Early Head Start is a home-based or center-based program that serves infants, toddlers, and pregnant women and their families who have income levels below the federal poverty level. Early Head Start recognizes that the earliest years matter significantly to a child's growth and development.

First Steps

The [Indiana First Steps](#) program is provided through the FSSA and is accessible to families in every county. This service uses professionals from education, health, and social services to provide coordinated early intervention resources. Families who are eligible to participate in First Steps have children under three (3) years of age who:

1. Are experiencing developmental delays, or
2. Have a diagnosed physical or mental health condition that has a high probability of resulting in a developmental delay.

While most First Step referrals originate from doctor's offices, hospitals, or social service agencies such as DCS, a parent may also initiate a "self-referral". For further information, visit the [Indiana First Steps](#) website.

Healthy Families Indiana (HFI)

Healthy Families Indiana (HFI) is a free, voluntary, evidence-based home visitation program designed to promote healthy families and children through a variety of services including child development, access to health care, and parent education to eligible families during pregnancy and three (3) to five (5) years after a child's birth. This program is administered by the Indiana Department of Child Services (DCS) and available in every region of the State. HFI targets those who are pregnant or recently given birth who are low income (below 250% federal poverty level) and have risk factors associated with child abuse and neglect. Contact the local [Healthy Families Indiana](#) provider for more information.

Nurse Family Partnership

Nurse Family Partnership has specially educated nurses regularly visit young, first-time moms-to-be, beginning in early pregnancy through the child's second birthday. Through this program, new mothers receive the care and support they need to have a healthy pregnancy, and the confidence and tools needed to provide stability and success for mom and child. Contact the local [Nurse Family Partnership](#) program for more information.

Youth Service Bureau (YSB) and Safe Place

A Youth Service Bureau (YSB) provides a variety of community-based programs aimed at preventing delinquent behavior in teens grounded in four core roles, including Delinquency Prevention, Information and Referral, Advocacy, and Community Education. YSB services may include, but are not limited to, mentoring, tutoring, skill development, shelter, counseling, and parent education. Safe Place provides short-term, crisis-oriented assistance for at-risk or in-crisis youth within the youth's neighborhood 24 hours a day, 365 days a year. Contact the local [YSB](#) and [Safe Place](#) provider for more information.

1-800-CHILDREN Service Line

The 1-800-CHILDREN Service Line is open 24 hours a day, 365 days a year and connects families with the Community Partners for Child Safety (CPCS) agency in their region. Callers can ask for resources to help themselves or a family they know with food, housing, utilities, children's behavior, mental health, or other resources. The purpose of the phone line is to prevent families from unnecessary involvement with DCS.

Visit the [DCS Prevention Team SharePoint](#) or [DCS Prevention Team webpage](#) for more information. The [DCS Prevention Team](#) can be contacted via email for any questions.

9-8-8 Indiana

The 988 Suicide and Crisis Lifeline is open 24 hours a day, 365 days a year and connects callers to specialists who are trained in suicide and crisis prevention. 988 provides support to anyone experiencing thoughts of suicide, a mental or substance use crisis, or any other kind of emotional distress. 988 is also available to those who may be concerned about a loved one who may need crisis support. Visit the [988 Indiana](#) webpage for more information.



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 5: General Case Management	
Section 01: Assessment to Permanency Case Transfer Process	
Effective Date: September 1, 2023	Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

For the purposes of this policy, the Assessment Team is composed of the assigned assessment Family Case Manager (FCM) and the assessment FCM Supervisor. The Permanency Team is composed of the assigned permanency FCM and the permanency FCM Supervisor.

For Collaborative Care (CC) case transfers, see policy 11.21 Collaborative Care (CC) Case Transfers.

To ensure continuity of care for children and families, a case transfer process is utilized to provide a standardized and collaborative transition of case information from assessment to permanency. The case transfer process also helps to promote a cohesive and supportive work culture.

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PROCEDURE

The Indiana Department of Child Services (DCS) will utilize a collaborative approach between Family Case Managers (FCMs) and local office management to ensure a timely and cohesive case transfer process upon the decision to open a case (i.e., Informal Adjustment [IA], In-Home Child in Need of Services [CHINS], or Out-of-Home CHINS).

The local office management will:

1. Make a determination to open a case; and
2. Notify the staff responsible for assigning a permanency FCM to a case within one (1) business day.

The assessment FCM Supervisor will:

1. Create the case in the case management system and assign the case to the permanency FCM and provide the assigned permanency FCM's name to the assessment team within one (1) business day; and
2. Notify the DCS Staff Attorney once a permanency FCM is assigned to the case.
3. Send an email to the permanency team and the assigned assessment FCM requesting to set up a case transfer meeting, which must occur within five (5) business days from the date of the decision to open a case.

The identified permanency team FCM Supervisor will respond to the assessment FCM Supervisor with dates and times available to conduct the case transfer meeting within one (1) business day of the receipt of the email requesting the case transfer meeting.

The assessment team and permanency team will:

1. Collaborate to complete the transfer of the case. The following guides may be used to assist in this process:
 - a. Family Case Transfer Staffing Guide,
 - b. Family Case Transfer Overview Guide, and
 - c. Initial Family Case Transfer Meeting Practice Guide.

Note: Tasks on the Family Case Transfer Staffing Guide should be completed 30 calendar days from when the case was created in the case management system.

2. Discuss vital case information (e.g., upcoming medical appointments, court dates, placement arrangements, visitation) and refer to policy 4.26 Determining Service Levels and Transitioning to Permanency Services for additional information.
3. Ensure both the assessment FCM and permanency FCM attend all initial and/or Detention Hearings as scheduled.

The DCS Staff Attorney will collaborate with the identified FCMs on any pending court procedures.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Family Case Transfer Staffing Guide](#)
- [Family Case Transfer Overview Guide](#)
- [Initial Family Case-Transfer Meeting Practice Guide](#)

Related Policies

- [4.26 Determining Service Levels and Transitioning to Permanency Services](#)
- [11.21 Collaborative Care Case Transfers](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 5.01

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.

Successful Case Transfer

Successful Case Transfer relies on the parallel process, application of practice model skills and strategic staff interaction to ensure a smooth transition between FCM's. Permanency and Assessment teams will utilize engagement, assessing, intervening and critical thinking skills to process information about each child and family and the specific needs of the case to reach a common goal and to ensure a smooth case transfer process for the child and family.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 02: Gathering Case Information	
	Effective Date: April 1, 2022	Version: 6

- [Procedure](#)
 - [Definitions](#)
- [Forms and Tools](#)
 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

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.

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PROCEDURE

The Indiana Department of Child Services (DCS) will gather as much information as possible about the child and 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 kin, 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 5.23 Diligent Search for Relatives/Kin and Case Participants 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 (DV),
 - 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, and

- I. 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 and Risk Assessment,
 - d. Case Plan/Prevention Plan or Informal Adjustment (IA)/Prevention Plan,
 - e. Transition Plan for Successful Adulthood,
 - f. Child and Adolescent Needs and Strengths (CANS) Assessment,
 - g. All assessment information including case notes, photographs, and recordings,
 - h. Educational information,
 - i. Services in which a parent or caregiver participates,
 - j. Provider reports,
 - k. Medical Passport,
 - l. Kinship Connection Diagram; and
 - m. 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 of the contact or receipt of the information.

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 Practice Guidance 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 case staffing;
5. Update the Safety Plan and/or Plan of Safe Care (POSC), 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 or the IA/Prevention Plan to meet the needs of the child and family. See policies 5.07 Child and Family Team Meetings, 5.08 Developing the Case Plan/Prevention Plan and/or 5.09 Informal Adjustment/Prevention Plan (IA) 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 within three (3) business days of receiving the information.
2. Review all information as it pertains to safety, stability, permanency, and well-being during regular case staffing with the FCM;
3. Review the Safety Plan and/or POSC 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 process toward achieving the goals outlined in the Case Plan/Prevention Plan or the IA/Prevention Plan with the FCM and discussing any changes in services that may be necessary.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Functional Strengths

Functional strengths are 'the buildable' strengths of our families; they help us build toward goal achievement.

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.

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 - DCSHotlineReports@dcs.in.gov
- 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](#) 31
- 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) – Available in the case management system
- [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#) – Available in the case management system
- Program of Informal Adjustment (IA)/Prevention Plan
- [Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [2.01 Notice of Assessment Outcome](#)

- [2.02 Administrative Review Process](#)
- [2.05 Administrative Appeal Hearings](#)
- [4.09 Interviewing Children](#)
- [4.19 Safety Planning](#)
- [4.36 Linking and Withdrawing a Preliminary Report of Alleged Child Abuse or Neglect \(310\)](#)
- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.09 Informal Adjustment/Prevention Plan \(IA\)](#)
- [5.10 Family Services](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [5.21 Safety Planning](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [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](#)

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LEGAL REFERENCES

- [IC 31-34-19-7 Placement of child; relative; evaluation; background checks](#)

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PRACTICE GUIDANCE- DCS POLICY 5.02

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.


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 other can help parents find resources and supports that emphasize their strengths while also identifying areas where they need assistance, thereby mitigating the changes of child abuse and neglect. When completing a Safety Plan, consider the protective factors listed on the Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families document under the Forms and Tools as part of the evaluation of the family's ability to ensure the safety of the child.

New Allegations of CA/N During a Case

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. 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 the hotline email, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 03: Engaging the Family	
	Effective Date: July 1, 2024	Version: 6

- [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. DCS will make reasonable efforts to support and facilitate two-way communication between the child’s parent, guardian, or custodian and any licensed foster parent or kinship caregiver caring for the child. See Indiana Co-Care for additional information.

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

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 \(SF 56539\)](#)
- [Indiana Co-Care](#)
- [Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families](#)
- [4.G Tool: Community Resources and Prevention Services](#)

Related Policies

- [5.04 Locating and Engaging Noncustodial Parents](#)
- [5.05 Genetic Testing for Alleged Fathers](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.21 Safety Planning](#)
- [7.05 Meaningful Contacts](#)
- [8.43 Meaningful Contacts](#)

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LEGAL REFERENCES

- [IC 5-26.5-1-3: “Domestic Violence”](#)
- [IC 31-10-2-1: Policy and purpose](#)
- [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.

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.

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.

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.

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 Section 04: Locating and Engaging Noncustodial Parents	
	Effective Date: April 1, 2022	Version: 6

- [Procedure](#)
 - [Definitions](#)
- [Forms and Tools](#)
 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

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 or kin, which may lead to an expedited permanency outcome. In addition, 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 or kin 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/or
 - c. A potential permanency option.

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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 placement with the noncustodial parent prior to selecting an out-of-home placement. See policy 8.01 Selecting a Placement Option for additional information.

Information gained from the noncustodial parent will be considered when developing the Case Plan/Prevention Plan or IA/Prevention Plan, planning services, and establishing eligibility for federal funding. Engagement with the noncustodial parent may also assist DCS in identifying relatives or kin that may serve as placement or support for the child. See policies 5.08 Developing the Case Plan/Prevention Plan or 5.09 Informal Adjustment /Prevention Plan (IA), and 15.01 Eligibility Overview for Field and Legal Staff for additional guidance.

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.

Note: If it is determined that it is in the best interest of the child to complete criminal history checks on a noncustodial parent, the FCM must document in the case management system that background checks were completed and the outcome of the check, as criminal history checks are not required for noncustodial parents. See policy 13.14 Background Checks for Reunification and Practice Guidance for additional information.

To engage the noncustodial parent, the FCM will:

1. Ask the parent, guardian, or 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 information gathered in the case management system within 3 business days of the receipt of the information;
3. Complete a diligent search to locate the noncustodial parent if the parent's location is unknown. See policies 5.23 Diligent Search for Relatives/Kin and Case Participants and 5.06 Locating Absent Parents for additional guidance.

Note: Complete an Investigator referral for assistance in locating the noncustodial parent if the FCM is not otherwise able to make contact. FCMs may make a referral for assistance in situations where all procedural steps have been completed and their efforts have been unsuccessful. See Investigation Services on the DCS Community Services website for further information.

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 Upon Taking Custody of/Filing a Petition on Behalf of a Child Alleged to be a Child in Need of Services 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 CFT Meeting and/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 care. See policy 2.20 Establishment of Child Support Orders for additional information;
9. Make copies of all correspondence sent to the noncustodial parent for the case file; and
10. Document in the case management system all efforts made to locate and engage the noncustodial parent. See policy 5.03 Engaging the Family for additional information.

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.

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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 DCS Staff Attorney.

Forms and Tools

- [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 \(SF 47114\)](#)
- 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 \(SF 56539\)](#)
- [Investigation Services](#)
- [Kinship Connection Diagram](#)
- [Plan of Safe Care \(SF 56565\)](#)
- [Program of Informal Adjustment \(IA\)/Prevention Plan](#)

Related Policies

- [2.20 Establishment of Child Support Orders](#)
- [4.28 Involuntary Removals](#)
- [5.03 Engaging the Family](#)
- [5.06 Locating Absent Parents](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.09 Informal Adjustment/Prevention Plan](#)
- [5.15 Concurrent Planning](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [8.01 Selecting a Placement Option](#)
- [13.14 Background Checks for Reunification](#)
- [15.01 Eligibility Overview for Field and Legal Staff](#)

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LEGAL REFERENCES

- [IC 31-9-2-22.1: Concurrent Planning](#)
- [IC 31-34-19-7: Placement of child; relative evaluation; background checks](#)

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PRACTICE GUIDANCE- DCS POLICY 5.04

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.

Conducting Background Checks on Noncustodial Parents

Background checks may be conducted on the noncustodial parent if the FCM has reason to question the safety of the placement or if risk factors are present. Safety or risk factors that would necessitate a criminal history check include, but are not limited to, the following:

1. Child raises concern regarding the placement;
2. Custodial parent or members of the CFT have concerns regarding the placement;
3. Custodial parent or members of the CFT report past or current criminal history perpetrated by the noncustodial parent; or
4. Noncustodial parent does not have regular visitation with the child.

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

Chapter 5: General Case Management

Section 05: Establishment of Paternity

Effective Date: March 1, 2025

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

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POLICY OVERVIEW

Genetic testing should **not** be completed for cases in which paternity has already been established. See policy 2.20 Establishment of Child Support Orders and the DCS Paternity website for additional information.

The Indiana Department of Child Services (DCS) facilitates genetic testing to establish paternity in cases where there is one (1) or more alleged fathers and when paternity has yet to be established. Determining whether paternity has been established for a child to ensure that genetic testing is utilized appropriately.

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PROCEDURE

DCS will make efforts to determine paternity status for a child when paternity has not been established.

DCS will contract with a designated vendor for processing genetic tests. If a parent or alleged parent lives outside of Indiana, a Long Arm Draw (see Definitions) is required, DCS will assist the parent and/or alleged father (see Definitions) in locating the nearest designated vendor testing site.

DCS will offer services to alleged fathers while awaiting the establishment of paternity.

When determining paternity status, the FCM will:

1. Determine whether two (2) legal parents have been identified for the child. This will include determining whether the child has been adopted or whether the child's biological mother was married at the time of the child's birth. Consult with DCS Staff Attorney for further guidance;
2. Review the birth certificate to determine if two (2) parents have been identified. If the child was born in another state, ensure the child's birth certificate is obtained. Discuss with the DCS Staff Attorney regarding the paternity status of a child born out of state;

Note: Discuss paternity status and identification of alleged fathers with the FCM Supervisor and DCS Staff Attorney prior to entering multiple alleged fathers in the case management system.

3. Conduct a search using the Indiana Support Enforcement Tracking System (ISETS)

Note: Information for accessing, navigating and searching for ISETS is located within the ISETS Case Inquire Website Guide.

4. Request that the DCS Staff Attorney review the paternity status in Database Registration of Indiana's Vital Events (DRIVE) (see Definitions) and/or Panoptic, if paternity has not been established;

Note: DRIVE can only verify children that were born in the state of Indiana. If the child was not born in Indiana, consult with the DCS Staff Attorney on additional steps.

5. Request the DCS Staff Attorney submit a request to check the Indiana Putative Father Registry;
6. Request the Child Support Bureau (CSB) to review paternity status by emailing the Indiana Central Registry Unit (ICRU). This request should include the following information about the child:
 - a. Full name,
 - b. Date of birth (DOB),
 - c. Place of birth (if known),
 - d. Mother's name (current and former names), and
 - e. Alleged father's name.
7. Discuss the appropriate next steps with the DCS Staff Attorney. See policy 2.20 Establishment of Child Support Orders, and
8. Document all efforts to determine paternity in the case management system.

Note: If paternity has been established but other names are provided as potential biological fathers of the child, the FCM must consult with the FCM Supervisor and the DCS Staff Attorney to discuss what information, if any, needs to be entered into the case management system.

If paternity has not been established, the FCM will:

1. Request the child's mother provide:
 - a. First and last name of each alleged father,
 - b. Last known address or location for each alleged father, and
 - c. Details of the child's birth (e.g. child's name at birth, place of birth) during the Detention/Initial hearing;

Note: The FCM will facilitate a Child and Family Team (CFT) Meeting to identify other relatives and/or kin who may know information about the alleged father if this information has not been made available by the mother.

2. Complete the Authorization/Request for Genetic Testing Services form by:
 - a. Selecting the case management system case type and entering the applicable case number when paternity is not established and there is no IV-D funding available to cover the cost of genetic testing, or paternity information is not listed, or
 - b. Selecting the ISETS case type and entering the applicable ISETS case number for cases when paternity has not been established and IV-D funding is available to cover the cost of genetic testing.

Note: DCS will request the child's mother and each alleged father to voluntarily submit to genetic testing. For those who refuse or those who are incarcerated, DCS will petition the

court to order the mother, alleged father, and child to submit to genetic testing. If the child's mother is not available, a single-parent test for an identified alleged father may be offered to the alleged father.

3. Use the Specimen Collection Chain of Custody Procedure document (located within the Genetic Testing Kit) to complete all requirements for the following genetic testing process:
 - a. Paperwork and ID Procedure,

Note: If an adult other than the child's mother or legal guardian signs the consent, a written statement indicating that person's relationship to the child is required. If the FCM must sign the consent form, the FCM must write a statement on DCS letterhead indicating the child is a ward of DCS. If anyone refuses to be included in the group picture, the FCM will take a picture of the child's 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.

- b. Specimen Collection using Universal Precautions (see Definitions) while collecting, handling, and transporting samples. See Specimen Collection Training Video and State of Indiana–DCS Offices List of Specimen Collector Points to Remember for additional information, and
 - c. Shipping Procedure.

Note: Return the original copy of the Authorization/Request for Genetic Testing Services form to the genetic testing provider with the genetic test kit.

Re-ordering Genetic 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.

Paternity Test Results

If the paternity test results are conclusive, the FCM will:

1. Inform all parties of the test results;
2. Ensure the child's father is offered the opportunity to participate in services or referred to services; and
3. Include the child's father in the case planning process.

If the paternity test results not conclusive for an alleged father, the FCM 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;
3. Notify the court of the test results and whether the individual chooses to remain involved in the case;
4. Work with the DCS Staff Attorney to determine whether any motions, amendments, or requests for additional findings need to be made; and
5. Allow the individual to participate in case planning if the individual chooses to be involved and has the consent of the child's mother.

The DCS Staff Attorney will:

1. Search the DRIVE and/or Panoptic databases for a paternity affidavit and print a copy of the affidavit if paternity has been established;

2. Check the Indiana Putative Father Registry by submitting a ticket to the Indiana State Department of Health (ISDH) Vital Records Help Desk;
3. Discuss with the FCM the next steps to establish paternity when paternity has not been established; and
4. Submit a copy of the genetic test results to the court (including the IV-D Prosecutor, if it is a IV-D case) within five (5) business days of receipt of the test results and request that the court make a ruling regarding paternity; or
5. Seek adjudication of paternity through the Child in Need of Services (CHINS).

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RELEVANT INFORMATION

Definitions

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).

Long Arm Draw

A Long Arm Draw is a process used for a parent or alleged father that lives outside of Indiana and is unable to come to the DCS local office to submit to genetic testing. When using a Long Arm Draw, the FCM arranges for the person to submit to genetic testing at the designated vendor testing site in the area where the individual lives.

Database Registration of Indiana's Vital Events (DRIVE)

DRIVE is a search tool used by the Indiana Department of Health (IDOH) to access paternity affidavits and is available for use by DCS legal staff.

Universal Precautions

Universal precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. Universal precautions include the use of hand washing and appropriate personal protective equipment such as gloves, gowns, and masks whenever touching or exposure to client's body fluids (e.g., blood; body fluids, secretions, and excretions; non-intact skin; and mucous membranes) is anticipated.

Forms and Tools

- [Authorization/Request for Genetic Testing Services \(SF 54716\)](#)
- Client Identification and Consent Form/Chain of Custody – available via genetic test kit
- [Establishing Paternity Brochure](#)
- Indiana Central Registry Unit (ICRU) email - Indiana.ICRU@dcs.in.gov
- [Indiana Child Support Bureau Field Consultant Region Map](#)
- [Indiana Department of Child Services-Paternity Information](#)
- [Indiana State Department of Health \(ISDH\) Vital Records Help Desk](#)
- [Indiana Support Enforcement Tracking System \(ISETS\): Child Support Case Inquiry Web Tool](#)
- [ISETS Case Inquiry Website Guide](#)
- [ISETS Register](#) (Request New Account) – secure.in.gov/dcs/ises/Register.aspx
- DRIVE/Panoptic Web Tool – available to DCS legal staff

- Specimen Collection Instructions – available via genetic test kit
- [Specimen Collection Training Video](#)
- [State of Indiana- DCS Offices List of Specimen Collector Points to Remember](#)
- Statement of Consent and Release – available via genetic test kit
- [Tips for Preparing the Team for the Initial CFT Meeting](#)
- [Universal Precautions](#)

Related Policies

- [2.20 Establishment of Child Support Orders](#)

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LEGAL REFERENCES

- [IC 16-37-2-2: Birth Certificate and paternity affidavit; person responsible for filing or preparation; release of paternity affidavit](#)
- [IC 31-9-2-9: “Alleged father”](#)
- [IC 31-9-2-88: “Parent”](#)
- [IC 31-9-2-100: “Putative father”](#)
- [IC 31-14-2: Methods of Establishing Paternity](#)
- [IC 31-14-5-7: Registration with putative father registry](#)
- [IC 31-14-7-1: Presumptions of Paternity](#)
- [IC 31-19-5-1: Application of chapter](#)
- [IC 31-34-15-6: Filing of paternity action by local prosecuting attorney's office](#)

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PRACTICE GUIDANCE- DCS POLICY 5.05

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.


Considerations when Sharing Paternity Information

Paternity information should be shared with each person involved with genuineness, empathy, respect, and professionalism. Paternity results that would change the course of services offered or alter current relationships, may best be addressed with the parent and service providers during the preparation of a Child and Family Team (CFT) Meeting for each impacted individual. See Tips for Preparing the Team for the Initial CFTM document and the Establishing Paternity Brochure for additional assistance.

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 child's TANF benefits will automatically be assigned through the Indiana Eligibility Determination Services System (IEDSS) 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.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 06: Locating Absent Parents	
	Effective Date: April 1, 2022	Version: 7

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POLICY OVERVIEW

The Indiana Department of Child Services (DCS) recognizes the role and responsibility of the parent as the primary caregiver for the child and when a parent is absent from a child's life, DCS makes diligent efforts to identify and locate the absent parent for any child under the care and custody of DCS. Locating an absent parent facilitates providing required notification regarding court proceedings and allows for engaging the parent in case planning and services. It may also aid in establishing a relationship or connection between the child and parent or other relatives, which may lead to an expedited permanency outcome.

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PROCEDURE

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, using various means, including but not limited to the Putative Father Registry and Federal Parent Locator Services (FPLS). A diligent search to locate each parent will begin at the earliest possible time and continue throughout the life of the case or until termination of parental rights (TPR) has been granted by the court. See policy 5.23 Diligent Search for Relatives/Kin and Case Participants for additional information.

When the identity and/or whereabouts of a parent of a child under DCS care and custody is unknown the FCM will:

1. Obtain and review a copy of the child's birth certificate to ascertain the date of birth and the names of parents listed;
2. Gather information regarding the identity and/or location of the parent of a child under DCS care from all available resources. The information that may be gathered for each parent may include, 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 or kin, 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 income and resources during the removal month. See policy 15.01 Title IV-E Eligibility Overview for Field and Legal Staff for additional information.

3. Check police records, protective order registry, and other sources to obtain additional information about the parent;

Note: If there is a history of domestic violence (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.

4. Ask the child, if age-appropriate, about the absent parent and extended family;
5. Inquire as to who is listed as the emergency contact at school and with medical providers;
6. Review the child's health records for the names of the child's parents;
7. Request that the DCS Staff Attorney complete a search of the Putative Father Registry, if needed;
8. Complete the Kinship Connections Diagram; and present a copy to the court. A hard copy of the diagram should be kept in the case file and uploaded to the case management system;
9. Make a referral to the DCS Investigator, if necessary, to assist in identifying or searching for the absent parent. For additional information see the Investigation Services on the DCS Community Services website for more information;

Note: 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.

10. Ask service providers to 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/Prevention 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,
 - d. Bureau of Motor Vehicles (BMV),
 - e. County jails,
 - f. Department of Corrections (DOC), and
 - g. Other state offender locator services, as available.
12. Continue making diligent efforts to identify and/or locate the absent parent throughout the life of the case until the absent parent is located by:
 - a. Attempting to contact the absent parent at the 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. Advising the Child and Family Team (CFT) of efforts made to identify and locate the absent parent, and

- e. Providing a completed and/or updated Affidavit of Diligent Inquiry (ADI) 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 made to locate the absent parent and the results of those efforts in the case management system within three (3) business days; and
14. Provide an update on the diligent efforts to identify and/or locate the absent parent in each report to the court.

Upon the receipt of a referral the DCS Investigator will complete a search for the absent parent. This search will include but is not limited to the FPLS.

The FCM Supervisor will:

1. Ensure all resources have been used to identify and locate absent parents and offer guidance to the FCM during regular case staffing, 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 within three (3) business days.

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 ADI and ensure notice of proceedings is published as to the absent parent;
3. Provide notice to the court of any established identity and/or 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.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

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.

Forms and Tools

- Affidavit of Diligent Inquiry (SF 54778) – available in the case management system
- [Department of Corrections website](#)
- [Investigation Services](#)
- [Kinship Connections Diagram](#)

- [White pages website](#)

Related Policies

- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [15.01 Title IV-E Eligibility Overview for Field and Legal Staff](#)

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LEGAL REFERENCES

- [IC 31-34-3-2: Procedures for notice; custodial parent, guardian, or custodian who cannot be located](#)

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PRACTICE GUIDANCE- DCS POLICY 5.06

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.

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. See policy 5.23 Diligent Search for Relatives/Kin and Case Participants for additional guidance.

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INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 5: General Case Management	
Section 07: Child and Family Team (CFT) Meetings	
Effective Date: July 3, 2024	Version: 11

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- [• Forms and Tools](#)
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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 futures. Child and Family Team (CFT) Meetings are one (1) way in which families participate in planning for their child together with DCS and community providers. CFT Meetings allow families with the opportunity to make positive changes in their lives by bringing together children, family members, resource parents (including foster parents, licensed and unlicensed relative or kinship caregiver, and pre-adoptive parent), familial supports, community members, and providers to develop plans to expedite and achieve permanency, ensure safety, build protective capacities, and support and strengthen the child’s well-being.

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PROCEDURE

DCS will utilize the CFT Meeting process to engage with the family, child, and placement (if applicable) to form the most effective team 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.

DCS will make concerted efforts to actively engage the child’s parent, guardian, or custodian and discuss with them the benefits of having a child’s placement at the CFT Meeting. DCS will encourage the parent, guardian, or custodian to invite the child’s resource parent to the CFT Meeting.

Note: If a child and/or parent wants their attorney to attend the CFT Meeting, then all attorneys that are a party to the case must be invited to the CFT Meeting. If the child and/or parents are not in agreement, then a Case Plan conference must be scheduled.

A CFT Meeting should be completed upon the request of any team member (including noncustodial and incarcerated parents), at case junctures, beginning in the assessment phase (if DCS involvement will continue) and consistently continuing throughout the life of the case and prior to case closure.

The Family Case Manager (FCM) will:

1. 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 and/or child to include any residential treatment staff, service providers, resource parents, formal and informal supports, and Court Appointed Special Advocate (CASA)/ Guardian Ad Litem (GAL) as members of the CFT by explaining the benefits to case planning. If a child and/or parent wants their attorney to attend the CFT, then all attorneys that are a party to the case must attend;

Note: A CFT Meeting may fulfill the requirement to hold a Case Plan Conference if all required parties are present. However, a separate Case Plan Conference must be held to develop, update, or revise the Case Plan/Prevention Plan (See policy 5.08 Developing the Case Plan/Prevention Plan) if:

- a. A family and/or child chooses not to participate in the CFT process;
 - b. Membership of the CFT does not include the resource parent or the CASA/GAL, who are mandatory parties for the development of the Case Plan/Prevention Plan; or
 - c. A child and/or parent wants their attorney to attend the CFT Meeting but is not in agreement with other attorneys on the case attending the CFT.
2. Utilize the initial preparation meetings with all team members (prior to each CFT Meeting) to engage with and 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, concerns, or updates (see the Guide for Preparation of Initial CFT Meeting tool);
 3. Seek assistance from the FCM Supervisor, Peer Lead, or Practice Model Consultant for assistance with all families who agree to have a CFT Meeting but cannot identify informal or formal supports to form a functional team;

Note: With the exception of DCS staff, CFT members should be selected by the family and/or child. 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 [DV], child only CFT Meetings, incarcerated parents, and potential conflicts). Additional Guidance can be found in policy 2.30 Domestic Violence;
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;

Note: Prior to teaming with the child only, efforts should be made to team with the child's parent, guardian, or custodian. However, there may be reasons that support child led CFT Meetings. For example, Termination of Parental rights (TPR) has occurred for a parent of the child or the discussion at a CFT Meeting may be detrimental to the child. FCMs should seek supervisory input prior to proceeding with teaming with the child only. See Teaming with Child/Youth and/or Placement tool on the Indiana Practice Model SharePoint for additional information.

6. Ensure youth 14 years of age and older have the opportunity to attend and participate in the CFT Meeting and/or Case Plan Conference to address or create the Case

Plan/Prevention Plan and Transition Plan for Successful Adulthood for the child (see policy 11.06 Transition Plan for Successful Adulthood);

7. Encourage youth 14 years of age 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. The child may select one (1) of the child representatives to also be the child's adviser and advocate. 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. Coordinate and conduct the CFT Meetings following the Child and Family Team Meeting Agenda;
 - a. 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,
 - b. Ensure available community services (including those available to incarcerated parents) are considered. Visitation should also be discussed and included in the plan,
 - c. Facilitate a discussion for the parent, guardian, or custodian and the resource parent to engage in additional two-way communication (if applicable). See Indiana Co-Care for additional information; and
 - d. 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 the safety response documented in the case management system (e.g., a report was made to the DCS Child Abuse Hotline [Hotline] regarding the new allegations). All new allegations of CA/N must be reported to the Hotline within 24 hours. A report must also be made to the Hotline upon discovery that there is a new child in the household of a parent, guardian, or custodian with an open DCS case (i.e., Informal Adjustment [IA], In-Home Child in Need of Services [CHINS], and Out-of-Home CHINS). A new child in the home may include a newborn infant or child that has moved into the home or regularly (on a continual basis) visits the home. See policy 4.50 New Child in Household of a Parent or Custodian with an Open Case.

9. Ensure all CFT members sign a Child and Family Team (CFT) Meeting Attendance and Confidentiality Agreement form and understand the limits of the confidentiality of team members;
10. Gather essential family and community connections and contact information to document in the Kinship Connection Diagram;

Note: When completing the Youth and Family Essential Connections Plan within the CFT Meeting Notes, update the Kinship Connection Diagram when applicable.

11. Complete the CFT Meeting Notes 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;

12. Ensure the CFT Meeting Notes are distributed to all appropriate parties, including the CASA/GAL if not present at the meeting, and entered in the case management system within seven (7) calendar days of the CFT Meeting; and

Note: The CASA/GAL does not need to request the CFT Meeting Notes, the CFT Meeting Notes must be sent automatically as the CASA/GAL is a party to the case.

13. Complete a summary of all CFT Meeting Notes including significant changes that occurred in the Progress Report to the court.

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 case staffing 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.

Child-Focused CFT Meeting with Child's Placement

There may be times when the parent, guardian, or custodian is not available or willing to include a placement on the CFT. In these situations, DCS shall plan to support placement preservation by exploring and addressing the needs of the child and the placement provider/resource parent through a child focused CFT Meeting with the placement. DCS should engage the placement to identify CFT members including, but not limited to:

1. The placement's formal and informal supports;
2. The child's formal and informal supports (including child representatives);
3. The Court Appointed Special Advocate (CASA) and/or Guardian Ad Litem (GAL);
4. The Foster Care Specialist or Relative/Kinship Support Specialist; and
5. The child's parent, guardian, or custodian

Residential Treatment

For cases involving a child who is receiving residential treatment, the FCM will conduct a residential treatment-focused CFT Meeting within ten (10) days of a child beginning treatment 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 parent, guardian, or custodian (if TPR has not occurred);
3. Child's informal supports (including child representatives for youth 14 years of age and older);
4. FCM and/or Probation Officer (PO), whichever is applicable;
5. Clinical Services Specialist (CSS) 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 CFT Meeting 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.

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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 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 and informal supports
3. Family involvement
4. Visitation
5. Behavior
6. Diagnosis (mental or physical)
7. Sobriety
8. Skills acquisition
9. Education;
10. Court, or
11. Trial Home Visit (THV).

Case Staffing

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

Functional Strengths

Functional strengths are "the buildable" strengths of our families, which help build toward goal achievement.

Formal Supports

A formal support is any support that has a professional relationship with the child and/or family.

Informal Supports

Informal supports refer to connections, such as family members, friends, or neighbors, in the home or in the community that may provide support, assistance, or care to the family and/or child and could serve in this capacity in a sustainable way once the DCS case is closed.

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.

Qualified Residential Treatment Program (QRTP)

A 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

continue to 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 the purposes of DCS policy, a resource parent includes a foster parent, licensed and unlicensed relative or kinship caregiver, and a pre-adoptive parent.

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

- [2.D Tool: Considerations When Domestic Violence is Identified](#)
- [2.E Tool: Domestic Violence and the Child and Family Team \(CFT\) meetings](#)
- [4.G Tool: Community Resources and Prevention Services](#)
- [5.C Tool: Face-to-Face Contact Guide](#)
- [Authorization to Contact Child and Family Team Meeting \(CFTM\) Members \(SF 54341\)](#)
- [Building Supports Tool](#)
- Case Plan/Prevention Plan –Available in the case management system
- [Child and Family Team \(CFT\) Meeting Agenda](#)
- [Child and Family \(CFT\) Meeting Attendance and Confidentiality Agreement \(SF 54339\)](#)
- [Child and Family Team \(CFT\) Meeting Notes \(SF 54601\)](#)
- [Indiana Co-Care](#)
- Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline- 1-800-800-5556
- Indiana DCS Child Abuse and Neglect Hotline email- DCSHotlineReports@dcs.in.gov
- [Indiana Practice Model – Available in SharePoint](#)
- [Indiana Practice Model-Available in SharePoint](#)
- [Foster Care Reimagined](#)
- [Guide for Preparation of Initial CFT Meeting](#)
- [Kinship Connection Diagram](#)
- Practice Model Expectations for Supervisor – available in the [Practice Model SharePoint](#)
- [Protective Factors to Promote Well-Being](#)
- [Safety Plan \(SF 53243\)](#)
- [Step-Down Planning \(SF 57072\)](#)
- [Teaming with the Child/Youth and/or Placement](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)

Related Policies

- [2.30 Domestic Violence](#)
- [4.19 Safety Planning](#)
- [4.42 Plan of Safe Care](#)
- [4.50 New Child in Household of a Parent or Custodian with an Open Case](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.21 Safety Planning](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [5.25 New Child in Household of a Parent or Custodian with an Open Case](#)
- [11.06 Transition Plan for Successful Adulthood](#)

LEGAL REFERENCES

- [IC 31-10-2-1 Policy and Purpose](#)
- [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](#)

PRACTICE GUIDANCE- DCS POLICY 5.07

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.

Child and Family (CFT) Meeting

According to The Child Welfare Policy and Practice Group, 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. 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. Preventing removal and placement disruptions;
3. Strengthening engagement with families 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 the 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.

Child and Family Team (CFT) Meeting Composition

It is important to remember that the composition of CFTs will vary depending on each case. FCMs may facilitate CFT Meetings with the child and/or their caregiver or placement provider. Prior to teaming with the child only, efforts should be made to team with the child's parent, guardian, or custodian. However, there may be reasons that support child only CFT Meetings. For example, TPR has occurred for a parent of the child or the discussion at a CFT Meeting may be detrimental to the child. FCMs should seek supervisory input prior to proceeding with teaming with the child only. See Teaming with the Child/Youth and/or Placement tool for additional information.

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.

Providing Support to the Family When New Report Will be Made to the Hotline

It is best practice for the Family Case Manager (FCM) to use respect, empathy, and strengths-based approach when discussing with the parent, guardian, or custodian that a new report will be made to the Indiana Department of Child Services Hotline (Hotline) and a resulting assessment may be initiated. Having open and transparent conversations, including but not

limited to, a Child and Family Team (CFT) Meeting with each parent helps to build a trust-based relationship by aligning with the DCS Practice Model. This also allows each parent to discuss any questions or concerns they may have about a new Hotline report. See policy 5.25 New Child in Household of a Parent or Custodian with an Open Case and 5.C Tool: Face-to-Face Contact Guide for additional guidance.

Teaming with Older Youth (17.5 and Older)

Older Youth CFTs may be composed of the youth, the youth's service providers, DCS staff, and informal supports, depending on the youth's housing or placement status. These CFT Meetings are youth driven and youth focused in order to develop and adapt the Case Plan/Prevention Plan and the Transition Plan for Successful Adulthood, address any issues that may arise in the life of the case, and discuss issues at case junctures. See policy 11.06 Transition Plan for Successful Adulthood for additional information.

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

Chapter 5: General Case Management

Section 08: Developing the Case Plan/Prevention Plan

Effective Date: April 1, 2023

Version: 12

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Adoption Assistance and Child Welfare Act 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 and monitor the activities and services children and families need to achieve successful outcomes.

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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 all children who:

1. Have an open Child in Need of Services (CHINS); or
2. Have an open Informal Adjustment; and

Note: For children participating in a program of Informal Adjustment (IA), the signed IA/Prevention Plan serves as the Case Plan/Prevention Plan. See policy 5.09 Informal Adjustment/Prevention Plan (IA) for additional information.

3. 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 of a Case Plan/Prevention Plan, within federal guidelines, for all Juvenile Delinquent/Juvenile Status (JD/JS) cases for whom payment of the placement is ordered to DCS.

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.

DCS will work with the following 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:

1. The child (if developmentally appropriate);

2. Parent, guardian, or custodian (including noncustodial and/or incarcerated parents);
3. Extended family members; and
4. Members of the Child and Family Team (CFT) utilizing the CFT Meeting process (if applicable).

Despite a refusal by a parent, guardian, custodian, and/or child to participate in the development of the Case Plan/Prevention Plan, the FCM must provide a copy of the document to the parent, guardian, or custodian and/or child (as applicable) and ask them to review and sign the Case Plan/Prevention Plan. If a parent, guardian, or custodian and/or child is not able to be located or refuses to sign the Case Plan/Prevention Plan, the FCM will document the inability or refusal of the parent, guardian, custodian and/or child to sign the Case Plan/Prevention Plan in the case management system. See policies 5.03 Engaging the Family, 5.04 Noncustodial Parents, 7.06 Educational Services, 8.20 Educational Services, and 8.21 Special Education Services for additional information.

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 5.23 Diligent Search for Relatives/Kin and Case Participants for additional guidance.

Older Youth and the Case Planning Process

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.

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. Ensure all youth 14 years of age and older receive the Indiana DCS Bill of Rights for Youth in Foster Care and are informed of their rights before signing the completed Case Plan/Prevention Plan.

The FCM will:

1. Complete the Child and Adolescent Needs and Strengths (CANS) assessment prior to the development of the Case Plan/Prevention Plan. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional information.

Note: All need items rated a 2 or a 3 on the CANS Assessment should be addressed in the Case Plan/Prevention Plan. Strengths rated a 0 or 1 may also be useful in planning.

2. Seek input about the child's and/or family's strengths and needs from professionals who may not be members of the CFT but have knowledge regarding the child and or family;

Note: School personnel must be invited to provide information and participate in the case planning process for all children placed out-of-home who are school-aged and not

homeschooled. 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.

3. 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 document 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. See policy 2.30 Domestic Violence for additional information.

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 (CA/N),
 - 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 relate 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 noncustodial 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 expectant youth's (including an expectant father) Case Plan/Prevention Plan includes information regarding services being offered to prevent removal of the minor parent's child, 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),

- b. Safety Plan and/or the Plan of Safe Care (see policy 5.21 Safety Planning),
 - c. Visitation Plan (see policy 8.12 Developing the Visitation Plan),
 - d. Transition Plan for Successful Adulthood, if applicable. (see policy 11.06 Transition Plan for Successful Adulthood), 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 Child-Focused Treatment Review [CFTR]).
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 Foster 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 to 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 during regular case staffing 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. Review and approve the Case Plan/Prevention Plan prior to its distribution and ensure it is completed within the timeframes identified in this policy; and
- 4. Review the Safety Plan and/or Plan of Safe Care to confirm it is appropriate to address the child's safety needs.

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.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

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.

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) – Available in the case management system
- [Cultural Consideration in Case Planning](#)
- [Indiana DCS Bill of Rights for Youth in Foster Care](#)
- Plan of Safe Care (SF 56565) – 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

- [2.30 Domestic Violence](#)
- [4.19 Safety Planning](#)
- [4.42 Plan of Safe Care](#)
- [5.03 Engaging the Family](#)
- [5.04 Locating and Engaging Noncustodial Parents](#)
- [5.07 Child and Family Team Meetings](#)
- [5.10 Family Services](#)
- [5.15 Concurrent Planning-An Overview](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [5.21 Safety Planning](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [6.10 Permanency Plan](#)
- [7.01 Child at Imminent Risk of Removal](#)
- [7.06 Educational Services](#)
- [8.12 Developing the Visitation Plan](#)
- [8.20 Educational Services](#)
- [8.21 Special Education Services](#)
- [11.06 Transition Plan for Successful Adulthood](#)

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LEGAL REFERENCES

- [IC 31-9-2-22.1: "Concurrent planning"](#)
- [IC 31-34-15: Chapter 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](#)
- [P.L. 96-272 Adoption Assistance and Child Welfare Act of 1980](#)

- [42 USC 675\(1\) and \(5\): Definitions](#)
- [42 USC 671 \(a\)\(16\) State plan for foster care and adoption assistance](#)
- [42 USC 672: Foster care maintenance payment program](#)
- [42 USC 12102: Definition of disability](#)
- [45 CFR 1356.21\(g\): Case plan requirements](#)

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PRACTICE GUIDANCE- DCS POLICY 5.08

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.


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.

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, be added as a member of the CFT, and may not be a foster parent or FCM. Youth may select one (1) of the child representatives to also be their 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.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 09: Informal Adjustment/Prevention Plan (IA)	
	Effective Date: December 1, 2023	Version: 10

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Informal Adjustment/Prevention Plan (hereafter referred to as IA) is a written agreement 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.

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PROCEDURE

The Indiana Department of Child Services (DCS) will initiate an 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: The 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 the IA. An IA is also deemed approved if the hearing is set within 10 calendar days, but not held, and action is not taken to approve or deny the IA within 30 calendar 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: DCS may file a petition for compliance if a parent, guardian, or custodian fails to comply with the services outlined in the IA. 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. Custody changed during the course of the IA, and the child is no longer living in the home where the IA was initiated.

b. DCS has obtained court approval to file a Child in Need of Services (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 safely in the home, and a petition requesting court approval to file a CHINS has been filed.

Note: 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. 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).

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).

2. Gather information necessary and complete the Child and Adolescent Needs and Strength (CANS) assessment within five (5) calendar days of a substantiated CA/N finding(see policy 5.19 Child and Adolescent Needs and Strengths [CANS] Assessment).
3. Convene a Child and Family Team (CFT) Meeting or case plan conference to assist the family in identifying goals to be met through the IA (see policy 5.07 Child and Family Team Meetings);

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 Assessment 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);

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. See policy 4.38 Assessment Initiation for additional information.

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).

Note: Indiana Code (IC) uses the phrase "imminent risk of placement" rather than "imminent risk of removal".

14. Staff with the FCM Supervisor and DCS Staff Attorney regarding a request for 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 initial 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 form 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. Notify the FCM of the court approval date of the IA;
4. 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; and
5. Prepare and file appropriate pleadings.

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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.

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](#)
- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [5.21 Safety Planning](#)
- [7.01 Child at Imminent Risk of Removal](#)

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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](#)

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PRACTICE GUIDANCE- DCS POLICY 5.09

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 05: General Case Management

Section 10: Family Services

Effective Date: October 1, 2021

Version: 10

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Family services are provided to all children and families with an open case to address identified needs.

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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 (FFA) 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 of Origins 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.

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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 (FFA) 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 of Origin's Basic Needs](#)

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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](#)

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PRACTICE GUIDANCE- DCS POLICY 5.10

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.

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 05: General Case Management

Section 12: Closing a CHINS Case

Effective Date: December 1, 2023

Version: 8

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

It is essential to develop a plan for safe, sustainable case closure when progress is being made towards achieving permanency and it is determined that the intervention of the Indiana Department of Child Services (DCS) is no longer necessary.

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PROCEDURE

The determination to close a case should be discussed jointly between DCS, the Child and Family Team (CFT), and the child's permanent caregiver who will be responsible for the care, custody, and control of the child upon the closure of the case (i.e., parent, adoptive parent, legal guardian, or legal custodian).

The Family Case Manager (FCM) will:

1. Thoroughly review the progress toward achieving child safety, Case Plan/Prevention Plan goals, and all assessment and case information;

Note: In cases where Domestic Violence (DV) was presumed, review the 2.D Tool: Considerations When Domestic Violence is identified and policy 2.30 Domestic Violence.

2. Complete and review the results of the current In-Home Risk and Safety Reassessment or the Structured Decision Making (SDM) Reunification Assessment less than 30 calendar days prior to the anticipated date of case closure when the child is being reunified with a parent, guardian, or custodian. 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 if Termination of Parental Rights (TPR) has not been finalized.

3. Facilitate a CFT Meeting to determine the appropriateness of case closure and develop an aftercare plan by obtaining recommendations from the permanent caregiver, 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. See policy 5.07 Child and Family Team Meetings for additional information;
4. Discuss the appropriateness of case closure with the FCM Supervisor and the DCS Staff Attorney;

5. 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;
6. Ensure any applicable benefits (e.g., Medicaid, Social Security Income [SSI]) have been transferred to the permanent caregiver;
7. Ensure the permanent caregiver (if the child is under 18 years of age) 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 and/or medical records,
 - b. A copy of the child's birth certificate (if available),
 - c. Child's social security card,
 - d. Child's insurance 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 with all documents listed on the Transition Plan for Successful Adulthood, including the Foster Care Verification form and youth's medical records. See policy 11.06 Transition Plan for Successful Adulthood for more information.

8. Seek approval from the FCM Supervisor prior to discontinuing any services;
9. Conduct a final visit with the child and the permanent caregiver to provide closure, reinforce the family's ability and responsibility to keep the child safe, remind the permanent caregiver of available aftercare resources, and discuss plans to handle new situations as they arise;
10. 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.

11. Submit a referral to the Education Services Team to complete the School Notification and Best Interest Determination form; and
12. 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) and the Casebook Help site for information on Closing/Ending Removal Episode and Closing an Involvement Type 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 permanent caregiver and DCS;
3. Confirm any relevant court orders on custody (e.g., change of custody, orders on guardianship, adoption decree) have been received;
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 the appropriateness of a determination to request case closure;
3. Confirm any relevant court orders on custody (e.g., change of custody, orders on guardianship, adoption decrees) have been received;
4. Advise the FCM on any documentation that may be needed to move the court for case closure;
5. File any necessary motions for case closure or move for case closure with the court; and
6. Ensure the order on case closure is received and provided to the FCM.

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RELEVANT INFORMATION

Definitions

Aftercare Plan

An aftercare plan is a plan which recognizes that services may continue to be needed to further support the child and/or permanent caregiver 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 Family Risk Assessment.

Forms and Tools

- [2.D Tool: Considerations When Domestic Violence is Identified](#)
- 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 – [Available on the Indiana Practice Model SharePoint](#)
- [Foster Care Verification \(SF 56571\)](#)
- In-Home Risk and Safety Reassessment- Available in the case management system
- Initial Family Risk Assessment – Available in the 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
- [Protective Factors to Promote Well-Being and Prevent Child Abuse and Neglect](#)
- 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

- [2.30 Domestic Violence](#)
- [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](#)

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LEGAL REFERENCES

- [IC 31-28-2-4: Copies to foster parents and certain foster care recipients](#)
- [IC 31-28-3-3: Issuance and maintenance of passport](#)
- [IC 31-34-21-7.6: Documents provided to individual leaving foster care](#)
- [IC 31-34-21-11: Discharge of child](#)
- [42 USC 675 \(5\)\(D\) Definitions](#)
- [42 USC 675 \(5\)\(I\) Definitions](#)

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PRACTICE GUIDANCE- DCS POLICY 5.12

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.

Indicators for Sustainable Safe Case Closure

When the permanency plan is reunification, the following are indicators which may be relevant in assisting the FCM and CFT in making a decision to close a CHINS case:


1. The parent, guardian, or custodian has a good understanding of the child's safety needs and has demonstrated their ability to provide for their child's safety once the case is closed;
2. The parent, guardian or custodian has developed a plan and identified resources, formal, and informal supports to assist them in managing the child's safety;
3. The FCM and CFT has observed positive changes in the parent, guardian, or custodian's protective capacities, behavior, and circumstances, as verified by progress reports from service providers and visitations with the child and family;
4. The FCM has received input from the CFT and service providers indicating that the family has made sustainable improvements that alleviate DCS involvement;
5. Identified safety concerns are no longer occurring or are consistently managed by the parent, guardian, or custodian;
6. The Risk and Safety Reassessment indicates the child is "safe" and the Risk and Safety Reassessment indicates a low or moderate level of risk for abuse or neglect;
7. The family has achieved case goal outcomes; and
8. Family functioning has improved to a minimally acceptable level. This is evidenced by the presence of effective protective behaviors within the family and the ability of the parent, guardian, or custodian and other family members to demonstrate a commitment to protect the child and ensure the child's health, safety, and wellbeing.

Utilizing the CFT in the Case Closure Process

When permanency planning with the CFT, consider the specific changes that must occur in order for the family to function successfully without DCS involvement. This may include, but is not limited to:

1. Developing protective provisions that must be put into place to keep children in the home safe;
2. Specifying behavioral patterns that must be acquired, and adequately and consistently demonstrated by the caregiver to preserve or reunify a family and to maintain family stability and daily functioning;
3. Developing recovery plans, relapse prevention plans, and Safety Plans and or Plans of Safe Care with response capacities that must be put in place and will work reliably. See policies 4.42 Plan of Safe Care and/or 5.21 Safety Planning;
4. Identifying or develop sustainable family supports (e.g., housing, health care, and adequate supervision) that will preserve and sustain the family following case closure;
5. Seeking resolution of legal issues and court requirements (e.g., court orders, guardianship, and adoption) that must be achieved before case closure can occur; and
6. Reviewing previously established measures for determining progress, outcomes, and satisfaction of case closure requirements. These elements define for the family, practitioners, and providers, "how we will know what's working and when we're done."

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	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/Prevention 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/Prevention 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

Section 15: Concurrent Planning/Second Permanency Plan – Overview

Effective Date: March 11, 2024

Version: 8

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Adoption and Safe Families Act (ASFA) of 1997 encourages states to engage in Concurrent Planning. It 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. Concurrent Planning may be the most effective way to ensure timely permanency by making reasonable efforts and pursuing simultaneous permanency plans for the child.

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PROCEDURE

The Indiana Department of Child Services (DCS) will evaluate each case to determine the appropriateness of Concurrent Planning and make a recommendation to the court. See policy 6.10 Permanency Plan for additional information in developing a permanency plan.

DCS **will** develop a Case Plan/Prevention Plan with two (2) permanency plan goals at the onset of the case 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 use disorder that renders the parent, guardian, or custodian 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;
4. The parenting youth is under 16 years of age, without a support system, and placement of the child and parent together has previously failed due to the behavior of the minor parent.

DCS **may** develop a Case Plan/Prevention Plan with two (2) permanency plan goals for a child that meets at least one (1) of the following potential Concurrent Planning 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. The 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 (DV) 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 by a qualified provider, indicates the parent, guardian, or custodian may be unable to provide for, protect, or nurture the child and 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 Family Case Manager (FCM) Supervisor to determine the appropriateness of Concurrent Planning.

DCS may consider Concurrent Planning for other children in DCS care when appropriate.

When the child has been removed from the child's parent, guardian, or custodian for at least 12 months out of the most recent 22 months, the recommended permanency plan **must** include at least one (1) intended permanency plan goal other than reunification with a parent, guardian, or custodian.

The FCM will:

1. Engage the family during the assessment to determine the impact of the family's strengths and needs on the safety, permanency, and well-being of the child;

Note: Utilize the Family Functional Assessment (FFA) Field Guide to assist in identification of the family's functional strengths and underlying needs;

2. 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. 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, or
 - c. Follow the Concurrent Planning procedures outlined below if one (1) or more mandatory indicators are present.
3. Ensure all parties to the case are provided full disclosure about Concurrent Planning, explain the process to all CFT members, and address the following:
 - a. The detrimental effects out-of-home placement may have on a child and the child's need to obtain permanency as quickly as possible,
 - b. Parental rights and responsibilities and the outcomes that may occur as a result of parental action or inaction with respect to the Case Plan/Prevention Plan,
 - c. Services and supports available to the family, including the role of the CFT. See policies 5.07 Child and Family Team Meetings and 5.10 Family Services for additional information, and

Note: Services available to a parent who is incarcerated should be considered as part of the Case Plan/Prevention Plan.

- d. Permanency plan options, time limit to achieve permanency, and whether 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.

Note: When a child is age 12 or older, has no concrete permanency option, and is six (6) months post disposition a referral will be submitted to the Indiana Adoption Program (IAP) for additional assistance.

4. Conduct a CFT prep meeting to ensure the parent, guardian, or custodian and members of the 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. See policies 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan/Prevention Plan for more information
5. Facilitate Child and Family Team (CFT) Meeting or Case Plan Conference no later than 30 calendar days following removal or the decision to create two (2) permanency plan goals.
6. Identify the following at the CFT Meeting:
 - a. Two (2) Permanency Plan goals for each child's Case Plan/Prevention Plan. (see policies 5.07 Child and Family Team Meetings and 6.10 Permanency Plan):
 - i. One (1) permanency plan goal will be for reunification through services with measurable outcomes and timeframes; and
 - ii. The other permanency plan goal will be adoption, legal guardianship, or placement with a fit and willing relative.
 - b. Services necessary to obtain desired outcomes,
 - c. Defined outcome measures, and
 - d. The Visitation Plan, including implementation of the plan, for children in out-of-home care in accordance with policies 8.12 Developing the Visitation and 8.13 Implementing the Visitation Plan for more information.
7. Utilize the 'Concurrent Planning' dropdown menu in Case Plan/Permanency Plan to code the case as Concurrent Planning in the case management system, upon receiving court approval for 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 information;
9. Complete the Case Plan/Prevention Plan in the case management system, obtain supervisory approval, and secure all signatures within 45 calendar days of removal, or complete the Informal Adjustment/Prevention Plan in the case management system as outlined in policy 5.09 Informal Adjustment/Prevention Plan for additional information;
10. Complete a comprehensive search for absent parents and all adult relatives and kin of the child. See policies 5.06 Locating Absent Parents and 5.23 Diligent Search for Relatives/Kin and Case Participants for additional guidance;

Note: Continue diligent efforts to identify and locate all adult relatives and any kin of the child throughout the child's involvement with DCS unless an exception exists, as outlined in policy 5.23 Diligent Search for Relatives/Kin and Case Participants.

11. Create a Kinship Connections Diagram to identify extended family members and support the search for potential relative and kinship resources. See the Kinship Connection Diagram for more information;
12. Facilitate a CFT Meeting to discuss the appropriateness of 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. Unmark 'Concurrent Planning' in the case management system and return to regular Case Plan/Prevention Planning procedures if the goal of reunification is unsuccessful and the 2nd 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 the RPT if additional discussion is necessary.

2. Approve 'Concurrent Planning' in the case management system, after court approval;
3. Review and approve the child's placement needs as recommended by the FCM and CFT if necessary;
4. Approve the Case Plan/Prevention Plan or IA/Prevention Plan in the case management system once complete; 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 2nd identified permanency plan is pursued as the only permanency plan.

The DCS Staff Attorney will:

1. Consult with the FCM and FCM Supervisor regarding Concurrent Planning;
2. Review the two (2) permanency plan goals prior to submitting to the court; and
3. Request approval of the Permanency Plan or Concurrent Plan by the court.

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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;
9. Education;
10. Court;

11. Trial Home Visit (THV); and
12. Household Composition.

Concurrent Planning

Concurrent Planning requires the identification of two (2) court approved Permanency Plan goals and simultaneous reasonable efforts 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.

Functional Strengths

Functional strengths are the buildable strengths of our families, which help build toward goal achievement.

Permanency Plan

The Permanency Plan is the intended permanent or long-term arrangement for care and custody of the child/youth.

Underlying Needs

Underlying needs are the root source of an individual and/or family's challenges, which determine the appropriate use of services or interventions.

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) – available in the case management system
- Family Functional Assessment (FFA) Field Guide – available on the [Indiana Practice Model SharePoint](#)
- Informal Adjustment/Prevention Plan (IA) – available in the case management system
- [Kinship Connection Diagram](#)

Related Policies

- [2.06 Sharing Confidential Information](#)
- [5.06 Locating Absent Parents](#)
- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.09 Informal Adjustment/Prevention Plan](#)
- [5.10 Family Services](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [6.10 Permanency Plan](#)
- [8.12 Developing the Visitation Plan](#)
- [8.13 Implementing the Visitation Plan](#)

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LEGAL REFERENCES

- [IC 31-9-2-22.1: "Concurrent planning"](#)
- [IC 31-34-15-4: Form; contents](#)
- [IC 31-34-21-5: Determination; findings](#)
- [IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
- [Adoption and Safe Families Act \(ASFA\) of 1997](#)

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PRACTICE GUIDANCE- DCS POLICY 5.15

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.

Permanency Plan Options for Concurrent Planning

Permanency plan options for concurrent planning include:

1. Reunification (return to or continuation of existing custodial care within the home of the child's parent, guardian, or custodian or placement of the child with the child's non-custodial parent);
2. Placement of the child for adoption;
3. Appointment of a legal guardian; or
4. Placement of the child with a fit and willing relative who is able to act as the child's permanent custodian and carry out the responsibilities required by the permanency plan.

Note: Another Planned Permanent Living Arrangement (APPLA) is NOT an option for concurrent planning.

Supporting Informed Decision Making for Youth aged 12 and Older:

Children aged 12 and older should have an active voice in decision-making throughout the life of the case and at all case junctures including participation in the Forever Home Family Interviews. Transparent conversations with the child may assist the child in making informed decisions, minimize unexpected life changes, and establish a partnership role in the permanency planning process. The IAP may assist the child and their team in the permanency planning process.

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: 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.

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

Chapter 5: General Case Management

Section 19: Child and Adolescent Needs and Strengths (CANS) Assessment

Effective Date: October 1, 2023

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Child and Adolescent Needs and Strengths (CANS) Assessment is the basis for planning individualized services for a child, based on the child's identified strengths and needs. The CANS Assessment 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.

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PROCEDURE

The Department of Child Services (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, including when:

1. A Program of Informal Adjustment/Prevention Plan (IA/Prevention Plan) has been initiated;
2. An In-Home Child in Need of Services (CHINS) has been initiated;
3. The child is placed in out-of-home care during a CA/N Assessment; and/or

Note: For a child who will be placed out-of-home, a CANS Assessment will be completed prior to placement. In cases of an emergency removal, the CANS assessment should be completed within five (5) calendar days.

4. 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.

When DCS substantiates CA/N but does not open a case, DCS will complete an initial CANS Assessment on only children in the home who are three (3) years of age or younger.

Note: A CANS Assessment is not required for children over three (3) years of age when DCS substantiates but does not open a case. When this occurs, an **exception** must be created in the case management system.

Throughout DCS involvement, 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) calendar days of each case juncture which may impact the Case Plan/Prevention Plan, Safety Plan, and/or Plan of Safe Care. 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.

The CANS ratings and recommendations will be used as guidance to determine and update the appropriate level of services and to plan for the 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.

The Family Case Manager (FCM) will:

1. Complete and maintain CANS certification to complete the CANS Assessment. See Practice Guidance for additional information;
2. 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.
3. 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 CFT to complete the CANS Assessment;
4. Complete the appropriate CANS Assessment in KidTraks;

Note: DCS will use the Birth to six (6) Assessment or the six (6) 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 six (6) years of age. If the child is in school (kindergarten through grade 12), use the CANS six (6) to 17 Assessment,
 - b. Youth 17 ½ years of age 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 six (6) to 17 Assessment for youth who are 18 years of age or older.
5. Review and discuss the appropriateness of the CANS Assessment recommendations with the parent, guardian, or custodian during the CFT prep meeting;
 6. Distribute copies of the CANS Assessment to the CFT members (including incarcerated parents) 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 Case Plan Conference to build consensus among team members. See policy 8.50 Determining and Reviewing Categories of Supervision.

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.

7. Complete a CANS Reassessment if it is determined by the CFT that any individual item on the CANS Assessment was rated inaccurately;

Note: Only one (1) CANS may be completed within a 24-hour timeframe.

8. Complete another CANS assessment 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 two (2) or three (3) on the CANS Assessment should be addressed in the IA/Prevention Plan or Case Plan/Prevention Plan. Strengths rated a 0 or one (1) on the CANS Assessment are also useful.

9. Provide the child's parent, guardian, or custodian with information regarding community services and make referrals, as appropriate, for the CANS Behavioral Health Recommendation;
10. 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.

11. Document all behavioral health recommendations and decisions in the Case Plan/Prevention Plan or the Progress Report on Program of Informal Adjustment/Prevention Plan;

Note: Identified needs rated as two (2) and three (3) as well as the identified strengths rated 0 and one (1) should be incorporated into the IA/Prevention Plan or the Case Plan/Prevention Plan and should be tied to outcomes and activities.

12. Ensure the CANS Assessment and recommendations are uploaded to the case management system.
13. 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 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.

14. Evaluate the family services and update services based on the CANS results and needs of the family;
15. Modify the Case Plan/Prevention Plan or IA/Prevention Plan based on the progress and changing needs of the youth and family; and

Note: This is not applicable when CA/N has been substantiated and the assessment has been closed.

16. Complete a CANS Assessment no more than 30 days prior to case closure.

The FCM Supervisor will:

1. Complete and maintain CANS certification in order to review and support the FCM. See Practice Guidance;
2. Ensure the FCM maintains CANS certification;
3. Discuss any questions or concerns the FCM may have regarding the CANS Assessment ratings and/or recommendations; and
4. Monitor the quality of the FCM's CANS Assessments on an ongoing basis.

The LOD or designee will:

1. Complete and maintain CANS certification. See Practice Guidance;
2. 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 admission to a residential treatment facility;
3. 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
4. Inform the FCM Supervisor and the FCM of the decision to place a child in a different category of care than the CANS recommendation.

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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 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;
9. Education;
10. Court; and
11. Trial Home Visit (THV)

Resource Parent

For the purpose of DCS policy, the term Resource Parent includes a foster parent, licensed or unlicensed relative or kinship caregiver and a pre-adoptive parent.

Forms and Tools

- CANS email - DCS.CANS@dcs.in.gov
- [CANS Sharesite](#)
- Case Plan/Prevention Plan – Available in the case management system
- [DCS Praed Foundation KidTraks DARMHA User Guide](#)

- [Indiana University \(IU\) Expanded](#)
- 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)/Prevention Plan – Available in the case management system
- [Progress Report on Program of Informal Adjustment/Prevention Plan](#)
- 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](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 5.19

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.

CANS Certification

All FCMs, FCM Supervisors, LODs, and Division Managers (DM) must be certified, in both the Birth to age six (6) Assessment and the six (6)-17-year-old Assessment, using the web-based training available through the Praed Foundation. Reliability of .70 or higher is required for certification. Periodic re-certification is required based on reliability ratings as follows:

1. <.80 valid for two (2) years
2. .75 to .80 valid for one (1) year
3. .70 to <.75 valid for six (6) months

All FCM Supervisors must complete the CANS and Adult Needs and Strengths Assessment (ANSA) Overview: Framework and Utilization through Indiana University (IU) Expanded; the 4-hour CANS Supervision Training provided by DCS Staff Development; and maintain certification through the Praed Foundation,

FCM Supervisors are responsible for assisting FCMs in their local office in maintaining CANS Certification in both the Birth to age six (6) Assessment and the six (6)–17-year-old Assessment. Any questions regarding CANS may be addressed to the CANS mailbox.

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: Any child may also have a combination of any of the above needs.

Level 4- Group Home (GH) (15 years of age and older) indicates the child has moderate developmental, physical, or medical needs and/or moderately exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a GH setting if a suitable resource home is unable to meet the level of service and supervision intensity.

Level 5-Treatment Foster Care Plus (12 years of age and younger) indicates the child has moderate developmental, emotional, behavioral, medical, or physical needs and/or exhibits moderate sexual aggression or delinquency that may require increased intensity of supervision and level of services.

Level 6- GH/Treatment GH (for youth 12-14 years of age) indicates the child has moderate or severe emotional, behavioral, or developmental needs and a physical/medical need and/or exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a GH setting if a suitable resource home is unable to meet this level of service and supervision intensity.

Level 7-Residential Treatment Center (RTC) indicates the child; usually 12 years of age or older, has a severe developmental, emotional, behavioral, physical or medical need and/or exhibits severe sexual aggression or delinquency that may require admission to a specialty program provided in a residential setting if a suitable resource home is unable to meet this level of service and supervision.

CANS Friendly Interview Guide

The CANS Friendly Interview Guide may be referenced for suggested questions when conducting the CANS Assessment. CANS users may want to review the guide for tips and ideas about asking sensitive questions in a manner that is respectful to youth and parents. However, best practice is to engage the family and child in telling their story and guiding the conversation to cover relevant issues. The guide is not a required strategy for collecting information to complete the CANS. Rather, the interview guide is intended for use as an aide or supplement to the CANS.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 5: General Case Management

Section 20: Drug Screening in Permanency Case Management

Effective Date: May 1, 2022

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Drug screening is a tool that may be utilized to help determine if a parent, guardian, or custodian is using substances that may affect their ability to keep their child safe. When child maltreatment appears to be a direct result of substance use or a connection can be made between the substance use and child maltreatment, drug screening may be utilized to obtain evidence of Child Abuse and/or Neglect (CA/N).

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PROCEDURE

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. The Indiana Department of Child Services (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 a court order. 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. DCS will consider drug screening and results as only one (1) component in the identification of safety threats, strengths, protective factors, and needs of a family.

The Family Case Manager (FCM) will:

1. 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 a drug screen referral should be made for a later date, the FCM should staff the case with a FCM Supervisor, DCS Local Office Director (LOD), or Division Manager (DM).

2. Inform the parent, guardian, or custodian of the purpose of the drug screen and how the results may be used to help identify needed services and/or monitor progress. See policy 5.10 Family Services for additional information;
3. Upon determining a one (1) time oral drug screen should be administered to the parent, guardian, or custodian:
 - a. Create a referral in the case management system for the oral drug screen. If an oral screen is collected prior to creating the referral, create a new referral in the case

management system within 48 business hours. See DCS Administered Testing document for additional guidance on creating a referral;

- b. Provide the parent, guardian, or custodian an opportunity to voluntarily submit to drug screening when there are observable facts or circumstances of substance use consistent with CA/N;
- c. Ensure the parent, guardian, or custodian provides consent for the drug screen by signing the drug screen Chain of Custody **prior to** performing the drug screen. The chain of custody form must be legible; and

Note: 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.

- d. Upon signed consent for the drug screen, administer an oral swab and follow all steps in the DCS Administered Oral Fluid Collection Procedure document.
4. 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 a substance use disorder;

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. See Practice Guidance for additional information.

5. Upon determination ongoing drug screens should be completed by the parent, guardian, or custodian, complete one (1) of the following referrals in the case management system:
 - a. Substance use disorder assessment or treatment program, or
 - b. Random drug screening.

Note: DCS should not duplicate drug screens, when the parent, guardian, or custodian is actively involved in services performing the number of random screens ordered by the court.

6. Document any admission of substance use by a parent, guardian, or custodian that is a party to the case, in the case management system; and

Note: Drug screen results may also be used to monitor the progress of the parent, guardian, or custodian in maintaining sobriety and complying with the dispositional orders of the court.

7. Review the drug screen results in the case management system, review reports from service providers, update information in the case management system, and document the drug screen results in court reports, as necessary.

The FCM Supervisor will:

1. Guide and assist the FCM through regular case staffing;
2. Ensure any deviation from best practice is documented in the case management system.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

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

- [DCS Administered Testing document](#)
- [DCS Administered Oral Fluid Collection Procedure](#)
- [DCS Administered Oral Fluid Forms and Tools](#)
- [Drug Detection Times](#)
- [Protective Factors to Promote Well-Being and Prevent Child Abuse and Neglect](#)

Related Policies

- [5.10 Family Services](#)

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LEGAL REFERENCES

- [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 31-34-1-2: Act or omission of parent, guardian, custodian seriously endangering child's physical or mental health; victim of specified offense](#)
- [IC 31-34-1-10: Child born with fetal alcohol syndrome, neonatal abstinence syndrome, or drugs in the child's body](#)
- [IC 31-34-1-11: Risk or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy](#)
- [IC 31-34-1-12: Exception for mother's good faith use of legend drug according to prescription](#)
- [IC 31-34-1-13: Exception for mother's good faith use of controlled substance according to prescription](#)

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PRACTICE GUIDANCE- DCS POLICY 5.20

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.

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 custodian's level of compliance and progress in substance use treatment;
4. Reports from a service provider or Law Enforcement Agency (LEA), indicating the parent, guardian, or custodian has used or is suspected to have used substances;
5. Parent, guardian or custodian behavior indicating substance use (e.g., extreme lethargy, hyperactivity, slurred speech, poor balance, inability to focus and, visible needle track marks, etc.);
6. One (1) 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.

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. See the Drug Detection Times for additional information.

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 FCM 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, guardian, 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;
5. The parent, guardian, 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; and
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. 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. A parent should NOT be screened more than twice weekly with any combination of screens.

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.

Instant Drug Screens and the Confirmation Process

Instant drug screen results are considered only presumptive positive. The current instant oral drug screens available to DCS cannot be confirmed. If an instant oral drug screen is presumptively positive, it must be followed by the regular oral fluid swab that is sent to the lab for confirmation. Instant urine drug screens completed by providers and medical facilities that

are presumptively positive, must be sent to the lab for confirmation. FCMs should inquire about the validity of such screens prior to using the screen to inform an assessment decision.

Medication-Assisted Treatment (MAT)

The use of medication-assisted treatment (MAT), such as the use of Methadone, Buprenorphine, or Naltrexone), 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, 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.

The FCM should not need confirmation of a substance that the parent is prescribed through MAT. The expectation that if a parent screens positive for the substance that they are prescribed, confirmation is not needed.

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.

Parental Disclosure of Drug Use

Any admissions by a parent, guardian, or custodian that is a party to the DCS 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.

Positive Drug Screen Results

Positive drug screen results may indicate a one (1)-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.

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 must be court ordered.


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.

Verifying Prescriptions (Pill Counts)

As part of verifying prescriptions, FCMs may conduct a "pill count" in-cases involving substance use or abuse related to CA/N. 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.**

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	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 when a child’s safety is dependent on defined actions. Child safety will be reassessed regularly and the Safety Plan and/or Plan of Safe Care (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, 5.07 Child and Family Team Meetings and 5.08 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 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 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.

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. 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 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 and provide them with a copy;
5. Review the Safety Plan and/or the Plan of Safe Care (if applicable) with the FCM Supervisor and obtain approval of the plan during regular case staffing. 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 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan);

Note: Efforts to ensure the child's safety must also be documented in the Case Plan

- 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 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 to all listed responsible parties and the court;
7. Upload the Safety Plan 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 and/or the Plan of Safe Care (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, and the Plan of Safe Care (if applicable) during regular case staffing;
2. Ensure each identified safety concern is addressed in the Safety Plan and/or Plan of Safe Care;
3. Guide the FCM in engaging the family, CFT, and other caregivers to create or update the Safety Plan and/or Plan of Safe Care (if applicable) as needed;
4. Sign the approved Safety Plan and/or the Plan of Safe Care following each review;
5. Ensure the Safety Plan is uploaded to the case management system and provided to the family and listed responsible parties; and
6. Ensure the Safety Plan and/or the Plan of Safe Care (if applicable) are discussed with the new FCM if the case is transferred.

PRACTICE GUIDANCE

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 as part of an evaluation of the family's ability to ensure the safety of the child.

Including Children in the Planning Process

The child should be engaged in safety planning; however, they are not responsible for their own safety and should not be responsible for implementing the Safety Plan. If 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.

Parental Involvement in Development

Involvement of the family in the development of a Safety Plan 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.

Plan of Safe Care

A Plan of Safe Care 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 must be completed regardless of the decision to substantiate or unsubstantiate the assessment. A separate Safety Plan must be completed when the Plan of Safe Care 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.

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.
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 place/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. [Protective Factors to Promote Well-Being and Prevent Child Abuse and Neglect](#)

¹ Riley Children's Health: <https://www.rileychildrens.org/health-info/sleep-safety>

² Riley Children's Health: <https://www.rileychildrens.org/health-info/sleep-safety>

5. [Riley Children's Health](#); and
6. [The DCS Website](#).

Safety Planning when Domestic Violence is Present or Suspected

DCS will partner with the non-offending parent and child to create a Safety Plan 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 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 should address the following:

1. Safety for the non-offending parent and child until the non-offending parent and child 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 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.

FORMS AND TOOLS

1. [4.G Tool: Community Resources and Prevention Services](#)
2. [Safety Plan \(SF 53243\)](#)
3. [Plan of Safe Care \(SF 56565\)](#)
4. Case Plan/Prevention Plan (SF 2956) – 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](#) – 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/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;
9. Education;
10. Court; and
11. Trial Home Visit (THV)
12. Change in household composition

Case Staffing

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

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.

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.

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.

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management Section 22: Missing and Runaway Children	
	Effective Date: September 1, 2023	Version: 5

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) has procedures to locate a child in care who is missing and/or runs away from placement.

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PROCEDURE

DCS will make on-going, diligent attempts to expeditiously locate any missing child involved with DCS. These attempts will be made for a child who is missing and involved with DCS through:

1. An open assessment;
2. An Informal Adjustment/Prevention Plan (IA);
3. An out-of-home placement (including a residential facility);
4. An in-home Child in Need of Services (CHINS); or
5. A Trial Home Visit (THV).

DCS will continue to make foster care payments to the resource parent for a maximum of five (5) calendar 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 home. If the child does not return to the placement within five (5) calendar days of absence, then the placement and per diem will be terminated for the child, unless otherwise approved by the DCS Regional Manager (RM).

Note: When a request for continued placement and per diem (for a child missing over five [5] days) is received from a Licensed Child Placing Agency (LCPA), the Deputy Director of Field Operations will review and, if approved, provide a written statement approving the request.

Within 24 Hours

When notified that a child involved in an open DCS assessment or case has run away or is missing, the Family Case Manager (FCM) will **complete items 1-6 within 24 hours** of being notified of the missing/runaway child (See the Missing and Runaway Child Flowchart):

1. Request the custodial parent, resource parent, or residential provider contact the appropriate local Law Enforcement Agency (LEA) to file a runaway/missing person report and obtain the LEA report number;

Note: If the missing or runaway child has an open assessment or case, and the parent, guardian, or custodian has not reported the child to local LEA, the FCM will report the child as missing or runaway to LEA and the National Center for Missing and Exploited Children (NCMEC) within 24 hours of being notified of the missing or runaway child. If

the parent, guardian, or custodian states they have already reported the child as missing or runaway to LEA, the FCM will obtain the LEA report number and follow up with LEA.

2. Inform 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;
3. Gather pertinent information from the child's caregiver 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.
4. Confirm the child has been reported as missing to the Indiana State Police (ISP) via the Indiana Data and Communications System (IDACS);
 - a. Ensure the child is entered into the National Crime Information Center (NCIC) database, if not already done,
 - b. Request ISP and local LEA reports, and
 - c. Maintain regular contact with ISP, LEA, and NCMEC until the child is located.
5. Complete the NCMEC form with all pertinent information, including a description of the child's or youth's physical features, such as height, weight, sex, ethnicity, race, hair color, and eye color; and ensure the Child Endangerment section of the form is completed by adding relevant information, including the child's or youth's:
 - a. Pregnancy status,
 - b. Prescription medications,
 - c. Suicidal tendencies,
 - d. Vulnerability to Human Trafficking (see Missing and Runaway Child Flowchart), and
 - e. Any other health or risk factors.
6. Utilize the "Email" button within the NCMEC form to generate an email to the Indiana Child Abuse Hotline (Hotline), and ensure supporting documents and **a current photograph** of the missing child or youth are attached to the email prior to sending;

While the Child is in Missing/Runaway Status

The following will be completed by the FCM after completing the above steps:

1. Verify with the Hotline that NCMEC is contacted immediately after the child is determined to be missing or a runaway;
2. Notify the FCM Supervisor of the child's absence from care;
3. Notify the following of the child's runaway or missing status if there is an open case:
 - a. The DCS Staff Attorney,
 - b. The Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL), and
 - c. The Child and Family Team (CFT) members.
4. Attempt to contact the child on the child's cell phone (if applicable);
5. Complete a referral to the DCS Investigators for assistance with contacting a child through social media or other additional assistance in locating the child (see Forms and Tools);

6. Visit locations the child frequents (e.g., school, park, movie theatre);
7. 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;

Note: The FCM should make regular attempts to contact the child, visit locations the child frequents, and maintain contact with all parties involved in the search for the child throughout the child's absence from care.

8. Report new relevant information to ISP, local LEA, and NCMEC, if applicable;
9. Document the following information in the case management system:
 - a. The runaway/missing person episode,
 - b. Corresponding documents,
 - c. Information gathered, and
 - d. Efforts to locate the child.
10. Staff with the FCM Supervisor, as necessary, to provide updates on locating the child.

The FCM Supervisor will:

1. Discuss case specifics, assessment details (if applicable), and results of the Human Trafficking Screening Tool and the Human Trafficking Assessment Screening Tool (if applicable) with the FCM; and
2. Assist the FCM, as needed, and ensure appropriate documentation, including any deviation from best practice, is entered in the case management system.

The DCS Staff Attorney will file a notice with the court of the child's missing or runaway status no later than the **next business day** after notification is received from the FCM when there is an open CHINS or IA case.

Note: Notice should advise the court of any information regarding the ongoing efforts to locate the child.

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 and provide requested details using the NCMEC website (see Forms and Tools).

Once the Child is Located

When the child is located, the FCM will:

1. Ensure the FCM Supervisor is aware the child has been located;
2. Notify ISP; local LEA; NCMEC; the parent, guardian, or custodian (unless TPR is finalized); the DCS Staff Attorney, and all other parties previously contacted to assist in the search for the child;
3. Interview the child as soon as possible (**within 48 hours**). The interview should include a discussion of the reasons the child ran away, where the child went, and with whom the child was residing;

Note: Children may run away from placement for different reasons, including but not limited to missing family, friends, feeling unsafe or unwanted in their current placement, or wanting more freedom. Children who are missing or run away are at a higher risk of

being sexually or physically abused, becoming involved in criminal behavior, and/or becoming victims of human trafficking.

4. Complete the Human Trafficking Screening Tool in the case management system. See policy 4.47 Human Trafficking;

Note: A new placement should not be entered for a child until the Indiana Human Trafficking Screening Tool has been completed.

5. Make a report to the Hotline upon indication by the Human Trafficking Rapid Indicator Tool or if the child discloses Human Trafficking;
6. Discuss case specifics, assessment details (if applicable), and the results of the Human Trafficking Screening 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 the Human Trafficking Screening Tool indicates the child may be a victim of human trafficking, the FCM must call and report it to the Hotline.

7. Notify the CFT members and convene a CFT Meeting within **five (5) business days of the child's return**. During the CFT Meeting, discuss and develop a plan to meet the child's needs with a focus on ensuring the child's safety and meeting the needs of the child's caregiver (if applicable). See policy 5.07 Child and Family Team Meetings;
8. Update the Child and Adolescent Needs and Strengths (CANS) Assessment (see policy 5.19 CANS); and
9. Document results of the Human Trafficking Screening Tool and all decisions and actions taken in the case management system.

When the child is located, the FCM Supervisor will:

1. Discuss case specifics, assessment details (if applicable), and results of the Human Trafficking Screening Tool and the Human Trafficking Comprehensive Screening Tool (if applicable) with the FCM; and
2. Assist and guide the FCM, as needed, and ensure appropriate documentation, including any deviation from best practice, is entered in the case management system.

When the child is located, the DCS Staff Attorney will file a notice with the court of the child's found status no later than the **next business day** after notification is received from the FCM when there is an open CHINS or IA case.

Note: Notice should advise the court of any relevant information regarding the child's missing or runaway episode.

The Human Trafficking Regional leads or the Human Trafficking Focused Needs Director may be contacted for assistance during any absence of a missing or runaway child. See the Focused Needs and International and Cultural Affairs (ICA) SharePoint site for more information.

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RELEVANT INFORMATION

Definitions

DCS Investigators

DCS Investigators are employees of DCS who are responsible for assisting family case managers (FCMs) in locating absent parents, relatives, and/or other identified persons of interest to the case and/or assessment.

Human Trafficking

The Trafficking Victims Protection Act of 2000 defines human trafficking as:

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.

Forms and Tools

- [DCS Focused Needs and International and Cultural Affairs \(ICA\) SharePoint](#)
- [DCS Investigation Services](#): Available via the DCS Community SharePoint
- Human Trafficking Assessment Tool: Available in the case management system
- Human Trafficking Screening Tool: Available in the case management system
- Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults phone number: 1-800-831-8953
- [Indiana Data and Communications System \(IDACS\) website](#)
- IDACS phone number: 317-232-8294
- [Missing and Runaway Child Flowchart](#)
- National Center for Missing and Exploited Children (NCMEC) Form: Located in the case management system
- NCMEC Instruction Tool: Available in the case management system
- NCMEC phone number: 1-800-843-5678 (1-800-THE-LOST)
- NCMEC website: [Missingkids.org](#)
- [National Runaway Safeline website](#)
- [Release for Use of Photographs \(SF 54968\)](#)

Related Policies

- [4.47 Human Trafficking](#)
- [5.07 Child and Family Team Meetings](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)

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LEGAL REFERENCES

- [IC 10-13-5-4: "Missing Child"](#)
- [IC 10-13-5-4.4: "Missing endangered child"](#)
- [IC 31-33-18-2 \(25\): Disclosure of unredacted material to certain persons](#)
- [IC 31-34-1-3.5: Victim of human or sexual trafficking](#)

- [IC 31-34-1-8: Missing child](#)
- [IC 31-37-23: Interstate Compact on Juveniles](#)
- [34 USC 11201-11281: Runaway and Homeless Youth](#)
- [34 USC 11291-11298: Missing Children](#)

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PRACTICE GUIDANCE- DCS POLICY 5.22

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.

N/A

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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 noncustodial 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 5.22 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 (CA/N). 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 case staffing (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 case staffing (see policies 5.04 Noncustodial Parents and 5.06 Locating Absent Parents), 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.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

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) – Available in the case management system
- Visitation Plan – Available in the case management system

Related Policies

- [2.06 Sharing Confidential Information](#)
- [4.04 Required Interviews](#)
- [4.22 Making an Assessment Finding](#)
- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [5.04 Locating and Engaging Noncustodial Parents](#)
- [5.06 Locating Absent Parents](#)
- [5.22 Missing and Runaway Children](#)
- [8.01 Selecting a Placement Option](#)
- [8.12 Developing the Visitation Plan](#)

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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](#)

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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.

Extenuating Circumstances (added November 2022)

When initiating an assessment, extenuating circumstances may occur that prevent the FCM from completing face-to-face contact with a child within the initiation timeframe. Extenuating circumstances which may be approved include but are not limited to:

1. The child victim is not at the location stated on the report (e.g., school trip, out of town/state);
2. The victim is unknown or the child does not exist;
3. There is an inclement weather emergency;
4. There is a traffic accident or traffic delays;
5. A new child victim added to the report after the initial family contact was made;
6. Child is deceased;
7. Parent refused to allow access to the child (motion to compel is needed);
8. Report is linked to an open assessment and additional face-to-face contact is not required;
9. Report is assigned after the initiation timeframe; or
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.

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 services to preserve the family, 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 Specialist (CSS) or Probation Services Consultant (PSC), for dual status youth, when requested by leadership;
7. Regional Foster Care Specialist (RFCS) or Kinship Navigator (KN) (formerly known as the 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 CSS 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 CSS 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 Strategic Permanency Roundtable if the child remains in residential treatment for more than five (5) months;
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 CSS 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 \(SF 57138\)](#)
- [DCS Clinical services Specialists Contact Map](#)
- Indiana QRTP Referrals Email - IndianaQRTPReferrals@maximus.com
- [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](#)
- [8.53 Out-of-State Residential Treatment Review and Approval](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of Qualified Residential Treatment Program \(QRTP\) Designation](#)



INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 5: General Case Management
Section 25: New Child in the Household of a Parent or Custodian with an Open Case

Effective Date: July 3, 2024
Version: 1

- Procedure
Definitions
Forms and Tools
Related Policies
Legal References
Practice Guidance

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) ensures the safety and well-being of all new children in the household of a parent guardian, or custodian with an open DCS case (i.e., Informal Adjustment [IA], In-Home Child in Need of Services [CHINS], and Out-of-Home CHINS). It is imperative for the Family Case Manager (FCM) to demonstrate respect and empathy when a new report will be made to the Indiana DCS Child Abuse and Neglect Hotline (Hotline) regarding a new child in the household with an open DCS case.

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PROCEDURE

DCS will engage the family and assess child safety and risk throughout the lifespan of an open DCS case (see policy 5.03 Engaging the Family and 5.C Tool: Face-To-Face Contact Guide).

Upon discovery of a new child in the household of a parent, guardian, or custodian with an open DCS case, the FCM will:

- 1. Inform the parent, guardian, or custodian that a new report will be made to the Hotline and a resulting assessment will be initiated to evaluate the new child and family's safety, risk, and needs (see Practice Guidance for providing support to the family when a new report will be made to the hotline);

Note: A new child in the home may include a newborn infant or child that has moved into the home or regularly (or on a continual basis) visits the home.

- 2. Contact the Hotline immediately at 1-800-800-5556 or by email at DCS HotlineReports@dcs.in.gov;

Note: The report to the Hotline should include detailed open case information, past history, and risk factors that currently or previously existed within the family and household.

- 3. Communicate with the assessment worker regarding case information (e.g., past history, current court status, compliance with services, and the current Safety Assessment and Family Risk Assessment), if applicable;
4. Attend a consultation to review risk and safety for the child with the assessment FCM and the assessment FCM Supervisor, if applicable, the Division Manager (DM)/Local

Office Director (LOD), and the DCS Staff Attorney (if available) within 48 hours upon assessment initiation;

5. Monitor the implementation of the plan developed during the CFT Meeting (see policy 4.50 New Child in the Household of a Parent or Custodian with an Open Case);
6. Support the family in accessing community resources and/or prevention services to meet their underlying needs as identified during the CFT Meeting (see Tool 4G: Community Resources and Prevention Services); and
7. Document the demographic information of the new child in the household and all actions taken within three (3) business days in the case management system.

The FCM Supervisor assigned to the case will:

1. Ensure the FCM has communicated with the parent, guardian, or custodian about the need for filing a new report with the Hotline;
2. Ensure the FCM has contacted the Hotline regarding the new child in the home of a parent, guardian, or custodian with an open DCS case;
3. Attend a consultation with the assessment FCM and assessment FCM Supervisor, if applicable, the LOD and the DCS Staff Attorney (if available) within 48 hours of assessment initiation; and
4. Collaborate with the assessment FCM Supervisor to ensure all case information is current and accurate, if applicable.

The DM/LOD will:

1. Attend the consultation with the assessment and permanency FCM and FCM Supervisor, and DCS Staff Attorney (if available) within 48 hours of assessment initiation; and
2. Maintain communication with the out of county assessment LOD, if the assessment is assigned to a different county from where the permanency case is open.

The DCS Staff Attorney, if available, will attend a consultation with the assessment and permanency FCM and FCM Supervisor, and LOD within 48 hours of assessment initiation.

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RELEVANT INFORMATION

Definitions

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.

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

- [4.G Tool: Community Resources and Prevention Services](#)
- [5.C Tool: Face-To-Face Contact Guide](#)
- Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline – 1-800-800-5556
- Indiana DCS Child Abuse and Neglect Hotline email – DCSHotlineReports@dcs.in.gov
- Initial Family Risk Assessment – available in the case management system

- [Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families](#)
- Safety Assessment – available in the case management system

Related Policies

- [4.50 New Child in the Household of a Parent or Custodian with an Open Case](#)
- [5.03 Engaging the Family](#)

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LEGAL REFERENCES

- [IC 31-34-12-4.5: Presumption if living in household with adult who committed or has been charged with specified offense](#)

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PRACTICE GUIDANCE- DCS POLICY 5.25

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 and Family Team (CFT) Meeting

According to The Child Welfare Policy and Practice Group, 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. 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. Preventing removal and placement disruptions;
3. Strengthening engagement with families 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 the 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.

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 Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families document under Forms and Tools as part of an evaluation of the family's ability to ensure the safety of the child.

Providing Support to the Family When New Report Will Be Made to the Hotline

It is best practice for the Family Case Manager (FCM) to use respect, empathy, and a strengths-based approach when discussing with the parent, guardian, or custodian that a new report will be made to the Indiana Department of Child Services Hotline (Hotline) and a resulting assessment may be initiated. Having open and transparent conversations, including but not limited to, a Child and Family Team (CFT) Meeting with each parent helps to build a trust-based relationship by aligning with the DCS Practice Model. This also allows each parent to discuss any questions or concerns they may have about a new Hotline report.

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INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 5: General Case Management
Section 26: Duty to Report New Allegations of Child Abuse and/or Neglect (CA/N)

Effective Date: September 1, 2024

Version: 1

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

While performing the duties of an Indiana Department of Child Services (DCS) Family Case Manager (FCM), a new allegation of child abuse and/or neglect (CA/N) may be observed or received. In Indiana, anyone who suspects a child is a victim of CA/N is a mandated reporter (see Definitions). **All DCS employees are mandated to report any suspicion of child abuse or neglect.** A person who makes a CA/N report is protected from any civil or criminal liability that might otherwise be imposed because of such actions if the report is made in good faith.

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PROCEDURE

DCS will ensure all new allegations of CA/N are reported **immediately** to the DCS Child Abuse Hotline (Hotline), per state reporting statutes, and may not be handled as part of the case. See policies 3.08 Statutory Definition of Child Abuse and/or Neglect and 4.38 Assessment Initiation.

Upon observing or directly receiving information of new CA/N allegations, the FCM will:

1. Report the allegations to the DCS Hotline by phone (1-800-800-5556) or by email (DCSHotlineReport@dcs.in.gov) immediately and provide detailed information about the circumstances creating the risk of harm to the child (see Practice Guidance for more information).

Note: The FCM will also notify the DCS Interstate Compact on the Placement of Children (ICPC) office when the allegations involve a child placed in Indiana through the Interstate Compact on the Placement of Children (ICPC) (see policy 9.08 Minimum Contracts for DCS ICPC Placements).

2. Inform the FCM Supervisor **immediately** after the new Hotline report has been made; and
3. Document all actions taken into the case management system.

Upon notification of the new CA/N allegations, the FCM Supervisor will:

1. Ensure the FCM reported the allegations to the DCS Hotline; and
2. Ensure all documentation is entered into the case management system.

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RELEVANT INFORMATION

Definitions

Mandated Reporter

A mandated reporter is any person who has reason to believe a child is a victim of CA/N. All mandated reporters must report the incident to the Hotline.

Forms and Tools

- DCS Child Abuse Hotline - 1-800-800-5556
- DCS Child Abuse Hotline Email - DCSHotlineReports@dcs.in.gov
- DCS Child Abuse Hotline Fax - 317-234-7596 or 317-234-7595
- Hotline Information and Resources - available via the [Hotline SharePoint](#)

Related Policies

- [3.08 Statutory Definition of Child Abuse and/or Neglect](#)
- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [4.38 Assessment Initiation](#)
- [9.08 Minimum Contracts for DCS ICPC Placements](#)

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LEGAL REFERENCES

- [IC 31-33-5: Duty to Report 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 31-33-22-1: Failure to make report](#)

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PRACTICE GUIDANCE- DCS POLICY 5.26

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.

Indiana Child Abuse and Neglect Hotline


Those who frequently work with children are often the first adults to see signs of child abuse and/or neglect (CA/N). Mandated Reporters (see Definitions) play a critical role in keeping children and youth safe. The Indiana Department of Child Services (DCS) CA/N Hotline (Hotline) serves as the reporting center for all allegations of CA/N in the state and is available 24 hours a day, 7 days a week, including weekends and holidays.

Information to Provide when Making a Hotline Report

When calling the Hotline, provide as much information as possible. Demographic information about the child, parent, or alleged perpetrator will be collected, including names, addresses, and phone numbers. Additionally, the report source may be asked about the circumstances creating a risk of harm to the child, including (See Hotline Information and Resources):

1. Who was involved;
2. What occurred;
3. When and where it occurred;
4. The extent of any injuries sustained; and
5. Any other relevant information.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool: Face-to-Face Contact Guide	Effective Date: July 3, 2024
	Reference: 5.C Face-to-Face Contact [SF 53557])	Version: 3

This tool may help guide the Family Case Manager (FCM) to conversationally discuss the child’s safety, stability, permanency, and well-being, as well as the caregiver’s strengths and needs in caring for the child during face-to-face contact with the child, parent, guardian, custodian, and/or resource parent. The [Face-to-Face Contact \(SF 53557\)](#) form may be utilized to document notes if necessary.

SAFETY
Child Abuse and/or Neglect (CA/N) <ul style="list-style-type: none"> Is the child free from CA/N (i.e., exploitation, domestic violence, exposure to substance use)? Who are the family’s informal supports (e.g., family and friends) outside of the home that are able to help support and care for the child, and is the family utilizing the informal supports? Is there evidence to support that the parent or caregiver has the ability and willingness to protect all children, including a new child, residing in their home?
Home Safety <ul style="list-style-type: none"> Is the child’s environment safe (e.g., following age appropriate safe sleep, meeting sanitary standards, pest control, restricting access to medication)? Is there anyone in the home, or any home circumstance, that would pose a threat to any children, including a new child, residing in the home?
Child’s Feelings <ul style="list-style-type: none"> Does the child feel safe in all environments (i.e., home, placement, school, community, during services)? What are the child’s feelings regarding current placement, services, and/or the permanency plan?
Protective Strategies <ul style="list-style-type: none"> What are the shared protective strategies with the team? Have all Child and Family Team (CFT) and Case Plan Conference members been afforded the opportunity to provide input into the Safety Plan and/or Plan of Safe Care? What is the parent or caregiver’s plan to ensure the child’s safety for the new child residing in their household? What are the resources available and accessible to the family? What resources are they engaged in currently? What resources has the family identified that they may need?
STABILITY
Consistency <ul style="list-style-type: none"> Does the child have consistent routines, relationships, etc.? Has the child experienced recent changes in the child’s daily setting (e.g., change in household composition and school)?


<p>Placement Needs (if applicable)</p> <ul style="list-style-type: none"> • Is the current placement meeting the needs of the child? • Assess the needs of the resource parent in caring for the child (i.e., access to community resources, financial need, licensure, etc.)
PERMANENCY
<p>Daily Living</p> <ul style="list-style-type: none"> • Is the child's daily living stable and free from risk of disruption? • Have there been recent changes to the composition of the home?
<p>Behavioral and Emotional</p> <ul style="list-style-type: none"> • Has the child experienced a change resulting from behavioral difficulties or emotional disorders since the last visit?
<p>Permanency Plan</p> <ul style="list-style-type: none"> • Are all CFT and Case Plan Conference members aware of the child's permanency plan? • Does the team have a shared understanding of the long-term view for the child? • Does the child's permanency plan include relationships that will endure lifelong? • Is there a second permanency plan in place for the child?
WELL-BEING
<p>Emotional</p> <ul style="list-style-type: none"> • Does the child display age-appropriate emotional development, coping skills, self-control, and behavioral functioning in daily settings and activities with others? • Does the child express a sense of belonging or seem bonded to family and/or friends?
<p>Physical</p> <ul style="list-style-type: none"> • Observe and document the child's physical condition (e.g., child's skin [free from marks and bruises], teeth, hair, etc.). Repositioning, removing blankets, and changing light may be necessary to appropriately observe the child. • Are there concerns regarding personal hygiene practices (e.g., bathing, dental, etc.)? • Is the child achieving key physical (e.g., growth-height, weight, head circumference) and developmental milestones?
<p>Health Care</p> <ul style="list-style-type: none"> • Is the child achieving their optimal and best attainable health status? • Is the child's Medical Passport up to date? • Does the parent and/or caregiver have the capacity and support necessary to address any identified special medical needs (e.g., medication, medical equipment, compliance with physical and/or specialist appointments, emergency procedures, and appropriate food and/or supplement for a special diet)?
<p>Educational</p> <ul style="list-style-type: none"> • Is the child achieving at a grade level appropriate for their age? • Has the child experienced recent successes and/or disciplinary actions at school? • Has the child experienced any behavioral or social issues that are impacting the child's school performance or ability to learn? • Is the child able to attend both school and social functions? • Discuss recent Individualized Educational Program (IEP) or other school related meetings.
<p>Adjustment</p> <ul style="list-style-type: none"> • How does the child adapt to changes that affect their life? • How is the youth (age fourteen [14] and older) working toward independence and achieving Transition Plan goals?
OTHER

Case Plan Goals

- Is the pace for achieving safe, sustainable case closure consistent with the following guidelines?
 - Reunification: 12 months
 - Guardianship: 18 months
 - Adoption: 24 months
- Discuss the Case Plan Goals and progress made toward meeting the goals.

Parent/Child Relationship

- Assess and discuss the relationship between the child and the parent, step-parent/significant other, siblings, and/or other household members, and address how any issues or concerns are impacting the child.

	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 Abandoned Infants and 4.49 Safe Haven 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 the child;
2. Removes a child from the child's 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 services available to preserve the family 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) – available in the case management system
- Preliminary Inquiry (PI) – available in the case management system
- Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) – available in the case management system
- Request for Filing of Petition- available in the case management system
- [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 Abandoned Infants](#)
- [4.49 Safe Haven 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 Title IV-E 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: Chapter 2. Taking a Child in Need of Services Into Custody](#)
- [IC 31-34-2.5: Chapter 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: Initial hearing; service 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 by parent, guardian, or custodian](#)
- [IC 31-34-10-9: Dispositional hearing; factfinding hearing; consent](#)
- [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 Casebook Assessment Matrix supports the filing of a CHINS Petition (see policy 4.18 Establishing Initial Child Safety);
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 Title IV-E 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 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 of Hearings);
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 (see policy 2.30 Domestic Violence for additional information); 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

Affidavit of Diligent Inquiry (ADI)

An ADI is a sworn statement that the individual made reasonable efforts to locate someone.

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.

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.

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.

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.

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) – available in the case management system
- Order Authorizing Filing of CHINS Petition – available in the case management system
- Preliminary Inquiry (PI) – available in the case management system
- Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) – available in the case management system
- Request for Filing of Petition – available in the case management system
- [Taking Custody of a Child without Verbal Consent or Written Court Order: Description of Circumstances \(SF 49584\)](#)

Related Policies

- [2.30 Domestic Violence \(DV\)](#)
- [4.18 Establishing Initial Child Safety](#)
- [5.06 Locating Absent Parents](#)
- [6.04 Providing Notice of Hearings](#)
- [15.01 Title IV-E 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: Chapter 1. Circumstances Under Which a Child Is a Child in Need of Services](#)
- [IC 31-34-9: Chapter 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 03: 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 contest 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 of Hearings).

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 (see policy 2.30 Domestic Violence [DV]);
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 Title IV-E 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 of Hearings);
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 of Hearings;
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: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-33-26-15: Expungement and amendment of record procedures](#)
- [IC 31-34-1: Chapter 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

- [2.30 Domestic Violence \(DV\)](#)
- [6.04 Providing Notice of Hearings](#)
- [15.01 Title IV-E Eligibility Overview for Field and Legal Staff](#)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 6: Court Section 04: Providing Notice of Hearings	
	Effective Date: September 1, 2023	Version: 7

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

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.

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PROCEDURE

The Indiana Department of Child Services (DCS) will give written notice of CHINS and TPR hearings, by mail or hand delivery to the following:

1. The child;
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 whom DCS identifies as having a significant relationship with the child. Notice must also be sent to the prospective adoptive parent if required consent to adoption has been received or TPR filed.

Legal notice must be provided at least 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 providing notice of a hearing:

1. Mail- Notice may be sent by mail if the notice is deposited in the mail at least 10 calendar days prior to the scheduled hearing;
2. Hand delivery- Written notice may be hand delivered. The person delivering the notice must verify by affidavit, testimony, or other communication to the court at the hearing that notice was given as required; or
3. Verbal- Verbal notice may be the only form of notice available 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. Verbal notice should be given in addition to the written notice in all other circumstances.

Note: Verbal notice must include the date, time, location, and purpose of the proceeding. 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.

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 10 calendar 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 required parties to the DCS Staff Attorney;
2. Provide verbal notice of hearings, in addition to any other form of notice provided, to all required parties in a timely manner;
3. Notify the DCS Staff Attorney at least 15 calendar days in advance of the change 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 required parties from the FCM;
2. Ensure the required parties are notified of each hearing via mail, hand delivery, 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.

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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, a resource parent includes a foster parent, licensed or unlicensed relative or kinship caregiver, and a pre-adoptive parent.

Forms and Tools

N/A

Related Policies

N/A

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LEGAL REFERENCES

- [IC 31-9-2-76.5: "Long term foster parent"](#)
- [IC 31-32-1-4: Hearing notices regarding CHINS or delinquent cases](#)
- [IC 31-34-2.3-4: Hearing; notice](#)
- [IC 31-34-5-1: Time for hearing; notice; petition alleging a child is a child in need of services](#)
- [IC 31-34-10-2: Initial hearing; service of petition and summons; determination of referral for dual status assessment; CHINS petition; additional initial hearings](#)
- [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 31-34-22-2: Providing copies of reports and factual summaries of reports](#)
- [IC 31-34-23-3: Notice and hearing requirements; change in out-of-home placement; temporary order for emergency change of placement](#)
- [IC 31-35-2-6.5: Notice of hearing](#)
- [Indiana Trial Rule 5](#)

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PRACTICE GUIDANCE- DCS POLICY 6.04

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.

Communicating Hearing Information to Child and Family Team (CFT) Members

Communicating hearing information to all relevant parties in a timely manner aids in building trust-based relationships. FCMs may explain to the appropriate parties who are entitled to notice of the hearing the date of an upcoming court hearing, purpose of the hearing, and what will be discussed.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 6: Court

Section 06: Predispositional Report (PDR)

Effective Date: November 1, 2023

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS)- prepares a Predispositional Report (PDR) and submits the PDR to the court at least 10 calendar days prior to the Dispositional Hearing for any child that a court adjudicates a Child in Need of Services (CHINS) in order to provide the court with information outlined in IC 31-34-18 and IC 31-34-20-5.

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PROCEDURE

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 ongoing due diligence efforts made to identify all adult relatives of the child;
3. Recommendation for the care, treatment, rehabilitation, or placement of the child (see policy 5.19 Child and Adolescent Needs and Strengths [CANS] Assessment);
4. Financial Report on the parent and child (see policy 2.20 Establishment of Child Support Orders, Indiana Child Support Bureau Field Consultant Region Map, and Child Support Obligation Worksheet);
5. Nature and extent of appropriate participation by the parent, guardian, or custodian, including recommended services, visitation, and 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 (see policy 5.07 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, when concurrent planning (see policy 5.15 Concurrent Planning/Second Permanency Plan – Overview); and
8. Information gathered from the resource parent during preparation of the report and any recommendations from 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 case management system or legal forms database (QUEST);
 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-Day Assessment regarding the child's treatment (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 Title IV-E 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 (see policy 5.08 Developing the Case Plan/Prevention Plan) .

The FCM Supervisor will:

1. Assist the FCM, as needed, during the development of the PDR; and
2. Approve and sign 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.

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RELEVANT INFORMATION

Definitions

Qualified Residential Treatment Program (QRTP)

A 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 Qualified Residential Treatment Program (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 Child Support Bureau Field Consultant Region Map](#)
- [Indiana Relative Kinship Foster Placement Reporting Form](#)
- Predispositional Report (PDR) – available in the case management system
- Youth Report to the Court – available in the case management system

Related Policies

- [2.20 Establishment of Child Support Orders](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)

- [5.10 Family Services](#)
- [5.15 Concurrent Planning/Second Permanency Plan – Overview](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [8.12 Developing the Visitation Plan](#)
- [15.01 Title IV-E Eligibility Overview for Field and Legal Staff](#)
- [15.11 Title IV-A/EA \(Emergency Assistance\) Eligibility Requirements](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of Qualified Residential Treatment Program \(QRTP\)](#)

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LEGAL REFERENCES

- [IC 31-34-18: Chapter 18. Predispositional Report](#)
- [IC 31-34-20-5: Determination and reporting of legal settlement of child](#)
- [42 USC 672: Foster care maintenance payments program](#)

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PRACTICE GUIDANCE- DCS POLICY 6.06

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 6: Court

Section 07: Dispositional Hearing

Effective Date: July 1, 2023

Version: 7

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- [Definitions](#)

- [Forms and Tools](#)
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- [Legal References](#)
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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.

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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;

Note: The parent is presumed indigent unless a court makes a specific finding that states otherwise.

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 of Hearings,
 - 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 Title IV-E Eligibility Overview for Field and Legal Staff and 15.03 Court Order Requirements for Title IV-E Initial Eligibility).

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.

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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 Qualified Residential Treatment Program (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 of Hearings](#)
- [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 Title IV-E Eligibility Overview for Field and Legal Staff](#)
- [15.03 Court Order Requirements for Title IV-E Initial Eligibility](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of Qualified Residential Treatment Program \(QRTP\)](#)

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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: Chapter 19. Dispositional Hearing](#)
- [IC 31-34-20: Chapter 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; failure to participate](#)
- [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](#)
- [IC 31-40-1-3: Payment by parent or guardian for cost of services provided by or through department of child services; presumption of indigency](#)
- [42 USC 671 et. seq.: State plan for foster care and adoption assistance](#)
- [42 USC 672: Foster care maintenance payments program](#)

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PRACTICE GUIDANCE- DCS POLICY 6.07

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.

Court Disagreement with Placement, Services, or Programs

The court may disagree with the placement, services, or programs offered, implemented, or not offered by DCS. When this occurs, the court is required to provide a recommendation option to DCS. If the disagreement occurs prior to the Dispositional Decree, DCS will have three (3) days from the date it receives the court's order to provide a report to the court. If the disagreement occurs after the Dispositional Decree, DCS will have seven (7) days from the date it receives the court's order to reconsider the option and provide a supplemental PDR. Each report will inform the court of the decision made by DCS, including the recommended placement, program, or services, and the reason for the decision. If the court continues to disagree, a court order may result. DCS must follow the order of the court but will have an opportunity to appeal the decision, if applicable.

Dispositional Court Hearing Considerations

During the Dispositional Hearing, the court will 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, guardian, or the child;
4. The recommendations and report from the Dual Status Assessment Team (DSAT), if the child is identified as dual status; and
5. Legal settlement of the child for school attendance if the child has been removed from the home.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 6: Court Involvement

Section 08: Progress Report

Effective Date: November 1, 2023

Version: 9

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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 at least every three (3) months 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 (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants); and
11. Reasonable Efforts DCS has made to Finalize the Permanency Plan (REPP) for the child.

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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. At least 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 form 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 form.
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 CFT 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 to the appropriate parties.

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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 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 Qualified Residential Treatment Program (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

- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [8.12 Developing the Visitation Plan](#)
- [8.13 Implementing the Visitation Plan](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of Qualified Residential Treatment Program \(QRTP\) Designation](#)

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LEGAL REFERENCES

- [42 USC 672: FOSTER CARE MAINTENANCE PAYMENTS PROGRAM](#)
- [IC 12-17.2: ARTICLE 17.2. DAY CARE REGULATION](#)
- [IC 31-27: ARTICLE 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](#)

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PRACTICE GUIDANCE- DCS POLICY 6.08

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.

Progress Report Content

The Progress Report should address the following elements. The court will consider these elements when making its determinations, including but not limited to:

1. Services, which includes:
 - a. Documentation of services offered and/or provided to the child or the parent, guardian, or custodian; the dates of the services; and the outcome,

Note: Documentation of appropriate community services and treatment (including services available to an incarcerated parent through the facility) should also be included.
 - b. Health and educational information, and
 - c. Any additional services required for the child or the child's parent, guardian, or custodian and the nature of those services.
2. Visits, which includes:
 - a. The extent to which the parent, guardian, or custodian (including noncustodial and incarcerated parents) has visited the child, including the reasons for infrequent visitation, if applicable, and

Note: The report should include any alternative forms of contact included in the Visitation Plan. See policies 8.12 Developing the Visitation Plan and 8.13 Implementing the Visitation Plan.
 - b. The extent to which sibling visits are occurring, if siblings are separated, including reasons for infrequent visitation, if applicable.
3. Compliance and cooperation, which includes:
 - a. The extent to which the parent, guardian, or custodian has cooperated with, participated in, and benefited from DCS court ordered services with DCS or the probation department, and
 - b. Whether DCS, the child/youth, and the parent, guardian, or custodian has complied with the Dispositional Decree, including any court ordered services outlined in the Case Plan/Prevention Plan (to be attached when necessary).
4. Child's placement (if the child is placed in out-of-home care), which includes:
 - a. Whether the child is in the least restrictive, most family-like setting,
 - b. Whether the child is placed close to the home of the child's parent, guardian, or custodian,
 - c. Whether siblings are placed together,
 - d. Whether the child is placed in proximity to the school in which they were enrolled in at the time of removal, and
 - e. An explanation as to why, if these conditions are not met, including efforts being made to find a more appropriate placement if applicable.

Note: Ongoing diligent efforts to identify all adult relatives of the child must be included.

5. Outcomes, which includes:
 - a. The extent to which the causes for the child's out-of-home placement or supervision have been alleviated,
 - b. The extent to which the parent, guardian, or custodian has enhanced his or her ability to fulfill parental obligations including if there are any limitations due to mental or physical disabilities as well as changes in employment status,
 - c. Current living arrangement of each parent, guardian, or custodian,
 - d. The extent to which a child's education and health is improved,
 - e. Age-appropriate programs and/or extracurricular activities the child/youth is involved,
 - f. Completed Youth Report to the Court form for youth 14 years of age and older who are unable to attend a court hearing,
 - g. Diligent search including search for Another Planned Permanent Living Arrangement (APPLA) for youth 16 years of age and older, and documentation to support why other permanency plan options are not in the best interest of the child/youth, and
 - h. A summary of all CFT Meeting notes including significant changes that occurred between court hearings.

6. Consultations, which includes:
 - a. All professionals consulted, their relationship to the child, and recommendations,
 - b. All persons who are part of the CFT, their relationship to the child, each meeting coordinated with them, and recommendations, and
 - c. Pertinent information and recommendations that have been gathered from the resource parent.

7. Recommended Plan of Care, which includes:
 - a. Treatment,
 - b. Rehabilitation,
 - c. Permanency Plan, and
 - d. Placement for the child.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 6: Court

Section 09: Periodic Case Review Hearing

Effective Date: March 11, 2024

Version: 10

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) will consistently attend and participate in Periodic Case Review Hearings to ensure the child is receiving necessary care and treatment, DCS has made reasonable efforts to provide family services, and plans are made to move the case forward. DCS provides notice of the hearings as well as prepares progress reports.

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PROCEDURE

DCS will request that Periodic Case Review Hearings be 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, 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 for any dually adjudicated child (see policy 2.25 Dual Status);
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 the Case Plan/Prevention Plan and 6.10 Permanency Plan);

Note: Ensure the recommended Permanency Plan includes at least one (1) intended Permanency Plan goal other than reunification of the child with the child's parent, guardian, or custodian if the child has been removed from the child's parent for at least 12 months of the most recent 22 months at the time of the periodic case review (see policy 5.15 Concurrent Planning/Secondary Permanency Plan – Overview).

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).

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. The Consent to Adoption form 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 Indiana Code (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/Prevention Plan (see policies 5.07 Child and Family Team (CFT) Meetings and 5.08 Developing the Case Plan/Prevention Plan);
2. Prepare a Progress Report for the Periodic Case Review Hearing (see policy 6.08 Progress Report);
3. Ensure required parties are notified of the Periodic Case Review Hearing ten (10) 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 of Hearings);

Note: Diligent efforts should be made to prepare the child for the Periodic Case Review Hearing (see policy 6.14 Children Attending Court Proceedings).

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/Prevention 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, 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 (see policy 6.15 Court Process for the Assessment of Admission to a Qualified Residential Treatment Program [QRTP]), the DCS Staff Attorney will prepare the FCM 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.
3. Represent the interest of DCS at the Periodic Case Review Hearing.

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RELEVANT INFORMATION

Definitions

Dually Adjudicated (Dual Status)

A dually adjudicated child is defined in IC 31-41-1-2 as “a child who is alleged to be or is presently adjudicated to be a Child in Need of Services (CHINS) under IC 31-34-10 or IC 31-34-11 and is alleged to be or is presently adjudicated to be a delinquent child under IC 31-37-12 or IC 31-37-13”.

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 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 Qualified Residential Treatment Program (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.

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

- Case Plan/Prevention 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

- [2.25 Dual Status](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.15 Concurrent Planning/Second Permanency Plan – Overview](#)
- [6.04 Providing Notice of Hearings](#)
- [6.08 Progress Report](#)
- [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 \(QRTP\)](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of Qualified Residential Treatment Program \(QRTP\)](#)

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LEGAL REFERENCES

- [42 USC 672: FOSTER CARE MAINTENANCE PAYMENTS PROGRAM](#)
- [42 USC 675\(5\)\(B\): DEFINITIONS](#)
- [IC 12-17.2: ARTICLE 17.2. DAY CARE REGULATION](#)
- [IC 31-27: ARTICLE 27. CHILD SERVICES: REGULATION OF RESIDENTIAL CHILD CARE](#)
- [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](#)
- [IC 31-34-21-7: Permanency hearing](#)

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PRACTICE GUIDANCE- DCS POLICY 6.09

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.

Child's Voice in Permanency Planning

The Child and Family Team (CFT) should have a meaningful and informed discussion with the child regarding the child's views on leaving the current home and how the child feels about reunification, adoption, guardianship, Another Planned Permanent Living Arrangement (APPLA), or placement with a fit and willing relative. The child's views should be taken into consideration when reviewing and revising the permanency plan.

Reasonable Efforts to Preserve and Reunify Families

In determining the extent to which reasonable efforts to reunify or preserve a family are appropriate, the child's health and safety are of paramount concern. If the child is placed in the child's home, DCS will make efforts to prevent or eliminate the need for removing the child from the home. If the child is in out-of-home placement, DCS will make efforts to make it possible for the child to return safely to their home as soon as possible.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 6: Court

Section 10: Permanency Plan

Effective Date: March 11, 2024

Version: 13

- [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) 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. All decisions made by DCS shall be made in consideration of the best interests of the child. A second Permanency Plan will be identified if concurrent planning is appropriate (see policy 5.15 Concurrent Planning/Secondary Permanency Plan – Overview).

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 calendar 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 (CFT) Meetings and 5.08 Developing the Case Plan/Prevention Plan.

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 calendar 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: When the child has been removed from the child’s parent for at least 12 months out of the most recent 22 months, the recommended Permanency Plan **must** include at least one (1) intended Permanency Plan goal other than reunification with a parent, guardian, or custodian (i.e., adoption, legal guardianship, or placement with a fit and willing relative).

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 under the Americans with Disabilities Act (ADA);
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;

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 recommended Permanency Plan includes at least one (1) intended Permanency Plan goal other than reunification of the child with the child's parent, guardian, or custodian if the child has been removed from the child's parent for at least 12 months of the most recent 22 months (see policy 5.15 Concurrent Planning/Second Permanency Plan – Overview);
4. Ensure youth ages 14 years and older and their child representatives are 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. In such cases, 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;

Note: 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.

5. 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 be provided with the Indiana Bill of Rights for Youth in Foster Care and 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.

6. 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;
7. 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. Include 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 Relatives/Kin and Case Participants.

Note: A child who is placed with a fit and willing relative is not considered a legally secure permanency option. Adoption and/or guardianship should continue to be explored by the FCM as they offer a stronger permanency option for the child.

8. Request approval by an Assistant Deputy Director (ADD)/Regional Manager (RM) or designee for any decision to change the Permanency Plan to Another Planned Permanency Living Arrangement (APPLA);

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.

9. Ensure Reasonable Efforts are made to Finalize the Permanency Plan (REPP) and document those efforts in the Progress Report – Permanency;
10. Attach the Case Plan/Prevention Plan and a summary of the CFT Meeting notes, including any significant changes, to the Progress Report – Permanency;
11. 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 calendar days of admission in the QRTP, and the QRTP Determination Report must be reviewed by the court within 60 calendar days. The QRTP 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 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.
12. 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;
 13. Seek court approval of the Permanency Plan or any changes to an existing Permanency Plan (see policy 6.11 Permanency Hearing); and
 14. 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. Ensure the recommended Permanency Plan includes at least one (1) intended Permanency Plan goal other than reunification of the child with the child's parent, guardian, or custodian if the child has been removed from the child's parent for at least 12 months of the most recent 22 months (see policy 5.15 Concurrent Planning/Second Permanency Plan – Overview);
3. Provide support to the FCM, as needed, in completing the steps; and

4. Approve the Progress Report – Permanency and submit it to the DCS Staff Attorney.

The RM will determine whether to approve requests to change the Permanency Plan to APPLA.

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' 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 requires the identification of two (2) court approved Permanency Plan goals and simultaneous reasonable efforts 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 Termination of Parental Rights (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, or legal permanency for the child is reached through adoption, third party custody, or guardianship; and
5. 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 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 Qualified Residential Treatment Program (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.

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) – available in the case management system
- [Indiana Bill of Rights for Youth in Foster Care](#)
- [Indiana Bill of Rights for Youth in Foster Care \(Spanish\)](#)
- Progress Report – Permanency – available in the case management system
- Youth Report to the Court – available in the case management system

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.15 Concurrent Planning/Second Permanency Plan – Overview](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [6.11 Permanency Hearing](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of Qualified Residential Treatment Program \(QRTP\) Designation](#)

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LEGAL REFERENCES

- [42 USC 672: FOSTER CARE MAINTENANCE PAYMENTS PROGRAMS](#)
- [42 USC 675: DEFINITIONS](#)
- [42 USC 675a: Additional case plan and case review system requirements](#)
- [42 USC Ch. 126 12102: Definition of disability](#)
- [45 CFR 1355.20: Definitions](#)
- [45 CFR 1356.21: Foster care maintenance payments program implementation requirements](#)
- [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: Determination; findings](#)
- [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](#)

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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 Child and Family Team (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, Another Planned Permanency Living Arrangement (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 Family Case Manager (FCM), or the Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA) at the Permanency Hearing.

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 APPLA) and second Permanency Plan, if concurrent planning;
2. Determine whether it is in the child's/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 the Case Plan/Prevention Plan);

Note: When the child has been removed from the child's parent for at least 12 months out of the most recent 22 months, the recommended Permanency Plan **must** include at least one (1) intended Permanency Plan goal other than reunification with a parent, guardian, or custodian.

4. Evaluate whether continuation of the services ordered in the Dispositional Decree with or without modification has a reasonable chance of success at achieving the Permanency Plan;
5. Identify procedural safeguards used by Indiana Department of Child Services (DCS) to protect parental rights;
6. Determine whether DCS has made Reasonable Efforts to Finalize the Permanency Plan (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 (RE)

In determining the extent to which RE 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 RE to preserve and reunify families as follows:

1. RE 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. RE 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' 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 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

Section 11: Permanency Hearing

Effective Date: March 11, 2024

Version: 12

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A Permanency Hearing will be held for a child:

1. Within 30 days after the court finds that Reasonable Efforts (RE) 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 the child's parent, guardian, or custodian, whichever comes first; or
3. More often if ordered by the court.

Note: The Indiana Department of Child Services (DCS) may request the court hold a Permanency Hearing at any time.

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PROCEDURE

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 Child and Family Team (CFT), and may not be a foster parent or Family Case Manager (FCM).

4. An attorney who has entered an appearance on behalf of the child'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).

Note: If DCS determines that the youth is unable to participate effectively in the hearing due to a physical, mental, emotional, or intellectual disability, DCS may request the court to excuse the child/youth from the hearing.

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.

Note: In determining the extent to which reasonable efforts to reunify or preserve a family are appropriate, the child's health and safety are of paramount concern.

The court will issue a finding on Reasonable Efforts to Finalize 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 Title IV-E Eligibility Requirements).

The 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 of Hearings);
2. Ask if the parent, guardian, or custodian or the child needs a reasonable accommodation due to a disability;
3. Ensure the recommended Permanency Plan includes at least one (1) intended permanency plan goal other than reunification of the child with the child's parent, guardian, or custodian if the child has been removed from the child's parent for at least 12 months of the most recent 22 months at the time of the Permanency Hearing (see policy 5.15 Concurrent Planning/Second Permanency Plan – Overview);
4. Ensure the Permanency Plan is discussed with the child in an age-appropriate manner prior to the Permanency Hearing. The CFT should have a meaningful and informed discussion with the child regarding the child's views on the Permanency Plan (see policy 5.07 Child and Family Team [CFT] Meetings);

Note: It is vital to include the child's opinions in the Progress Report – Permanency even when they may conflict with the recommendation to the court. The child's views can also be expressed by an attorney for the child, the FCM, or the GAL/CASA at the Permanency Hearing;

5. Make diligent efforts to include the child in court proceedings, if appropriate (see policy 6.14 Children Attending Court Proceedings);

Note: Youth 14 years of age and older should participate in the Permanency Hearing. The youth should complete and submit a Youth Report to the Court regarding the youth's well-being, progress, and views regarding permanency if the youth is unable to attend the court hearing. If the youth refuses to participate in the Permanency Hearing and/or is unable to complete the Youth Report to the Court, 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.

6. Work with the DCS Staff Attorney to prepare for the Permanency Hearing;
7. Attend and participate in the Permanency Hearing for a child:
 - a. Within 30 days after the court finds that RE to reunify or preserve a child'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 was removed from the child's parent, guardian, or custodian, whichever comes first, or
 - c. More often if ordered by the court.
8. Enter court hearing details and outcome, as well as future hearings scheduled in the case management system, including the court's findings related to RE toward the Permanency Plan.

The FCM Supervisor will:

- 1. Assist the FCM in preparation for the Permanency Hearing;
- 2. Ensure the recommended Permanency Plan includes at least one (1) intended permanency plan goal other than reunification of the child with the child's parent, guardian, or custodian if the child has been removed from the child's parent for at least 12 months of the most recent 22 months at the time of the Permanency Hearing (see policy 5.15 Concurrent Planning/Second Permanency Plan – Overview); and
- 3. 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., Qualified Residential Treatment Program (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) (see policy 6.15 Court Process for the Assessment of Admission to 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,
 - 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.
- 3. Participate in the Permanency Hearing; and
 - 4. Request and verify that within 12 months from the child's removal from the home and every 12 months thereafter, a finding of REPP is obtained in a court order.

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 12 months of age.

Qualified Residential Treatment Program (QRTP)

A 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 Qualified Residential Treatment Program (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, a resource parent includes a foster parent, licensed or unlicensed relative or kinship caregiver, and a pre-adoptive parent.

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 – available in the case management system

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.15 Concurrent Planning/Second Permanency Plan – Overview](#)
- [6.04 Providing Notice of Hearings](#)
- [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 Title IV-E Eligibility Requirements](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of Qualified Residential Treatment Program \(QRTP\) Designation](#)

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: Chapter 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](#)

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PRACTICE GUIDANCE- DCS POLICY 6.11

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.

Child Representatives

Youth may select one (1) of the child representatives to also be their 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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 6: Court

Section 12: Involuntary Termination of Parental Rights (TPR)

Effective Date: March 11, 2024

Version: 12

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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.

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PROCEDURE

DCS will petition the court for involuntary TPR as outlined in Indiana Code (IC) 31-35-2-4.

Note: To petition for involuntary TPR involving safe haven infants, see IC 31-35-1.5 and policy 4.49 Safe Haven Infants.

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 existence of one (1) or more of the circumstances as described in IC 31-35-2-4(d);
2. There is a satisfactory plan for care and treatment of the child; and
3. Termination of the parent-child relationship is in the child's best interest.

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 a legal staffing every 3 months after the filing to dismiss to determine the appropriateness of refiling the TPR petition. A petition for TPR 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 if 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. 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) once a prospective adoptive family has been identified and the TPR petition has been filed (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 of Hearings);
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/Secondary Permanency Plan-Overview), and update the plan as appropriate;
3. 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

4. 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 designee will:

1. Sign the Consent to Adoption form 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.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) – available in case management system
- [Consent to Adoption \(SF 12582\)](#)
- [Indiana Adoption Medical History Report \(SF 9966\)](#)
- [Indiana Adoption Program Application Title IV-E Adoption Assistance Program \(AAP\) or State Adoption Subsidy \(SAS\) \(SF 54351\)](#)

Related Policies

- [4.49 Safe Haven Infants](#)
- [5.05 Genetic Testing for Alleged Fathers](#)
- [5.06 Locating Absent Parents](#)
- [5.15 Concurrent Planning/Second Permanency Plan-Overview](#)
- [6.04 Providing Notice of Hearings](#)
- [10.02 Assessing the Child's Readiness for Adoption](#)
- [10.15 Eligibility Requirements for Adoption Assistance](#)

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LEGAL REFERENCES

- [IC 31-10-2-3: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [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 31-35-1.5: Chapter 1.5. Termination of Parent-Child Relationship Involving Safe Haven Infants](#)
- [IC 31-35-2: Chapter 2. Termination of Parent-Child Relationship Involving a Delinquent Child or a Child in Need of Services](#)
- [IC 31-35-2-4: Petition to terminate parent-child relationship; filing; required allegations; required filing of permanency plan](#)
- [IC 31-35-3: Chapter 3. Termination of Parent-Child Relationship with Individual Convicted of Criminal Offense](#)
- [IC 31-35-3.5: Chapter 3.5. Termination of Parent-Child Relationship of an Individual Who Committed an Act of Rape](#)
- [42 USC Ch. 126 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](#)


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PRACTICE GUIDANCE- DCS POLICY 6.12

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 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 14.08 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: Rights of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-35-1: Chapter 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

- [Consent to Adoption \(SF 12582\)](#)
- [Indiana Adoption Medical History Report \(SF 9966\)](#)
- [Voluntary Relinquishment of Parental Rights \(SF 12587\)](#)

Related Policies

- [10.02 Assessing the Child's Readiness for Adoption](#)
- [14.08 Negotiations for Adoption Assistance](#)



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 6: Court

Section 14: Children Attending Court Proceedings

Effective Date: June 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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.

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PROCEDURE

The Indiana Department of Child Services (DCS) and the court will determine 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 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. If the child is ordered to appear, DCS will make arrangements with the child and/or the child's caregiver to attend the hearing. Efforts to ensure the child's attendance at court proceedings will continue throughout the life of the case.

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. If the youth is unable to attend the court hearing, the youth should have a Youth Report to the Court completed and submitted to the court. It may be appropriate for youth to attend only a portion of a hearing. Attendance in court is mandatory for youth in Collaborative Care (see policy 11.23 Collaborative Care Court Hearings).

DCS will follow any protective or no contact orders and make arrangements with the court, as necessary, for the child to attend a court proceeding.

When a child attends court proceedings, DCS will make efforts to provide support for the child before, during, and after the proceedings by offering protection from harmful material, interactions, and information in order to prevent distress to the child.

The Family Case Manager (FCM) will:

1. Notify the DCS Staff Attorney of any protective or no contact orders regarding the child;

2. Discuss court proceedings with the child, as age and developmentally appropriate, in order to assess the child's understanding of the court process, how it may impact the child, and the child's willingness to attend. The Bench Card Authentic Youth Engagement: A Guide for Courts may help in this discussion with the child;

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), which would include the Youth Report to the Court.

3. Consult with any other 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) as to how the court proceeding may impact the child;
4. Make a determination, following the discussion with the child and consultation with other relevant individuals in the case, 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;

Note: If DCS determines the child is unable to participate effectively in the court hearing due to a physical, mental, emotional, or intellectual disability, DCS will provide the court with documentation regarding the reasons for the child's inability to participate in the hearing.

6. Record the refusal in the case management system if the child refuses to participate in the hearing, and submit documentation to the court regarding the efforts made to obtain the youth's input; 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 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.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Bench Card Authentic Youth Engagement: A Guide for Courts](#)
- Youth Report to the Court- Available in the case management system

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [6.10 Permanency Plan](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [11.23 Collaborative Care Court Hearings](#)
- [16.01 Clothing, Personal Items, and Permitted Per Diem Expenses](#)
- [16.02 Assistance for Unlicensed Relative Placements](#)

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LEGAL REFERENCES

- [IC 31-34-15-2: Time for completion](#)
- [IC 31-34-15-4: Form; contents](#)

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PRACTICE GUIDANCE- DCS POLICY 6.14

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.

Arranging for a Child to Attend Court

Consider the following when making arrangements for a child to attend court:

1. Request the hearing date to be set at a convenient time for the child and transporter;
2. Inform the child and transporter as soon as the hearing is set in order to plan; and
3. Consider requesting that transportation of the child to the hearing be included in the court order, if appropriate.

Note: Although parents, resource parents, and placement providers (LCPA staff) may provide transportation for the child to and from court hearings, there may be times when the FCM must provide the transportation.

Child Representatives

Child representatives are selected by youth who are 14 years of age and older to advise the youth and advocate for/to 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. 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. See policies 5.07 Child and Family Team Meetings, 6.10 Permanency Plan, and 11.06 Transition Plan for Successful Adulthood for additional information.

Questions to Determine if Attending Court is in the Child's Best Interest

Consider the following questions to help determine if it is in the child's best interest to attend court¹:

1. What is the developmental level of the child?
2. Will attending court upset the child?
3. Will court be confusing to the child or cause additional trauma?
4. Will attending court cause the youth to miss a previously scheduled event (e.g., sporting events, school related activities)?
5. Who will transport the child to and from the court hearing?

Note: In some circumstances, caregivers may qualify to receive assistance with travel expenses when transporting children to and from court hearings. See policies 16.01 Clothing, Personal Items, and Permitted Per Diem Expenses and 16.02 Assistance for Unlicensed Relative Placements for more information.

6. Will the court need additional time for the hearing?
7. What type of hearing is scheduled?

¹ Khoury, A. (2006, December). Seen and Heard: Involving Children in Dependency Court. *Child Law Practice*, 25(10).

8. Who will be available to provide support and supervision for the child before, during, and after the hearing if needed?
9. Does the child have behaviors that will disrupt the hearing? If yes, how can these behaviors be managed to allow the child to attend the court proceeding?

Consider the following questions to help prepare the child for court:

1. What is the child's role in the proceedings?
2. Does the child have important information about the allegations in the petition?
3. Has there been a recent change in the child's placement?
4. Do you need the child's input about the placement?
5. Do you need the child's input regarding the child welfare services the child has recently received?

Tips to Involve the Child in Court

The following tips may help to involve the child in the court proceedings:


1. Have the child present throughout the entire hearing (if it is in the best interest of the child);
2. Discuss with the Staff Attorney, if a request is made, to have the child's testimony heard in-chambers with the judge or with the judge and attorneys in order to discuss the case if the child finds the courtroom too intimidating;
3. Arrange an advance visit to the courthouse;
4. Have the child wait in a private or separate waiting area for the hearing;
5. Exclude the child from hearings where testimony may be difficult or harmful to the child;
6. Ensure there is an adult present to care for the child before and during the hearing if the child is only staying for a portion of the hearing; and/or
7. Have a discussion with the child after the hearing to process what took place during the hearing and answer any questions the child may have.

Tips for Making Accommodations Children in Court

The following tips may assist when making accommodations for children in court:

1. Provide age-appropriate reading material describing the court process to the child;
2. Provide an age-appropriate list of legal terms and definitions that may be used during the hearing (e.g., FCM, attorney, judge, foster family, reunification, CASA/GAL);
3. Avoid acronyms or legal jargon that a child would not understand;
4. Reinforce the importance of the child being present and having a voice;
5. Ensure there are activities available for the child in the event of a delay or waiting period; and/or
6. Ensure there is an interpreter, if necessary, for the child.

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	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 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).

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 form 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 nonconsecutive months; or
- ii. Twelve (12) years of age or younger and remain in a specific QRTP for six (6) consecutive or nonconsecutive months.

LEGAL REFERENCES

- [42 USC 672: FOSTER CARE MAINTENANCE PAYMENTS PROGRAM](#)

RELEVANT INFORMATION

Definitions

Qualified Residential Treatment Program (QRTP)

A 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 Qualified Residential Treatment Program (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.

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 Qualified Residential Treatment Program \(QRTP\) Designation](#)



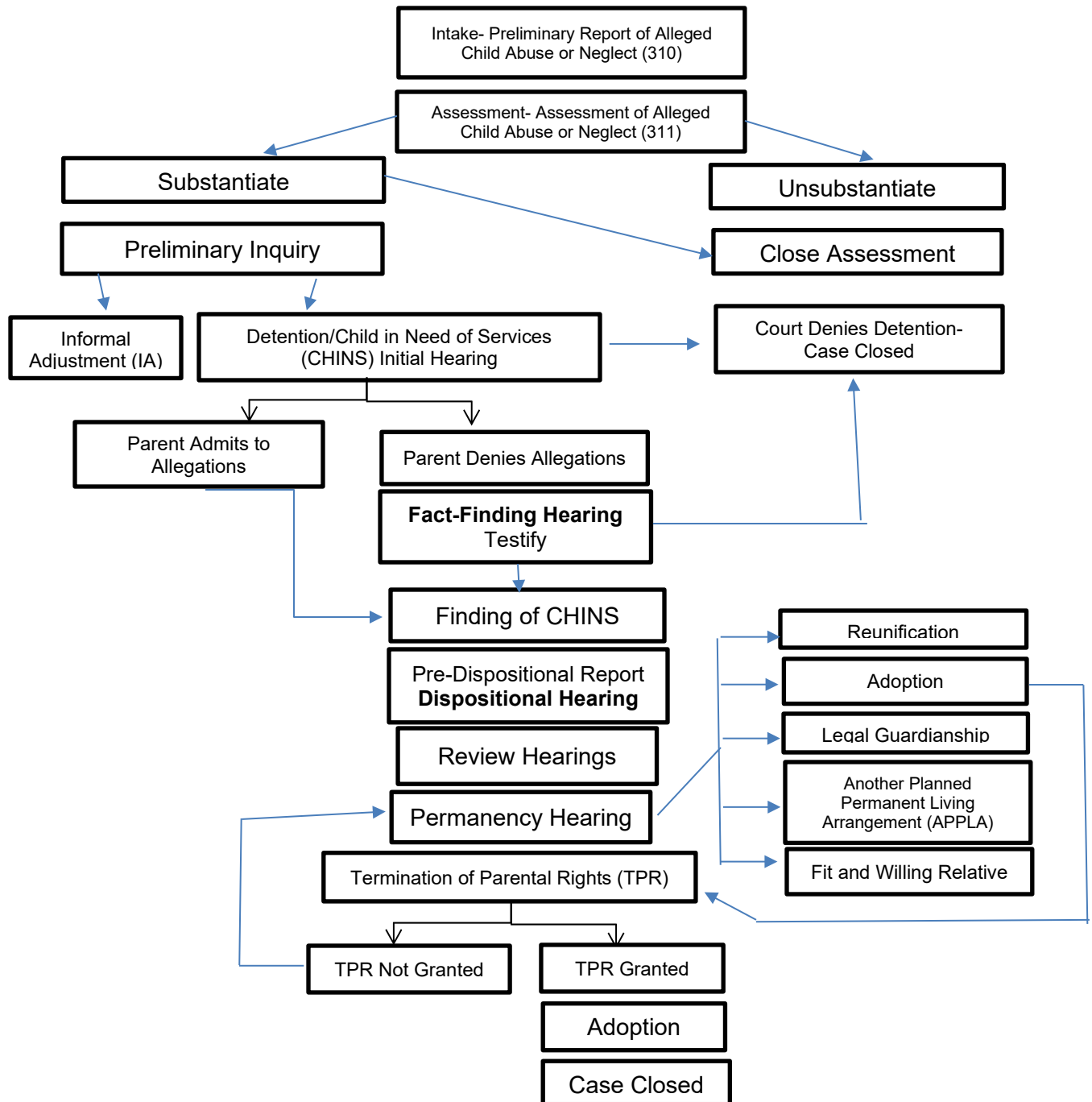
INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY


Tool Name: 6.A Tool: Legal Process Overview

Reference: Chapter 6

Effective Date: July 1, 2023

Version: 3



	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Tool: Statutory Definition of CHINS	Effective Date: March 18, 2022
	Reference: 6.B (Chapter 6 – Court)	Version: 10

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

- a. 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.
- b. 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](#)); and the offense was committed by the parent, guardian, or custodian of the child; and the child needs care, treatment, or rehabilitation that the child is not receiving; and is unlikely to be provided or accepted without the coercive intervention of the court.
- c. 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](#)); and needs care, treatment, or rehabilitation that the child is not receiving; and is unlikely to be provided or accepted without the coercive intervention of the court.

- d. 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](#); and the child needs care, treatment, or rehabilitation that the child is not receiving; and is unlikely to be provided or accepted without the coercive intervention of the court.

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; and the child needs care, treatment, or rehabilitation that the child is not receiving; and is unlikely to be provided or accepted without the coercive intervention of the court.

CHINS 5: The child's parent, guardian, or custodian allows the child to commit a prohibited sex offense; and the child needs care, treatment, or rehabilitation that the child is not receiving; and is unlikely to be provided or accepted without the coercive intervention of the court.

CHINS 6: The child substantially endangers his or her own health or the health of another individual; and the child needs care, treatment, or rehabilitation that the child is not receiving; and is unlikely to be provided or accepted without the coercive intervention of the court.

CHINS 7: The child's parent, guardian, or custodian fails to participate in a school disciplinary proceeding; and the child needs care, treatment, or rehabilitation that the child is not receiving; and is unlikely to be provided or accepted without the coercive intervention of the court.

CHINS 8: The child is a “missing child”; and the child needs care, treatment, or rehabilitation that the child is not receiving; and is unlikely to be provided or accepted without the coercive intervention of the court.

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; and the child needs care, treatment, or rehabilitation that the child is not receiving; and is unlikely to be provided or accepted without the coercive intervention of the court.

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; and the child needs care, treatment, or rehabilitation that the child is not receiving; and is unlikely to be provided or accepted without the coercive intervention of the court.

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 31-9-2-24: "Controlled substance"](#)
- [IC 31-9-2-76: "Legend drug"](#)
- [IC 31-34-1: 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: Sex Crimes](#)
- [IC 35-45-4: Indecent Acts and Prostitution](#)
- [IC 35-46-1-3: Incest](#)
- [IC 35-49-2-2: Matter of Performance Harmful to Minors](#)
- [IC 35-49-3-2: Obscene Performance](#)

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.

Custodian

A custodian is any person with whom a child resides or any of the following:

1. A license applicant or licensee of:
 - a. A foster home or residential child care facility that is required to be licensed or is licensed under IC-31-27,
 - b. A child care center that is required to be licensed or is licensed under IC 12-17.2-4, or
 - c. A child care home that is required to be licensed or is licensed under IC 12-17.2-5.
2. 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:
 - a. A home, center, or facility described in one (1) above,
 - b. 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,
 - c. A home, center, or facility of a child care provider, as defined in IC 12-7-2-149.1(4), or
 - d. 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.
3. A school;
4. A child caregiver;
5. A member of the household of the child's noncustodial parent; or
6. 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.

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.

Legend Drug

As defined in IC 31-9-2-76, a legend drug is a drug approved by the U.S. Food and Drug Administration that can be dispensed to the public only with a prescription from a medical doctor or other licensed practitioner.

Controlled Substance

As defined in IC 31-9-2-24, a controlled substance is generally a drug or chemical whose manufacture, possession, and use is regulated by a government, such as illicitly used drugs or prescription medications that are designated by law. These substances are listed on Schedules I-V (IC 35-48-2).

Parent

A parent is a child's biological or adoptive mother or father or alleged father.

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

Section 01: Determining Imminent Risk of Removal

Effective Date: April 1, 2022

Version: 6

- [Procedure definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Concerted efforts should be made to prevent the removal of a child. A determination must be made as to whether a child is at imminent risk of removal (placement) and/or a candidate for foster care. Title IV-E may be received by a state for administrative expenditures made with respect to a child who is determined to be at imminent risk of removal.

Note: Indiana Code uses the phrase “imminent risk of placement” rather than “imminent risk of removal”.

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PROCEDURE

A child is at imminent risk of removal when Child Abuse and/or Neglect (CA/N) is determined to be substantiated by the Indiana Department of Child Services (DCS), as documented by an approved substantiated Assessment of Alleged CA/N, an Informal Adjustment/Prevention Plan (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 the child’s home.

DCS will make an initial determination as to whether a child is at imminent risk of removal and therefore a candidate for placement in out-of-home care. Imminent risk as it relates to candidacy does NOT mean the immediate removal of a child from the home. DCS will re-determine imminent risk of removal at least every 180 days.

The Family Case Manager (FCM) will:

1. Complete the In-Home Risk and Safety Reassessment within 45 days of the Dispositional Hearing or during the development of the IA 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);

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):
 - a. Program of Informal Adjustment/Prevention Plan, for IA Cases (see policy 5.09 Informal Adjustment/Prevention Plan), and

- b. Case Plan/Prevention Plan, for In-Home CHINS Cases (see policy 5.08 Developing the Case Plan/Prevention Plan).
3. Make a redetermination of imminent risk of removal within 72 hours in the following documents (see Candidacy: Imminent Risk of Removal Fact Sheet for further guidance):
 - a. Progress Report on the Program of Informal Adjustment/Prevention Plan, for IA Cases (see policy 5.09 Informal Adjustment Prevention Plan); and
 - b. Case Plan/Prevention Plan, for In-Home CHINS cases (see policy 5.08 Developing the Case Plan/Prevention Plan).
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 of removal determination is made and appropriately documented at each required interval; and
2. Ensure involvement status and documentation specific to imminent risk are entered in the case management system within 72 hours and approved timely.

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RELEVANT INFORMATION

Definitions

Candidacy for Imminent Risk of Removal

Candidacy for Imminent Risk of Removal (Based on federal guidance) is defined as:

1. Substantiated assessment of CA/N;
2. Open Informal Adjustment (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 the child's home.

Imminent Risk of Removal

Indiana Code defines a child at imminent risk of removal (placement) as a child less than 18 years of age who reasonably may be expected to face out-of-home placement in the near future as a result of at least one (1) of the following:

1. 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

- Assessment of Alleged Child Abuse or Neglect (SF113) (311)- Available in the case management system
- [Candidacy: Imminent Risk of Removal Fact Sheet](#)
- Case Plan/Prevention Plan (SF2956)- Available in the case management system
- Family Functional Assessment (FFA) Field Guide- Available on the [Indiana Practice Model SharePoint](#)
- In-Home Risk and Safety Reassessment- Available in the case management system
- Initial Family Risk Assessment- Available in the case management system
- Program of Informal Adjustment/Prevention Plan- Available in the case management system
- [Progress Report on Program of Informal Adjustment/Prevention Plan \(SF 54336\)](#)

Related Policies

- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.09 Informal Adjustment/Prevention Plan](#)
- [7.11 In-Home Risk and Safety Reassessment](#)

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LEGAL REFERENCES

- [IC 31-26-5-1: Child at imminent risk of placement](#)
- [42 USC 672 \(i\)\(2\): Administrative costs associated with otherwise eligible children not in licensed foster care settings](#)
- [42 USC 5106a: Grants for programs and projects](#)

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PRACTICE GUIDANCE – DCS POLICY 7.01

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.

Examples of a Child Who is Not at Imminent Risk of Removal


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 included in 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, Transgender, Queer/Questioning, Intersex, Asexual, + (LGBTQIA+) youth. Risk assessment questions that may be helpful in determining the risk factors for LGBTQIA+ youth may be found in the FFA Field Guide.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services Section 03: Minimum Contact for Children at Imminent Risk of Removal	
	Effective Date: July 3, 2024	Version: 11

- [Procedure](#)
 - [Definitions](#)
- [Forms and Tools](#)
 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

POLICY OVERVIEW

Regular face-to-face contact with the parent, guardian, or custodian, the child who has been identified at imminent risk of removal is the most effective way to:

1. Assess safety, stability, well-being, and permanency of the child;
2. Promote timely implementation of a Case Plan/Prevention Plan or an Informal Adjustment/Prevention Plan (IA) for a child and family served by the Indiana Department of Child Services (DCS); and
3. Monitor progress and revise services as needed.

Note: Indiana Code (IC) uses the phrase “imminent risk of placement” rather than “imminent risk of removal”.

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PROCEDURE

DCS will have **monthly** face-to-face contact with a child and the parent, guardian, or custodian of the child who is under the care and supervision of DCS and has been identified as “at imminent risk of removal”. Frequency of contact each month will be in accordance with the 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.

DCS will make contact with the child and family within 24 hours of receiving notice of a critical case juncture involving the child and/or family. DCS will monitor and evaluate the situation and convene a Child and Family Team (CFT) Meeting and/or a Case Plan Conference to assess whether the situation warrants additional services or supports for the family. See policies 5.07 Child and Family Team Meetings and 5.10 Family Services for additional information.

Determining Minimum Service Level 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. See policy 7.11 In-Home Risk and Safety Reassessments for more information; 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.

Contact with the Child

During each face-to-face contact with the child, the FCM will:

1. Engage the child to develop and maintain a trusting and supportive relationship;
2. Assess each child's safety, stability, permanency, well-being (including mental and physical health, medical care, and educational status), underlying needs and related behaviors, the presence of domestic violence (DV), and progress in services. Any issues involving child safety must be immediately addressed (see policies 2.30 Domestic Violence and 7.05 Meaningful Contacts for more information);

Note: Any new allegations of CA/N must be reported to the DCS Child Abuse and/or Neglect (CA/N) 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 policies 4.28 Removals from Parents, Guardians, or Custodians, 4.36 Linking Child Abuse or Neglect [CA/N] Reports to Open Assessments and 4.38 Assessment Initiation for more information.

3. Allow sufficient time alone with the child in a setting that provides an opportunity for the child to speak freely and/or express thoughts and feelings and allow time for observation of the child's behavior and development;
4. Evaluate and document any of the following:
 - a. Any visible injuries,
 - b. Appearance of illness, and
 - c. Appearance of emotional distress (e.g., withdrawn, angry, or scared).
5. 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).

6. Photograph the child.

Contact with the Parent, Guardian, or Custodian

During each face-to-face contact with the parent, guardian, or custodian, the FCM will:

1. Maintain contact with the noncustodial parent (including incarcerated parents) and will ensure the noncustodial parent is afforded the opportunity to maintain contact with the child and involvement in the child's life, unless the court has ruled that this is not in the child's best interest. See policy 5.04 Locating and Engaging Noncustodial Parents for additional guidance.

Exception: If the parent, guardian, or custodian is incarcerated or resides out-of-state, virtual face-to-face contact using virtual technology may be considered, if available.

2. Ensure the safety stability, permanency, and well-being of each child is considered during contact with the parent, guardian, or custodian and document in the case management system;

Note: Each parent, guardian, or custodian should be assessed individually. The 5.C Tool: Face-to-Face Contact Guide and/or the Face-to-Face Contact form may be utilized as a guide for discussion during each face-to-face contact with the parent, guardian, or custodian.

3. Evaluate the parent-child relationship;

Note: Face-to-face contacts must be scheduled during a time that allows the FCM to observe the parent-child relationship.

4. Observe and evaluate sibling interaction;
5. Assess the family's progress toward meeting goals, discuss services the family needs and/or is receiving, and provide assistance and support to the family as needed;
6. Observe the overall condition of the home and discuss any areas of concern with the family;
7. Assess for safety concerns, address any identified issues, and update the Safety Plan and/or Plan of Safe Care as needed;
8. Discuss the child's overall progress, including, but not limited to, behavioral management and school adjustment;
9. Assist the family with problem-solving and accessing community resources as needed (see 4.G Tool Community Resources and Prevention Services);
10. Review the progress the family has made regarding the concerns that led to DCS involvement;
11. Document any changes in circumstances regarding the parent, guardian, or custodian within three (3) business days in the case management system; and

Note: Upon discovery of a new child in the household of a parent, guardian, or custodian with an open DCS case (i.e., IA, In-Home Child in Need of Services [CHINS], and Out-of-Home CHINS) the FCM will contact the Indiana DCS Child Abuse and Neglect Hotline (Hotline) immediately at 1-800-800-5556 or by email at DCSHotlineReports@dcs.in.gov to make a report that includes detailed open case information, past history, and risk factors that currently or previously existed (see policy 5.25 New Child in Household of a Parent or Custodian with an Open Case).

12. 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. Examples of information should include, but is not limited to, updates regarding;
 - a. New information that would impact the case,
 - b. Assessment of the child's safety,
 - c. Child's current risk,
 - d. Factors impacting the child's stability,
 - e. Factors impacting the child's permanency,
 - f. The child's current well-being (including physical and mental health and medical care),
 - g. The child's educational status,
 - h. The family's income,
 - i. Family members' current employment status,
 - j. Place of residence,
 - k. Diagnosis of physical and/or mental illness,
 - l. Photographs taken, and
 - m. Updated Safety Plan and/or Plan of Safe Care (if applicable); and any other documents obtained (see policy 7.05 Meaningful Contacts) should be uploaded in the case management system.
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).

Contact with Siblings

The FCM will ensure contact is maintained between the child and any sibling placed outside of the home, as outlined in the Visitation Plan, to strengthen the sibling bond. The Visitation Plan will be documented in the CFT Meeting notes and in court reports (see policy 8.12 Developing the Visitation Plan).

Note: DCS may encourage but cannot require siblings who are not involved in the case to have contact or participate in visitation with the sibling who has the open case.

The FCM Supervisor will:

1. Ensure face-to-face contact with each child and parent, guardian, or custodian is completed and documented in the case management system as required; and
2. Review the case during regular case staffing and approve:
 - a. Any updates to the Safety Plan and/or Plan of Safe Care, and
 - b. Any additional service referrals.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

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;
9. Education;
10. Court; and
11. Trial Home Visit (THV).

Forms and Tools

- [4.G Tool Community Resources and Prevention Services](#)
- [5.C Tool: Face-To-Face Contact Guide](#)
- [Face-to-Face Contact \(SF 53557\)](#)
- Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline - 1-800-800-5556
- Indiana DCS Child Abuse and Neglect Hotline email - DCSHotlineReports@dcs.in.gov
- [Indiana Practice Model SharePoint](#)
- In-Home Risk and Safety Reassessment - Available in the case management system
- [Plan of Safe Care \(SF 56565\)](#)
- Preliminary Report of Alleged Child Abuse and Neglect (310) (SF 114) - Available in the case management system
- [Protective Factors to Promote Well-being](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [2.30 Domestic Violence](#)
- [4.18 Initial Safety Assessment](#)
- [4.28 Removals from Parents, Guardians or Custodians](#)
- [4.36 Linking Child Abuse or Neglect \(CA/N\) Reports to Open Assessments](#)
- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)
- [5.04 Locating and Engaging Noncustodial Parents](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.10 Family Services](#)
- [5.21 Safety Planning](#)

- [5.25 New Child in the Household of a Parent or Custodian with an Open Case](#)
- [7.05 Meaningful Contacts](#)
- [7.11 In-Home Risk and Safety Reassessments](#)
- [8.12 Developing the Visitation Plan](#)

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LEGAL REFERENCES

- [IC 34-6-2-34.5: Domestic or Family Violence](#)

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PRACTICE GUIDANCE- DCS POLICY 7.03

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.

Child and Family Team (CFT) Meeting

According to The Child Welfare Policy and Practice Group, 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. 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. Preventing removal and placement disruptions;
3. Strengthening engagement with families 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 the capacity to overcome barriers; and
8. Creating a system of supports that will sustain the family over tie and provide a safety net after agency involvement ends.


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.

Providing Support to the Family When New Report Will Be Made to the Hotline

It is best practice for the Family Case Manager (FCM) to use respect, empathy, and strengths-based approach when discussing with the parent, guardian, or custodian that a new report will be made to the Indiana Department of Child Services Hotline (Hotline) and a resulting assessment may be initiated. Having open and transparent conversations, including but not limited to, a CFT Meeting with each parent helps to build a trust-based relationship by aligning with the DCS Practice Model. This also allows each parent to discuss any questions or concerns they may have about a new report. See policy 5.25 New Child in the Household of a Parent or Custodian with an Open Case and 5.C Tool: Face-to-Face Contact Guide for additional information and guidance.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services Section 04: Assessing Parental Interaction and Involvement	
	Effective Date: December 1, 2023	Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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/Prevention Plan, Informal Adjustment/Prevention Plan (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 the 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.

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PROCEDURE

DCS will encourage and support the maximum interaction and involvement appropriate between the parent, guardian, or custodian (including non-custodial and incarcerated parents) 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/Prevention 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/Prevention Plan (see policies 5.07 Child and Family Team Meetings, 5.08 Developing the Case Plan/Prevention Plan, and 5.09 Informal Adjustment/Prevention Plan [IA]);

Note: Reconvene the CFT if the Case Plan/Prevention 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/Prevention Plan or IA.

2. Monitor and document the family's progress and compliance toward goals of the Case Plan/Prevention Plan or IA;

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 5.19 Child and Adolescent Needs and Strengths [CANS] Assessment and 7.11 In-Home Risk and Safety Reassessment);
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, or 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:

1. Guide and assist the FCM, through regular case staffing; and
2. Ensure any deviation from best practice is documented in the case management system.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Forms and Tools

- Case Plan/Prevention Plan (SF 2956)- Available in the case management system
- [Incarcerated Parent Letter- Assessment](#)
- [Incarcerated Parent Information \(SF 56539\)](#)
- In-Home Risk and Safety Reassessment- Available in the case management system

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.09 Informal Adjustment/Prevention Plan \(IA\)](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [6.08 Three Month Progress Report](#)
- [7.03 Minimum Contact](#)
- [7.11 In-Home Risk and Safety Reassessment](#)

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LEGAL REFERENCES

- [IC 31-34-15-4: Form; contents](#)

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PRACTICE GUIDANCE- DCS POLICY 7.04

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 7: In-Home Services
Section 05: Meaningful Contacts

Effective Date: September 1, 2023
Version: 9

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Meaningful contact with the child and parent, guardian, or custodian is essential when evaluating whether a child is at imminent risk of placement. During all face-to-face contacts with the child and parent, guardian, and/or custodian, the child’s safety, stability, well-being, and permanency are assessed.

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PROCEDURE

DCS will ensure sufficient time and opportunity is given to observe and evaluate the parent-child relationship. Child safety must always be addressed at each face-to-face contact. The observation and evaluation of the parent-child relationship must be documented in the case management system. All identified safety concerns must be discussed with the parent, guardian, and/or custodian.

The FCM will:

1. Assess and address the child’s safety, risks, stability, well-being, and permanency during all visits with the parent, guardian, and/or custodian and the child who is identified as at imminent risk of placement;
2. Assess for the presence of domestic violence (DV) during each face-to-face contact with the parent, guardian, and/or custodian. See policy 2.30 Domestic Violence for additional information;
3. Ensure there is sufficient time to observe and evaluate the parent-child relationship during all face-to-face contacts;

Note: Appointments for face-to-face contacts 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) business days to accurately document the parent-child relationship.

4. Identify the parent, guardian, and/or custodian’s functional strengths and underlying needs and document them in the case management system within three (3) business days;

Note: The FCM should utilize the Family Functional Assessment (FFA) Field Guide for suggested questions to assist in gathering the child and family’s functional strengths and

underlying needs and assess the child's safety, well-being, and permanency. Each family should be evaluated independently based upon its own unique conditions. See policy 5.02 Gathering Case Information for additional guidance.

5. Partner with the parent, guardian, and/or custodian to utilize their functional strengths and underlying needs to identify formal and informal supports that may support them as participants in the Child and Family Team (CFT) process. See policy 5.07 Child and Family Team Meetings);

Note: Over time, the parent, guardian, and/or custodian's functional strengths should increase with the inclusion of identified services and supports, and their underlying needs should decrease.

6. Monitor and reassess the current Case Plan/Prevention Plan goals or activities in the case to ensure the underlying needs of the family are met, and discuss any concerns with the family and the CFT;
7. Collaborate with the parent, guardian, and/or custodian, child (if age appropriate), and members of the CFT to develop a plan to identify and address any safety concerns;
8. Develop and update a Safety Plan and/or Plan of Safe Care as needed and follow up with the CFT members regarding adherence to the documented safety provisions. See policies 5.21 Safety Planning and 4.42 Plan of Safe Care for more information;
9. Report all safety concerns to the FCM Supervisor immediately; and

Note: Any new allegations of Child Abuse and/or Neglect (CA/N) must be reported to the Indiana 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 more further guidance.

10. Clearly and accurately document in the case management system within three (3) business days the following information:
 - a. Observations, evaluations, and outcomes of face-to-face contacts with the parent, guardian, and/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).

Note: 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. The 5.C Tool: Face-to-Face Contact Guide and/or the Face-to-Face Contact form may be used as a guide for discussion during the face-to-face contact.

- b. Educational status and progress toward successful adulthood transition, if applicable (see policy 11.06 Transition Plan for Successful Adulthood),
- c. Assessment of safety, risk, stability, permanency, and well-being of each child,
- d. All safety provisions implemented,
- e. Whether the parent, guardian, and/or custodian; and child were actively involved during the face-to-face contact, and
- f. Any barriers identified by the parent, guardian, and/custodian, and child, or FCM to prohibit the completion of activities or objectives agreed upon by the CFT.

The FCM Supervisor will:

1. Review any safety concerns with the FCM and provide guidance as necessary; and
2. Discuss with the FCM the case specifics and contacts with the child and parent, guardian, and/or custodian during regular case staffing.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Functional Strengths

Functional strengths are “the buildable” strengths of our families, they help us build toward goal achievement.

Underlying Needs

Underlying needs are the root source of an individual’s and/or family’s challenges. An underlying need determines the appropriate use of services or interventions.

Forms and Tools

- [5.C Tool: Face-to-Face Contact Guide](#)
- [Face-to-Face Contact \(SF 53557\)](#)
- Family Functional Assessment (FFA) Field Guide - available on the [Indiana Practice Model SharePoint](#)
- Indiana DCS Child Abuse Hotline email: DCSHotlineReports@dcs.in.gov or call 1.800.800.5556 or fax to 317.234.7595
- Plan of Safe Care (SF 56565) - available in the case management system
- [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\) \(310\)](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [2.30 Domestic Violence](#)
- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)
- [5.02 Gathering Case Information](#)
- [5.07 Child and Family Team \(CFT\) Meeting](#)
- [5.21 Safety Planning](#)
- [11.06 Transition Plan for Successful Adulthood](#)

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LEGAL REFERENCES

- [IC 31-9-2-14.5 “Child at imminent risk of placement”](#)


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PRACTICE GUIDANCE- DCS POLICY 7.05

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 7: In-Home Services Section 06: Educational Services	
	Effective Date: July 1, 2023	Version: 8

- [Procedure](#)
 - [Definitions](#)
- [Forms and Tools](#)
 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

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. Therefore, educational services are provided to the child and family, as part of the Case Plan/Prevention Plan or Informal Adjustment/Prevention Plan, to meet the child’s educational goals and needs.

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PROCEDURE

The Indiana Department of Child Services (DCS) will work with the Indiana Department of Education (DOE) and a child’s parent, guardian, or custodian to ensure a child receiving in-home services receives educational services to meet the child’s 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. Complete the Release of Education Records form and submit to the school in which the child was last enrolled to obtain comprehensive educational records (see Practice Guidance);
2. The FCM will discuss the child’s educational best interests with the following to determine whether an Individualized Education Program (IEP) or a Section 504 Plan (504 Plan) should be considered:
 - a. The child,
 - b. The parent, guardian, or custodian, and
 - c. The Child and Family Team (CFT) (see policy 5.07 Child and Family Team Meetings).

Note: The FCM should recommend and encourage the child’s parent, guardian, or custodian to include the child’s teacher, school social worker, DCS Education Services (if applicable), or any other identified educational supports to participate as members of the CFT.

3. 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”;

4. Determine if tutoring services are necessary by reviewing:
 - a. The child's comprehensive educational records, and
 - b. Patterns in the child's performance that may explain poor academic achievement (e.g., several school placements, inconsistent attendance, inappropriate behaviors).

Note: 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. Create a referral to DCS Education Services if assistance is needed regarding the child's education and determine if tutoring services are needed by:
 - a. Communicating 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. Request to see data supporting the school's decision to use certain interventions and measure progress,
 - b. Requesting 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 the child's progress and academic performance.

- c. Making a referral to an outside tutoring service if it is 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
- d. Requesting regular updates from the tutoring provider on the child's progress toward the child's individual goals.

Note: DCS Education Services is available to consult with field staff as they make decisions about each child and case. DCS Education Services is also available to accompany field staff to school meetings when necessary.

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 form 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;

Note: All youth in the 21st Century Scholars program are required to adhere to the program's pledge. All youth in the 21st Century Scholars program have the right to opt out of the program at any time.

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, 11.10 Education and Training Voucher Program, and 11.15 Post-Secondary Education):
 - a. Pell grants,
 - b. Indiana Education Training Voucher (ETV) Program through Older Youth Services,
 - c. Chafee grants,
 - d. Federal supplemental grants,
 - e. Individual Development Accounts (IDA),
 - f. The Indiana Commission for Higher Education – State Financial Aid,
 - g. The Indiana Division of Student Financial Aid, and
 - h. Free Application for Federal Student Aid (FAFSA).

Note: Each Indiana emancipated Senior or the parent, guardian, or custodian of an unemancipated Senior is required to be provided an affirmation link by the Seniors' school regarding their intent to file a FAFSA. Remind students and their parent, guardian, or custodian to complete the affirmation. The FCM will make a referral to DCS Education Services if the family would like additional support processing and/or applying for the career and college information provided on the affirmation link. All information above should be provided earlier if the youth is applying to colleges before 17 years of age/senior year or is pursuing a High School Equivalency (HSE) Diploma.

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 an 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

Exception: Education through an accredited school is optimal. However, in some unique circumstances home school or private school education may best meet the child's educational needs. In these instances, the decision to pursue home school or private school education shall be decided in a CFT Meeting and shall not be made without the approval of the parent, guardian, or custodian. The FCM may also make a referral to DCS Education Services.

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 a child 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 DCS Education Services 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:

1. Provide guidance to the FCM as needed; and
2. Ensure documentation is entered accurately in the case management system.

DCS Education Service 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.

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RELEVANT INFORMATION

Definitions

Education Records

Education records are documents and information about a student which are maintained by the school (e.g., date and place of birth; Social Security Number [SSN]; pictures; address of the parent, guardian, or custodian; emergency contact information; grades; test scores; special education records; disciplinary records; medical and health records the school creates/collects and maintains; documentation of attendance, awards, and conferred, degrees earned).

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.

Individuals with Disabilities Education Act (IDEA)

IDEA guarantees that persons between three (3) and 22 years of age with disabilities receive appropriate public education through the development and implementation of an IEP.

Section 504 (504 Plan)

The 504 Plan 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 a 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 and helps the student prepare for the transition from school to adult life.

Forms and Tools

- [21st Century Scholars Website](#)
- [21st Century Scholars Pledge](#)
- [Acknowledgement of Receipt of Information about Various Educational Programs \(SF 55743\)](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system

- [Indiana Education Training Voucher \(ETV\) Program](#)
- [Indiana High School Equivalency](#)
- [Indiana Housing and Community Development Authority](#)
- Predispositional Report - available in the case management system
- [Release of Education Records \(SF 55228\)](#)
- [School Notification and Best Interest Determination \(SF 47412\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [11.10 Education and Training Voucher Program](#)
- [11.15 Post-Secondary Education](#)

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LEGAL REFERENCES

- [IC 20-33-2: Compulsory School Attendance](#)
- [IC 21-12-6-5.5: Identification and notification of eligible students](#)
- [IC 21-12-6-6.7: FAFSA](#)
- [IC 31-34-15-4: \(Case Plan\) Form; contents](#)
- [511 IAC 7-32 through 511 IAC 7-49: Special Education](#)
- [20 USC 1232: Regulations](#)

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PRACTICE GUIDANCE- DCS POLICY 7.06

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.

Comprehensive Educational Records

Comprehensive educational records include:

1. Attendance over the last few years;
2. School placements;
3. Special education evaluations;
4. IEP's;
5. Indiana Statewide Testing for Educational Progress (ISTEP) scores;
6. Response to Intervention (RTI) data; and
7. Grades

Education Notes

Personal notes made by teachers and other school officials that are not shared with others are not considered education records. Additionally, law enforcement records created and maintained by a school or districts' law enforcement unit are not education records.

Evaluation Process

In order for a child to be eligible for special education and related services, the child must first be determined to have a disability. Parents, teachers, or other school officials who suspect the child may have a disability should request the child be evaluated by a multidisciplinary team to determine if the child has a disability and needs special education or related services as a result of the disability. Generally, an IDEA requires a child to be evaluated within 50 instructional days once the parent has given written consent. Exceptions to the timeline exist if the child moves from one (1) district or state to another after the evaluation was requested or if the parent refuses to make the child available for the evaluation. Under those circumstances, districts are required to make sufficient progress to ensure a timely evaluation is conducted.

Individual Development Accounts (IDA)

There are a limited number of IDAs available in Indiana. In order to open an IDA, individuals must meet the following eligibility requirements:

1. Be an Indiana resident;
2. Have an income 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 may visit the Indiana Housing and Community Development Authority website or call 1-317-232-7777 for county specific information.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 7: In-Home Services

Section 07: Health Care Services

Effective Date: July 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) partners with the child's parent, guardian, or custodian and the Child and Family Team (CFT) to determine health care services necessary to meet the needs of each child while in the home, including but not limited to mental, dental, visual, auditory, and developmental health.

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PROCEDURE

DCS will ensure each child receives ongoing assessments and follow-up care when:

1. Recommended by the child's current physician, dentist, Qualified Mental Health Provider (QMHP), health care worker, licensed social worker (LSW), licensed clinical social worker (LCSW); or
2. The child's parent, guardian, or custodian indicates there are noticeable changes in the child (e.g., physical, behavioral, and emotional), 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.

The Family Case Manager (FCM) will:

1. Assist the child's parent, guardian, or custodian, as needed, to ensure the child receives appropriate ongoing medical care and treatment;

Note: The FCM will provide the child's parent, guardian, or custodian with a Medical Passport to assist in documenting the child's health care services.

2. Include the CFT in the planning and decision-making process for the child's ongoing medical care and treatment. See policy 5.07 Child and Family Team Meetings for further details;

Note: The FCM must obtain consent from the parent, guardian, or custodian prior to disclosure of information regarding the physical and mental health and/or addiction history of the parent, guardian, or custodian. This is distinguished from self-disclosures (e.g., during a CFT meeting in which the parent, guardian, or custodian volunteers personal information in the presence of members of the CFT).

3. Assist the family in applying for Medicaid and/or a Medicaid Waiver, as needed, in the event:
 - a. The parent, guardian, or custodian is not already receiving Medicaid benefits for the child, and
 - b. The family's financial needs are a barrier in accessing health care services for the child.
4. Encourage the parent, guardian, or custodian to share the child's physical, mental (including substance abuse, if applicable), dental, and visual health and developmental history with the CFT;
5. Inform the child's parent, guardian, or custodian of their 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 and/or ensure the FCM has access to the child's electronic medical record maintained by the child's health care provider;
 - c. Immediately inform the FCM of any serious injuries or illnesses experienced by the child,
 - d. Seek emergency care for the child in the event of 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 themselves or others; or
 - iv. Serious vision issues (e.g., the child's glasses/contacts are broken or lost, sudden changes in vision, pain, or injuries to the eye).

Note: See the Forms and Tools section for a comprehensive list of identified Medicaid eligible providers in the child or family's region.

6. Ensure every child receiving in-home services receives a Child and Adolescent Needs and Strengths (CANS) Assessment. If the CANS Assessment indicates a comprehensive mental health assessment is warranted, refer the child for the assessment within 10 business days of the recommendation. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional information;
7. Ensure specialized care and treatment is offered for any needs that are identified for the child. See Practice Guidance for more information; and
8. Partner with 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-up, 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 exam and cleanings every six (6) months,
 - c. Visual exam every 12 months for a child with corrected vision, and

Note: For children without corrected vision, 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.

Note: For children without corrected hearing, 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.

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RELEVANT INFORMATION

Definitions

Developmental Delay

A developmental delay is defined by 511 IAC 7-41-6 as a condition occurring in children who are at least three (3) years of age and less than nine (9) years of age and means a delay in one or more of the following areas of childhood development including:

1. Cognitive development,
2. Physical development (i.e., vision and hearing),
3. Communication development,
4. Social and/or emotional development, and
5. Adaptive development (i.e., eating skills, dressing, toileting skills and other areas of personal responsibility).

Intellectual and Developmental Disabilities (IDD)

IDD is a joint term referring to an intellectual disability, developmental disability, or both, and are usually present at birth which can affect the trajectory of the child's physical, intellectual, and/or emotional development.

Qualified Mental Health Provider (QMHP)

A QMHP is defined as a licensed psychiatrist, licensed physician, or licensed psychologist or 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, doctoral degree, or both from an accredited university, and the individual must possess one (1) 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 [CSWE]);
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 a documented equivalence in education, training, and/or experience approved by the supervising physician.

Forms and Tools

- [Bureau of Disabilities Services \(BDS\)](#)
- Child and Adolescent Needs and Strengths (CANS) Assessment – Available in the case management system
- [First Steps](#)
- [Medicaid Eligible Providers](#)
- [Medical Passport \(DCS Pamphlet 036\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)

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LEGAL REFERENCES

- [IC 31-28-0.5 Electronic Records](#)
- [511 IAC 7-41-6: Developmental Delay](#)

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PRACTICE GUIDANCE- DCS POLICY 7.07

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.

Bureau of Disabilities Services (BDS)

BDS is a division of the Family and Social Services Administration (FSSA) which administers programs that support children and adults with intellectual and developmental disabilities to enable them to live as independently as possible. BDS services are available through Medicaid Waivers, such as the Family Supports (FS) Waiver and Community Integration and Habilitation (CIH) Waiver. For more information, visit the BDS website or by calling (800) 545- 7763.

First Steps

The Indiana First Steps program is provided through the FSSA and is accessible to families in every county. This service uses professionals from education, health, and social services to provide coordinated early intervention resources. Families who are eligible to participate in First Steps have children under three (3) years of age who:

1. Are experiencing developmental delays, or
2. Have a diagnosed physical or mental health condition that has a high probability of resulting in a developmental delay.

While most First Step referrals originate from doctor's offices, hospitals, or social service agencies such as DCS, a parent may also initiate a "self-referral". For further information, visit the First Steps website.

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.

Specialized Care and Treatment

A child may need specialized care and treatment depending on the child's individually assessed needs, which include, but is not limited to the following:

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 if there are concerns or if there was known or suspected drug use during pregnancy. Screenings are completed through First Steps if the child is less than three (3) years of age or through the child's local school corporation if the child is over three (3) years of age;
5. Pregnancy counseling and prenatal care; and
6. Education and information about hygiene, sexual development, birth control, and sexually transmitted diseases.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 7: In-Home Services	
Section 09: Travel and Extended Stays	
Effective Date: April 1, 2024	Version: 3

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A child’s participation in travel, vacations, and other activities away from home provides a child with normalized childhood experiences. The Indiana Department of Child Services (DCS) is legally responsible for a child in in-home care, including Informal Adjustment (IA) and In-Home Child in Need of Services (CHINS); therefore, it is imperative that DCS knows the whereabouts of a child under their care and supervision.

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PROCEDURE

To ensure the safety and well-being of a child in in-home care (IA and In-Home CHINS), DCS will require notification and/or approval of travel plans for **Extended-Stay Travel**, which is travel exceeding 72 hours. This includes the following types of travel:

1. Emergency Extended-Stay Travel;
2. In-state Extended-Stay Travel;
3. Out-of-state Extended-Stay Travel;
4. Out-of-country Travel; and
5. Blanket Travel.

DCS will follow local court protocol in counties where the court requires a court order or hearing for travel. Staff with the DCS Staff Attorney to determine if court authorization is required.

Note: If a child is currently involved with juvenile or adult probation, there may be additional travel requirements for that child.

Emergency Extended-Stay Travel

In the event of an emergency, which requires Extended-Stay Travel with the child out-of-state, the Family Case Manager (FCM) or, in the case of the FCM’s absence, the FCM Supervisor, Division Manager (DM) or Local Office Director (LOD), shall be contacted. When the local DCS office is closed (e.g., holidays, evenings, weekends) or the parent, guardian, or custodian is unable to reach the FCM or local office management, the parent, guardian, or custodian shall contact the DCS Child Abuse and Neglect Hotline by phone (1-800-800-5556) or email (DCSHotlineReports@dcs.in.gov) to report the emergency travel prompting an Information and Referral (I&R) to be generated to the DCS local office.

Once the I&R is generated from the Hotline and sent to the DCS local office, the FCM Supervisor will:

1. Contact the parent, guardian, or custodian to provide support and obtain additional information, including, but not limited to:
 - a. Purpose of travel,
 - b. Transportation and lodging information (e.g., vehicle license plate number, flight information, hotel, other accommodations),
 - c. Confirmation of the child's current location and/or planned destination,
 - d. Contact information for the adults accompanying the child, including the contact phone number, and
 - e. Expected date of the child's return.
2. Document the emergency travel information received from the parent, guardian, and custodian in the case management system; and
3. Notify the DCS Staff Attorney of the emergency travel.

On the next business day after the child's expected return from emergency, the assigned FCM will:

1. Verify with the parent, guardian, or custodian that the child has returned from the emergency travel;
2. Discuss the need to reschedule any missed service provider appointments for the child and family;
3. Document all travel details in the case management system; and
4. Notify the DCS Staff Attorney of the child's return from the emergency travel.

DCS Staff Attorney will notify the court of the emergency travel if required by the local court.

Refer to the Emergency Operations Plan for further instructions about ensuring the safety and security for all children under DCS care and supervision during an emergency or disaster.

Travel for In-Home CHINS

In-State Travel: DCS will require notification **at least seven (7) business days** in advance of in-state Extended-Stay Travel for a child involved in an In-Home CHINS, unless the travel is a recurring visit with the non-custodial parent.

Out-of-State Travel: DCS will require the following for out-of-state Extended-Stay Travel with a child involved in an In-Home CHINS:

1. Notification **at least seven (7) business days** in advance; and
2. Written approval from the LOD or designee unless the travel is a recurring visit with the non-custodial parent.

Out-of-Country Travel: DCS will require the following for out-of-country travel with a child involved in an In-Home CHINS:

1. Notification **at least six (6) weeks** in advance; and
2. Written approval from the DCS Regional Manager (RM).

The FCM will:

1. Engage the parent, guardian, or custodian during scheduled monthly visits to identify any upcoming travel;

Note: When traveling out of the country, a United States (U.S.) Passport may be required. Support the family in obtaining necessary documentation (if applicable). See passport requirements available on the U.S. Department of State-Bureau of Consular Affairs website.

2. Inform the parent, guardian, or custodian of the responsibility to communicate with the FCM regarding upcoming travel with the child during their monthly visit, via phone (voicemail messages are acceptable) or email;
3. Collect the following travel details from the parent, guardian, or custodian and document in the case management system:
 - a. Purpose of travel (e.g., vacation, field trip, summer camp),
 - b. Start and end dates of travel,
 - c. Travel destination,
 - d. Lodging information, including name, address, and telephone number,
 - e. Transportation information (e.g., vehicle license plate number, name of airline, flight number), and
 - f. Name and contact information for the adults who will accompany the child.
4. Discuss with the parent, guardian, or custodian any need to reschedule service provider appointments and/or visitation with the non-custodial parent due to travel, if applicable (see policy 7.04 Parental Interaction and Involvement);
5. Submit any out-of-state Extended-Stay Travel requests to the FCM Supervisor and LOD or designee for approval;
6. Submit any out-of-country travel requests to the FCM Supervisor and LOD or designee for initial consideration;
7. Coordinate with the DCS Staff Attorney to request court approval if the local court requires court approval;
8. Notify the parent, guardian, or custodian of the travel decision (from the LOD or designee for out-of-state travel Extended-Stay Travel or from the RM for out-of-country travel) once it is determined;

Note: Provide the written approval to the parent, guardian, or custodian if the travel request is approved.

9. Document all travel details, including approvals and notifications to all parties, in the case management system; and
10. Verify with the parent, guardian, or custodian that the child has returned from the travel.

The FCM Supervisor will:

1. Meet with the FCM, as needed, to discuss whether the safety and well-being needs of the child may be met during the requested travel; and
2. Review all out-of-state Extended-Stay Travel requests and out-of-country travel requests for initial consideration, and
3. Ensure the travel request to the court is completed if court authorization is required by the local court;

The LOD or designee will:

1. Approve or deny all out-of-state Extended-Stay Travel requests based on the safety and well-being of the child;

2. Notify the FCM and FCM Supervisor of the final decision within **three (3) business days** of receiving the out-of-state Extended-Stay Travel request and provide written approval, if approved;
2. Review all out-of-country travel requests for initial consideration and forward to the RM for final approval.

The RM will:

1. Approve or deny all out-of-country travel requests based on the safety and well-being of the child; and
2. Notify the FCM and DCS local office management staff of the final decision within **three (3) business days** of receiving the travel request and provide written approval for the out-of-country travel, if approved.

DCS Staff Attorney will notify the Court of the travel request if required by the local court.

“Blanket” Travel Requests

The DCS LOD may approve “blanket” travel requests, when applicable, for frequent in-state or out-of-state Extended-Stay Travel. Such requests should be in writing and include the following details:

1. Name of the child who will be traveling;
2. Name and contact information for each adult who will accompany the child;
3. Travel destination; and
4. Reason for frequency of travel.

Travel for IA

DCS will engage the parent, guardian, or custodian during scheduled monthly visits regarding any upcoming travel plans for a child involved in an IA.

Note: All travel plans will abide by the terms of the IA, including travel approvals and/or restrictions.

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RELEVANT INFORMATION

Definitions

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

- DCS Child Abuse and Neglect Hotline: 1-800-800-5556
- [DCS Emergency Operations Plan](#)
- Focused Needs/International and Cultural Affairs (ICA) Referral - available in KidTraks
- ICA email - internationalandculturalaffairs@dcs.in.gov
- [U.S. Department of State-Bureau of Consular Affairs](#)

Related Policies

- [2.22 International and Cultural Affairs Services](#)
- [7.04 Parental Interaction and Involvement](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 7.09

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.

Considerations for a Foreign-Born Child

If the child's caregiver is a citizen of another country the Family Case Manager (FCM) will consult with International and Cultural Affairs (ICA) for guidance as needed. If the child or the caregiver is foreign-born, it is recommended to complete a referral in KidTraks to request a consult with the ICA division for any in-state, out-of-state or out-of-country travel. See policy 2.22 International and Cultural Affairs (ICA) Service for additional guidance.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 7: In-Home Services

Section 10: Transition to Out-of-Home Care

Effective Date: December 1, 2023

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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.

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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).

To transition a child to out-of-home care, the Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) to:
 - a. Ensure options have been explored to support the parent, guardian, or custodian in safely parenting the child in the home, differences of opinion have been addressed, 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),
 - b. Identify the placement type and/or resource, if out-of-home placement is required (see policy 8.01 Selecting a Placement Option),

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).
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);
 3. Notify all relevant parties of the planned change in placement as soon as possible or within legal time constraints (see policies 4.28 Removals from Parents, Guardians, or Custodians and 5.23 Diligent Search for Relatives/Kin and Case Participants);
 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);
 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, ensure the school is aware of any safety measures and/or medical interventions needed, and document the notification in the case management system; and
 7. Complete a referral to DCS Education Services within 24 hours of the child's removal to request the School Notification and Best Interest Determination form be submitted to the child's school (see policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement).

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.

DCS Education Services will follow all procedural steps outlined in policy 8.22 School Notifications and Legal Settlement.

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

- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [5.07 Child and Family Team Meetings](#)
- [5.10 Family Services](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [6.01 Detention/Initial Hearing](#)
- [8.01 Selecting a Placement Option](#)
- [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](#)
- [15.01 Title IV-E Eligibility Overview for Field and Legal Staff](#)

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LEGAL REFERENCES

- [IC 31-34-3: Child Taken Into Custody](#)
- [IC 31-34-3-4.7: Notice to the child's school](#)
- [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](#)

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PRACTICE GUIDANCE- DCS POLICY 7.10

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.

Out-of-Home Placement

DCS diligently works to maintain familial connections through visitation and shared activities while a child is in out-of-home care. The parent, guardian, or custodian of a child in out-home-care is also afforded an opportunity to build on family strengths and learn essential skills in providing a safe and nurturing environment to which their child may return.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 7: In-Home Services

Section 11: In-Home Risk and Safety Reassessment

Effective Date: April 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) will conduct the In-Home Risk and Safety Reassessment on all open cases when the child remains in the home or when the child has returned home to evaluate the family's progress toward completion of case plan goals.

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PROCEDURE

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 services to preserve the family are provided. See policy 5.10 Family Services for more information.

Note: The In-Home Risk and Safety Reassessment may be completed earlier if the circumstances have changed, new information has been disclosed, and/or any case junctures (see Definitions) may affect the child's safety and/or risk in the home. The Safety Reassessment assesses the child's present danger and the interventions currently needed to protect the child. In contrast, the Risk Reassessment looks at the likelihood of future maltreatment.

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 any protective factors (see Definitions) the family demonstrates having that may mitigate the existing safety threats (see Protective Factors to Promote Well-Being and Prevent Child Abuse and Neglect document);
4. Determine the risk level;
5. Discuss the results of the In-Home Risk and Safety Reassessment with the FCM Supervisor during regular case staffing (see Definitions); and
6. 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. Include the date and results of the most recent In-Home Risk and Safety Reassessment on the CFT Meeting form. See policy 5.07 Child and Family (CFT) Meetings for additional guidance.

Note: If no safety threats exist, consider recommending case closure with supervisory approval. See policy 5.12 Closing a CHINS Case for additional information.

The FCM Supervisor will:

1. Provide guidance and assistance to the FCM on the use of the In-Home Risk and Safety Reassessment during regular case staffing; and
2. Ensure the In-Home Risk and Safety Reassessment is properly documented in the case management system.

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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 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 and informal supports;
3. Family involvement;
4. Visitation;
5. Behavior;
6. Diagnosis (mental or physical);
7. Sobriety;
8. Skills acquisition;
9. Education;
10. Court;
11. Trial Home Visit (THV); and
12. Change in household composition.

Case Staffing

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

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

- [Child Welfare Information Gateway- Protective Factors](#)
- In-Home Risk and Safety Reassessment - Available in the case management system
- [IN Guidebook](#)
- Family Functional Assessment (FFA) Field Guide - Available on the [Indiana Practice Model SharePoint](#)
- Initial Family Risk Assessment - Available in the case management system
- [Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families](#)

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.10 Family Services](#)
- [5.12 Closing a CHINS Case](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 7.11

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.

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 Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families document under Forms and Tools as part of an evaluation of the family's ability to ensure the safety of the child.

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

Family Functional Assessment

The Family Functional Assessment (FFA) tool may be a valuable tool when working with self-identified Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual (LGBTQIA+) youth. Safety assessment questions that may be helpful in determining the safety of LGBTQIA+ youth can be found in the FFA tool.

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 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 LGBTQIA+ youth.

The Risk Reassessment determines whether the case should remain open or be closed. For cases that will remain open, the Reassessment includes updating the Case Plan/Prevention Plan based on current needs and strengths.

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.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 01: Selecting a Placement Option	
	Effective Date: March 2, 2023	Version: 15

- [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. Suitability of each parent, guardian, or custodian will be considered prior to considering relative, kinship, or foster care placement to maintain continuity of care and the least restrictive 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 relative 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 Administration of the Indian Child Welfare Act (ICWA);
5. Who is medically fragile or an infant under six (6) months of age.

Note: The vaccination status of the FFH will be considered to determine the appropriateness of the placement. The vaccination status of the other foster children in the FFH should also be reviewed and considered in determining the placement needs of the medically fragile child or infant under six (6) months of age.

6. The possibility of former resource parents as a placement;
7. 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);
8. The least restrictive environment available to provide for the child's individual needs;

9. Proximity to the child's community; and

Note: 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.

10. Whether child has been identified as a victim of human trafficking and/or domestic violence (DV) (see policies 4.47 Human Trafficking and 2.30 Domestic Violence).

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 Administration of the Indian Child Welfare Act [ICWA]);
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 (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants);

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 4.47 Human Trafficking and/or email 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 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/Kinship Family, including a long-term resource family (see policy 8.48 Relative or Kinship Placements),
 - ii. Foster Family Home (FFH), 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 (see policy 5.15 Concurrent Planning – An Overview); and
 - d. Develop a Visitation Plan that is agreed upon by all CFT members (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 an FFH, the FCM should coordinate with the RFCS to consider placement in former FFHs.

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 FFH. 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);

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), placement types that are different from the CANS recommendation, or admitted for residential treatment.

Note: In addition to this policy, the FCM will follow all additional steps in:

- a. Policy 5.19 for CANS Assessment approvals;
 - b. Policy 5.24 Child-Focused Treatment Review (CFTR) for admission in residential treatment;
 - 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 8.48 Relative and Kinship Placements for a child placed in a relative or kinship home.
12. Submit the placement recommendation to the court after the recommendation is approved by all required DCS local office staff;
 13. Enter all actions taken and any deviation from best practice in the case management system; and
 14. Facilitate the placement of the child (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 treatment, 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.

Medically Fragile

A child who has a medically diagnosed immunocompromised condition (chronic or acute) or dependence on specialized care or equipment for life or health sustaining function. Conditions that may qualify a child as medically fragile may include cancer, transplant care, and cystic fibrosis.

Forms and Tools

- [8.A Tool: Placement Needs Summary](#)
- [8.B Tool: Separation and Loss](#)
- [American Academy of Pediatrics](#)
- DCS Human Trafficking Information email - dcshumantraffickinginformation@dcs.in.gov
- [Healthy Children.org](#)
- [DCS website](#)
- [Kinship Connection Diagram](#)
- Indiana Human Trafficking Rapid Indicator Tool – Available in the case management system
- [Riley Children's Health](#)
- [Safety Plan \(SF 53243\)](#)
- [The National Institute of Health](#)
- Visitation Plan – Documented in the CFT Meeting Notes and the Court Reports

Related Policies

- [2.12 Administration of the Indiana Child Welfare Act \(ICWA\)](#)
- [2.30 Domestic Violence](#)
- [4.47 Human Trafficking](#)
- [5.06 Locating Absent Parents](#)
- [5.15 Concurrent Planning - An Overview](#)
- [5.19 Child Adolescent Needs and Strengths \(CANS\)](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [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](#)
- [16.02 Assistance for Unlicensed Relative and Kinship Placements](#)

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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 31-9-2-42: "Domestic or family violence"](#)
- [IC 35-42-3.5: Human and Sexual Trafficking](#)
- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)

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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 Kinship Navigator (KN) (formerly known as the Relative Support Specialist [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 childcare assistance, individual or family counseling, home based casework, etc. for the relative caregiver or child. See policy 16.02 Assistance for Unlicensed Relative and Kinship 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	
Section 02: Consideration of Race, Color, or National Origin: The Interethnic Placement Act (IEPA)	
Effective Date: December 1, 2023	Version: 2

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

This policy does not affect the provision of the Indian child in the Indian Child Welfare Act (ICWA). See policy 2.12 Indian Child Welfare Act for additional information.

In accordance with The Multiethnic Placement Act (MEPA) of 1994, as amended by the Interethnic Placement Act (IEPA) of 1996, 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 (including pre-adoptive parents) or the child involved and will make efforts to recruit a diverse group of resource and prospective adoptive parents that match the demographics of children placed in out-of-home care.

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PROCEDURE

DCS will ensure that a child’s placement is not delayed due to a resource parent’s, or child’s racial, ethnic, and/or cultural group, regardless of whether the child was voluntarily or involuntarily removed.

Note: An exception may be considered when compelling circumstances exist that are in the best interest of the child.

To meet the diverse needs and well-being of each child placed in out-of-home care, DCS strives to be sensitive to the child’s race and ethnicity and respectful to the child’s cultural heritage. It is important to recognize and preserve the child’s culture while in out-of-home care.

The Family Case Manager (FCM) will:

1. Identify any compelling circumstances if it appears that a consideration of a child or placement’s race, color, or national origin should be considered when choosing a placement for the child. 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 and must be made only if it is necessary to advance the best interest of the child and achieve that purpose;

Note: 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 (see policy GA-3 Language Services).

2. Staff with the FCM Supervisor any identified compelling circumstances related to race and ethnicity as soon as the child comes into out-of-home care;
3. Submit a referral to International and Cultural Affairs (ICA) when compelling circumstances exist and additional assistance is needed (see the International and Cultural Affairs Desk Guide);
4. Seek input from the Child and Family Team (CFT) and any other service providers or professionals (if necessary) to discuss any compelling circumstances that should be considered;
5. Document any compelling circumstances that exist in the case management system; and
6. Ensure all case information is forwarded to the DCS LOD or designee for final approval.

The FCM Supervisor will:

1. Staff any identified compelling circumstances of the child or family with the FCM that would require consideration for the child's placement; and
2. Assist the FCM in staffing the case with the LOD if compelling circumstances are identified.

The LOD will:

1. Staff with the FCM and FCM Supervisor to review the identified compelling circumstances; and
2. Staff with the Regional Manager (RM) regarding the compelling circumstances to determine if an exception may be pursued when it is in the child's best interest.

The RM will be available to provide consultation when an exception may be pursued on behalf of the child's best interest.

The DCS Staff Attorney will be available to provide consultation if needed.

The ICA Liaison will:

1. Provide relevant resources that include, but are not limited to:
 - a. Language access,
 - b. Verification of identity (see policy 2.09 Verifying Identity for more information),
 - c. Verification of immigration status (see policy 2.22 International and Cultural Affairs Services for more information),
 - d. Cultural heritage, and
 - e. Immigration and Customs Enforcement (ICE) involvement.
2. Act as the liaison between the consulate, embassy, and ICE;
3. Attend and participate in CFT Meetings as requested (see policy 5.07 Child and Family Team [CFT] Meetings); and
4. Screen and identify if a referral to an immigration attorney is appropriate.

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RELEVANT INFORMATION

Definitions

Child and Family Team (CFT) Meeting

The CFT Meeting is a process that brings together family, interested people including friends, neighbors, community members, and formal resources (e.g. child welfare, mental health, education and other agencies working with the family for the purpose of:

1. Learning what the family hopes to accomplish;
2. Setting reasonable and meaningful goals;
3. Recognizing and affirming the family strengths;
4. Assessing family needs;
5. Finding solutions to meet family needs;
6. Designing individualized supports and services that match the family's needs and builds on their strengths;
7. Achieving clarity about who is responsible for agreed upon tasks; and
8. Agreeing on the next steps.

Resource Parent

For the purposes of DCS Policy, a resource parent includes foster parent, licensed or unlicensed relative or kinship caregiver, and pre-adoptive parent.

Forms and Tools

- [Children's Bureau: Multiethnic Placement Act \(MEPA\) of 1994](#)
- [Child Welfare Information Gateway- Preparing Families for Racially and Culturally Diverse Adoptions](#)
- [Indiana Adoption Program- Parenting Resources](#)
- [International and Cultural Affairs Desk Guide](#)

Related Policies

- [2.09 Verifying Identity](#)
- [2.12 Administration of the Indian Child Welfare Act \(ICWA\)](#)
- [2.22 International and Cultural Affairs \(ICA\) Services](#)
- [2.23 Verifying Citizenship or Immigration Status](#)
- [5.07 Child and Family Team Meetings](#)
- [GA-3 Language Services](#)

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LEGAL REFERENCES

- [42 U.S.C. Sec. 1996b: Interethnic Adoption \(Inter-ethnic Placement Act \[IEPA\]\)](#)

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PRACTICE GUIDANCE- DCS POLICY 8.02

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.

Compelling Circumstances

The assessment for compelling circumstances should be based on the totality of information related to the placement including the youth and the proposed placement. There are some factors that may be relevant to an assessment of compelling circumstances. One (1) factor is the child's unique or unusual history related to race, color, or national origin including considerations of traumatic experiences. If there are other factors relevant to the individualized assessment based on the Family Case Manager's (FCM's) knowledge and understanding of the child, those factors should also be considered. If the youth is 14 years of age or older and is being placed for adoption, the youth's request or refusal of placement based on race, color, or national origin may be considered, however, it is important to document whether the request or refusal is in the youth's best interest. If the child is under 14 years of age, the child's request or refusal cannot determine placement absent relevant circumstances in the individualized review leads to determination that consideration of race, color, or national origin is appropriate.

Preparing Families for Racially and Culturally Diverse Placements

Most families will find themselves requiring additional support to raise a child from a different racial or cultural background. The family may face unique challenges as the child develops their own identity. The Children's Bureau provides resources that may assist the resource parent in preparing for the placement of a child with a different racial and/or cultural background. See Children's Bureau: Preparing Families for Racially and Culturally Diverse Adoptions for more information. The Indiana Adoption Program also provides resources for resource families, including guidance on transracial parenting. See the Indiana Adoption Program: Parenting Resources for more information.

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INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 8: Out-of-Home Services	
Section 04: Emergency Shelter Care & Urgent Residential Treatment	
Effective Date: April 1, 2024	Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

It is imperative for the Indiana Department of Child Services (DCS) 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.

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PROCEDURE

Emergency Shelter Care (ESC)

ESC is considered a short-term placement only to be utilized in crisis situations. An ESC stay will not exceed 20 calendar days without DCS 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 the child’s parent, guardian, or custodian to protect the child’s safety, relative/kinship placement and licensed foster care should be considered prior to an ESC placement (see policies 4.28 Removals from Parents, Guardians, or Custodians and 8.01 Selecting a Placement Option).

Note: ESC serves a different purpose than urgent residential treatment. A child is placed in ESC for 20 calendar days or less to meet the child’s basic needs; whereas, a child is admitted urgently in residential treatment to meet the child’s 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;

Note: Regional Manager (RM) approval is required if the child is under 10 years of age.

3. Place the child in ESC after receipt of the necessary approvals (see policies 8.08 Preparing Child for Placement and 8.09 Placing a Child in Out-of-Home Care);
4. Seek court approval for placement within 48 hours of the child entering the initial ESC placement;

Note: A report and recommendation to the court, notice to the court, and a court hearing are required, if the child has been detained by DCS and/or the detention is included in a

post-dispositional modification.

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 DCS Education Services within 24 hours of the child's placement in ESC to request the School Notification and Best Interest Determination form be submitted to the child's school (see policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement);
7. Notify the child's school as soon as the child is safely placed in ESC;
8. 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;
9. Contact the DCS Clinical Services Specialist (CSS) for consultation with concerning the behavioral, service, placement and treatment needs of the child, if needed;
10. 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;
11. Staff with the FCM Supervisor and LOD and contact the CSS for assistance, prior to the 15th day of the ESC stay if the ESC placement will be more than 20 calendar days, and coordinate with the ESC facility to ensure the ESC extension is submitted; and

Note: An ESC extension exceeding 20 calendar days may be requested from the Deputy Director of Child Welfare Services or designee. For the purposes of billing and tracking, once approved by the Deputy Director of Child Welfare Services or designee, the ESC extension will be granted through the end of the calendar year. The ESC extension must be submitted by the ESC facility in the Services Hub no later than day 15 of the ESC stay and must only be sent for exceptional circumstances. Contact the DCS Emergency Shelter Care Extensions mailbox for assistance.

12. 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;

Note: The Residential Licensing Unit (RLU) may be consulted to address any residential licensing issues that arise due to the placement of a child under 10 years of age.

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 facility, FCM, and LOD if the ESC placement needs to extend

beyond 20 calendar days to ensure an extension is requested no later than day 15 of the child's stay by the ESC facility; 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;
2. Coordinate with the ESC facility, FCM, and FCM Supervisor if the ESC placement needs to extend beyond 20 calendar days to ensure an ESC extension is requested no later than day 15 of the child's stay by the ESC facility; and
3. 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.

DCS Education Services will follow all procedural steps outlined in policy 8.22 School Notifications and Legal Settlement.

The CSS 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 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 [CFT] Meetings);
2. Review case information, CFT recommendations, and the CANS recommendations with the FCM Supervisor to determine if urgent admission in residential treatment is needed. Residential treatment should only be used when at least one (1) of the following conditions applies:
 - 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.
3. Request and receive approval from the LOD or designee prior to admission;

Note: RM approval is required if the child is under 10 years of age.

4. Take the child to the residential treatment facility for admission after receipt of necessary approvals;
5. Submit a 30-Day Assessment referral in KidTraks within 24 hours of admission;

Note: If the contracted provider does not recommend residential treatment in the 30-Day Assessment, 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]).

6. Consult with the DCS Staff Attorney to request court authorization for the admission within one (1) business day following admission to residential treatment;

Note: A report and recommendation to the court, notice to the court, and a court hearing are required, if the child has been detained by DCS and/or the detention is included in a post-dispositional modification.

7. Contact the CSS to request a consultation within two (2) business days of admission to residential treatment;

Note: The consultation with the CSS must occur within one (1) business day of receipt of the referral.

8. Complete a referral to DCS Education Services within 24 hours of the child's admission to residential treatment to request the School Notification and Best Interest Determination form be submitted to the child's school (see policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement);
9. Ensure the child's school is aware of the child's placement change as soon as the child is safely placed.

10. Schedule a residential treatment focused CFT Meeting within 10 business days of placement and every 30 calendar days until the child is transitioned to a less restrictive option (see policy 5.07 Child and Family Team [CFT] Meetings); and

Note: The Step-Down Planning form must be completed during the residential treatment focused CFT Meeting.

11. 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 CSS 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 10 years of age be admitted to a residential facility without RM approval of the admission. The RLU may be consulted for assistance to address any residential licensing issues that arise due to the placement of a child under 10 years of age.

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); 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 CSS will:

1. Staff with the FCM within one (1) business day of receipt of the referral regarding residential treatment and the child's needs, including services recommendations (see policy 5.10 Family Services);
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 DCS Residential Treatment Facility Search Tool.

The DCS Staff Attorney will:

1. Request court authorization for residential treatment admission within one (1) business day following admission to residential treatment; 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.

DCS Education Services will follow all procedural steps outlined in policy 8.22 School Notifications and Legal Settlement.

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RELEVANT INFORMATION

Definitions

Child Caring Institution (CCI)

A CCI is a residential treatment facility that provides childcare on a 24-hour basis for more than 10 children or a residential treatment facility with a capacity of not more than 10 children that does not meet the residential structure requirements of a group home.

Group Home (GH)

A GH is a residential structure in which care is provided on a 24-hour basis for not more than 10 children.

Private Secure Facility (PSF)

A PSF with or without PRTF is a locked living unit of an institution for children six (6) years of age or older with chronic behavior that endangers themselves or others.

Forms and Tools

- [8.B Tool: Separation and Loss](#)

- Child and Adolescent Needs and Strengths Assessment (CANS) - Available in the case management system
- [Clinical Services Specialist Contact Map](#) - Available in SharePoint
- DCS ESC Extensions Mailbox - ESCExtensions@dcs.IN.gov
- [DCS Services Hub](#)
- [DCS Residential Treatment Facility Search Tool](#)
- Residential Licensing Unit (RLU) email - residential.licensing@dcs.in.gov
- [School Notification and Best Interest Determination \(SF 47412\)](#)
- [Step-Down Planning \(SF 57072\)](#)

Related Policies

- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [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](#)
- [8.08 Preparing Child for Placement](#)
- [8.09 Placing a Child in Out-of-Home Care](#)
- [8.20 Educational Services](#)
- [8.22 School Notifications and Legal Settlement](#)

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LEGAL REFERENCES

- [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](#)
- [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](#)
- [465 IAC 2-11-22: Private Secure Facility](#)
- [42 USC 672: Foster care maintenance payments program](#)

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PRACTICE GUIDANCE- DCS POLICY 8.04

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.

Importance of Preparing for Placement

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 for the Family Case Manager (FCM) to acknowledge these feelings. Additionally, efforts should be made 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. See 8.B Tool: Separation and Loss for more information.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 05: Out-of-County Placements

Effective Date: May 1, 2022

Version: 5

- [Procedure definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When a child must be removed from the parent, guardian, or custodian, placement within the child's community minimizes trauma by helping to maintain the child's bonds with friends and other emotional supports and allowing stability in the child's school setting. However, careful assessment and evaluation must be utilized when making placement decisions to promote placement stability for the child.

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PROCEDURE

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 or kinship caregiver resides in another county;
3. Parental reunification is not an option and/or all efforts toward 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 or must temporarily be placed in Emergency Shelter Care (ESC) and there is no facility in the county of origin that can meet the child's needs.

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.

The Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) as partners in placement planning and decision-making (see policies 8.01 Selecting a Placement Option and 5.07 Child and Family Team Meetings);
2. Contact the Regional Foster Care Specialist (RFCS) to request placement recommendations, if a home has not been identified;
3. Review the case information and the Child and Adolescent Needs and Strengths (CANS) Assessment results with the FCM Supervisor and the CFT to ensure a less

restrictive placement is not appropriate and that there is no other placement available to meet the child's needs;

4. Present the FCM Supervisor with information regarding the child's needs and the reasons for recommending out-of-county placement (include the name of the recommended resource parent's home);
5. Contact the Staff Attorney to request court approval for the child's placement change;
6. Notify the DCS local office or the Kinship Navigator (KN) Supervisor (formerly known as the Relative Support Specialist [RSS] Supervisor) of the receiving county if a child is placed out-of-county in relative or kinship care. See policy 8.48 Relative or Kinship Placements for additional guidance;
7. Develop a Visitation Plan for the child with the parent, guardian, or custodian and any siblings not placed with the child. See policy 8.12 Developing the Visitation Plan; and
8. 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 information about the child's needs, the recommended resource parent's home, and any additional information to support the recommendation for out-of-county placement; and
2. Ensure all involved parties (e.g., FCM, RFCS, and KN 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 results with the FCM and make recommendations regarding placement. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional information;
2. Present the RFCS Supervisor with information regarding the child's needs and reasons for recommending out-of-county placement (including the name of the recommended resource parent);
3. Assist homes desiring to be licensed, through the licensing process; and
4. Notify the county of origin if the unlicensed home is denied licensure.

The DCS Staff Attorney will request court approval for the child's placement change, upon request from the FCM.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [8.A Tool: Placement Needs Summary](#)
- Child and Adolescent Needs and Strengths (CANS) Assessment- Available in the case management system

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [8.01 Selecting a Placement Option](#)

- [8.12 Developing the Visitation Plan](#)
- [8.48 Relative or Kinship Placements](#)

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LEGAL REFERENCES

- [IC 31-34-6-3: Placement in facility located outside child's county of residence](#)
- [IC 31-34-23: Modification of Dispositional Decrees](#)

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PRACTICE GUIDANCE – DCS POLICY 8.05

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 8: Out-of-Home Services

Section 08: Preparing Child for Placement

Effective Date: September 1, 2023

Version: 4

- [Procedure definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Placement of a child outside of the family of origin 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 may reduce trauma and problems that the child experiences in placement.

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PROCEDURE

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 the child for the placement to the fullest extent that time permits.

The Family Case Manager (FCM) will:

1. Engage the parent, guardian, or custodian in preparing the child for out-of-home placement or a change in placement, whenever possible;
2. Attempt to coordinate one (1) or more preplacement visits to the proposed home or facility, unless time does not allow (i.e., the removal is an emergency);

Note: When preplacement visits are not possible, the FCM should consider alternate activities (e.g., 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; or sharing a brochure of the facility where the child will be placed).

3. Ensure the parent, guardian, or custodian and the child know how they will be able to maintain contact with each other;
4. Provide information to the child about the placement including, but not limited to, information about the caregivers (e.g., names, other children in the home, and culture of the family) and whether any or all siblings will be placed with the child;
5. Ensure the parent, guardian, or custodian and the child know 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 bring familiar objects (e.g., clothes, toys, bottles, cups, personal electronics, photos of the parent, guardian, or custodian), unless the home is a property used for the manufacture of a controlled substance (see policy 16.01 Funding for Children in Out-of-Home Care 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;

9. Allow the child and parent, guardian, or custodian and other household members to see each other before the child's removal from the home whenever possible; and
10. Take additional steps necessary to help the child prepare emotionally for the placement as time allows.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [8.B Tool: Separation and Loss](#)
- [Indiana Drug Endangered Children Response Protocol](#)

Related Policies

- [5.15 Concurrent Planning](#)
- [16.01 Funding for Children in Out-of-Home Care](#)
- [Drug Endangered Child Protocol \(DEC\)](#)

LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE – DCS POLICY 8.08

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.

Importance of Preparing for Placement

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 for the FCM to acknowledge these feelings. Additionally, efforts should be made 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

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, or custodian and resource parent to become acquainted and to form the foundation for sound rapport and cooperation in future visitations.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 09: Placing a Child in Out-of-Home Care

Effective Date: March 2, 2023

Version: 11

- [Procedure definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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.

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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/kin**. See policies 13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements, 13.06 Evaluating Background Checks for Non-Emergency Unlicensed Out-of-Home Placements, 13.11 Conducting Background Checks for Emergency Unlicensed Placements, and 13.12 Evaluating Background Checks for Emergency Unlicensed Placements;
2. Ensure the Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) considers the vaccination status of the children in the Foster Family Home (FFH) when locating a placement for a child who is medically fragile or an infant under six (6) months of age;
3. Ensure the RFCS or the 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 (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 (see policy 8.26 Authorization for Health Care Services),
 - c. Medicaid number and any other insurance information for the child (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 (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 (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), with appropriate redactions,
 - g. Relevant court orders (e.g., protective order, visitation, medical, etc.) and the Case Plan/Prevention 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, as applicable) (see policies 8.20 Educational Services and 8.21 Special Education Services),
 - i. The Visitation Plan, including any restrictions that may be in place (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. See policies 16.01 Funding for Children in Out-of-Home Care and 16.02 Assistance for Unlicensed Relative or Kinship Placements, and
 - 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.

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.

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: When the child is placed with an unlicensed relative or kin, the FCM should not create a relative home in the case management system. Make a referral to Kinship of Indiana Support Services (KISS) by completing and emailing the Relative Placement Entry form to the appropriate regional placement email address listed on the back of the form within 24 hours of the child's placement with a relative or kinship caregiver (see policy 8.48 Relative or Kinship Placements).

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 (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 DCS Education Services **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 form (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) (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, and safe sleep) (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 into the case management system; and
10. Ensure the child has a Lifebook that is kept updated.

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 case staffing; and
3. Ensure the child's placement and all actions taken are appropriately documented in the case management system.

Upon receipt of a referral regarding the child's placement in out-of-home care, DCS Education Services will:

1. Complete the School Notification and Best Interest Determination form; and
2. Provide the School Notification and Best Interest Determination form, **within 72 hours**, to the:
 - a. Identified Point of Contact (POC) at the school corporation where the child currently attends, and
 - b. Identified POC at the school corporation where the child has legal settlement.

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 the Every Student Succeeds Act (ESSA).

Upon receipt of the Relative Placement Entry form, the Kinship Navigator (KN) (formerly known as the Relative Support Specialist [RSS]) and KN Supervisor (formerly known as the RSS Supervisor) will complete all steps outlined in policy 8.48 Relative or Kinship Placements.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Resource Parent

For purposes of DCS policy, a resource parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver.

Medically Fragile

A child who has a medically diagnosed immunocompromised condition (chronic or acute) or dependence on specialized care or equipment for life or health sustaining function. Conditions that may qualify a child as medically fragile may include cancer, transplant care, and cystic fibrosis.

Forms and Tools

- [The American Academy of Pediatrics](#)
- [Adoption World Publishing](#)
- [Authorization For Health Care \(SF 54247\)](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- Child and Adolescent Strengths and Needs (CANS) Assessment - available in the case management system
- [DCS Website](#)
- [Healthy Children.org](#)
- [Indiana Bill of Rights for Youth in Care](#)
- [Indiana Drug Endangered Children Protocol](#)
- [Inventory of Personal Items \(SF 54315\)](#)
- [Medical Passport \(DCS Pamphlet 036\)](#)
- [The National Institutes of Health](#)
- [Relative Placement Entry \(SF 57025\)](#)
- [Resource Parent Role Acknowledgment \(SF 54642\)](#)
- [Riley Children's Health](#)
- [Safety Plan \(SF 53243\)](#)
- [School Notification and Best Interest Determination \(SF 47412\)](#)
- [Statement of Care and Supervisory Authorization for Health Care \(SF 45093\)](#)
- Visitation Plan - documented in the CFT Meeting Notes and Court Reports

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 or Kinship 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 Funding for Children in Out-of-Home Care](#)
- [16.02 Assistance for Unlicensed Relative or Kinship Placements](#)

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LEGAL REFERENCES

- [20 USC 6311\(g\)\(1\)\(E\) State plans: Other plan provisions](#)

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PRACTICE GUIDANCE – DCS POLICY 8.09

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.

Supporting Relative/Kinship Caregivers

It is important for FCMs to support all relative/kinship caregivers. FCMs must be mindful that relative/kinship caregivers may not have planned to take emergency placement of their relative's children. This is especially true with middle of the night placements. The FCM should be patient and exercise empathy for relative/kinship caregivers and serve as a support to them by answering any questions they may have and addressing any concerns. It is the goal of DCS to have a child transition as smoothly as possible from the child's home into the relative/kinship caregiver's home. FCMs should complete timely service referrals for identified needs (e.g., child care assistance, individual or family counseling, and home-based casework) for the relative/kinship caregiver or child. See policy 16.02 Assistance for Unlicensed Relative and Kinship Placements for additional information on financial assistance for relative/kinship 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. Drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised) are not permitted for children under DCS care and supervision. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs;
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 a pacifier;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;
8. Reduce the chance 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 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 Institutes of Health (NIH);
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	
Section 10: Minimum Contact	
Effective Date: July 3, 2024	Version: 18

- [• Procedure](#)
- [• Forms and Tools](#)
- [• Legal References](#)
- [• Definitions](#)
- [• Related Policies](#)
- [• Practice Guidance](#)

POLICY OVERVIEW

Requirements for minimum contact with the child; parent, guardian, or custodian; and resource parent have been established to:

1. Assess the safety, stability, well-being and permanency of the child;
2. 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); and
3. Monitor progress and revise services as needed.

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PROCEDURE

Face-to-face minimum contact requirements vary between contact with the child (including a child placed out-of-state or admitted to a residential treatment facility); the resource parent; the child’s parent, guardian, or custodian. During case junctures, face-to-face contact with the child; parent, guardian, or custodian; and resource parent must be made weekly. Any concerns should be discussed with the resource parent; the parent, guardian, or custodian; and the child (as appropriate, based on the child’s age and development).

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, or a change in placement, and at least monthly, with no more than 30 calendar days between contacts. Face-to-face contact may alternate monthly between the placement home and other locations. Each face-to-face contact must include time with the child alone and an assessment of the needs of the resource parent in caring for the child. A face-to-face contact will occur each calendar month whether or not it has been less than 30 days since the last face-to-face contact. FCMs should attempt to keep the face-to-face contacts around the same time each month when possible.

Note: Each child should be assessed individually. The 5.C Tool: Face-to-Face Contact Guide and/or the Face-to-Face Contact form may be utilized as a guide for discussion during the face-to-face contact with the child.

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

transition to adulthood (if applicable), and gather information to accurately document the visit in the case management system (see policies 8.43 Meaningful Contacts, 11.06 Transition Plan for Successful Adulthood for additional guidance, 9.08 Minimum Contact for DCS Interstate Compact on the Placement of Children [ICPC] Placements, and 11.26 Minimum Contact for Collaborative Care Placements);

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 4.28 Removals from Parents, Guardians, or Custodians and 4.38 Assessment Initiation for further guidance.

2. Allow sufficient time alone with the child in a setting that provides an opportunity for the child to speak freely and/or express 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 have weekly contact with each child admitted for residential treatment (when possible) and at least monthly face-to-face contact, with no more than 30 calendar days between face-to-face contacts. Each face-to-face contact will include time alone with the child. A visual inspection of the child's living quarters will also be conducted to ensure the child has safe and hazard-free living conditions and basic needs are being met (ex: appropriate bedding, clothing, shoes, hygiene supplies, etc.) The weekly contact may be by phone or virtual (e.g., video conferencing, Facetime), depending on the residential agency's capacity. The FCM will document each contact in the case management system. If an FCM has any concern with any conditions or supervision observed at a residential facility, the FCM will contact their supervisor and the residential licensing unit and photograph those concerns when possible.

Contact with Children in Out-of-State Placement

The FCM will have face-to-face contact, including time alone 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 below during each face-to-face contact. The FCM will have weekly contact by phone or virtually (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. The service needs of the resource parent and/or child may warrant additional contact during the month. In addition, DCS will communicate (e.g., face-to-face, telephone, or e-mail) with the resource parent after scheduled visitations to discuss the visitation activities and assess the child's reactions and emotions observed following the visitation. Information gathered will be documented in the case management system.

Note: The 5.C Tool: Face-to-Face Contact Guide and the Face-to-Face Contact form may be utilized as guides for discussion during the face-to-face contact with the resource parent.

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. Document any changes in circumstances regarding the resource parent within three (3) business days and report any changes to licensing worker;
3. Discuss the child's overall progress including, but not limited to, behavior management, school adjustment, and progress toward reunification and meeting Case Plan/Prevention Plan goals;
4. 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 Funding for Children in Out-of-Home Care and 16.02 Assistance for Unlicensed Relative and Kinship Placements;
5. Ensure the resource parent is aware of scheduled court hearings regarding the child;
6. Assist the resource parent with problem-solving and accessing community resources as needed (see 4.G Tool: Community Resources and Prevention Services);
7. 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.

8. 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 (including non-custodial and incarcerated parents), 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 the contact in the case management system. The service needs of the parent, guardian, or custodian may warrant additional contact during the month.

Exception: If the parent, guardian, or custodian is incarcerated or resides out-of-state, virtual face-to-face contact (e.g., video conferencing, Facetime) may be considered if available.

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/Prevention Plan goals;
2. Document any changes in circumstances regarding the parent, guardian, or custodian within three (3) business days in the case management system;

Note: Upon discovery of a new child in the household of a parent, guardian, or custodian with an open DCS case (i.e., Informal Adjustment [IA], In-Home Child in Need of Services [CHINS], and Out-of-Home CHINS), the FCM will contact the Indiana DCS Child Abuse and Neglect Hotline (Hotline) immediately at 1-800-800-5556 or by email at DCSHotlineReports@dcs.in.gov to make a report that includes detailed open case information, past history, and risk factors that currently or previously existed (see policy 5.25 New Child in Household of a Parent or Custodian with an Open Case).

3. Discuss services the family needs and/or is receiving;
4. Update the parent, guardian, or custodian on the child's services, needs, and progress toward Case Plan/Prevention Plan goals;
5. 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
6. Provide assistance to the family to promote the safety, stability, well-being, and permanency of the child.

Note: Each parent, guardian, or custodian should be assessed individually. The 5.C Tool: Face-to-Face Contact Guide and/or the Face-to-Face Contact form may be utilized as guides for discussion during each face-to-face contact with the parent, guardian, or custodian. Each visit must be documented in the case management system.

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 transition to adulthood),
 - b. Photographs taken,
 - c. The updated Safety Plan and/or Plan of Safe Care (if applicable), and

d. 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 or Kinship Navigator (KN) (formerly known as the Relative Support Specialist [RSS]), if applicable, to share relevant information, and collaborate to maintain the placement and retain the resource parent; and

Note: In some regions, the Kinship of Indiana Support Services (KISS) referral is closed following stabilization services offered during the first 30 days of placement. However, the FCM may request that the KN re-enter the case, if needed, by sending an email to the regional placement email address regarding issues in the case. See policy 8.48 Relative or Kinship Placements for additional guidance.

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 case staffing and approve any updates to the Safety Plan and/or Plan of Safe Care and any additional service referrals.

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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;
9. Education;

10. Court;
11. Trial Home Visit (THV); and
12. Change in household composition.

Case Staffing

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

Forms and Tools

- [4.G Tool: Community Resources and Prevention Services](#)
- [5.C Tool: Face-to-Face Contact Guide](#)
- Case Plan/Prevention Plan (SF 2956) - 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 \(SF 54335\)](#)
- Indiana Department of Child Services (DCS) Child Abuse and Neglect Hotline - 1-800-800-5556
- Indiana DCS Child Abuse and Neglect Hotline email - DCSHotlineReports@dcs.in.gov
- [Indiana Practice Model SharePoint](#)
- [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) - Available in the case management system
- [Protective Factors to Promote Well-being](#)
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [4.14 Examining and Photographing a Child and/or Trauma](#)
- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [4.38 Assessment Initiation](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.25 New Child in the Household of a Parent or Custodian with an Open Case](#)
- [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](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [11.26 Minimum Contact for Collaborative Care Placements](#)
- [16.01 Funding for Children in Out-of-Home Care](#)
- [16.02 Assistance for Unlicensed Relative and Kinship Placements](#)

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LEGAL REFERENCES

- [IC 31-34-21-4: Notice of case review; testimony; and periodic case review](#)

- [IC 31-35-2-6.5: Notice of hearing](#)
- [IC 34-6-2-34.5: Domestic or family violence](#)

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PRACTICE GUIDANCE- DCS POLICY 8.10

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 and Family Team (CFT) Meeting

According to The Child Welfare Policy and Practice Group, 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 (see policy 5.07 Child and Family Team [CFT] Meeting). 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. Preventing removal and placement disruptions;
3. Strengthening engagement with families 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 the 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.

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.

Contact with Children in Out-of-Home Placement

Regular face-to-face contact with the child allows the Family Case Manager (FCM) to:

1. Assess the child's safety, stability, permanency, and well-being (including mental and physical health, medical care, educational status, and progress toward a successful transition to adulthood);
2. Develop and maintain a trusting and supportive relationship with the child;
3. Assess the child's underlying needs and related behaviors, as well as, progress in out-of-home placement;
4. Discuss the child's thoughts and feelings about being away from home and living with the resource parent, as age and developmentally appropriate;
5. Discuss issues related to separation from siblings (if applicable);
6. Help the child prepare for family reunification or another permanent living situation if family reunification has been ruled out; and
7. Spend time with and build relationships with the child's family and supports.

Providing Support to the Family When New Report Will Be Made to the Hotline

It is best practice for the FCM to use respect, empathy, and strengths-based approach when discussing with the parent, guardian, or custodian that a new report will be made to the Indiana Department of Child Services Hotline (Hotline) and a resulting assessment may be initiated. Having open and transparent conversations, including but not limited to, a CFT Meeting with each parent helps to build a trust-based relationship by aligning with the DCS Practice Model. This also allows each parent to discuss any questions or concerns they may have about a new report. See policy 5.25 New Child in the Household of a Parent or Custodian with an Open Case and 5.C Tool: Face-to-Face Contact Guide for additional information and guidance.


Regular Contact is Paramount

Regular face-to-face contact with the resource parent; parent, guardian, or custodian; and the child is the most effective way DCS may:

1. Promote timely implementation of the Case Plan/Prevention Plan for children and families served by DCS;
2. Monitor progress toward achieving goals and revise service plans as needed.

Note: The Administration for Children and Families has established monthly face-to-face contact standards because it believes that one (1) of the most important ways to promote positive outcomes for children and their families is to ensure that monthly face-to-face contact occurs between all children under DCS supervision and the assigned FCM.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 11: Parental Interaction and Involvement	
	Effective Date: July 1, 2024	Version: 7

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) encourages and supports the maximum appropriate amount of interaction and involvement between each parent, guardian, or custodian and the child unless otherwise ordered by the court. Encouraging interaction and involvement between the parent, guardian, or custodian and the child helps to build and strengthen their relationship and is critical to the well-being of a child during out-of-home care.

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PROCEDURE

DCS maintains regular contact (see Definitions) with the parent, guardian, or custodian to track and make necessary adjustments to the current Case Plan/Prevention Plan and to determine the appropriate amount of interaction and involvement between the child and the parent, guardian, or custodian. 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.

DCS will make reasonable efforts to support and facilitate two-way communication between a child's parent, guardian, or custodian and any resource parent caring for the child (see Indiana Co-Care).

Visitation is only one (1) component of parental interaction. Other examples of interaction include:

1. Phone calls;
2. Emails;
3. Letters; or
4. An exchange of meaningful items like drawings, photographs, and gifts.

Note: These other forms of interaction take on increased significance if face-to-face contact is not regular or consistent.

A parent, guardian, or custodian who is not allowed any interaction with their child may still be involved to make important decisions. Examples of involvement include, but are not limited to, 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 Child and Family Team (CFT) Meetings.

The Family Case Manager (FCM) will:

1. Convene and facilitate a CFT Meeting within 30 calendar days of removal, a decision to begin concurrent planning by creating a second Permanency Plan, or when there is a significant change. See policies 5.07 Child and Family Team (CFT) Meetings, 5.08 Developing the Case Plan/Prevention Plan, and 5.15 Concurrent Planning for additional information;

Note: If a CFT Meeting is not convened within 30 calendar days, a Case Plan Conference must be held.

2. Develop a plan for the following during the CFT Meeting (see policy 5.03 Engaging the Family):
 - a. Appropriate parental interaction and involvement with the child,
 - b. Case Plan/Prevention Plan,
 - c. Visitation Plan; and
 - d. Creation of referrals for appropriate services.

Note: Document the above plans in the case management system.

3. Be aware of all appointments and activities and ensure the resource parent is communicating with the parent/guardian or custodian about any medical, education, or extracurricular appointments and/or activities.

Note: If communication between the resource parent and parent/guardian or custodian is not occurring, the FCM will ensure all appointments and activities are communicated.

4. Review the Safety Plan or Plan of Safe Care during the CFT Meeting and make any necessary revisions to ensure the child's safety. See policies 4.19 Safety Planning and/or 4.42 Plan of Safe Care for additional guidance;
5. Ensure the child; parent, guardian, or custodian; resource parent; and other CFT members understand the maximum allowable parent, guardian, or custodian interaction and involvement with the child;

Note: 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. Incarcerated parents should continue to interact and have involvement with their child, including visitation, unless there are any court orders prohibiting contact.

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. Reconvene the CFT, if the Visitation Plan or the parent, guardian, or custodian's maximum level of interaction and involvement with the child needs to be changed based upon the reassessment; and
8. Document any changes to the Visitation Plan or the parent, guardian, or custodian's maximum level of interaction and involvement with the child in the case management

system and report these changes to the court (see policy 6.08 Three Month Progress Report).

The FCM Supervisor will support and assist the FCM in ensuring the parent, guardian, or custodian and the child have the maximum level of interaction and involvement.

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RELEVANT INFORMATION

Definitions

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.

Forms and Tools

- Case Plan/Prevention Plan (SF 2956)- Available in the case management system
- [Indiana Co-Care](#)
- [Safety Plan \(SF 53243\)](#)
- Visitation Plan- Available in the case management system

Related Policies

- [4.19 Safety Planning](#)
- [4.42 Plan of Safe Care](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.15 Concurrent Planning](#)
- [6.08 Three Month Progress Report](#)
- [8.12 Developing the Visitation Plan](#)
- [8.13 Implementing the Visitation Plan](#)

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LEGAL REFERENCES

- [IC 31-10-2-1: Policy and purpose](#)
- [IC 31-34-15-4: Form; contents](#)

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PRACTICE GUIDANCE- DCS POLICY 8.11

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.

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. DCS will document any services and/or treatment available to the incarcerated parent in the Case Plan/Prevention Plan.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 12: Developing the Visitation Plan

Effective Date: July 1, 2023

Version: 12

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

If a child requires out-of-home placement, maintaining essential connections through frequent and meaningful contact with significant individuals in the child's life is vital. Regular visits and contact with the parent, guardian, or custodian; siblings; and other significant individuals in the child's life assists in minimizing trauma the child experiences while out of the home. Maintaining these relationships through visits and contact also helps the child feel connected to family members; prevent feelings of abandonment; and promote reunification.

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PROCEDURE

The Indiana Department of Child Services (DCS) will ensure a Visitation Plan is developed for every child in out-of-home care (unless an order for no visitation has been issued by the court). Visitation will occur regularly while the child remains in out-of-home care.

The FCM will:

1. Supervise the initial face-to-face visit with the parent, guardian, or custodian within 48 hours of removal;

Note: If a parent has been previously convicted of aggravated battery (IC 35-42-2-1.5), strangulation (IC 35-42-2-9), or neglect of a dependent under IC 35-46-1-4(b)(2) or IC 35-46-1-4(b)(3) against the child, in-person visitation must be withheld until a dispositional decree is entered or the CHINS petition is dismissed. DCS must notify the court that in-person visitation will be withheld unless a court order requires in-person visitation. Telephonic or video conference visitation may be provided.

2. Supervise the initial face-to-face contact with siblings within five (5) day of removal:

Note: Face-to-face contact between the child and siblings within five (5) days of removal may not be possible or appropriate for a child:

- a. Who is in one (1) of the following:
 - i. Residential treatment,
 - ii. Hospital, or
 - iii. Juvenile Detention Center.

- b. Who has entered out-of-home placement due to a serious safety risk posed to that child by a sibling, and a court has not yet ruled on the appropriateness of the sibling visitation; or
 - c. When a court has ordered that the siblings shall not have contact with each other.
3. Document requests for visitation from the following in the case management system within three (3) business days of receipt of the request:
 - a. Child,
 - b. Child's adoptive parent,
 - c. Resource parent,
 - d. Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA), or
 - e. Agency responsible for the care, treatment, or supervision of the child may request sibling visitation.
 4. If a request for sibling visitation has been received DCS will consider the best interest of the child and the child's sibling if the sibling is also in foster care when determining visitation between siblings. Provide notice of DCS findings on request for sibling visitation to the individual or agency who made the visitation request no later than seven (7) business days after receipt of the request;
 5. Ask each individual who will be participating in visitation if a reasonable accommodation is needed due to a disability and make a plan to provide the reasonable accommodation;
 6. Develop a Visitation Plan within five (5) calendar days of removal, with input from the Child and Family Team (CFT). See policies 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan/Prevention Plan for additional procedural information;

Note: The Visitation Plan may be developed during a Case Plan conference if there is not a CFT.

7. 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 aligns 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 visits between the child and 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,

Note: Include provisions for visits and/or alternate forms of contact between the child and the noncustodial parent and incarcerated parent, if appropriate. See Practice Guidance for additional information.

- d. Face-to-face visits between the child and the child's siblings at least once per week,
- e. Face-to-face visits between the child and 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. The degree of supervision necessary for each person who will visit the child and identification of 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 (e.g., developmental activities and parenting activities) and any special considerations and/or accommodations regarding visitation, and
- i. Alternate forms of contact (e.g., phone or virtual [using virtual technology], cards, letters, photographs, or recordings) to supplement the face-to-face visits.

Note: Ensure that any alternate form of contact does not interfere with case plan goals or have a negative impact on the child.

8. Discuss case specifics and plans to address any concerns regarding the Visitation Plan (e.g., safety concerns and consideration for the need to conduct background checks) with the FCM Supervisor. See Practice Guidance for additional information;
9. Engage the CFT in problem-solving regarding any barriers to visitation (e.g., incarceration, domestic violence (DV), refusals, and transportation). See policy 8.13 Implementing the Visitation Plan for additional procedural information;

Note: Any reasons for delay or lack of contact must be documented in the case management system.

10. Review and ensure all parties fully understand the Visitation Plan and how it will be implemented, monitored, and adjusted throughout the life of the case. See policy 8.13 Implementing the Visitation Plan for additional procedural information;
11. Submit any pre-existing court ordered Visitation Plans along with the proposed Visitation Plan to the court for approval; and
12. Ensure the approved Visitation Plan is documented in the Child and Family Team (CFT) Meeting Notes form, included in the Case Plan/Prevention Plan, submitted to the court, and updated as needed.

Note: The Visitation Plan must be documented utilizing the Visitation Plan segment of the case management system if there is no CFT.

The FCM Supervisor will:

1. Provide guidance to the FCM to ensure all duties are completed timely and appropriately;
2. Discuss case specifics and any concerns regarding the Visitation Plan with the FCM (e.g., safety concerns and consideration for the need to conduct background checks). See Practice Guidance for additional information;
3. Ensure the Visitation Plan is documented in CFT Meeting notes (or Visitation Plan in the case management system, if there is no CFT), included in the Case Plan/Prevention Plan, submitted to the court, and updated as needed; and
4. Ensure any deviations from best practice are documented in the case management system.

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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
- [Child and Family Team \(CFT\) Meeting Notes \(SF 54601\)](#)
- 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](#)
- [13.13 Childcare Providers and Extracurricular Activities](#)

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LEGAL REFERENCES

- [IC 31-10-2-3: Right of persons with a disability](#)
- [IC 31-17-2-8.1: "Disability"; custody](#)
- [IC 31-28-5-3: Persons who may request sibling visitation; department establishment of sibling visitation](#)
- [IC 31-34-12-9: Rebuttable presumption to prohibit in person contact with child](#)
- [IC 31-34-15-4: Form; content](#)
- [42 USC 12102: Definition of disability](#)

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PRACTICE GUIDANCE- DCS POLICY 8.12

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.

Background Checks for the Purpose of Visitation

DCS may request individuals who participate in visitation with the child to complete background checks. See policy 13.13 Childcare Providers and Extracurricular Activities for additional guidance.

Any results returned are to be used in the overall determination to evaluate the safety of the child. There is no CPS and/or criminal waiver process involving the DCS Central Office Background Check Unit (COBCU) regarding background checks for the purpose of visitation.

Visitation with Incarcerated Parent, Guardian, or Custodian

Children benefit from maintaining contact with their parent, guardian, or custodian, especially when reunification is the goal. The Indiana Department of Corrections (DOC) may permit children to visit with their incarcerated parent, guardian, or custodian unless a sex offense was a basis for the commitment. The FCM should contact DOC to determine whether the incarcerated parent may or may not have visitation with children.

The FCM should also contact the county jail and/or federal prison facility, when applicable, to determine whether the incarcerated parent, guardian, or custodian may or may not have visitation or other contact with the child.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 13: Implementing the Visitation Plan

Effective Date: January 1, 2023

Version: 9

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Visitation Plan is implemented for every child in out-of-home care to support the child's well-being and maintain family relationships and connections.

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PROCEDURE

The Indiana Department of Child Services (DCS) will implement a comprehensive Visitation Plan that is developed with the input of all parties. The Visitation Plan will be updated and monitored on a regular basis to ensure any changes to visitation may be addressed in a timely manner.

The Family Case Manager (FCM) will:

1. Develop a visitation schedule which is agreeable to all parties. For cases involving domestic violence (DV) see policy 2.30 Domestic Violence for additional guidance;

Note: Visits to the Indiana Department of Correction (DOC) and/or detention facilities shall be supervised by the FCM, resource 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.

2. Convene the CFT to review the Visitation Plan within 30 calendar days of removal or upon the decision to begin concurrent planning. See policy 5.15 Concurrent Planning- An Overview for additional information;
3. Supervise visits or create a service provider referral for visit supervision, if the visits are to be supervised;
4. Monitor the progress of the visits through:
 - a. Supervising visits and documenting visits in the case management system, and/or
 - b. Written communication with the supervising staff/agency and documenting the communication in the case management system.
5. Monitor and facilitate positive interaction and communication, between the parent, guardian, or custodian and the resource parent. See policies 8.11 Parental Interaction and Involvement and 8.16 Resource Parent Role for additional information;
6. Monitor and document any reactions the child is having to separation from the child's parent, guardian, or custodian; siblings; and other persons of significance. See policy 8.10 Minimum Contact for additional guidance;

7. Document all visits, including missed visits, in the case management system and provide this information to the court;
8. Assess the effectiveness of the Visitation Plan in meeting the family's identified goals;
9. Reconvene CFT, as needed, to determine if any changes to the Visitation Plan are required and/or to assist the family in overcoming any barriers or situations with non-compliance (see Practice Guidance for more information). These barriers may include, but are not limited to:
 - a. Safety concerns,
 - b. Scheduling issues,
 - c. Transportation issues,

Note: If alternative transportation cannot be acquired and the cost of paid transportation would cause the child's family undue hardship, DCS may pay for the most cost-efficient means of local transportation. See policy 16.03 Assistance for Family of Origin's Basic Needs for additional information,

- d. A child's fear of visitation,

Note: Ensure a child is prepared for visitation in DOC and/or the detention facility, including the security checkpoint.

10. Update the written Visitation Plan to reflect any significant changes (e.g., location changes, changes in level of interaction, and court ordered changes);
11. Notify in writing the parent, guardian, or custodian or another adult with whom the child has a significant relationship of the legal rights and options if the individual disagrees with the Visitation Plan and a resolution has not been found through the CFT Meeting process. The legal rights and options 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.

12. Notify all parties of any changes to the Visitation Plan; and
13. Cease visitation services with the parent, guardian, or custodian, including the cancelation of service referrals, after Termination of Parental Rights (TPR) is filed, only if ordered by the court. See policy 5.10 Family Services for additional information.

DCS may 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. See Practice Guidance for additional information;
3. Change in frequency or supervision of interaction (e.g., changing from supervised visits to unsupervised visits);
4. The parent, guardian, or custodian no longer wishes to visit and states this in writing;
5. The decision has been made to transition to the second permanency plan if concurrent planning. See policy 5.15 Concurrent Planning for additional information; and
6. Visitation disputes by involved parties.
7. TPR petition has been filed, or if the parent has executed a consent to adopt.

Visitation with Parents who are Incarcerated

In addition to the steps above, the FCM will:

1. Contact the appropriate DOC and/or detention facility Case Manager to initiate a visit between an incarcerated parent and a child. The DCS FCM and DOC and/or detention facility Case Manager shall confer with each other prior to initiating visits to define expectations of the visits and exchange contact information.
2. Document all efforts by DCS to set up visitation with the DOC and/or detention facility for the parent or guardian, especially if DCS efforts to set up visitation with the DOC and/or detention facility are unsuccessful.
3. Complete any required detention facility forms prior to the visit;
4. Inform the DOC and/or detention facility Case Manager of the requirements of any court orders regarding participation by parents in the care, treatment, or reunification of children. Any information shared as such must be kept confidential;
5. Notify the DOC and/or detention facility Case Manager of any issues regarding visitation to ensure they are promptly resolved; and
6. Arrange for visitation to occur during regular DOC and/or detention facility visitation hours when possible and discuss arranging "special visits" if necessary.

All correspondence and information provided by the DOC and/or detention facility and DCS shall designate both the name of the child and the parent to whom it pertains. DCS shall use the DOC and/or detention facility number of the parent when available.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [8.C Tool: Supervision of Visits](#)
- Visitation Plan - available in the case management system

Related Policies

- [2.30 Domestic Violence](#)
- [5.07 Child and Family Team Meetings](#)
- [5.10 Family Services](#)
- [5.15 Concurrent Planning-An Overview](#)
- [8.10 Minimum Contact](#)
- [8.11 Parental Interaction and Involvement](#)
- [8.16 Resource Parent Role](#)
- [16.01 Funding for Children in Out-of-Home Care](#)
- [16.03 Assistance for a Family of Origins Basic Needs](#)
- [GA-3 Language Services](#)

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LEGAL REFERENCES

- [IC 31-34-15-4: Form; contents](#)

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PRACTICE GUIDANCE- DCS POLICY 8.13

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.

Background Checks

Background checks performed by DCS are sufficient to satisfy DOC and/or detention facility background check requirements for those who will be transporting children to visits with incarcerated parents.

Language Barriers for Visitation

In some cases, a child and/or the family may communicate in a language other than English or utilize an alternative form of communication. 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. See policy GA-3 Language services for additional information.


Noncompliance

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.

Transportation Costs

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 policies 16.01 Funding for Children in Out-of-Home Care and 16.03 Assistance for Family of Origins Basic Needs for additional information.

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	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

Section 15: Services for the Resource Family

Effective Date: December 1, 2023

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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.

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PROCEDURE

The Indiana Department of Child Services (DCS) will offer services to the resource parent 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 and/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 (see policy 5.15 Concurrent Planning), with the resource parent 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 (e.g., Resource Family Support Services; food pantry; and Women, Infants, and Children [WIC]) in KidTraks, as applicable, 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 in KidTraks, when applicable.

The Regional Foster Care Specialist (RFCS) or Kinship Navigator (KN) (formerly known as the 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).

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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

- 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/Second Permanency Plan- An Overview](#)
- [8.10 Minimum Contact](#)
- [12.14 In-Service Training Requirements](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 8.15

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 8: Out-of-Home Services

Section 16: Resource Parent's Role

Effective Date: July 1, 2023

Version: 7

- [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 Funding for Children in Out-of-Home Care and 16.02 Assistance for Unlicensed Relative and Kinship 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 and/or ensure the FCM has access to the electronic medical records maintained by the child's health care provider (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 (FFH) 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 photos 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 case staffing; and
2. Ensure the placement is documented in the case management system.

The licensing worker or Kinship Navigator (KN) (formerly known as Relative Support Specialist) 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 KN Supervisor will guide and assist the licensing worker or KN during regular case staffing.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Licensing Worker

The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) 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 \(SF 54642\)](#)
- [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 Funding for Children in Out-of-Home Care](#)
- [16.02 Assistance for Unlicensed Relative and Kinship Placements](#)

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LEGAL REFERENCES

- [IC 29-3-9-1: Delegation of powers by executed power of attorney; limitations](#)
- [IC 31-28-0.5: Electronic Records](#)
- [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 more information.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 17: Respite Services for Resource Parents	
	Effective Date: October 1, 2024	Version: 3

- [Procedure definitions](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Respite care is available to resource parents to offer support, when necessary, to reduce placement disruption, improve family stability, and provide temporary relief of child caring responsibilities.

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PROCEDURE

For a child in out-of-home care, the Indiana Department of Child Services (DCS) requires that a respite care provider be a licensed resource parent home or a licensed child caring institution (CCI). 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.

Note: DCS does not consider field trips and sleepovers to be respite care when the resource parent maintains care and control for the child while the child is absent from the resource home (i.e., the resource parent is available and willing to meet any of the child's needs which may arise).

DCS must review and approve all respite care requests. This allows for DCS to:

1. Know the current location and whereabouts of the child who is under the care and custody of DCS; and
2. Identify potential placement concerns.

Note: Identifying and addressing potential placement concerns with the respite placement helps to ensure the child's needs are met. Discuss with the current placement provider any medical needs, safety concerns, and/or behavioral considerations that may need to be considered.

When the child has therapeutic level placement needs, DCS requires the respite care be provided by a licensed therapeutic foster home or a licensed CCI 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.

The FCM, Foster Care Specialist, or Kinship Navigator (KN) will:

1. Ensure the resource parent:
 - a. Understands requests for respite care must be preapproved and submitted to the FCM at least three (3) business days in advance unless emergency conditions exist. Requests may be in writing or orally;

Note: If emergency circumstances prevent preapproval of respite care, the resource parent 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 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.
 - b. Provides the respite care provider the DCS Hotline phone number (1-800-800-5556) and provides the following information about each child to be cared for:
 - i. Full name and date of birth;
 - ii. Medicaid number or other insurance information;
 - iii. Medical needs, including detailed medication instructions, doctor's contact information, preferred hospital, and known allergies, if applicable;
 - iv. School and/or daycare information;
 - v. The DCS local office phone number;
 - vi. A daytime phone number for the assigned FCM;
 - vii. A contact phone number for the resource parent;
 - viii. Pertinent information relating to the child's behavior; and
 - ix. Restrictions in contacting the parent, guardian, or custodian or any other individual.
 - c. 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

Note: 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 and the respite care provider. See policy 16.02 Assistance for Unlicensed Relative and Kinship Placements for guidance on respite care when a child is placed with an unlicensed relative.
 - d. 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).
2. Document all requests, plans, and approvals for respite care services in the case management system;
3. Review all requests for respite care;
4. Seek input from the licensing worker, FCM Supervisor, Child and Family Team (CFT) members, and/or convene a CFT Meeting (see policy 5.07 Child and Family Team Meetings) if there are concerns regarding the length of the planned respite care, frequency of requests, or any other concerns;
5. Notify the resource parent if the request for respite care has been approved, and provide an explanation if the request is not approved;
6. Encourage the use of respite care when there are signs of extensive resource parent stress and/or potential for placement disruption;

7. Collaborate with the licensing worker to assist the resource parent with locating and/or coordinating the respite care, as needed. This may include review of the Child Care Plan and consideration of individuals listed for respite;

Note: 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. See policy 8.01 Selecting a Placement Option.

8. Ensure approval from the LOD or designee is obtained prior to respite for any unlicensed individual;
9. Consult with the Kinship Navigator in locating and coordinating respite for the unlicensed individual;

Note: The LOD or designee will be responsible for providing written approval of any non-licensed respite provider.

10. Verify arrangements with the respite care provider (e.g., length of stay and drop-off and pick-up times); and
11. Record the respite care as a temporary absence on the 'Placement Details' screen in the case management system.

The FCM Supervisor will:

1. Consult with the licensing worker, FCM, CFT, if there are concerns regarding the length of the planned respite care, frequency of requests, or any other concerns; and
2. Work with the FCM to secure LOD or designee approval if the intended respite provider is not licensed.

The Licensing Worker will:

1. Seek input from the FCM and FCM Supervisor if there are concerns regarding the length of the planned respite care, frequency of requests, or any other concerns;
2. Collaborate with the FCM to assist the resource parent with locating and/or coordinating respite care;
3. Consult with the FCM to review the Child Care Plan and consider individuals listed for respite; and
4. Ensure approval from the LOD or designee is obtained prior to respite for any unlicensed individual.

The LOD or designee will be consulted for approval when a potential respite provider is not a licensed resource parent home or licensed CCI. Approval of a non-licensed provider will be documented in writing.

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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 (LCPA) worker.

Respite Care

DCS defines respite care as a temporary transfer of caregiving responsibilities with the specific intent of providing support to the resource parent.

Forms and Tools

- [Child Care Plan \(SF 54608\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [8.01 Selecting a Placement Option](#)
- [16.02 Assistance for Unlicensed Relative and Kinship Placements](#)

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LEGAL REFERENCES

N/A

PRACTICE GUIDANCE – DCS POLICY 8.17

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



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 18: Behavior Management and Discipline in Resource Homes

Effective Date: December 1, 2024

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

To ensure children in out-of-home care receive age and developmentally appropriate discipline (see Definitions) related to their behavior, resource parents (see Definitions) must receive support and guidance in creating, implementing, and enforcing appropriate discipline plans.

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PROCEDURE

The Indiana Department of Child Services (DCS) will:

1. Ensure resource parent is responsible for providing appropriate discipline of a child in the resource parent's care; and
2. Make reasonable efforts to support and facilitate two-way communication between a child's parent, guardian, or custodian and any resource parent who will care for the child to discuss effective discipline practices (see Indiana Co-Care).

Discipline shall:

1. Not be delegated to other children or to persons who are strangers to the child;
2. Be age and developmentally appropriate;
3. Be related and proportionate to the behavior needing modification; and
4. Be handled without prolonged delay.

DCS allows a resource parent to use the following discipline techniques (see 8.D Tool: Behavior Management Plans):

1. Verbal and written plans (i.e., to agree upon desirable behaviors), when age and developmentally appropriate;
2. Behavior management through incentives and rewards; and

Note: The resource parent, with input from the parent, guardian, or custodian; 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 plans and behavior management before corrective action is used.

3. Corrective action to modify undesirable behaviors (this **never** includes physical discipline).

DCS **prohibits** the following types of discipline by the resource parent (this is not a comprehensive list):

1. Corporal punishment (see Definitions);
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 and basic needs (e.g., family visitation/communication, 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 (see Definitions) or chemical restraints (see Definitions).

DCS **prohibits** the use of physical restraint (see Definitions) by a resource parent unless all of the following have been met:

1. It is specifically authorized by DCS in advance, in writing, and documented in the child's Case Plan/Prevention Plan, as part of the child's behavior management plan (see 8.D Tool: Behavior Management Plans);
2. The resource parent has been appropriately trained and certified by a DCS approved provider in prevention and use of physical restraint;
3. An adult uninvolved in the restraint and trained in emergency interventions shall continuously maintain direct observation of the child during the restraint;
4. 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).

5. Less restrictive interventions have been determined to be ineffective.

Note: 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 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 the restraint; and
7. A description of the child's behavior prior to, during, and after use of restraint.

Note: The resource parent and/or a Licensed Child Placing Agency (LCPA) will notify the DCS local office immediately, but no later than one (1) business day, of all instances when physical restraint has been used. DCS will be notified immediately if injury occurred to the child, resource parent, or another person.

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 verbal and written plans, behavior management, and corrective action) (see policy 5.07 Child and Family Team (CFT) Meeting and 8.D Tool: Behavior Management Plans);

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 (see policies 8.15 Services for the Resource Family, 8.17 Respite Services for Resource Parents, and 8.38 Placement Changes) before considering a placement disruption and/or placement of the child in a more restrictive setting (see policy 8.04 Emergency Shelter Care and Residential Placement Review);
5. Staff with the FCM Supervisor, Local Office Director (LOD), and Clinical Services Specialist (CSS) (see the DCS Clinical Services Specialist Contact Map) 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);
7. Ensure the FCM Supervisor is aware of each use of physical restraint and document the incident in the case management system;
8. Ensure the resource parent is appropriately trained and certified by a DCS approved provider in prevention and use of physical restraint by confirming with the Central Office Foster Care Licensing Team;
9. Ensure the parent, guardian, or custodian is notified of each use of physical restraint within two (2) business days;
10. Explore additional services and/or treatment with the CFT, including, but not limited to, placement in a more restrictive setting if physical restraint becomes necessary on a routine basis; and
11. Ensure the resource parent receives, understands, and signs a copy of this policy.

After CFT Approval to Develop a Behavior Management Plan

After the CFT (including professionals) approves of a request to develop a behavior management plan for the child, FCM Supervisor will:

1. Assist and guide the FCM in developing the child's behavior management plan (see 8.D Tool: Behavior Management Plans);
2. Staff with the FCM, LOD, and CSS to discuss whether it is appropriate to add physical restraint to the child's behavior management plan and Case Plan/Prevention Plan; and
3. Ensure the FCM has documented all behavioral modifications in the case management system.

After the CFT (including professionals) approves of a request to develop a behavior management plan for the child, the LOD will:

1. Staff with the FCM, FCM Supervisor, and CSS to discuss whether it is appropriate to add physical restraint to the child's behavior management plan and Case Plan/Prevention Plan;
2. Staff with the CSS, Regional Manager (RM), and the Deputy Director of Field Operations if the decision is made to add physical restraint to the child's behavior management plan and Case Plan/Prevention Plan; and
3. Seek approval from the Central Office Foster Care Licensing Team and DCS LCPA Licensing Unit if there is agreement from all levels that it is necessary for physical restraint to be part of the child's behavior management plan.

After the CFT (including professionals) approves of a request to develop a behavior management plan for the child, the CSS will:

1. Staff with the FCM, FCM Supervisor, and LOD to discuss whether it is appropriate to add physical restraint to the child's behavior management plan and Case Plan/Prevention Plan; and
2. Staff with the LOD, RM, and the Deputy Director of Field Operations if the decision is made to add physical restraint to the child's behavior management plan and Case Plan/Prevention Plan.

Decision Made to Add Physical Restraint to Behavior Management Plan

If the decision is made to add physical restraint to the child's behavior management plan and Case Plan/Prevention Plan, the RM will staff with the:

1. LOD,
2. CSS, and
3. Deputy Director of Field Operations.

If the decision is made to add physical restraint to the child's behavior management plan and Case Plan/Prevention Plan, the Deputy Director of Field Operations will staff with the:

1. LOD,
2. CSS, and
3. RM.

If the decision is made to add physical restraint to the child's behavior management plan and Case Plan/Prevention Plan, the Central Office Foster Care Licensing Team and DCS LCPA Licensing Unit will:

1. Review and discuss the use of physical restraint with the CSS and other appropriate individuals, and provide input 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 to provide training if physical restraint is approved. No physical restraint will be used until the training is completed.

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RELEVANT INFORMATION

Definitions

Chemical Restraint

A chemical restraint is a restraint of a child using medication to sedate the person or restrict the person's movement. This may include the use of non-prescribed medication (e.g., Benadryl) to modify a child's behavior.

Child and Family Team (CFT)

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 CFT Meeting process.

Corporal Punishment

Corporal punishment is physical hitting, or any type of physical punishment inflicted in any manner upon the child's body.

Discipline

Discipline involves teaching children that their behavior will result in certain consequences.

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
- [DCS Clinical Services Specialist Contact Map](#) - Available on DCS SharePoint
- fostercare.licensing@dcs.in.gov - Central Office Foster Care Licensing Team e-mail box
- [Indiana Co-Care](#)
- LcpaLicensing.Dcs@dcs.IN.gov - LCPA Licensing Unit e-mail box

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [8.04 Emergency Shelter Care & Urgent Residential Treatment](#)
- [8.15 Services for the Resource Family](#)
- [8.17 Respite Services for Resource Parents](#)
- [8.38 Placement Changes](#)

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LEGAL REFERENCES

- [465 IAC 2-1.5-16 Care of children: discipline](#)
- [465 IAC 2-1.5-17 Physical restraint](#)

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PRACTICE GUIDANCE- DCS POLICY 8.18

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 8: Out-of-Home Services

Section 20: Educational Services

Effective Date: April 1, 2024

Version: 14

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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.

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PROCEDURE

To determine how the child's education needs are being met, 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 Conference. DCS will invite the child's school to provide information and/or 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 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 and determine 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 private, unless an exception is approved by DCS and the court.

Note: When it is determined to be in the child's best interest or it is requested that a child enroll into an Applied Behavior Analysis (ABA) programming or non-accredited, private, or unrecognized educational program, submit a referral through KidTraks to Education Services for an Exceptions for Home School and Private School Attendance letter to be completed.

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 an Individual Child Placement Referral (ICPR). 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: If offered by the school, resource parents are required to purchase insurance 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. Complete the Release of Education Records form and submit the form to the last school in which the child was enrolled to obtain educational records;
2. 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.
3. 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;
4. Submit a referral to the Education Services Team for completion of the School Notification and Best Interest Determination form within 24 hours of a child's placement change or if there is the potential for an educational placement change;

Note: The FCM must submit a referral to Education Services for an Exceptions for Home School and Private School Attendance letter to be completed when it is determined to be in the child's best interest or it is requested that a child enroll into a non-accredited, private, or unrecognized educational program. This includes Indiana Choice Scholarship Program enrollment.

5. 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),
 - d. Admission to residential treatment (see policy 5.24 Child-Focused Treatment Review [CFTR]), and
 - e. Case closure (see policy 5.12 Closing a CHINS Case).
6. Communicate with the Education Services Team regarding information gathered and input of the CFT for completion of the School Notification and Best Interest Determination form;

Note: If the child's school changes, work with school personnel to ensure the child is registered for school.

7. 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.

8. Ensure the child's parent, guardian, or custodian is included in all educational meetings and decisions unless TPR has been finalized;
9. 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 copy of the child's comprehensive educational records (see Practice Guidance),
 - 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 (see policy 16.01 Funding for Children in Out-of-Home Care if financial assistance is needed). 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).

10. 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 receiving treatment, 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).

11. Assist the parent, guardian, or custodian and/or resource parent in the completion of forms for free or reduced lunch and textbooks, if applicable;
12. 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. All youth in the 21st Century Scholars program are required to adhere to the program's pledge. All youth in the 21st Century Scholars program have the right to opt out of the program at any time.

13. 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 on the 21st Century Scholars website (e.g., Affirmation Statement).

14. 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. Indiana Education Training Voucher (ETV) Program through Older Youth Services,
 - c. Chafee grants,
 - d. Federal supplemental grants,
 - e. Individual Development Accounts (IDA),
 - f. The Indiana Commission for Higher Education-State Financial Aid,
 - g. The Indiana Division of Student Financial Aid, and
 - h. Free Application for Federal Student Aid (FAFSA).

Note: Each Indiana emancipated Senior or the parent, guardian, or custodian of an unemancipated Senior is required to be provided an affirmation link by the Seniors' school to complete regarding their intent to file a FAFSA. Remind youth and members of the youth's CFT to complete the affirmation. The FCM will make a referral to the Education Services Team if the youth or CFT member would like additional support processing and/or applying the career and college information the affirmation link will provide them. All information above should be provided earlier if the youth is applying to colleges before 17 years of age/senior year or if the youth is pursuing a High School Equivalency (HSE) Diploma.

15. 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
16. Ensure all education information (e.g., current grade level, school name and address, School Notification and Best Interest Determination form, 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:

1. Provide guidance to the FCM as needed; and
2. 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 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, LOD, and/or Education Services Director.

2. Provide the School Notification and Best Interest Determination 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,
 - 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 form;
5. Upload the signed School Notification and Best Interest Determination form into the Education Services Team referral prior to referral closure;
6. Send the finalized School Notification and Best Interest Determination form to the POC at the school corporation where the child will attend and the POC at the child's school of origin;

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. The Education Services Team will also collaborate with the POC on the child's transportation plan. When determined to be in the child's best interest to remain enrolled in the child's school of origin, the child's school of origin is obligated to provide transportation for the child.

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); and

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.

8. Submit their recommendations regarding an Exceptions for Home School and Private School Attendance letter, if applicable, to the Regional Manager (RM), Local Office Director (LOD), and FCM prior to FCM seeking court approval, unless the child's enrollment in the educational program has already been ordered by the court.

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RELEVANT INFORMATION

Definitions

Education Records

Education records are documents and information about a student which are maintained by the school (e.g., date and place of birth; Social Security Number [SSN]; pictures; address of the parent, guardian, or custodian; emergency contact information; grades; test scores; special education records; disciplinary records; medical and health records the school creates/collects and maintains; documentation of attendance, awards, and conferred, degrees earned).

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.

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. If the child has not previously attended school or is not of school age, the school where the child would have attended is the school of origin.

Section 504 (504 Plan)

The 504 Plan 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 Website](#)
- [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
- [Exceptions for Home School and Private School Attendance letter](#)
- [Indiana Choice Scholarship Program](#)
- [Indiana Education and Training Voucher \(ETV\) Program](#)
- [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 \(SF 47412\)](#)
- [School Notification Point of Contact \(POC\) List](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.12 Closing a CHINS Case](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [8.04 Emergency Shelter Care and Urgent Residential Treatment](#)
- [8.21 Special Education Services](#)
- [8.22 School Notifications and Legal Settlement](#)
- [8.39 Trial Home Visits](#)
- [9.03 Initial Placement/Placement Changes](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [11.10 Education and Training Voucher Program](#)
- [11.15 Post- Secondary Education](#)
- [16.01 Funding for Children in Out-of-Home Care](#)

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LEGAL REFERENCES

- [IC 20-26-11: Legal Settlement and Transfer of Students; Transfer Tuition](#)
- [IC 20-50-3-3: "School of origin"](#)
- [IC 20-51-1: Definitions](#)
- [IC 20-51-4: Choice Scholarship](#)
- [IC 21-12-6-5.5: Identification and notification of eligible students](#)
- [IC 21-12-6-6.7: FAFSA online form; information](#)
- [IC 31-34-3-4.7: Notice to the child's school](#)
- [IC 31-34-15-4\(8\)\(c\): 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](#)

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PRACTICE GUIDANCE- DCS POLICY 8.20

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.

Comprehensive Educational Records

Comprehensive educational records include:

1. Attendance over the last few years;
2. School placements;
3. Special education evaluations;
4. IEP's;
5. Indiana Statewide Testing for Educational Progress (ISTEP) scores;
6. Response to Intervention (RTI) data; and
7. Grades.

Education Notes

Personal notes made by teachers and other school officials that are not shared with others are not considered education records. Additionally, law enforcement records created and maintained by a school or district's law enforcement unit are not education records.

Individual Development Accounts (IDA)

There are a limited number of IDAs available in Indiana. In order to open an IDA, individuals must meet the following eligibility requirements:

1. Be an Indiana resident;
2. Have an income 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 may visit the Indiana Housing and Community Development Authority website or call 1-317-232-7777 for county specific information.

Minimizing School Disruptions

School disruptions may cause extreme emotional stress for a child and affect the child's academic performance, development, and/or overall well-being. The FCM should attempt to minimize school disruptions by:

1. Placing the child with a resource parent living in the same school district;
2. Making a referral to the Education Services Team for determination of best interests regarding the child's educational placement. See policy 8.22 School Notifications and Legal Settlement;
3. Delaying a change in placement until the end of a school semester or year, when waiting does not endanger the child's safety and/or well-being; and/or
4. Scheduling medical and court appointments during non-school hours, whenever possible.

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

Chapter 8: Out-of-Home Services

Section 21: Special Education Services

Effective Date: March 1, 2025

Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Collaboration between the Indiana 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 to address identified needs of a child in out-of-home care.

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PROCEDURE

DCS will request a copy of any existing Individualized Education Plan (IEP) or Section 504 Plan (504 Plan) (see Definitions) and ensure the child is receiving the services outlined in the plan. When a concern is identified, field staff will coordinate with DCS Education Services to gather information to determine if an education evaluation is necessary to provide support to the child in the academic setting.

Note: A 504 Plan will be requested for a child who does not qualify for an IEP yet has a medical or mental health diagnosis and a suspected 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 the decision-making 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. **When the need for an ESP is identified, DCS will communicate the need for an ESP with the child's school.**

Note: The local school corporation holds the responsibility of appointing an ESP when appropriate.

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.

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 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 DCS Education Services 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, and ensure the IEP or 504 Plan is enforced and the overall educational needs of the child are being met;

Note: The IEP must be updated annually. It may also be updated more frequently if a need arises. If the student is not making progress toward the annual goals as expected and in the general curriculum, the school's case conference committee must meet and revise the IEP.

5. Discuss the need for an ESP with the local DCS Education Services team member, if there are concerns regarding the parent, guardian, or custodian's ability to advocate for the child's educational needs;

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 and/or resource parent to invite the ESP, if applicable, to participate as a member of the CFT and in the development of the Case Plan/Prevention Plan (see policies 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan/Prevention Plan);
7. Ensure all youth 14 years of age and older receive the Indiana DCS Bill of Rights for Youth in Foster Care and are informed of their rights before signing the completed Case Plan/Prevention Plan;
8. 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 (see Definitions), and attend all educational meetings and reviews; and
9. 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 case staffing;
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.

DCS Education Services will:

1. Provide support to FCMs in identifying educational barriers and developing effective solutions; and
2. Communicate the need for an ESP with the child's school if the need for an ESP is identified.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

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 Plan (504 Plan)

The 504 Plan 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
- [Indiana DCS Bill of Rights for Youth in Foster Care](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)

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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](#)

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PRACTICE GUIDANCE- DCS POLICY 8.21

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.

Evaluation Process for Special Education and Related Services

In order for a child to be eligible for special education and related services, the child must first be determined to have a disability. Parents, teachers, or other school officials who suspect the child may have a disability would request that the child be evaluated by a multi-disciplinary team to determine if the child has a disability and needs special education or related services as a result of the disability. Generally speaking, the Individuals with Disabilities Education Act (IDEA) requires that a child be evaluated within 50 days once the parent has made the request or given consent. Exceptions to the timeline exist if the child moves from one (1) district or state to another after the evaluation was requested or if the parent refuses to make the child available for the evaluation. Under those circumstances, districts are required to make sufficient progress to ensure that a timely evaluation is conducted.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 22: School Notifications and Legal Settlement

Effective Date: February 1, 2025

Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Success in school is more likely when safety, stability, permanency, and well-being are fully integrated into a child's educational plan. To promote improved outcomes for a child in out-of-home care, the Indiana Department of Child Services (DCS) collaborates with the child's school to determine the best educational interest of the child.

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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. Submit a referral to DCS Education Services for completion of the School Notification and Best Interest Determination form within **24 hours** of the child's removal or change in placement to ensure formal notification is sent by the DCS Education Consultant (EC) within 72 hours (see the DCS Education Services Map);
2. Verbally notify the child's current school of the child's removal or change of placement within **24 hours** and submit a referral to DCS Education Services for review of the educational best interests. 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),
 - d. Admission to residential treatment (see policy 5.24 Child-Focused Treatment Review [CFTR]), and
 - e. Case closure (see policy 5.12 Closing a CHINS Case).
3. Gather information regarding the child's education (e.g., grades, discipline reports, attendance, special education, Individualized Education Program [IEP], Section 504 Plan [504 Plan]), and discuss the child's educational best interest with the following:
 - a. The child, if age and developmentally appropriate,

- 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 information learned with the DCS EC to determine whether it is in the child's best interest to remain at the school of origin;
- 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;

Note: If parental rights are terminated, the court should re-determine legal settlement. If the child is in permanent placement, the address of that placement should be provided to the court. If the child is not in a permanent placement, the address of the current resource parent should be provided to the court.

- 8. Complete a referral to DCS Education Services if legal settlement has changed;

Note: If the child's parent, guardian, or custodian moves, the School Notification and Best Interest Determination form or the Annual Notification of Continuation of Placement in School Corporation should include the current address of the child's parent, guardian, or custodian and the most recently determined school corporation of legal settlement.

- 9. Notify the court of a new event that will cause a redetermination to the child's legal settlement (e.g., the child's parent, guardian, or custodian moves to a new residence outside of the original school of legal settlement). This may be completed as part of a progress report to the court; and
- 10. Ensure all education information (e.g., current grade level, school name, school address, School Notification and Best Interest Determination form, and IEP or 504 Plan date and specifics), decisions, and actions taken are documented in the case management system as changes occur.

Note: All educational and placement information must be updated by June 30th of each year to support the DCS EC in the completion of the annual notifications that are required by August 1st.

The DCS EC will:

- 1. Collaborate with the FCM to complete the School Notification and Best Interest Determination form;

Note: If a collaborative decision cannot be made about the child's best interest, the FCM and DCS EC will consult with the FCM Supervisor, the Local Office Director (LOD), and/or Education Services Director.

2. Provide the School Notification and Best Interest Determination 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, which results in a change of the child's physical address (e.g., resource parent moves to a new home, change in resource parent, admission to residential treatment, acute psychiatric treatment),
 - c. Return to the child's home,
 - d. Initial determination of legal settlement,
 - e. Change in legal settlement determination,
 - 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 school's POC on the School Notification and Best Interest Determination form;
4. Sign the finalized School Notification and Best Interest Determination form;
5. Upload the signed School Notification and Best Interest Determination form into the DCS Education Services referral prior to referral closure;
6. Send the finalized School Notification and Best Interest Determination 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: DCS Education Services will facilitate collaboration with the local school's POC to make a final determination regarding educational stability and best interests.

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 DCS Education Services before the annual school notification is due.

The LOD will collaborate with DCS Education Services, as needed, to ensure the School Notification and Best Interest Determination form is completed and submitted.

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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 and is determined by where the student's parents reside. Legal settlement of a student means the student's status with respect to the school corporation that has the responsibility to allow the student to attend its local public schools without the payment of tuition or to pay transfer tuition under IC 20-26-11 if the student attends school in a local public school of another school corporation.

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 Plan (504 Plan)

The 504 Plan 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 Contact Map](#)
- DCS Education Services Team email - DCS.Education@dcs.IN.gov
- [Every Student Succeeds Act \(ESSA\) | U.S. Department of Education](#)
- [Release of Education Records \(SF 55228\)](#)
- [School Notification and Best Interest Determination \(SF 47412\)](#)
- [School Notification Point of Contact \(POC\) List](#)

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.12 Closing a CHINS Case](#)

- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [8.04 Emergency Shelter Care and Urgent Residential Treatment](#)
- [8.39 Trial Home Visits \(THV\)](#)
- [9.03 Initial Placement/Placement Changes](#)

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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](#)
- [20 U.S.C. § 6301, et seq.: Every Student Succeeds Act \(ESSA\)](#)

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PRACTICE GUIDANCE- DCS POLICY 8.22

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.

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 23: Extracurricular Activities

Effective Date: October 1, 2023

Version: 3

- [Procedure definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) encourages children in out-of-home care to participate in extracurricular activities to promote normalcy and the child's emotional and developmental growth.

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PROCEDURE

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. 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.

The FCM will:

1. Discuss with the resource parent, using the Reasonable and Prudent Parent Standard, the child's participation in the extracurricular activity. See 8.F Tool: Reasonable and Prudent Parent Standard for additional information;

Note: Resource parents and caregivers should utilize the Reasonable and Prudent Parent Standard to 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.

2. Ensure the resource parent has provided, in writing (email is acceptable) or by phone any extracurricular activities in which the child may participate.

Note: 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.

3. Ensure the resource parent has current information regarding the child's history (e.g., medical, social, and prior participation) to allow the resource parent to make an informed decision regarding the child's participation in the activity;
4. Ensure any extracurricular activities the child participates in are:
 - a. Age-appropriate,

- b. Reasonably safe, and
 - c. Provide appropriate supervision.
5. Convene a CFT Meeting if concerns arise regarding the extracurricular activity (e.g., safety, age-appropriateness, or adult supervision) to discuss the activity and make a recommendation regarding the child's participation. See related policy 5.07 Child and Family Team Meetings for additional guidance;

Note: If the child's extracurricular participation involves an overnight activity or event, see policy 8.24 Travel and Overnight Stays while in Out-of-Home Care for details on required approval.

6. Inform the parent, guardian, or custodian; and members of the CFT of the child's participation in an extracurricular activity; and

Note: If the child's parent, guardian, or custodian objects to the child participating in the extracurricular activity, notify the DCS Staff Attorney and provide any requested information to obtain a court order.

7. Document information regarding the activity in the case management system.

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RELEVANT INFORMATION

Definitions

Reasonable and Prudent Parent Standard

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 8.F Tool: Reasonable and Prudent Parent Standard for additional guidance.

Forms and Tools

- [8.F Tool: Reasonable and Prudent Parent Standard](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [8.24 Travel, Outings and Overnight Stays while in Out-of-Home Care](#)

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LEGAL REFERENCES

- [IC 31-9-2-101.5: Reasonable and Prudent Parent Standard](#)
- [IC 31-27-3-18.5: Use of Reasonable and Prudent Parent Standard](#)

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PRACTICE GUIDANCE – DCS POLICY 8.23

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.

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 24: Travel and Extended Stays

Effective Date: April 1, 2024

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Participation in travel, vacations, and/or other activities away from a child's placement provides a child in out-of-home care with normalized childhood experiences. The Indiana Department of Child Services (DCS) is legally responsible for a child in out-of-home care, and it is imperative that DCS knows the whereabouts of a child under their care and supervision.

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PROCEDURE

For the purposes of this policy, travel requests involving a child in out-of-home care may be initiated by the parent, guardian, or custodian (if on a trial home visit [THV] or placed with a non-custodial parent) or resource parent, hereafter referred to as the child's caregiver.

To ensure the safety and well-being of a child in out-of-home care, notification and/or approval of travel plans is required by DCS for **Extended-Stay Travel**, which is travel exceeding 72 hours. This includes the following types of travel:

1. Emergency Extended-Stay Travel;
2. In-state Extended-Stay Travel;
3. Out-of-State Extended stay travel;
4. Out-of-Country; and
5. Blanket travel.

Note: If a child is currently on probation (juvenile or adult) there may be additional travel requirements.

DCS will seek court authorization when:

1. A parent, guardian, or custodian object to the travel plans, or
2. Local court protocol requires court approval.

Note: Staff with the DCS Staff Attorney to determine if court authorization is required.

Emergency Extended-Stay Travel

In the event of an emergency, which requires Extended-Stay travel with the child out-of-state, the FCM or, in the case of the FCM's absence, the FCM's Supervisor, Division Manager (DM), or Local Office Director (LOD), shall be contacted. When the local DCS office is closed (e.g., holidays, evenings, weekends) or the child's caregiver is unable to reach the FCM or local office management, the child's caregiver shall contact the DCS Child Abuse and Neglect Hotline (Hotline) by phone (1-800-800-5556) or email (DCSHotlineReports@dcs.in.gov) to report the

emergency travel prompting an Information and Referral (I&R) to be generated to the DCS local office.

Once the I&R is generated from the Hotline and sent to the DCS local office, the FCM Supervisor will:

1. Contact the child's caregiver to provide support and obtain additional information, including, but not limited to:
 - a. Purpose of travel,
 - b. Transportation and lodging information (e.g., vehicle license plate number, flight information, hotel, other accommodations),
 - c. Confirmation of the child's current location and/or planned destination,
 - d. Contact information for the adults accompanying the child, including the contact phone number,
 - e. Expected date of the child's return, and
 - f. Any need to re-schedule visits for the child and family.
2. Inform the parent, guardian, or custodian of the emergency travel and the expected return date of the child and document the contact with the parent, guardian, or custodian in the case management system;
3. Document the emergency travel information received from the caregiver in the case management system; and
4. Notify the DCS Staff Attorney of the emergency travel.

On the next business day after the expected return from the emergency travel, the assigned FCM will:

1. Verify with the caregiver to ensure the child has returned from the emergency travel;
2. Reschedule any missed visitations with the parent, guardian, or custodian;
3. Discuss the need to reschedule any missed service provider appointments for the child and family;
4. Document all travel details in the case management system; and
5. Notify the DCS Staff Attorney of the child's return from the emergency travel.

DCS Staff Attorney will notify the court of the emergency travel if required by the local court.

Refer to the Emergency Operations Plan for further instructions regarding ensuring the safety and security for all children under DCS care and supervision during an emergency or disaster.

In-State Extended Stay-Travel

For any in-state Extended-Stay travel with the child, DCS will require:

1. Notification via the Travel Request form **at least seven (7) business days** in advance; and
2. Written authorization from the LOD or designee.

The FCM will:

1. Collaborate with the child's caregiver during scheduled monthly visits to identify any upcoming in-state Extended-Stay travel with the child;
2. Inform the child's caregiver of their responsibility to submit the Travel Request form to request approval from DCS **at least seven (7) business days** in advance of any in-state Extended-Stay travel;

Note: If the travel requires a permission slip (e.g., school field trips), include the permission slip when submitting the Travel Request form.

3. Notify the DCS Staff Attorney of the travel plans if the local court requires court approval.
4. Obtain consent for the travel from the parent, guardian, or custodian utilizing the Travel Request form unless Termination of Parental Rights (TPR) has been ordered;

Note: If a parent, guardian, or custodian of the child objects to the child traveling or the local court requires DCS to file for authorization, a court order is also required.

5. Coordinate with the child's caregiver and/or service provider to ensure visitation and/or services that may be missed are rescheduled;

Note: Discuss any issues (e.g., visitation or distance of travel) regarding Extended-Stay and travel requests with the FCM Supervisor and the Child and Family Team (CFT) members (see policy 5.07 Child and Family Team Meetings);

6. Notify the child's caregiver, requesting the travel, of the travel decision once the travel decision is obtained; and
7. Document all travel details, including the original request, decisions, 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, including the Travel Request form, should be uploaded under "Travel Permissions" in the case management system.

8. Verify with the child's caregiver the child has returned from the travel.

The FCM Supervisor will:

1. Partner with the FCM to ensure the following have been completed:
 - a. The Travel Request form and any applicable permission slips have been submitted, and
 - b. The travel request to the court (to be filed by the DCS Staff Attorney) if the child's parent, guardian, or custodian objects to the child traveling in-state or the local court requires DCS to file for authorization.
2. Review and approve the travel request to the court if the travel will require court approval; and
3. Forward the request to the LOD or designee for written approval.

The LOD or designee will:

1. Review requests for in-state Extended-Stay travel; and
2. Notify the FCM and FCM Supervisor of the final decision within three (3) business days from the receipt of the travel request and provide written notification.

The DCS Staff Attorney will notify the court of the travel plan if required by the local court.

Out-of-State Extended-Stay Travel

For out-of-state Extended-Stay travel, DCS will require:

1. Notification via the Travel Request form **at least seven (7) business days** in advance; and

2. Written authorization from the LOD or designee.

The FCM will:

1. Collaborate with the child's caregiver during scheduled monthly visits to identify any upcoming out-of-state Extended-Stay travel with the child;
2. Inform the caregiver of their responsibility to complete the Travel Request form and request approval from DCS **at least seven (7) business days in advance**, whenever possible, of any out-of-state Extended-Stay travel;

Note: If the travel requires a permission slip (e.g., school field trips), include the permission slip when submitting the Travel Request form.

3. Obtain consent from the parent, guardian, or custodian utilizing the Travel Request form unless TPR has been ordered;

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 will be required.

4. Notify the DCS Staff Attorney of the travel plans if the local court requires court approval.
5. Coordinate with the child's caregiver and visitation service provider if visitation needs to be rearranged;
6. Discuss any issues regarding Extended-Stay and travel requests with the CFT, if applicable (see policy 5.07 Child and Family Team Meetings);
7. Submit the Travel Request form requesting out-of-state Extended-Stay travel to the FCM Supervisor for approval;
8. Notify the child's caregiver, requesting the travel, of the travel decision once the travel decision is obtained; and
9. Document all travel details, including the original request, decisions, 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, including the Travel Request form, should be uploaded under "Travel Permissions" in the case management system.

10. Verify with the child's caregiver that the child has returned from the travel.

The FCM Supervisor will:

1. Partner with the FCM to ensure the following have been completed:
 - a. The Travel Request form and any applicable permission slips have been submitted, and
 - b. The travel request to the court (to be filed by the DCS Staff Attorney) if the parent, guardian, or custodian objects to the out-of-state travel or the local court requires DCS to file for authorization.
2. Review and approve the travel request to the court if the travel will require court approval;
3. Send the completed Travel Request form and travel request to the court to the LOD (or designee) for required approval, if applicable; and
4. Ensure the FCM:
 - a. Receives the LOD (or designee) written decision,

- b. Coordinates with the DCS Staff Attorney to request court approval (if applicable), and
- c. Notifies all parties of the decision within three (3) business days from receipt of the travel decision.

The LOD or designee will:

1. Review requests for out-of-state Extended-Stay travel; and
2. Provide written notification for the travel request if approved within three (3) business days from the receipt of the travel request and document the decision in the case management system.

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 Extended-Stay travel. If a court authorization **is not** required for out-of-state Extended-Stay travel, the LOD or designee will:

- a. Review the Travel Request form;
- b. Approve or deny the travel request based on the safety and well-being of the child; and
- c. Notify the FCM and FCM Supervisor in writing of the travel decision.

The DCS Staff Attorney will notify the court of the travel plan if required by the local court.

Out-of-Country Travel

For Out-of-Country travel, DCS will require:

1. Notification via the Travel Request form **at least six (6) weeks** in advance; and
2. Written authorization from the Regional Manager (RM).

The FCM will:

1. Engage the child's caregiver during scheduled monthly visits and identify any upcoming out-of-country travel with the child;

Note: When traveling out of the country, a United States (U.S.) Passport may be required. Support the family in obtaining necessary documentation (if applicable). See passport requirements available on the U.S. Department of State-Bureau of Consular Affairs website.

2. Inform the child's caregiver of their responsibility to complete the Travel Request form and notify the FCM **at least six (6) weeks** in advance of any out-of-country travel with the child to allow sufficient time to obtain court authorization (if applicable);

Note: If the travel requires a permission slip (e.g., field trips), the child's caregiver should include the permission slip when submitting the Travel Request form.

3. Ensure travel information is complete on the Travel Request form and upload the form to the case management system;
4. Obtain consent from the parent, guardian, or custodian utilizing the Travel Request form (unless TPR has been ordered);

Note: If a parent, guardian, or custodian of the child objects to the child traveling out-of-country or the local court requires DCS to file for authorization, a court order will be required.

5. Coordinate with the child's caregiver and visitation service provider if visitation needs to be rearranged;
6. Discuss any issues regarding Extended-Stay and travel requests with the CFT members, if applicable (see policy 5.07 Child and Family Team Meetings);
7. Notify the FCM Supervisor and LOD of the travel request and forward the Travel Request form for further approval;
8. Coordinate with the DCS Staff Attorney to request court authorization for the out-of-country travel if the request has been approved by DCS (if applicable);
9. Provide a copy of the Travel Request form within one (1) business day of the court decision to the child's caregiver and the parent, guardian, or custodian (if applicable);
10. Notify the child's caregiver once the travel decision is obtained from the RM;
11. Document all travel details, including the original request, decisions, travel request to the court, court order, and notifications to all parties, in the case management system; and
12. Verify with the child's caregiver that the child has returned from the travel.

The FCM Supervisor will:

1. Partner with the FCM to ensure the following have been completed:
 - a. The Travel Request form and any applicable permission slips have been submitted, and
 - b. The travel request to the court (to be filed by the DCS Staff Attorney) if applicable.
2. Review and approve the travel request to the court if the travel will require court approval;
3. Send the completed Travel Request form and the travel request to the court (if applicable), requesting the travel, and RM for required approval; and
4. Ensure the FCM:
 - a. Receives the RM's written decision,
 - b. Coordinates with the DCS Staff Attorney to request court approval (if applicable), and
 - c. Notifies all parties of the court decision within one (1) business day.

The LOD or designee will:

1. Review the Travel Request form and travel request to the court (if applicable); and
2. Send the Travel Request form to the RM for approval.

The RM will:

1. Review the Travel Request form and the travel request to the court (if applicable) regarding out-of-country travel; and
2. Notify the LOD, FCM Supervisor, or FCM in writing of the decision within three (3) business days from the receipt of the travel request and document the decision in the case management system.

The DCS Staff Attorney will:

1. Submit the travel request to the court to seek authorization as required; and
2. Provide information regarding the court decision for the out-of-country travel request to the FCM.

"Blanket" Travel Requests

The LOD may approve "blanket" travel requests, when applicable, for frequent in-state travel or out-of-state travel exceeding 72 hours for each instance. Such requests should be in writing and include the following details:

1. The name of the child who will be traveling;

2. The name and contact information for each adult who will accompany the child;
3. Travel destination and contact information; and
4. Reason for frequency of travel.

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RELEVANT INFORMATION

Definitions

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

- DCS Child Abuse and Neglect Hotline: 1-800-800-5556
- [DCS Emergency Operations Plan](#)
- International and Cultural Affairs (ICA) email - internationalandculturalaffairs@dcs.in.gov
- [DCS Travel Unit](#)
- [8.F Tool: Reasonable and Prudent Parent Standard](#)
- PPS Focused Needs/ICA Referral – available in KidTraks
- [Travel Request \(SF 57156\)](#)
- [U.S. Department of State-Bureau of Consular Affairs](#)

Related Policies

- [2.22 International and Cultural Affairs Services](#)
- [5.07 Child and Family Team Meetings](#)
- [8.12 Developing the Visitation Plan](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 8.24

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.

Considerations for a Foreign-Born Child

If the child's caregiver is a citizen of another country the Family Case Manager (FCM) will consult with International and Cultural Affairs (ICA) for guidance as needed. If the child or the caregiver is foreign-born, it is recommended to complete a referral in KidTraks to request a consultation with the ICA division for any in-state, out-of-state or out-of-country travel. See policy 2.22 International and Cultural Affairs (ICA) Service for additional guidance.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 25: Health Care Services (Overview)	
	Effective Date: July 1, 2023	Version: 3

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) will work with the parent, guardian, or custodian, resource parent, and Child and Family Team (CFT) to ensure every child in out-of-home care is provided health care services necessary to meet the child’s needs (e.g., physical, mental, dental, visual, auditory, and developmental).

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PROCEDURE

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 in the child, or the child is exhibiting symptoms that indicate a need for follow-up assessment or care outside of normally scheduled or recommended follow-up medical or mental health appointments.

The Family Case Manager (FCM) will ensure:

1. The parent, guardian, or custodian and the CFT are included in the planning and decision-making process for the child’s ongoing care and treatment. See policy 5.07 Child and Family Team Meetings for further guidance;
2. The child’s physical and mental health (including substance abuse, if applicable), dental, visual, and developmental history are documented and shared with the CFT and resource parent. See policies 8.27 Maintaining Health Care Records - Medical Passport and 5.07 Child and Family Team Meetings for further guidance;
3. 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 and/or ensure the FCM has access to the electronic medical records maintained by the child’s health care provider. 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 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 themselves or others; and
 - iv. Serious vision issues (e.g., the child's glasses/contacts are broken or lost).
4. The child is scheduled for the following initial screens/exams unless exceptions apply as outlined in policy 8.29 Routine Health Care:
- a. A general health examination within 10 calendar days of placement and includes the following screen:
 - i. Dental;
 - ii. Vision;
 - iii. Auditory; and
 - iv. Development health.
 - b. An initial dental exam and dental cleaning within 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.
5. The child receives ongoing routine health care and treatment as outlined in policy 8.29 Routine Health Care;
6. The child is provided /offered the following specialized care and treatment depending on the child's individual assessed needs:
- a. Therapy/counseling services and medication as outlined in policy 8.30 Psychotropic Medication,
 - b. Drug and/or alcohol testing and substance use 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 the child exhibits warning signs or if known/suspected substance use during pregnancy. 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 it appears that residential treatment may be necessary at any point during the child's out-of-home placement. See policies 8.04 Emergency Shelter & Urgent Residential Placement Review and Approval and 5.07 Child and Family Team Meetings for further guidance.
7. 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.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [First Steps Website](#)
- [Medical Passport \(DCS Pamphlet 036\)](#)

Related Policies

- [4.17 Accessing Child's Medical, Psychological, and Substance Abuse Records](#)
- [5.07 Child and Family Team Meetings](#)
- [8.04 Emergency Shelter & Urgent Residential Placement Review and Approval](#)
- [8.21 Special Education Services](#)
- [8.26 Authorization for Health Care Services](#)
- [8.27 Maintaining Health Care Records – Medical Passport](#)
- [8.28 Payment for Health Care Services](#)
- [8.29 Routine Health Care](#)
- [8.30 Psychotropic Medication](#)
- [8.31 HIV, STDs, and Other Communicable Diseases](#)
- [8.32 Substance Abuse Assessments and Testing for Children in Out-of-Home Care](#)
- [8.35 Sex Education and Family Planning Services](#)

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LEGAL REFERENCES

- [IC 31-28-0.5: Electronic Records](#)
- [IC 31-28-1: Health Summary Records of Children Receiving Foster Care](#)
- [IC 31-28-3: Medical Passport Program for Children Receiving Foster Care](#)

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PRACTICE GUIDANCE- DCS POLICY 8.25

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.

Developmental Delays

For more information on developmental delays, including signs to look for, contact the First Steps program through the Indiana Family and Social Services Administration (FSSA) by visiting the First Steps website or calling (317) 232-1144.

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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 26: Authorization of Health Care Services

Effective Date: December 1, 2022

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

It is important that every child in out-of-home care is provided with health care services necessary to meet the child's needs (e.g., physical, mental, dental, visual, auditory, and developmental). Therefore, every effort should be made to provide authorization for Health Care Services in a timely manner to ensure continuity of care.

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PROCEDURE

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 (see policy 8.29 Routine Health Care); 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, 18 years of age or older, may consent to their own health care. Therefore, parental consent is not required.

Exception: For youth 18 years of age 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 (e.g., surgery) that require anesthesia.

The Family Case Manager (FCM) will complete the following steps any time a child is placed in out-of-home care:

1. Encourage the parent, guardian, or custodian to be involved in the decision-making process regarding the child's potential medical needs while in out-of-home care by engaging the family to actively discuss the child's medical history and preferences for medical services (see policy 5.03 Engaging the Family);
2. Document all medical history in the case management system;
3. Complete and sign the Statement of Care and Supervision/Authorization for Health Care Card and/or the Authorization for Health Care Form;
4. Provide the resource parent(s) with a copy of the signed Statement of Care and Supervision/Authorization for Health Care Card and/or the Authorization for Health Care Form and retain one (1) copy in the child's case file;
5. Ensure that the resource parent(s) receives and signs a copy of this entire policy. Place the signed original in the child's file and provide the resource parent(s) with a signed copy;
6. Explain to the resource parent(s) that the Statement of Care and Supervision/Authorization for Health Care Card and/or the Authorization for Health Care 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.
7. 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
8. 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. Consult with the DCS Staff Attorney 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 Card and/or the Authorization for Health Care 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;
5. Ensure the denial and the reasons for the denial are conveyed to the resource parent(s) and health care provider, if not approved; and

6. Document all steps taken in the case management system, including uploading all health records in the case management system noting the "Subject Matter" as "Health Info" and the "Content Type" specific to the type of document such as "Authorization for Psychotropic Medication, Health record, Immunization record, Medication, etc." and provide descriptive information about the document in the description box.

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 contact 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 case management system.

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 case management system the reason why the parent, guardian, or custodian advance authorization was not sought.

The DCS Staff Attorney will provide consultation to the FCM regarding pursuit of court order if parental rights have been terminated or the parent, guardian, or custodian refuses to consent.

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RELEVANT INFORMATION

Definitions

Non-Routine, Non-Emergency Care (also known as Extraordinary Health Care or Major Treatments)

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.

Routine Health Care (see policy 8.29 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/Prevention Plan;
4. Vision: visual exams, glasses, and/or contact lens fittings; and
5. Auditory screenings.

Forms and Tools

- [Authorization for Health Care \(SF54247\)](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- [Statement of Care and Supervision/Authorization for Health Care \(SF45093\) Card](#)

Related Policies

- [5.03 Engaging the Family](#)
- [8.29 Routine Health Care](#)

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LEGAL REFERENCES

- [IC 16-36: Medical Consent](#)

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PRACTICE GUIDANCE – DCS POLICY 8.26

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 8: Out-of-Home Services	
Section 27: Maintaining Health Records - Medical Passport	
Effective Date: July 1, 2023	Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Maintaining accurate written and/or electronic documentation of health care services received for children in out-of-home care is essential to ensure continuity of care and protect the health and safety of children in out-of-home care.

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PROCEDURE

The Indiana Department of Child Services (DCS) will maintain written and/or electronic documentation of health care services received by children who are:

1. Under the care and supervision of DCS; and
2. In out-of-home care.

Note: A summary of the child’s medical history should be included in the child’s Case Plan/Prevention Plan.

Each child placed in out-of-home care will be issued a Medical Passport, which must remain with the child and in the possession of the child’s resource parent or residential treatment facility throughout all out-of-home placements. The following forms must be included with the Medical Passport and MUST be maintained in hard copy and/or electronically:

1. Statement of Care and Supervision/Authorization for Health Care Card and/or Authorization for Health Care Form;
2. Consent to Release Mental Health and Addiction Records;
3. Record of Medical Treatment; and
4. Log of Medical Treatment.

Note: Despite being called a “medical” passport, the child’s Medical Passport is intended to be a record for a broad range of health care services the child receives including, 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 and/or in the case management system.

Every child’s health care records are kept in at least one (1) of two (2) places:

1. In the child’s Medical Passport; and/or
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 (2)

functions:

- a. The records enable the Family Case Manager (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 is lost.

Note: If a child is admitted to a residential treatment facility and the child is prescribed psychotropic medication, the provider will upload a report in KidTraks every 30 calendar days that contains health care information (e.g., medical treatment and psychotropic medication). The residential treatment facility shall obtain this report from the prescribing licensed physician at least every 30 days for each child receiving psychotropic medication. The written report shall state the reasons medication is being continued, discontinued, or changed, as well as any recommended changes in the treatment goals and planning. The report shall be based on the licensed physician's review of reports by staff as well as the physician's actual observation of the child (the physician must actually observe the child at least every 90 days).

The FCM will:

- i. Review the 30-day report and all reports that contain a physician report/update stating the reasons medication is being continued, discontinued, or changed, as well as any recommended changes in the treatment goals and planning; and
- ii. Ensure all reports are uploaded into the case management system noting the "Subject Matter" as "Health Info" and the "Content Type" as "Medication" and add descriptive information about the document (e.g., Psychotropic Medication Review, or 30-day treatment report) in the description box.

Note: Medical records may be kept organized in a folder or binder with the child's Medical Passport as an alternative to recording the information directly in the Medical Passport.

The 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 5.07 Child and Family Team Meetings). Issue a new Medical Passport if one (1) has not yet been issued or the Medical Passport 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.

Note: If the FCM is not able to obtain historical health care information about the child prior to the initial visit, the FCM must provide a copy of the information to the resource parent when the historical health care information becomes available. See policy 8.01 Selecting a Placement Option for additional guidance regarding the initial visit.

2. Record any gathered information in the new or existing Medical Passport and/or update the case management system.

Note: Ensure documents uploaded in the case management system note the “Subject Matter” as “Health Info” and the “Content Type” specific to the type of document such as “Authorization for Psychotropic Medication, Health record, Immunization record, Medication” and provide descriptive information about the document in the description box.

At the time of placement or within three (3) calendar days of placement, the FCM will:

1. Give the child’s Medical Passport to the resource parent or residential treatment facility;
2. Explain to the resource parent or residential treatment facility:
 - a. The Medical Passport must remain with the child, and
 - b. It is the resource parent’s or residential treatment facility’s responsibility to record all health care information in the Medical Passport and/or ensure the FCM has access to the electronic medical records maintained by the child’s health care provider.

Note: The resource parent or residential treatment facility must communicate to the FCM information about every health care visit the child received so the FCM is able to update the child’s health care records in the case management system.

3. Review the information contained in the Medical Passport and/or electronic medical records with the resource parent or residential treatment facility, calling attention to the following:
 - a. Identified issues (e.g., diagnoses and allergies),
 - b. Necessary treatment programs (e.g., psychotropic medications and appointments),
 - c. Pending examinations and appointments, and
 - d. Any existing electronic medical record access information.

Note: The FCM may photocopy or take a photo of recent entries made in the Medical Passport and print electronic medical records as a way of capturing the new information so that it may be entered and uploaded in the case management system.

4. Ensure all records are entered in the Medical Passport and/or electronically 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 to review the child’s Medical Passport and/or any 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).

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 the child’s 18th birthday, receives a copy of the Medical Passport and/or electronic medical records and access information for any other electronic medical records (see policy 8.41 Transitioning from Out-of-Home Care).

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Authorization for Health Care \(SF54247\)](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- [Consent to Release Mental Health and Addiction Records \(SF51128\)](#)
- [Log of Medical Treatment \(SF45091\)](#)
- [Medical Passport \(DCS Pamphlet 036\)](#) - also available in hard copy
- [Record of Medical Treatment \(SF45092\)](#)
- [Statement of Care and Supervision/Authorization for Health Care \(SF45093\) Card](#)

Related Policies

- [5.03 Engaging the Family](#)
- [8.26 Authorization for Health Care Services](#)
- [8.29 Routine Health Care](#)

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LEGAL REFERENCES

- [IC 31-28-0.5: Electronic Records](#)
- [IC 31-28-1: Health Summary Records of Children Receiving Foster Care](#)
- [IC 31-28-2: Medical Records of Children Receiving Foster Care](#)
- [IC 31-28-3: Medical Passport Program for Children Receiving Foster Care](#)
- [465 IAC 2-11-73: Psychotropic medication](#)

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PRACTICE GUIDANCE – DCS POLICY 8.27

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.

Medical Passports for Children in Residential Facilities

It is the policy of DCS to provide a Medical Passport for each child in out-of-home care, including a child admitted to a residential facility. It is the responsibility of the caregiver (including a residential facility) to keep the Medical Passport updated, and the FCM must verify regularly that this occurs.


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 to ensure that the child's Medical Passport is kept up to date and/or the FCM has access to the electronic medical records maintained by the child's health care provider.

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 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. If the professional is not willing or able to update the Medical Passport onsite, the FCM or resource parent must obtain a complete briefing on the details of the examination or treatment and complete applicable portions of the Medical Passport.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 28: Payment for Health Care Services	
	Effective Date: October 1, 2023	Version: 3

- [Procedure](#)
 - [Definitions](#)
- [Forms and Tools](#)
 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) will ensure a determination for Medicaid eligibility is completed for all children in out-of-home care to determine the financial responsibility for the health care services the child receives. DCS will accept financial responsibility for all required health care services for all children in out-of-home care who are ineligible for Medicaid and not covered by private health insurance.

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PROCEDURE

For children in out-of-home care who are covered by the private health insurance of their parent, guardian, or custodian, DCS will utilize the private health insurance for all required health care services.

Note: DCS will accept the financial responsibility for the child’s required health care service when the child’s private health insurance does not cover all or some of the bill for a health care service the child receives.

The Family Case Manager (FCM) will:

1. Review policy 8.26 Authorization for Health Care Services with the resource parent to ensure the resource parent’s understanding of the following:
 - a. The child will use a health care provider who accepts one (1) of the following, unless emergency treatment is required:
 - i. Accepts Medicaid if the child is Medicaid eligible; or
 - ii. Accepts the private health insurance plan that covers the child.
 - b. Prior authorization from the DCS Local Office Director (LOD) is required for payment of any specialized treatment that is not covered by Medicaid or private health insurance; and
 - c. The health care provider should be informed of the child’s health insurance status (Medicaid or private insurance), and the resource parent is to present the child’s applicable health insurance card to the health care provider.
2. Discuss requests for any specialized treatment not covered by Medicaid or private health insurance with the FCM Supervisor;

Note: Authorization from the LOD is required for payment of any specialized treatment that is not covered by Medicaid or private health insurance.

3. Ensure requests for cosmetic procedures that are not covered by private health insurance or Medicaid are denied and the reasons for the denial are conveyed to the resource parent; and

Note: The FCM should discuss any questions and/or concerns regarding the denial of cosmetic procedures with the FCM Supervisor.

4. Ensure all requests, approvals, and denials are documented in the case management system.

The FCM Supervisor will:

1. Discuss with the FCM any questions or concerns regarding specialized treatment that is not covered by Medicaid or private health insurance and/or any requests for cosmetic procedures; and
2. Forward requests for specialized treatment not covered by Medicaid or private health insurance to the LOD for approval.

The DCS LOD will review requests for specialized treatment not covered by Medicaid or private health insurance and determine whether to authorize payment of the specialized treatment. The LOD may seek court approval before authorizing payment (see policy 8.26 Authorization for Health Care Services).

Note: DCS will not accept financial responsibility for cosmetic procedures (e.g., braces, Lasik eye surgery, and acne treatments) not covered by private health insurance or Medicaid, nor will an FCM offer such services.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

N/A

Related Policies

- [8.26 Authorization for Health Care Services](#)

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LEGAL REFERENCES

- [IC 12-7-2-60: "Destitute child"](#)
- [IC 12-15-2-16.2: Eligibility of foster children; enrollment assistance](#)
- [IC 31-34-2.5-6: Safe haven infant presumed eligible for Medicaid](#)

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PRACTICE GUIDANCE- DCS POLICY 8.27

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 8: Out-of-Home Services Section 29: Routine Health Care	
Effective Date: July 1, 2023	Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

It is important that children in out-of-home care receive appropriate and timely routine health care services necessary to meet the needs of the children (e.g., mental, dental, visual, auditory, and developmental). Every effort should be made to ensure continuity of care for children by maintaining the same health care providers that cared for them prior to their removal.

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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 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, known in Indiana as HealthWatch.

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;
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; or
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 (see policy 8.27 Maintaining Health Records- Medical Passport);
4. Inform resource parents of their responsibilities, as described in Resource Parent Role Acknowledgement form;
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 that are not covered by private insurance or Medicaid are denied;
7. Ensure the child's Medical Passport and/or electronic medical records are reviewed and updated at each visit with the resource parent, and update the case management system after each visit (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);
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 or bleeding gums);
 - c. Mental health issues that place the child at risk for harming self 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 and/or ensure the FCM has access to the electronic medical records maintained by the child's health care provider (see policy 8.27 Maintaining Health Care Records- Medical Passport);

Note: The Medical Passport and/or hard copy medical records 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.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Medical Passport \(DCS Pamphlet 036\)](#)
- [Resource Parent Role Acknowledgment \(SF 54642\)](#)

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](#)

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LEGAL REFERENCES

- [IC 10-14-3-12: Disaster emergency; emergency gubernatorial powers](#)
- [IC 31-27-2-13: Modification or suspension of medical examination requirement during declared disaster emergency](#)
- [IC 31-28-0.5: Electronic Records](#)
- [IC 31-28-1-3: Health Summary Record](#)

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PRACTICE GUIDANCE- DCS POLICY 8.29

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 8: Out-of-Home Services Section 30: Psychotropic Medication	
Effective Date: July 1, 2024	Version: 7

- [• Procedure](#)
- [• Forms and Tools](#)
- [• Legal References](#)
- [• Definitions](#)
- [• Related Policies](#)
- [• Practice Guidance](#)

POLICY OVERVIEW

Psychotropic medication (see Definitions) may be prescribed to treat a child’s emotional and behavioral health symptoms and diagnoses. Careful consideration must be given to ensure prescribed medications are appropriate for the child. Exploring alternative treatment and seeking consent assists the Child and Family Team (CFT) in planning to best meet the needs of the child. Providing thorough information regarding recommended psychotropic medication is essential to informed decision making.

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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. If a parent, guardian, or custodian cannot be located within 24 hours and delay would compromise the best interest of the child, DCS will authorize the use of the psychotropic medication.

DCS will require consent from the appropriate DCS Local Office Director (LOD) or designee prior to a child in out-of-home care receiving psychotropic medication. DCS will seek a court order for the **continued** administration of psychotropic medication if:

1. A delay 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 (see policy 5.06 Locating Absent Parents).
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 for the requested medication.

Authorization for Psychotropic Medication During Acute Psychiatric Stays ONLY
 During an acute psychiatric stay, **only** DCS consent is necessary for prescribing a psychotropic medication to a child under DCS care and supervision.

Note: Psychotropic medication may be administered to a child admitted for acute psychiatric treatment without prior DCS consent when:

1. It is needed to address an emergency condition in which the child is a danger to oneself or others; and
2. No other form of intervention will mitigate the danger.

Upon receipt of the Authorization for Psychotropic Medication form from the licensing professional during a child's acute psychiatric stay, the Family Case Manager (FCM) will:

1. Obtain consent for the psychotropic medication from the DCS LOD or designee in Section C of the Authorization for Psychotropic Medication form within 24 hours of administration of the initial dose of psychotropic medication;
2. Promptly seek a court order for **continued** administration of psychotropic medication; and
3. Document the consent in the case management system.

The DCS LOD or designee will complete Section C of the Authorization for Psychotropic Medication form within 24 hours of administration of the initial dose of psychotropic medication during an acute psychiatric stay.

If there are questions regarding the appropriateness of a medication, the Family Case Manager (FCM) will submit a Psychotropic Medication Advisory Committee (PMAC) Quick Review referral by:

1. Requesting that the licensed professional (see Definitions) completes the "Clinical Information" section of the PMAC Quick Review form (available on the Medical Guidance SharePoint webpage), and
2. Submitting the completed form to the PMAC Contractor at Claire.Holloway@dcs.in.gov.

Note: Upon receipt of the form, the PMAC team has 24 hours to provide input on whether the medication prescribed is appropriate. For additional information regarding PMAC, see the DCS Psychotropic Medication Initiative.

Seeking Authorization for Psychotropic Medication

When a child is exhibiting emotional or behavioral health symptoms, the FCM will:

1. Engage the Child and Family Team (CFT) or hold a case plan conference to develop a Case Plan/Prevention Plan to meet the child's mental health need (see policies 5.03 Engaging the Family and 5.07 Child and Family Team Meetings) with consideration of the following:
 - a. Concerns or questions regarding medications,
 - b. Alternative therapies and behavioral approaches, and
 - c. The comprehensive evaluation by a licensed professional.

Note: Alternative therapies and behavioral approaches should be explored before psychotropic medication is considered. The child's licensed professional and/or psychiatrist may be invited to attend the meeting. The FCM may also contact the DCS Clinical Services Specialist (CSS) for consultation.

2. Ensure the licensed professional or psychiatrist:
 - a. Completes Section A of the Authorization for Psychotropic Medication form,
 - b. Returns the signed Authorization for Psychotropic Medication form to the assigned FCM, and
 - c. Contacts DCS within 24 hours of administering the initial dose of medication if a child is placed on psychotropic medication due to an emergency condition.

3. Submit a PMAC Quick Review referral, if there are questions regarding the appropriateness of a psychiatric medication, by completing the following:
 - a. Requesting that the licensed professional completes the “Clinical Information” section of the PMAC Quick Review form (available on the Medical Guidance SharePoint webpage), and
 - b. Submitting the completed form to the PMAC Contractor at Claire.Holloway@dcs.in.gov.

Note: Upon receipt of the form, the PMAC team has 24 hours to provide input on whether the medication prescribed is appropriate. For additional information regarding PMAC, see the DCS Psychotropic Medication Initiative.

4. Review the Authorization for Psychotropic Medication form with the parent, guardian, or custodian or child (if 18 years of age or older), and encourage the parent, guardian, or custodian to be involved in the decision-making process regarding the use of psychotropic medications for the child;

Note: If the parent, guardian, or custodian denies consent, a 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).

5. Obtain consent to authorize the use of psychotropic medication for the child through one (1) of the following methods:
 - a. The parent, guardian, or custodian’s signature on Section B of the Authorization for Psychotropic Medication form,
 - b. The consent of the youth 18 years of age or older, unless deemed incompetent or unable to consent, or

Note: Youth 18 years of age or older may consent to their own psychotropic medication; therefore, parental consent is not required. If a youth 18 years of age or older is deemed incompetent or unable to consent, DCS will obtain a court order authorizing the use of a psychotropic medication when it is recommended by a licensed professional.

- c. The consent of the DCS LOD or designee on Section C of the Authorization for Psychotropic Medication form when:
 - i. A delay to obtain parental consent 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; or
 - iv. Prior court authorization has been obtained.
6. Request that the DCS Staff Attorney seek a court order for psychotropic medication in the following circumstances:
 - a. The consent of the child’s parent, guardian, custodian is not obtained (for a child under the age of 18), or
 - b. The consent of the youth is not obtained (for a youth 18 years of age or older).
7. Notify the prescribing provider of whether the Authorization for Psychotropic Medication form has been approved and if any further action will be needed;
8. Provide copies of the completed Authorization for Psychotropic Medication form (scan

and email is acceptable) to:

- a. The requesting prescribing provider,
 - b. The parent, guardian, or custodian, and
 - c. The resource parent.
9. Place the original signed Authorization for Psychotropic Medication form in the child's case file and document all steps in the case management system.

DCS CSS may:

1. Discuss questions and/or concerns directly with the assigned FCM or the prescribing provider; and
2. Seek a second opinion from another licensed professional/child psychiatrist when there are questions surrounding the need for the psychotropic medication.

Note: Whenever possible, conversations with the prescribing provider should include the FCM and/or FCM Supervisor.

The DCS LOD or designee will:

1. Provide the FCM with consent for the psychotropic medication administered during acute psychiatric stays;
2. Review all Authorization for Psychotropic Medication forms within one (1) business day of receiving the form from the FCM and complete Section C; and
3. Return the signed Authorization for Psychotropic Medication form to the FCM.

The DCS Staff Attorney will:

1. Request a court order for administration of psychotropic medication if the medication has been recommended and appropriate parental consent and/or the child's (age 18 and older) consent has not been obtained; and
2. Request a court order for continued administration of psychotropic medication anytime DCS has authorized the initial use of psychotropic medication and continued use is recommended.

Monitoring Psychotropic Medication

If the Authorization for Psychotropic Medication form is approved, the FCM will:

1. Ensure the child; parent, guardian, or custodian; and resource parent are aware of:
 - a. The purpose of the medication,
 - b. The dosage,
 - c. The expected benefits of the medication, and
 - d. Any potential side effects.
2. Ensure the prescription medication is filled and refilled as long as the medication is prescribed;
3. Ensure the child's prescribed medications is monitored by the prescribing provider;

Note: If the psychotropic medication was prescribed for the child during an acute psychiatric stay, ensure a licensed professional or psychiatrist continues to monitor the prescribed medications after the child's acute psychiatric stay.

4. Engage in meaningful discussions with the child and family regarding the initiation, change, or discontinuation of medication to ensure informed decision making; and

Note: Medication 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.

5. Address any medication concerns with the CFT; child's parent, guardian, or custodian; licensed professional; and resource parent or residential treatment provider. This may include, but is not limited to:
 - a. Effectiveness of medication,
 - b. Potential side effects, and
 - c. Refill issues.

Note: The DCS CSS may be consulted regarding medication concerns.

Psychotropic Medications During Residential Treatment

If a child is prescribed psychotropic medication and admitted to a residential treatment facility (excluding emergency shelter care [ESC]), the provider must upload a report from the licensed professional to KidTraks every 30 calendar days with the child's health care information (e.g., medical treatment and psychotropic medication) and include the licensed professional's in-person observation of the child, at least every 90 calendar days. See policy 8.27 Maintaining Health Records- Medical Passport for additional information.

When a child is prescribed psychotropic medication while receiving residential treatment, the FCM will:

1. Verify the 30-day and 90-day reports are in the case management system (see Practice Guidance); and
2. Review the 30-day report and 90-day report to ensure the reports contain medication information, including the licensed professional's report on medication that is being continued, discontinued, or changed, and/or any recommended changes in the treatment plan goals.

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RELEVANT INFORMATION

Definitions

Licensed Professional

As defined in Indiana Code (IC) 31-27-9, a licensed professional is any of the following:

1. A physician licensed under IC 25-22.5;
2. An advanced practice registered nurse licensed under IC 25-23; or
3. A physician assistant licensed under IC 25-27.5.

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

- [DCS Clinical Services Specialists Contact Map](#) - available on the DCS SharePoint
- [DCS Psychotropic Medication Initiative](#)
- Psychotropic Medication Advisory Committee (PMAC) Contractor's e-mail address- Claire.Holloway@dcs.in.gov
- [Psychotropic Medication Advisory Committee \(PMAC\) Quick Review](#) form - available on the Medical Guidance SharePoint webpage

Related Policies

- [5.03 Engaging the Family](#)
- [5.06 Locating Absent Parents](#)
- [5.07 Child and Family Team Meetings](#)
- [8.27 Maintaining Health Records- Medical Passport](#)

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LEGAL REFERENCES

- [IC 16-36-1: Health Care Consent](#)
- [IC 25-22.5: Physicians](#)
- [IC 25-23: Nurses](#)
- [IC 25-27.5: Physician Assistants](#)
- [IC 31-27-9: Health Records and Medications](#)

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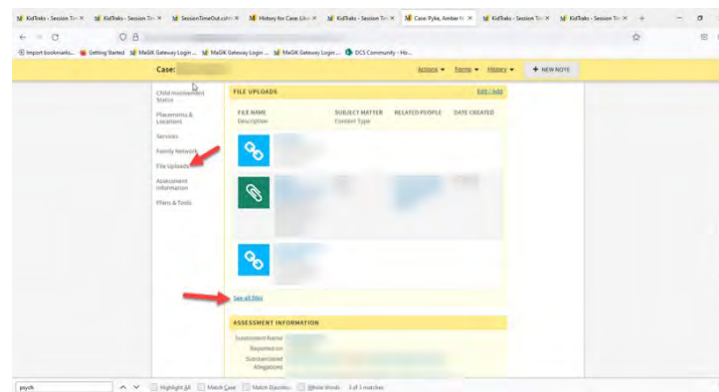
PRACTICE GUIDANCE – DCS POLICY 8.30

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.

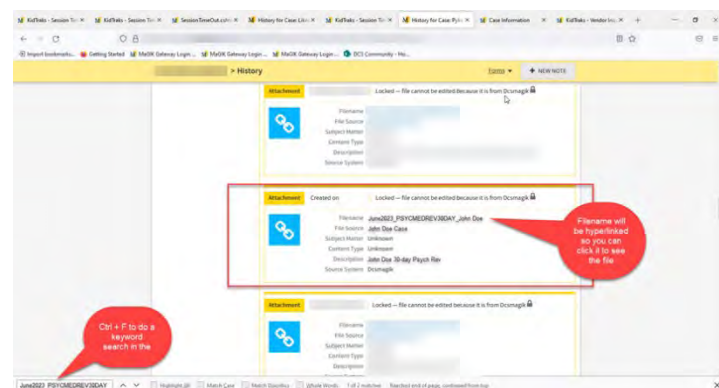
Locating Transmitted Reports in the Case Management System

The 30-day and 90-day Psychotropic Medication Reports will be automatically transmitted into casebook after being uploaded into KidTraks monthly by the residential provider (this does not include shelter care). The 30-day report will be named **PSYCMEDREV30DAY** and is a paper review. The 90-day report will be named **PSYCMEDREV90DAY** and is an in-person review.

To locate the 30-day and 90-day Psychotropic Medication Reports in Casebook go to the case. If the file you are looking for is not in the File Uploads section (only a few recent files show on the main page), then click “File Uploads”, then click “See all files”.



The browser search feature may be used by typing in part of the filename to find the file (shown at the bottom of the screenshot below). The file being searched for is shown in the red box. Because the file has been automatically transmitted, it will have a blue link icon instead of a green paperclip. The filename will be hyperlinked. You will need to click it to open the file.



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INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 8: Out-of-Home Services	
Section 31: Testing and Treatment for HIV, STIs, and Other Communicable Diseases	
Effective Date: January 1, 2025	Version: 5

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Due to the confidential nature of the information discussed in this policy, the DCS Staff Attorney should be consulted prior to releasing or requesting information regarding Human Immunodeficiency Virus (HIV), sexually transmitted infections (STIs), and other communicable diseases.

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. The Indiana Department of Child Services (DCS) will ensure any child in out-of-home care, who meets **high risk** criteria, is scheduled for an appointment with an appropriate physician or the physician’s authorized representative to determine the medical necessity of Human Immunodeficiency Virus (HIV), sexually transmitted infection (STI) (formerly known as sexually transmitted diseases [STDs]), and/or other communicable disease testing and/or treatment.

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PROCEDURE

DCS employees will use Universal Precautions (see Definitions) at all times when working with children and families.

Pursuant to IC 16-36-1-3(d), children who have been diagnosed with, suspects they have, or have been exposed to an STI or HIV, may consent to their own care or treatment, and must provide written consent prior to discussion of the testing, results, or treatment with **any** person.

The Family Case Manager (FCM) will:

1. Identify children in out-of-home care who meet 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 STI, 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 tests 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 Indiana Department of Health (IDOH) has recommended testing for the general public (see the CDCs Atlas Plus: Interactive Atlas of HIV and other STDs),

- f. Was born or has resided in a country with a high transmission rate of the communicable disease (see the CDC Global HIV and TB webpage, CDC Travel Health Notices webpage, CDC Travelers' Health- Global Measles webpage, and the World Health Organization's [WHO] Global Tuberculosis Programme webpage), and/or
 - g. Asks to be tested, if age and developmentally appropriate.
2. Obtain a written release of information from the parent, guardian, or custodian (and child, if age and developmentally appropriate) prior to convening a Child and Family Team (CFT) Meeting to discuss the plan for the child's testing related needs (see policy 5.07 Child and Family Team [CFT] Meetings);

Note: If the parent, guardian, or custodian and/or child are not comfortable discussing the issue with the entire team, a solution may be to hold a smaller CFT Meeting to handle the issues relating to the communicable disease testing and/or treatment.

3. Work with the child's out-of-home placement to ensure an appointment is scheduled with a physician or the physician's authorized representative to evaluate any child who meets the high-risk criteria as outlined above;
4. Recommend appropriate testing for a mother for whom certain conditions exist and are providing breastmilk for their child when the child meets the **high-risk** criteria; and

Note: For recommendations regarding breastfeeding by a mother for whom certain conditions exist, consult the CDC Breastfeeding webpage.

5. Facilitate the signing of the written informed consent and consult the FCM Supervisor and the DCS Staff Attorney regarding any denial of the provider's written informed consent by the parent, guardian, or custodian or denial of testing.

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.

After Written Informed Consent is Obtained

Upon written informed consent from the parent, guardian, or custodian, the FCM will:

1. Work with the child's out-of-home placement to 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. Work with the child's out-of-home placement to 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. Communicate with the physician's office to coordinate **confidential** communicable disease test results to be sent to the attention of the FCM unless a court has requested direct receipt of the results.

When a Child Has a Communicable Disease

If a child is determined to be infected with a communicable disease, the FCM will:

1. Staff with the DCS Staff Attorney and FCM Supervisor to identify those who may be notified (e.g., parent, guardian, or custodian; court), and discuss whether to notify the child, as age and developmentally appropriate;

Note: When a minor child involved with DCS elects to exercise the right to consent to care or treatment for an STI 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 and the child's parent, guardian, or custodian). If the court is notified, 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, a signed consent from the parent, guardian, or custodian, and/or a signed consent from the child 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; the residential provider; and/or the child 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 IDOH: Division of HIV/STI/Viral Hepatitis and see the 4.G Tool: Community Resources and Prevention Services for additional information;
5. Partner with the child's out-of-home placement to ensure the child receives appropriate medical examinations, treatments, and medications. If the appropriate consent has not been obtained from the child and/or the court to release the information to the resource parent or residential treatment facility, partner with the child to ensure the child receives the appropriate medical examinations, treatments, and medications;

Note: If appropriate consents are unable to be obtained, the Indiana Department of Health may be a resource in discussing any available next steps.

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 (see the Communicable Disease Reference Guide for Schools: 2023 Edition),
 - d. Testing costs, and
 - e. Consent for testing (see policy 5.07 Child and Family Team Meetings),
7. Follow Legal Procedure, as outlined below, 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 be 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 parent or child 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.

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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) or Sexually Transmitted Infection (STI)

Per 410 IAC 1-2.5-66, an STD, also referred to as an STI, 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

- [4.G Tool: Community Resources and Prevention Services](#)
- Case Plan/Prevention Plan (SF2956) - Available in the case management system
- [Centers for Disease Control and Prevention \(CDC\) Atlas Plus: Interactive Atlas of HIV and other STDs](#)
- [Centers for Disease Control and Prevention \(CDC\): Breastfeeding](#)
- [Centers for Disease Control and Prevention \(CDC\): Global HIV and TB](#)
- [Centers for Disease Control and Prevention \(CDC\): Travelers' Health- Global Measles](#)
- [Centers for Disease Control and Prevention \(CDC\): Travel Health Notices](#)
- [Communicable Disease Reference Guide for Schools: 2023 Edition](#)
- [Confidentiality Agreement \(SF52736\)](#)
- [Indiana Department of Health \(IDOH\)](#)
- [Indiana Department of Health \(IDOH\): HIV/STI/Viral Hepatitis](#)
- [Universal Precautions](#)
- [World Health Organization's \[WHO\] Global Tuberculosis Programme](#)

Related Policies

- [2.06 Sharing Confidential Information](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)

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LEGAL REFERENCES

- [IC 16-36-1-3: Consent for own health care; minor's blood donation](#)
- [IC 16-36-1-4: Incapacity to consent; invalid consent](#)
- [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 16-41-8-1\(b\): "Potentially disease transmitting offense"](#)
- [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 \(g\)](#)

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PRACTICE GUIDANCE- DCS POLICY 8.31

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.


Informing and Educating Resource Parents

Clear and accurate information about communicable diseases and appropriate control measures must be given to resource parents to enable them to make informed decisions regarding their ability and willingness to provide care to infected children. If resource parents make informed decisions, the possibility of needing to move the child from the placement is decreased. For more information on available educational materials and trainings, see the Indiana Department of Health (IDOH) - Division of HIV/STI/VIRAL HEPATITIS.

Testing Costs

The responsibility for the cost of communicable disease testing falls first to the child's parent, guardian, or custodian. If the parent, guardian, or custodian is unable to pay, the cost falls ultimately to DCS. If the child is eligible for and receiving Medicaid, Medicaid will pay for testing when there is a medical need to test. This includes testing for children who are symptomatic and for children who are asymptomatic but at high risk for a communicable disease. Communicable disease testing does not require medical preauthorization.

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	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 [5.07 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/Prevention Plan 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 [8.04 Emergency Shelter Care & Urgent Residential Treatment](#).

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Case Plan/Prevention Plan (SF 2956) - 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 [5.07 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	
Section 34: Participation in Medical Studies and Drug Trials	
Effective Date: November 1, 2023	Version: 3

- [Procedure definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

This policy applies to youth under 18 years of age and those over 18 years of age who are not able to consent to their own care.

It may be beneficial for some children to participate in medical studies or drug trials, as they will be able to access new medications or treatments that are not otherwise available.

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PROCEDURE

The Indiana Department of Child Services (DCS) must receive 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, if age and developmentally appropriate, agrees to participate;
2. The child’s parent, guardian, or custodian consents in writing to the child’s participation unless their consent is not required by state or federal law;

Exception: A court order regarding the child’s participation should be requested when the parent, guardian, or custodian refuses to consent in writing, cannot be located, or Termination of Parental Rights (TPR) has been finalized.

3. 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, guardian, or custodian objects regarding the child’s participation.

4. 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.

5. The study includes participants outside of the child welfare system.

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; and

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 number in the case management system,
 - b. Information about the medical study or drug trial including, but not limited to:
 - i. The name of the medical study or drug trial;
 - ii. Host;
 - iii. Start date;
 - iv. Duration;
 - v. Number of participants;
 - vi. The specific treatments and/or drugs that will be administered;
 - vii. Potential side effects and/or adverse reactions that may occur; and
 - viii. The benefits of participation for the child, including but not limited to any compensation the child will receive.
 - c. A signed statement from the medical study or drug trial director stating that the group of children participating in the research study includes children outside of the child welfare system,
 - d. A signed statement from the child's physician or therapist recommending the child's participation in the study, and
 - e. A signed statement from the child's parent, guardian, or custodian giving written consent or written refusal to consent for the child to participate in the study, unless TPR has been finalized.

Note: Documentation of efforts to locate the parent, guardian, or custodian must be included with the request and entered in the case management when a parent, guardian, or custodian is unable to be located.

3. Schedule and facilitate a CFT Meeting to discuss the study and obtain the CFT's recommendation regarding whether the child should participate. See policy 5.07 Child and Family Team Meetings for additional guidance;
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 the child's wishes;
5. Verify the Institutional Review Board (IRB) working with the researchers appoints an advocate to the child who will participate in the research. See Practice Guidance for additional 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 and 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,
 - 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.
8. Upload the court order, the original request, and documentation of all notifications to the case management system within five (5) business days following the receipt of the court order.

The DCS Staff Attorney will:

1. Review the:
 - a. Request for the child's participation in a medical study or drug trial,
 - b. CFT recommendation,
 - c. Child's statement, and
 - d. Any additional information provided.
2. File a motion with the court regarding the child's participation.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

N/A

Related Policies

- [5.07 Child and Family Team Meetings](#)

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LEGAL REFERENCES

- [IC 16-36-1-3: Consent for own healthcare; minor's blood donation](#)
- [21 CFR 50.56: Protection of Human Subjects, Wards](#)
- [45 CFR 46.409: Additional Protections for Children Involved as Subjects in Research](#)

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PRACTICE GUIDANCE – DCS POLICY 8.34

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.

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's interests throughout the child's 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, or the guardian organization. One (1) individual may serve as advocate for more than one (1) child.

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INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 8: Out-of-Home Services	
Section 35: Sex Education and Family Planning Services	
Effective Date: December 1, 2024	Version: 4

- [• Procedure](#)
- [• Forms and Tools](#)
- [• Legal References](#)
- [• Definitions](#)
- [• Related Policies](#)
- [• Practice Guidance](#)

POLICY OVERVIEW

Sex education and family planning services are provided to children in out-of-home care, as age and developmentally appropriate.

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PROCEDURE

The Indiana Department of Child Services (DCS) will ensure children in out-of-home care receive sex education and family planning services based upon the child’s age and developmental level, which may include, but are not limited to:

1. Counseling;
2. Patient/parent education, which may include information about safe and effective contraceptive methods;
3. Medical exams, including pregnancy tests and tests for sexually transmitted infection (STI) (formerly known as sexually transmitted diseases [STDs]) (see policy 8.31 Testing and Treatment for HIV, STDs, and Other Communicable Diseases); and

Note: In accordance with IC 16-36-1-3(d), a person may consent to their own medical/hospital care or treatment if the person has or believes they have been exposed to a STI.

4. School-based health services.

DCS will not authorize the use of prescription birth control by children in out-of-home care. If a youth is already on birth control when entering out-of-home care, DCS will obtain copies of the medical records and needed consents.

If the child’s primary care physician recommends a prescription for birth control for any medical reason, DCS may seek a court order to authorize the use of a prescription for birth control if:

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 5.07 Child and Family Team Meetings).

The Family Case Manager (FCM) will:

1. Ensure all children in out-of-home care have access to appropriate medical care and sex education services;
2. Ensure appropriate personal hygiene supplies are provided, as needed; and

3. Make appropriate referrals if a youth asks for additional family planning information and/or services.

Note: 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.

The FCM Supervisor will assist the FCM, as needed, to ensure children receive age and developmentally appropriate services and have access to appropriate medical care and sex education services.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

N/A

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [8.31 Testing and Treatment for HIV, STDs, and Other Communicable Diseases](#)

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LEGAL REFERENCES

- [IC 16-34-2: Requirements for Performance of Abortion; Criminal Penalties](#)
- [IC 16-36-1-3: Consent for own health care; minor's blood donation](#)
- [42 CFR 59.11: Title X Family Planning; Confidentiality](#)
- [42 USC 1396a\(a\)\(7\): Family Planning Services; State Plan: Medicaid](#)
- [42 USC 1396d\(a\)\(4\)\(C\): Family Planning Services; Definitions](#)


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PRACTICE GUIDANCE- DCS POLICY 8.35

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 8: Out-of-Home Services Section 36: Expectant Youth and Youth with Children	
	Effective Date: September 1, 2024	Version: 6

- [Procedure](#)
 - [Definitions](#)
- [Forms and Tools](#)
 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

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 of the expectant youth, parenting youth, and their children.

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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, home environment) that prevent 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 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 to assist in developing the youth's parenting skills (e.g., fatherhood classes, counseling, 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 DCS Staff Attorney 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 court is notified and to request 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.

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/Second Permanency Plan - An Overview);
5. Contact the Indiana Department of Health (IDOH) Maternal and Child Health (MCH) MOMS Helpline (1-844-624-MOMS[6667]) to connect the pregnant youth to an appropriate home visiting program (also see 4.G Tool: Community Resources and Prevention Services);
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 DCS Staff Attorney regarding the appointment of counsel for the expectant youth; 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 DCS Staff Attorney 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 court is notified and to request 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 policies 5.07 Child and Family Team Meetings and 5.15 Concurrent Planning/Second Permanency Plan- An Overview);
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 (see policy 5.08 Developing the Case Plan/Prevention Plan);
5. Consult with the DCS Staff Attorney regarding the appointment of counsel for the expectant youth; 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).

Note: If paternity needs to be established, see policy 5.05 Establishment of Paternity.

Parenting Youth

For parenting youth in out-of-home care, the FCM will:

1. Notify the DCS Staff Attorney that the youth has a child to ensure the court is notified;

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);
3. Allow the parenting youth to make informed decisions about the youth's child, free from undue influences and/or coercion including ensuring the youth is able to make decisions regarding their child without undue influence or coercion from the youth's caregiver or members of the CFT;

Note: If there are concerns, the FCM will staff with the FCM Supervisor and DCS Staff Attorney.

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);
5. Ensure the parenting youth has information about child support, Medicaid, and childcare;
6. Contact the IDOH MCH MOMS Helpline (1-844-624-MOMS[6667]) to connect the parenting youth to an appropriate home visiting program (also see 4.G Tool: Community Resources and Prevention Services);
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 (see policy 8.12 Developing the Visitation Plan); 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 (see policy 5.08 Developing the Case Plan/Prevention Plan).

The FCM Supervisor will:

1. Ensure the FCM has notified the DCS Staff Attorney and the parent, guardian, or custodian that the youth is an expecting a child and/or has a child;
2. Staff any concerns for the expecting or parenting youth; and
3. Assist and/or attend any CFT Meetings and 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 requesting appointed counsel to assist the youth with any legal decisions as applicable.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [4.G Tool: Community Resources and Prevention Services](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- [IDOH Maternal and Child Health \(MCH\) MOMS Helpline](#) - 1-844-624-MOMS(6667)
- Visitation Plan - available in the case management system

Related Policies

- [4.28 Removals from Parents, Guardians, or Custodians](#)
- [5.05 Establishment of Paternity](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)

- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.10 Family Services](#)
- [5.15 Concurrent Planning/Second Permanency Plan – An Overview](#)
- [8.12 Developing the Visitation Plan](#)
- [8.31 Testing and Treatment for HIV, STDs, and Other Communicable Diseases](#)

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LEGAL REFERENCES

- [IC 16-36-1-3.5: Consent by pregnant minor for pregnancy health care; contacting minor's parent or guardian](#)
- [IC 16-41-6-8: Informing pregnant woman of information; documenting information given and a refusal of test; information if test results positive; confidentiality](#)
- [42 USC 672: Foster Care Maintenance Payments Program](#)

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PRACTICE GUIDANCE- DCS POLICY 8.36

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.

Financial Support

Even when the Indiana Department of Child Services (DCS) does not have custody of the minor parent's child, additional foster care payments can be added to the per diem of the minor parent, to enable the child to be placed with that minor parent. These payments are authorized without DCS taking custody of the youth's child.

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 Testing and Treatment for HIV, STIs, and Other Communicable Diseases.

Parents who are not the Primary Caregiver

In some cases, the youth who is a parent is not the child's primary caregiver. The child may live with the other parent, foster parent, or another family member. If the youth is not the primary caregiver, the youth may still be involved in the child's rearing. Any time a youth has a child and is involved in that child's life, the youth should be offered family support services, including parenting classes.

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INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 8: Out-of-Home Services	
Section 37: Holding a Placement During a Hospitalization	
Effective Date: May 1, 2023	Version: 9

- [Procedure definitions](#)
- [Forms and Tools](#)
• [Related Policies](#)
- [Legal References](#)
• [Practice Guidance](#)

POLICY OVERVIEW

When a child in out-of-home care is hospitalized, efforts are made to maintain the child's current placement to promote stability for the child and continuity of care.

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PROCEDURE

The Indiana Department of Child Services (DCS) will continue to make foster care payments to a resource parent or residential treatment facility for a maximum of five (5) consecutive 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 or residential treatment facility. A bed hold will end prior to five (5) consecutive days if there is no intent for the child to return to the resource home or residential treatment facility.

When a child is hospitalized for more than five (5) consecutive days and the resource parent maintains care of the child (as evidenced by continued participation in the youth’s treatment and care) 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 expenses only starting at mile one (1).

The Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) to determine if it is appropriate for the child to return to the same resource home or residential treatment facility when the child is released from the hospital. See policy 5.07 Child and Family Team Meetings for additional information;
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 upon the child’s return to the home (e.g., counseling services and medical equipment);
5. Submit a Request for Additional Funding form 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) consecutive days; and

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 form for per diem and/or travel submitted by the FCM for a resource parent who maintains visits, including overnight stays, with a child who is hospitalized longer than five (5) consecutive 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.

DCS will **only** pay a Licensed Child Placing Agency (LCPA) per diem in excess of five (5) consecutive days for a bed hold when a child is hospitalized if the extension has been approved in writing by the Deputy Director of Child Welfare Services.

Note: An LCPA must seek approval from the Deputy Director of Child Welfare Services when requesting per diem for a child who is hospitalized in excess of five (5) consecutive days.

DCS will not pay for a five (5) day bed hold if the child is receiving residential treatment or placed in a setting other than a hospital (e.g., detention center, emergency shelter care facility, residential facility) unless a Request for Additional Funding (RAF) is approved.

The Deputy Director of Child Welfare Services will approve or deny a request from an LCPA for per diem of a child who is hospitalized in excess of five (5) consecutive days.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Request for Additional Funding \(SF 54870\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.15 Concurrent Planning](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE – DCS POLICY 8.37

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 8: Out-of-Home Services	
Section 38: Placement Changes	
Effective Date: April 1, 2024	Version: 9

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When placement changes include residential treatment, see policies 5.24 Child-Focused Treatment Review (CFTR), 8.04 Emergency Shelter Care and Urgent Residential Treatment, and 8.53 Out-of-State Residential Treatment Review and Approval.

The best interest of the child and the child’s safety must always be the priority. A placement change may be recommended when there are safety concerns in the current placement and/or a more appropriate placement has been identified.

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PROCEDURE

The Indiana Department of Child Services (DCS) has a duty to ensure children are placed in stable and nurturing homes with caregivers who are 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 affect the child’s safety and well-being while in placement.

Note: If a child is placed in an out-of-home placement in a location in which a sibling of the child resides, DCS shall consider whether separating the child from the child's sibling is in the child's best interest before changing the placement of the child.

DCS will recommend to the court a change in placement if any one (1) of the following exists:

1. There is a substantiation of Child Abuse and/or Neglect (CA/N) in a resource home by the resource parent or any household member that has not been waived;

Note: DCS will change the placement of 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, 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. The current placement has requested the child be moved;

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 to help ensure a smooth

transition for the child. DCS will attempt to work with the resource parent prior to changing the placement of the child.

5. Disruption of a Trial Home Visit (THV);
6. A pre-adoptive home has been identified and determined to be in the best interest of the child;
7. 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 into less restrictive care.

8. The residential treatment facility 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).

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) (see policy 5.07 Child and Family Team Meetings) to:
 - a. Discuss the child's placement needs,
 - b. Consider whether separating the child from the child's sibling is in the child's best interest, if applicable,
 - c. Assess all available alternatives to support the child's current placement and help to prevent Placement Disruption,
 - d. Identify a new placement type and/or resource, when determined to be in the best interest of the child,

Note: Factors to consider when there is a change in the child's placement include:

- i. Child safety;
- ii. The child's and family's preference;
- iii. Cultural backgrounds;
- iv. Strengths and needs of the child; and
- v. The caregiver's ability to meet those needs.

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).

- e. Develop a transition plan with assistance from the CFT to the fullest extent possible given any time constraints, and
 - f. Notify the child in advance of a 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 resource home for **less than 12 months:**

- a. Notify all relevant parties of the planned change in placement at least 14 calendar days prior to the change or as soon as possible given any time constraints or child safety concerns, and
 - b. Provide information regarding placement change to the DCS Staff Attorney for submission of written notice to the court within 10 business days following a placement change (e.g., beginning a THV or placing a child in foster or relative care upon the disruption of a THV).
4. Complete the following steps when the child has been in the same resource home for **at least 12 months** and an emergency change in placement is needed because the child's life or health is in imminent danger:
- a. Ensure the resource parent is aware of the plan to change the child's placement, if appropriate, and complete the following:
 - i. Change the placement of the child;
 - ii. Provide notice to the resource parent immediately following the emergency placement;
 - iii. Provide information regarding the recommended placement change to the DCS Staff Attorney and immediately ask the DCS Staff Attorney to file an emergency motion with the court; and

Note: The DCS Staff Attorney's motion must state that the resource parent may file a written objection not later than 10 calendar days after service of the DCS notice. Any objection that the resource parent wishes to file must be filed directly with the court by the resource parent with a copy provided to DCS.

- iv. Request that the court issue a temporary order for an emergency change in the child's placement.
 - b. Attend any hearing scheduled by the court on the issue.
5. Complete the following steps when the child has been in the same resource home for **at least 12 months and an emergency change in placement is not needed:**
- a. Ensure the resource parent is aware of the plan to change the child's placement,

Note: The FCM may provide notice of the placement change to the resource parent in advance of DCS filing its Motion to Change Placement that the resource parent may waive their right to request a hearing on the change in placement. If the resource parent wishes to waive their right to request a hearing, they can provide a Consent to Change in Placement and Waiver of Right to Request Hearing form to the FCM or file it directly with the court.

- 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,

Note: If a resource parent gives a Consent to Change in Placement and Waiver of Right to Request Hearing form to the FCM, the FCM should provide the form to the DCS Staff Attorney as soon as possible. Any objection and request for hearing that the resource parent wishes to file must be filed directly with the court by the resource parent with a copy provided to DCS.

- c. Obtain a court order regarding the placement change prior to moving the child, and

- d. Attend any hearing scheduled by the court on the issue.
6. Change the placement of the child and assist in transitioning the child to the new placement (see policy 8.09 Placing the Child in Out-of-Home Care);
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.
7. Request the assistance of law enforcement if the resource parent acts to prevent the change of placement of the child;
8. Ensure the child's school is verbally notified of the child's change in placement as soon as possible, but no later than the next school day; and
Note: When a placement change is considered, the FCM must submit a referral to DCS Education Services within **24 hours** of the child's change of placement to identify the need for collaboration to determine educational best interests and completion of the School Notification and Best Interest Determination 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. Review all case specifics and documented information regarding the reasons for placement change 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 complete the following for both changes of placement to a new resource home and requests for trial home visits (see policy 8.39 Trial Home Visits):

1. Ensure notice of a placement change or motion for placement change is submitted to the court when a child has been in the current placement for less than 12 months, as appropriate; or
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.

Note: The DCS Staff Attorney's motion must state that the person affected may file a written objection with the court not later than 10 calendar days after service of the DCS notice (see policy 6.04 Providing Notice of Hearings). If the change in placement is not an emergency and the resource parent has provided a waiver of their right to request a hearing on the change in placement, the DCS Staff Attorney should attach the written waiver to their motion and file it with the court.

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RELEVANT INFORMATION

Definitions

Placement Disruption

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

- [Consent to Change in Placement and Waiver of Right to Request Hearing \(SF 53108\)](#)
- [School Notification and Best Interest Determination \(SF 47412\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.24 Child Focused Treatment Review \(CFTR\)](#)
- [6.04 Providing Notice of Hearings](#)
- [8.01 Selecting a Placement Option](#)
- [8.04 Emergency Shelter Care and Urgent Residential Treatment](#)
- [8.08 Preparing the Child for Placement](#)
- [8.09 Placing a Child in Out-of-Home Care](#)
- [8.22 School Notifications and Legal Settlement](#)
- [8.39 Trial Home Visits](#)
- [8.53 Out-of-State Residential Treatment Review and Approval](#)
- [17.07 Licensing Revocations](#)
- [17.09 Termination of Residential Contract](#)

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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 31-34-4-8: Change in temporary out-of-home placement; consideration of separation of siblings](#)
- [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 home or facility outside 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](#)
- [IC 31-34-23-6: Notice and hearing requirements: change in out-of-home placement](#)

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PRACTICE GUIDANCE- DCS POLICY 8.38

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.

Impact of Placement Disruptions

Disruption in a child's placement must be considered carefully, because it has the potential to jeopardize the child's capacity to trust the environment, including the adults around the child. Disruption in placement may have serious negative consequences for the child's sense of security and self-worth. A placement change may be another loss, rejection, or possible trauma for a child and may affect the child's ability to form positive attachments in the future. Thus, the best interest of the child must be the priority when considering a change in placement.

Request to Move a Sibling

A resource parent may request one (1) sibling be moved rather than all of the children. In such cases, the Family Case Manager (FCM) and the Child and Family Team (CFT) should carefully determine if the placement change would be in the best interest of one (1) or more of the children. If the placement change is not in the best interest of one (1) or more of the children, the FCM may review the current services that the resource parent is receiving and discuss service changes that may increase the resource parent's ability to care for the child in question. After reviewing the situation, the team may decide that it is in the best interest for the entire sibling group to be moved.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 8: Out-of-Home Services Section 39: Trial Home Visits (THV)	
Effective Date: July 1, 2023	Version: 9

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A Trial Home Visit (THV) facilitates 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.

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PROCEDURE

The Indiana Department of Child Services (DCS) will obtain a court order approving the THV for up to three (3) months. DCS will maintain placement and care responsibilities for the child while on the THV. DCS will seek a court order for approval of an extension of the THV, for an additional three (3) months, if needed, prior to the end of the initial three (3) months, 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 Plan/Prevention Plan 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).

Note: 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 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, lack of parental contact). DCS will monitor and evaluate the situation and convene a Child and Family Team (CFT) Meeting and/or a Case Plan Conference to assess whether the situation warrants additional services or supports for the family. See policies 5.07 Child and Family Team Meetings and 5.10 Family Services.

Prior to the THV, the Family Case Manager (FCM) will:

1. Complete the Reunification Assessment 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 Assessment and 5.19 Child and Adolescent Needs and Strengths [CANS] Assessment);

Note: The Reunification Assessment must be completed on paper and uploaded to the case management system.

2. Determine the family's current service level and discuss with the CFT whether the service level should be decreased;
3. Complete a home visit and examine every room of the home, paying attention to areas where the child may eat, sleep, play, and bathe;
4. Convene a CFT Meeting and/or Case Plan Conference monthly to review the case progress, assessments, and current service level to determine if a THV is appropriate and, if applicable, consider whether separating the child from the child's sibling is in the child's best interests (see policies 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan/Prevention Plan);
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 service 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, child care referral services),
 - e. Established informal family supports, and
 - f. Safe Sleep, when appropriate (see Forms and Tools for applicable resources).
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. Provide information to the DCS Staff Attorney at least 10 days prior to the start of the Trial Home Visit for submission of written notice to the court and abide by all requirements of notice to the child's current placement; and

Note: The requirements of notice are different depending on the length of time the child has been in the current placement and the type of the child's current placement. See Policy 8.38 Placement Changes for requirements.

8. Document all actions and outcomes in the case management system.

If the THV is approved by the court, the FCM will:

1. Ensure the parent, guardian, or custodian understands the child is still under the care and custody of DCS during the THV;
2. Ensure the THV is appropriately documented in the case management system;
3. Complete face-to-face contact with the child and the parent, guardian, or custodian weekly during the first 30 days of the THV, then every other week for the remainder of the THV. Contact may be announced and unannounced and some may be delegated to service providers, where appropriate (see policy 8.10 Minimum Contact);

Note: The start of a THV is a case juncture and during case junctures, face-to-face contact with the child and the parent, guardian, or custodian must be made weekly. See policy 8.10 Minimum Contact.

4. Provide continued services to the family and ensure the family has access to appropriate services to preserve the family and rehabilitative services throughout the THV (see policy 5.10 Family Services);
5. Discuss the appropriateness of delegating some face-to-face contacts to a service provider with the FCM Supervisor and create or modify any referrals needed for this purpose;
6. 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;

Note: The CFT should discuss with the child and the parent, guardian, or custodian; and resource parents the expectations, responsibilities, and safeguards that will be in place to protect the child. This should include the services, supports, and the Safety Plan and/or Plan of Safe Care.

7. Provide the parent, guardian, or custodian with a copy of the Case Plan/Prevention Plan and upload to the case management system;
8. Ensure the child's current school personnel is verbally notified of the child's THV within 24 hours of the child's change in placement and complete a referral to DCS Education Services to initiate completion of the School Notification and Best Interests Determination form (see policy 8.22 School Notifications and Legal Settlement);
9. 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 case staffing, and assess any need to extend the THV, **prior** to exceeding the three (3) months (see policy 8.43 Meaningful Contacts);
10. Complete a new Reunification Assessment 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;

Note: The Reunification Assessment must be completed on paper and uploaded to the case management system.

11. Staff with the DCS Staff Attorney to discuss what is necessary to request a court hearing or to obtain a court order to extend the THV or request closure of the Child in Need of Services (CHINS) case **prior** to exceeding three (3) months;
12. Remove the child from the THV and return the child to out-of-home care if the child's safety and/or well-being are at risk and the provision of additional services to preserve the family has not reduced the risk to allow the child to remain in the home safely. DCS will return the child to the most recent placement whenever possible; and

Note: Court approval with the appropriate IV-E findings of best interest and reasonable efforts 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 Child Abuse or Neglect Hotline (Hotline) and cannot be handled as a part of the case (see policy 4.38 Assessment Initiation).

13. Document all actions and outcomes in the case management system.

The FCM Supervisor will:

1. Review assessment results (e.g., Reunification Assessment 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 case staffing with the FCM;
2. Approve or deny the recommendation for the THV and any request for delegation of face-to-face contact to a service provider, 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.

The DCS Staff Attorney will:

1. Work with the FCM to make a recommendation to the court and seek court approval for

the THV if it is determined a THV is appropriate; and

Note: The court order approving the THV must state DCS has placement and care responsibility.

2. Seek court approval of an extension of the THV, for an additional three (3) months, if needed, prior to the end of the three (3) month period and before the expiration of any extension.

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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;
9. Education;
10. Court;
11. Trial Home Visit (THV); and
12. Change in household composition.

Case Staffing

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

Forms and Tools

- [American Academy of Pediatrics](#)
- 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
- [DCS Safe Sleep](#)
- [Healthy Children.org](#)
- [Indiana Safe Sleep Program](#)
- [National Institute of Health](#)
- Plan of Safe Care (SF 56565) - available in the case management system
- Reunification Assessment - available in the case management system
- [Riley Children's Health Sleep Safety](#)
- [Safety Plan \(SF 53243\)](#)
- [School Notification and Best Interest Determination \(SF 47412\)](#)
- [The New Crib Standard: Questions and Answers](#)

Related Policies

- [4.26 Determining Service Levels and Transitioning to Permanency 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](#)
- [8.38 Placement Changes](#)
- [8.43 Meaningful Contacts](#)
- [8.44 Reunification Assessment](#)

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LEGAL REFERENCES

- [IC 31-34-3-4.7: Notice to the child's school](#)
- [IC 31-34-4-8: Change in temporary out-of-home placement; consideration of separation of siblings](#)
- [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](#)
- [IC 31-34-23-6: Notice and hearing requirements; change in out-of-home placement](#)
- [45 CFR 1356.21 \(e\): Trial home visits](#)

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PRACTICE GUIDANCE- DCS POLICY 8.39

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.

Preparing the Child for a Trial Home Visit (THV)

The necessary preparation for a THV will vary for each child. Factors impacting the preparation include, but are not limited to the child's age, length of time in out-of-home care, and quality of the child's relationships with the parent, guardian, or custodian and resource parent. The child's feelings will also play a role in the child's adjustment to returning home. A child may worry about being subjected to abuse and/or neglect again. Some children may experience feelings of disloyalty to their resource parent for wanting to return home, while others may feel disloyal to their parents for missing their resource parent. It is important that the child's FCM; parent, guardian, or custodian; resource parent, or another trusted member of the CFT acknowledge the child's feelings and address any fears expressed by the child.

Preparing the Parent, Guardian, or Custodian for a THV

The parent, guardian, or custodian may feel uncertain about being able to adequately meet the child's needs. To prepare for a THV, the FCM and parent, guardian, or custodian should discuss anticipated issues and develop plans to address those issues. In addition, the FCM should discuss the positive changes that have occurred and the strengths of the family with the parent, guardian, or custodian.

Preparing the Resource Parent for a THV

The bond between some resource parents and children are so significant that both the child and adult may grieve the loss when the child returns home for a THV. The attitude of the resource parent will influence the child's view. It is important that the resource parent be involved in, and aware of, the plans to reunify the family from the beginning. The goal of reunification should never come as a surprise to the resource parent.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 8: Out-of-Home Services Section 41: Transitioning from Out-of-Home Care	
Effective Date: July 1, 2024	Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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. Planning for this transition allows time for implementation of services and to ensure the type, intensity, and duration of these services are consistent with the child's assessed needs and the child's Permanency Plan.

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PROCEDURE

The Indiana Department of Child Services (DCS) will offer transition services (see Definitions) for a child who leaves out-of-home care, regardless of the child's Permanency Plan (e.g., reunification, adoption, emancipation, and guardianship). The Child and Family Team (CFT) should consider the transitional needs of the child and family 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 during a CFT Meeting or Case Plan Conference and assess whether it is safe and in the child's best interest to move to the identified permanent living situation. See policy 5.07 Child and Family Team Meetings for additional information;

Note: DCS will also consider whether separating a child from a sibling that is placed with the child is in the child's best interest.

2. Develop a plan to maintain the child in the permanent living situation following case closure upon the decision to move the child to the identified permanent living situation;

Note: DCS should ask the caregiver if they need reasonable accommodations due to a disability to maintain the child in the permanent living situation.

3. Make reasonable efforts to support and facilitate two-way communication between a child's parent, guardian, or custodian and any resource parent who will care for the child (see Indiana Co-Care);
4. Implement the transition services to be provided in the child's permanent living arrangement at least 30 calendar days before the child's scheduled transition. This will allow time for implementation of these services and to ensure the type, intensity, and

duration of services are consistent with the child's assessed needs and the child's Permanency Plan. Services to preserve the family may include, but will not be limited to:

- a. Reunification Services, see policy 8.39 Trial Home Visits,
- b. Family Support Services,
- c. Family Rehabilitation Services, and
- d. 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.

5. Submit a referral to the Education Consultant to complete Every Student Succeeds Act (ESSA) collaboration and discuss best interest of the child during a school transition. Advise the Education Consultant when the placement change has been updated in the case management system. See policies 8.20 Educational Services, 8.21 Special Education Services, and 8.22 School Notification for additional information.
6. 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
7. Work with other appropriate agencies (e.g., Family and Social Services Administration [FSSA], Division of Disability and Rehabilitative Services [DDRS], and Department of Correction [DOC]) to ensure the transition occurs in accordance with the policies and procedures of all agencies.

Depending upon the child's Permanency Plan, the FCM will follow the procedures contained in the appropriate policy below:

1. For reunification, see policies 8.39 Trial Home Visits and 5.12 Closing a CHINS case;
2. For adoption, see policy 10.01 Planning for Adoption - Overview;
3. For emancipation, see policy 11.06 Transition Plan for Successful Adulthood; or
4. For guardianship, see policy 10.23 Guardianship Overview.

At the time of transition, regardless of the child's planned living arrangement, the FCM will ensure the permanent caregiver or child (if being emancipated) has been given:

1. Information on the child's current needs for care;
2. A copy of the Transition Plan for Successful Adulthood (if applicable);

Note: A youth aging out of foster care must be provided all documents listed on the Transition Plan for Successful Adulthood, including the Foster Care Verification form.

3. Pertinent court orders, including the placement authorization, if the child is not being reunified with a parent;
4. Appropriate documents, including, but not limited to:
 - a. A copy of the child's Medical Passport,
 - b. Child's birth certificate,
 - c. Child's Social Security card,
 - d. Child's insurance records,
 - e. Child's individual medical records, and
 - f. Child's driver's license or state identification card, if applicable.
5. Clothing and other personal items accumulated during the child's stay in out-of-home care. See policy 16.01 Funding for Children in Out-of-Home Care for additional guidance; and

6. The child's transferred benefits (e.g., Medicaid and Social Security Income [SSI]), if applicable.

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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
- [Education Services Consultant Map](#)
- [Foster Care Verification \(SF 56571\)](#)
- [Indiana Co-Care](#)
- [Indiana Division of Disability and Rehabilitative Services](#)
- [Indiana Department of Correction](#)
- [Indiana Family and Social Services Administration](#)
- [Inventory of Personal Items \(SF 54315\)](#)
- [Medical Passport \(DCS Pamphlet 036\)](#)
- [Step-Down Planning \(SF 57072\)](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.10 Family Services](#)
- [5.12 Closing a CHINS Case](#)
- [8.20 Educational Services](#)
- [8.21 Special Education Services](#)
- [8.22 School Notifications and Legal Settlement](#)
- [8.39 Trial Home Visits](#)
- [10.01 Planning for Adoption – Overview](#)
- [10.23 Guardianship Overview](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [14.01 Guardianship Assistance Program](#)
- [16.01 Funding for Children in Out-of-Home Care](#)

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LEGAL REFERENCES

- [IC 31-10-2-1: Policy and purpose](#)
- [IC 31-26-5: Family Preservation Services](#)
- [IC 31-34-4-8: Change in temporary out-of-home placement; consideration of separation of siblings](#)
- [IC 31-34-19-6: Dispositional decree; considerations](#)
- [IC 31-34-21-7.6: Documents provided to individual leaving foster care](#)
- [IC 31-34-23-7: Change in out-of-home placement; consideration of separation of siblings](#)
- [42 USC 12102: Definition of disability](#)

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PRACTICE GUIDANCE- DCS POLICY 8.41

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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 43: Meaningful Contacts

Effective Date: May 1, 2023

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Sufficient time should be given to observe and evaluate the parent-child relationship to assess safety, risk, stability, permanency, and well-being during face-to-face contacts with the parent, guardian, custodian; resource parent, and child placed in out-of-home care. This type of ongoing evaluation is an essential step for the Indiana Department of Child Services (DCS).

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PROCEDURE

The Family Case Manager (FCM) will:

1. Assess and address safety, risk, stability, permanency, and well-being during all visits with the parent, guardian, or custodian; resource parent; and the child;
2. Assess for the presence of domestic violence (DV) during each face-to-face contact with the parent, guardian, or custodian. See policy 2.30 Domestic Violence for additional information;
3. Ensure sufficient time is given to observe and evaluate the parent-child relationship during all visits;
4. Identify the parent, guardian, or custodian's functional strengths and underlying needs;

Note: The FCM should utilize the Family Functional Assessment (FFA) Field Guide for suggested questions to assist in gathering the child and family's functional strengths and underlying needs and assess the child's safety, well-being, and permanency. Each family should be evaluated independently based upon its own unique conditions. See policy 5.02 Gathering Case Information for additional guidance.

5. Partner with the parent, guardian, or custodian to utilize their functional strengths to address underlying needs and identify formal and informal supports who may support them as participants in the Child and Family Team (CFT) Meeting process (see policy 5.07 Child and Family Team Meeting);

Note: Over time, the parent, guardian, or custodian's functional strengths should increase with the inclusion of identified services and supports, and underlying needs should decrease.

6. Monitor and reassess the current Case Plan/Prevention Plan goals or activities in the case to ensure the underlying needs of the family are met, and discuss any concerns with the family and the CFT;
7. Report all safety concerns to the FCM Supervisor immediately;

Note: Any new allegations of Child Abuse and/or Neglect (CA/N) must be reported to the Indiana 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 more further guidance.

8. Develop safety provisions in collaboration with the parent, guardian, or custodian; resource parent; child (if age and developmentally appropriate); and the Child and Family Team (CFT);
9. Develop and update the Safety Plan and/or Plan of Safe Care as needed and follow up with the CFT members regarding adherence to the documented safety provisions (see policies 4.42 Plan of Safe Care and 5.21 Safety Planning for more information);
10. Clearly and accurately document in the case management system within three (3) business days the following:
 - a. Observations, evaluations, and outcomes of face-to face contacts with the parent, guardian, or custodian; resource parent; and/or the child in an easily identified area within “Contacts” (i.e., safety, risk, stability, well-being, and permanency),

Note: 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. The 5.C Tool: Face-to-Face Contact Guide and/or the Face-to-Face Contact form may be used as a guide for discussion during the face-to-face contact.

- b. Educational status and progress toward successful adulthood transition (if applicable) (see policy 11.06 Transition Plan for Successful Adulthood),
- c. Assessment of safety, risk, stability, permanency, and well-being of each child,
- d. All safety provisions implemented,
- e. Whether the parent, guardian, or custodian; resource parent; and child were actively involved during the face-to-face contact, and
- f. Any barriers identified by the parent, guardian, or custodian; resource parent; child; and/or FCM that would prohibit the completion of activities or objectives agreed upon by the CFT.

The FCM Supervisor will:

1. Review any safety concerns with the FCM and provide guidance as necessary; and
2. Discuss the case specifics and contacts with the child and parent, guardian, custodian, or resource parent during regular case staffing with the FCM.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Functional Strengths

Functional strengths are “the buildable” strengths of our families, they help us build toward goal achievement.

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

- [5.C Face-to-Face Contact Guide](#)
- DCS Hotline email: DCSHotlineReports@dcs.in.gov
- DCS Hotline fax number: 317-234-7595
- DCS Hotline phone number: 1-800-800-5556
- [Face-to-Face Contact \(SF 53557\)](#)
- Family Functional Assessment (FFA) Field Guide - available on the [Indiana Practice Model SharePoint](#)
- Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114) - available in the case management system
- Plan of Safe Care (SF 56565) - available in the case management system
- [Safety Plan \(SF 53243\)](#)

Related Policies

- [2.30 Domestic Violence](#)
- [4.38 Assessment Initiation](#)
- [4.42 Plan of Safe Care](#)
- [5.02 Gathering Case Information](#)
- [5.07 Child and Family Team Meeting](#)
- [5.21 Safety Planning](#)
- [11.06 Transition Plan for Successful Adulthood](#)

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LEGAL REFERENCES

N/A


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PRACTICE GUIDANCE- DCS POLICY 8.43

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 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/Prevention Plan. 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 case staffing; 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

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 Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families document under Forms and Tools as part of an evaluation of the family's ability to ensure the safety of the child.

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/Prevention Plan 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, Transgender, Queer/Questioning, Intersex, Asexual, + (LGBTQIA+) youth. Reassessment questions that may be helpful in determining the risk factors for LGBTQIA+ youth may be found in the FFA Field Guide.

FORMS AND TOOLS

- Case Plan/Prevention Plan - Available in the case management system
- Family Functional Assessment (FFA) Field Guide - Available on the [Indiana Practice Model SharePoint](#)
- [IN Guidebook](#)
- Initial Family Risk Assessment - Available in the case management system
- Initial Safety Assessment - Available in the case management system
- Out-of-Home Risk and Safety Reassessment - Available in the case management system
- [Out-of-Home Risk and Safety Reassessment Definitions](#)
- [Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families](#)
- Visitation Plan - Available in the case management system

RELATED INFORMATION

Case Staffing


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

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.

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 48: Relative or Kinship Placements	
	Effective Date: August 1, 2023	Version: 9

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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 with a relative or kinship caregiver allows the child to maintain family connections and traditions while providing the child with familiarity and routines that are important to the child’s overall well-being.

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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 Family Case Manager (FCM) will:

1. Staff with the FCM Supervisor and Local Office Director (LOD), if appropriate, to determine which type of placement is appropriate, foster care or relative/kinship placement. Consideration should be given to the child’s report of the relationship and the potential for permanency;
2. Conduct a diligent search (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants), 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. 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);
 - h. Any other individual with whom a child has an established and significant relationship;
 or

- i. Former long-term resource parents.

Note: 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.

- 3. Verify the relative's identity and ensure the Statement of Attestation Regarding Relationship is completed by the relative or kin requesting placement to affirm the relationship between the relative or kinship caregiver and child (see policy 2.09 Verifying Identity);

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.

- 4. 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.

- 5. Complete a home visit at the home where the child will be placed and:
 - a. Complete the Relative/Kinship Home Environment Checklist, and

Note: The Relative/Kinship Home Environment Checklist 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 Relative/Kinship Home Environment Checklist 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. Any medical/mental health needs that may impact the caregiver's ability to provide appropriate care for the 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.

6. Convene a Child and Family Team (CFT) Meeting around placement for all potential Relative/Kinship placements to discuss any additional service needs;
7. Obtain supervisory approval and document in the case management system any plans implemented to meet the requirements on the Relative/Kinship Home Environment Checklist;
8. Ensure the caregiver is provided the Financial Assistance Options for Relative Caregivers Brochure and advised of available support services at the time of placement (see policy 16.02 Assistance for Unlicensed Relative and Kinship Placements);
9. Ensure the caregiver has read, understood, and signs the Resource Parent Role Acknowledgment form;
10. Ask the caregiver if a reasonable accommodation is needed due to a disability;
11. Provide the caregiver with the Authorization for Health Care form or Authorization for Health Care card;
12. Ensure any necessary service referrals are made for the child and caregiver to support the placement;
13. Complete an Individual Child Placement Referral (ICPR) consistent with the child's established level of care if the child is placed with a licensed relative or kinship caregiver. See policy 16.04 Individual Child Placement Referral (ICPR) for more information;

Note: If the recommendation is for the biological parent to reside in the home of a licensed relative or kinship caregiver, the biological parent must complete background checks. Background checks are required for all household members in addition to DCS and court approval prior to the biological parent 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).

14. 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 DCS Education Services;
15. Advise the caregiver that either a Regional Foster Care Specialist (RFCS) or a Kinship Navigator (KN) (formerly known as 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 of placement;

Note: For non-emergency relative and kinship placements, the FCM, RFCS, or KN 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.

16. Provide the RFCS or KN with a copy of the Relative/Kinship Home Environment Checklist if follow-up is needed from the RFCS or KN on identified items. Follow-up that will exceed the 48-hour timeframe requires an FCM, RFCS, or KN Supervisor (formerly known as RSS Supervisor) approval.

Note: All items marked for follow-up should be reassessed by the FCM within three (3) business days of the emergency placement unless there is a documented supervisory

approved plan that follow through will exceed three (3) business days. In situations where an FCM is unable to follow-up within three (3) business days due to other responsibilities associated with a removal, the FCM should seek supervisory approval to have the RFCS or KN assist.

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 KN, if involved, and note any concerns the RFCS or KN 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 following with the FCM Supervisor:
 - a. Proposed living arrangement;
 - b. The feelings of the relative or kinship caregiver, child, and biological parent;
 - c. The recommendation of the CFT; and
 - d. Any concerns expressed by the RFCS or KN.
6. Request the DCS Staff Attorney to file a motion with the court to approve the recommendation of DCS, that includes the reasons or basis for the recommendation.

The RFCS or KN will:

1. Assist the FCM, if needed, by following up on items that exceed three (3) business days or other supervisory approved timeframes for items checked for follow-up on the Relative/Kinship Home Environment Checklist;
2. Contact the caregiver within three (3) business days of receiving the Relative Placement Entry form;
3. Discuss licensing with the relative/kinship placement;
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 and Kinship Placements);
5. Complete the Kinship Connection Diagram with the relative/kinship placement; and
6. Ensure all information is updated in the case management system.

The FCM Supervisor will:

1. Discuss case specifics and any concerns with the FCM during regular staffing;
2. Approve the appropriate relative or kinship placement;
3. Complete the Relative Placement Entry form and email the form to the RFCS or KN (listed on the back of the form) within 24 hours of completion; and

Note: The FCM Supervisor should NOT create a relative resource home in the case management system.

4. Ensure the placement is documented in the case management system.

The RFCS Supervisor, KN Supervisor, or designee will:

1. Discuss case specifics and any concerns with the RFCS or KN during regular case

- staffing; and
2. Create the relative or kinship resource home in the case management system and assign to the KN within 24 hours.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

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 12 months of age.

Relative

A relative is defined in IC 31-9-2-107(c) 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 stepgrandparent;
7. A stepbrother;
8. A stepsister;
9. A first cousin;
10. An uncle;
11. An aunt; or
12. Any other individual with whom a child has an established and significant relationship.

Other Relative

An individual who is not related by blood, marriage, or adoption (as indicated in #12 of the definition of relative) may be considered a relative for purposes of placement and the Guardianship Assistance Program (GAP) when the individual has an established and significant relationship with the child.

The relationship with the child will be other relative and must meet the following three (3) criteria:

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 by blood, marriage, or adoption;
2. Be verified through the following:
 - a. Interviews,
 - b. Attested by the Statement of Attestation Regarding Relationship form, or
 - c. Oral designation of the child or of another person, including other relatives related to the child by blood, marriage, or adoption.
3. Be described by the child, if age appropriate, as someone with whom the child has developed a significant emotional relationship (this may include a resource parent).

Note: If the individual is a resource parent with whom the child currently resides, the child must have resided in the home for a minimum of 12 months. The resource parent will be designated as “other relative” through approval by local office management upon determination that guardianship is in the best interest of the child.

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. If the individual is a resource parent, DCS must seek a court order acknowledging the foster parent as a relative following the court’s approval of the permanency plan change to guardianship, if it is determined that a child is eligible for GAP.

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 first consideration being given to a suitable and willing non-custodial parent.

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

- [American Academy of Pediatrics](#)
- [Authorization for Health Care \(SF45093\) \(card\)](#)
- [Authorization for Health Care \(SF 54247\) \(form\)](#)
- [DCS Safe Sleep](#)
- [Financial Assistance Options for Relative Caregivers Brochure](#)
- [Healthy Children](#)
- [Indiana Safe Sleep Program](#)
- [National Institute of Health](#)
- [Relative/Kinship Home Environment Checklist \(SF 55106\)](#)
- [Relative Placement Entry \(SF 57025\)](#)
- [Resource Parent Role Acknowledgment \(SF 54642\)](#)
- [Relative Resource Guide](#)
- [Riley Children’s Health](#)
- [Statement of Attestation Regarding Relationship \(SF 52727\)](#)

Related Policies

- [2.09 Verifying Identity](#)
- [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 and Kinship Placements](#)

- [16.04 Individual Child Placement Referral \(ICPR\)](#)

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LEGAL REFERENCES

- [IC 31-9-2-76.5: "Long-term foster parent"](#)
- [IC 31-9-2-107: "Relative"](#)
- [IC 31-9-2-117.3: "Sibling"](#)
- [IC 31-32-2.5: Right to Intervene in Child in Need of Services Proceedings and Termination of Parent-Child Relationship Proceedings](#)
- [IC 31-34-6-2: Placement with relative or de facto custodian; background checks](#)
- [IC 31-34-18-2: Predispositional report; participation by parent, guardian, or custodian; out-of-home placement with blood or adoptive relative caregiver](#)
- [IC 31-34-21: Review of Dispositional Decrees; Formal Review Hearings](#)
- [42 USC 12102: Definition of disability](#)
- [42 USC 671 \(a\)\(29\) Requisite features of State Plan](#)

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PRACTICE GUIDANCE- DCS POLICY 8.48

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/Kinship Home Environment Checklist

The Relative/Kinship Home Environment Checklist allows for a documented discussion with the relative or kinship caregivers about potential safety regarding fire and water safety. The checklist indicates items that are minimum criteria for placement in a relative/kinship home. FCMs should use critical thinking skills when completing the checklist and assist the relative/kinship 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); however, some items that cannot be met may be evidence that the placement is not suitable.

In the section for follow-up on the checklist, the placing FCM is to indicate what action is required to complete the checklist requirement. FCMs should document the plan for achieving all required items. Items will never be marked for follow-up that are immediate safety concerns for the child, as DCS should NOT place a child in a home (or recommend placement to the court) with immediate safety concerns.

Supporting Relative/Kinship Caregivers

It is the goal of DCS to support a smooth transition from the child's home into the relative/kinship caregiver's home. In cases of emergency placement, the relative/kinship caregiver is unable to plan for placement of their relative's children; this is especially true when placement occurs in the middle of the night. Expressing patience and empathy towards the relative/kinship caregiver while answering questions and addressing concerns helps to ensure the relative/kinship caregiver feels supported. Completing timely service referrals for all identified needs (e.g., childcare assistance, individual or family counseling, and home-based casework) of the relative/kinship caregiver and the child helps to support the placement. See policy 16.03 Assistance for Unlicensed Relative and Kinship Placements for additional information regarding financial assistance for relative/kinship caregivers.

Safe Sleep

The following safe sleep guidelines should be discussed with all parents, guardians, or custodians and caregivers and should be documented in the case management system:

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 manufacturing 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 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 the pacifier;
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 via 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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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Care

Section 49: Funeral or Burial Services for a Child in Out-of-Home Care

Effective Date: January 1, 2024

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

It is important to ensure the wishes of the family, along with Acceptable Standards, are taken into consideration when planning the funeral and burial services for a child who is in out-of-home care.

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PROCEDURE

If Child Abuse or Neglect (CA/N) is suspected to be the cause of death, a report should be immediately made to the Indiana Department of Child Services (DCS) Child Abuse Hotline (Hotline) at 1-800-800-5556 and to the Local Law Enforcement Agency (LEA).

DCS will work with the child's 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 child's 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 will advise the family of funding amounts if approved by the Regional Manager (RM). All approved vendors will need to complete an Automated Direct Deposit Authorization Agreement form to receive payment.

If the child's 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:

1. Make a report of CA/N to the Hotline (1-800-800-5556) and LEA if CA/N is suspected;
2. Work with the Coroner who is required to notify the child's family unless Termination of Parental Rights (TPR) has occurred. The child's parent, guardian, custodian, and siblings should be notified of the child's death in person on the day of the child's death or as soon as reasonably possible, regardless of whether the death occurs on a weekday or weekend;

Note: Notification to the family is not required if Termination of Parental Rights (TPR) has been ordered; however, DCS may provide in-person notification of the child's death to the child's parents, siblings, and/or extended family if it is determined to be in the best interest of the surviving siblings and family. In-person notification should occur unless circumstances prohibit this from happening. If the 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.

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: The maximum allowable burial assistance is \$2,000.00 (\$1,200.00 for the Funeral Director's expenses and \$800.00 for cemetery expenses) if a child is eligible for Medicaid benefits. 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 child's 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 (see 4.G Tool: Community Resources and Prevention Services). 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; and
9. Assist the family in locating community resources to address grief or other issues identified by the family, associated with the death of the child.

To request DCS financial assistance that exceeds the allotted amount:

1. The FCM will:
 - a. Complete the Request for Additional Funding form, detailing the need for assistance, and
 - b. Submit to the FCM Supervisor for approval or denial, and
 - c. Notify the family of additional funding, if approved.

2. The FCM Supervisor will review the Request for Additional Funding form for approval or denial:
 - a. Immediately notify the FCM if the request is denied, or
 - b. Submit the Request for Additional Funding form to the Local Office Director (LOD) for approval or denial if the request is approved.
3. The LOD will:
 - a. Approve or deny the Request for Additional Funding, and
 - b. Send the written request to the RM for a final determination if approved, and
 - c. Notify the FCM and FCM Supervisor of the RM's final determination.
4. The RM will:
 - a. Notify the LOD of the final determination via written correspondence, and
 - b. Send a copy to the RFM if approved.

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RELEVANT INFORMATION

Definitions

Acceptable Standards

For the purpose of this policy, Acceptable Standards are 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).

Forms and Tools

- [4.G Tool: Community Resources and Prevention Services](#)
- [Automated Direct Deposit Authorization Agreement \(SF 47551\)](#)
- [Critical Incident Response Team \(CIRT\) Request](#)
- DCS Child Abuse Hotline - 1-800-800-5556
- DCS Critical Response Team Email - DCS.CIRT@dcs.in.gov
- Medicaid Enrollment Unit (MEU) Email - MedicaidUnit@dcs.in.gov
- [Optum Employee Assistance Program \(EAP\)](#)
- [Request for Additional Funding \(SF 54870\)](#)
- [W-9 Request for Taxpayer Identification Number and Certification](#)

Related Policies

- [GA-17 Critical Incident Response](#)

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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 guardian; limited guardianship; protective orders](#)

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PRACTICE GUIDANCE- DCS POLICY 8.49

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.

Support Services for Department of Child Services (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 completing a [Critical Incident Response Team \(CIRT\) Request](#), contacting the CIRT Liaisons via email (DCS.CIRT@dcs.in.gov), or by calling (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).

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Section 50: Determining and Reviewing Categories of Supervision

Effective Date: September 1, 2023

Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When the Indiana Department of Child Services (DCS) places a child in an out-of-home placement, the child's age and the category of supervision recommended by the Child and Adolescent Needs and Strengths (CANS) Assessment are reviewed to determine the child's category of supervision and per diem rate for the child's placement.

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PROCEDURE

Establishing the Child's Category of Supervision

The Family Case Manager (FCM)/Older Youth Case Manager (OYCM) will:

1. Complete the CANS Assessment prior to placement. If this is not possible, complete the CANS Assessment within five (5) calendar days following placement, and the rate will be retroactive to the first day of placement. See policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional information;

Note: If a child moves to a new foster home placement, a new CANS Assessment must be completed. The new foster home placement will begin with the updated category of supervision rate.

2. Review the CANS Assessment 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 Assessment should be completed with the assistance of the FCM/OYCM Supervisor.

3. Generate an Individual Child Placement Referral (ICPR), which will contain the category of supervision, per diem rate, and other information the LCPA or foster parent needs to invoice DCS. See policy 16.04 Individual Child Placement Referral for additional information;

Note: If a sibling group is placed in a foster home, the FCM/OYCM will complete an ICPR for each child.

4. Complete a new CANS Assessment at least every 180 days and at case junctures; and

5. Generate a new ICPR when there is a change in the child's age range (i.e., age five [5] and age 14) or a change in the child's category of supervision.

Note: When a new CANS Assessment results in a recommendation for a higher category of supervision, the per diem 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 per diem rate as a stabilization rate. When the child's placement remains the same, DCS will not lower the per diem 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/OYCM Supervisor will:

1. Staff the results of a CANS Assessment with the FCM/OYCM 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.

Review of the Child's Category of Supervision

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. A 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 not adequately identified through the completion of the CANS Assessment.

A DCS foster parent or LCPA may request a review of the child's category of supervision by submitting the Child Placing Agency (CPA) and Department Managed Foster Homes Request for Review of Child's Category of Supervision form to the Local Office Director (LOD) or the Older Youth Case Division Manager (OYC DM):

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.

Upon completion of the review and a determination by the LOD/OYC DM, the child's category of supervision 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.

When a foster parent submits a request for review of a child's category of supervision, the LOD/OYC DM or designee will:

1. Accept or reject the request for review of a child's category of supervision;

Note: The Notice of Decision Regarding Review of Child's Category of Supervision form outlines reasons why a request may be accepted or rejected.

2. Meet with the FCM/OYCM and FCM/OYCM Supervisor to review the CANS and all other relevant information (e.g., medical records, diagnostic assessments, school records, additional documentation provided by the biological and/or foster family);
3. Convene a meeting within 14 business days of the receipt of the request and include the foster parent, FCM/OYCM, and the FCM/OYCM Supervisor to review the request for review of the child's category of supervision;

Note: If the foster parent is licensed by an LCPA, the LCPA representative should also be present at the meeting.

4. Ensure a new CANS Assessment is completed if new information is obtained prior to or during the meeting;
5. Make a decision on the request for review of a child's category of supervision;
6. Utilize the Notice of Decision Regarding Review of Child's Category of Supervision form to notify the DCS foster parents or LCPA of the decision within five (5) business days of the meeting; and

Note: The FCM/OYCM must complete a new ICPR if a new CANS Assessment is completed that results in a recommendation for a change in the category of supervision or the LOD/OYC DM decides to change the category of supervision.

7. Approve or deny the override of the category of supervision. See the 8.E Tool: Category of Supervision Policy to Practice and Practice Guidance for additional information on overriding the CANS placement recommendation and examples of when this may be appropriate.

When it is determined the ICPR should be a negotiated rate, the LOD/OYC DM will:

1. Staff the results of the CANS Assessment with the FCM/OYCM and/or FCM/OYCM 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 Assessment with the FCM, FCM Supervisor, and/or LOD;
2. Make a final determination regarding the negotiated rate; and

Note: Once approved, a Request for Additional Funding must be completed.

3. Approve the ICPR.

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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;
9. Education;
10. Court;
11. Trial Home Visit (THV); and
12. Change in household composition.

Forms and Tools

- [8.E Tool: Category of Supervision Policy to Practice](#)
- Child and Adolescent Needs and Strengths (CANS) Assessment – Available in the case management system
- [Child Placing Agency \(CPA\) and Department Managed Foster Homes Request for Review of Child's Category of Supervision \(SF 55158\)](#)
- [Notice of Decision Regarding Review of Child's Category of Supervision \(SF 55194\)](#)
- [Request for Additional Funding \(SF 54870\)](#)

Related Policies

- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [16.04 Individual Child Placement Referral](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE – DCS POLICY 8.50

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.

CANS Placement Recommendations (Levels)

Per diem rates are based on age groups birth to four (4) years of age, five (5) to 13 years of age, and 14 years of age and older. The categories of supervision align closely with the placement recommendations generated by the CANS Assessment explained in the table below.

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

Level 1- Foster Care is the minimum placement level recommended on the CANS Assessment 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 an 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; 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 12 years of age 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.

Overriding the CANS Placement Recommendation and Corresponding Category of Supervision

The guidelines below are intended to provide examples of common situations when DCS may want to consider overriding the CANS placement recommendation to choose a higher category of supervision.

Youth with Complex Medical Conditions

The highest level of placement recommended on the CANS Assessment 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 whose medical provider recommends nursing home or hospital care, 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 meet the needs of the youth in the foster home.

Youth with Developmental Disabilities/Intellectual Disabilities (DD/ID)


Depending on each youth's unique risks and needs, it is possible Therapeutic Foster Care is the highest level of placement recommended on the CANS Assessment for a 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 Assessment 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).

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	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 Specialist (CSS) 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: December 1, 2024
	Reference: 8.D (Policy 8.18 Behavior Management and Discipline in Resource Homes)	Version: 2

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.
- Give guidance in the form of “do” statements as opposed to “don’t” statements.
- 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 (whether calendar or developmental age), 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. The Department of Child Services (DCS) and service providers may provide support in identifying discipline techniques that work best for a specific child’s needs. The following are examples (not an exhaustive list) of discipline techniques that may be included in discipline plans:

1. Verbal and written plans,
2. Behavior management, and
3. Corrective action.

Verbal and Written Plans

Verbal and written plans are statements, either verbal or written, by which the resource parents and the children (when age and developmentally appropriate) negotiate a mutually acceptable agreement. These may be a simple and convenient method of helping children acquire self-discipline because they:

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 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 reviewed, approved, monitored, and modified by the Child and Family Team (CFT) prior to the implementation and referred to a professional (e.g., child's therapist or psychologist), as necessary, depending upon the recommended behavior management. Any significant changes to the behavior management plan that was initially reviewed and approved by a professional must be reviewed and approved by the same professional, if feasible, prior to implementing the change. 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 children a token (e.g., penny or sticker) each time they brush their teeth before bedtime.
- **Reward:** After the child has earned 10 tokens, the child will receive the reward (e.g., extra TV time, bonus in allowance, special activity).

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 after the resource parents have written permission from DCS to use physical restraint for use as a Behavioral Management Plan. 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 self, 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/Prevention 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 child has calmed down, have a discussion of the reason for the time out as well as a restorative attachment moment (indicating that the behavior, not the child, was unwanted or "wrong/bad"). The child can then return to other activities. It is helpful to bring the child back to something constructive that will redirect the child's energy.
6. Time-in- Time-in involves the child and caregiver being together. It allows the caregiver to be with the child as the child is regulating or calming down from the behavior.
7. Earning privileges- Privileges are benefits or favors that have been granted/earned by children (e.g., television time or special outings).

Note: Food, shelter, and visits with parents are rights, not privileges; therefore, the child is not to be deprived of these.

8. 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 ½: 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)

Section 01: Request to Place an Indiana Child in Another State

Effective Date: March 1, 2025

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

This is applicable to Indiana DCS wards who are being placed out of state.

The Indiana Department of Child Services (DCS) operates Indiana's Interstate Compact on the Placement of Children (ICPC) Unit. When a request is made to place an Indiana child in another state, the Indiana ICPC Unit oversees the requirements for placing a child out-of-state; ensures the prospective out-of-state placement is safe and suitable for the child; and ensures DCS retains financial and medical responsibility for the child until jurisdiction is terminated by the court.

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PROCEDURE

The ICPC process applies to four (4) types of out-of-state placements:

1. Adoption (see policies 9.06 International Adoptions and 9.07 Private Interstate Adoptions);
2. Foster care, including residential treatment;
3. Relative/kinship; and

Note: DCS will not require prospective out-of-state relative/kinship placements to be licensed; however, DCS will abide by the requirements of the receiving state, if the receiving state requires licensure of the ICPC relative/kin. If licensed, a copy of the license must be sent to the DCS ICPC Unit.

4. Biological or adoptive parent.

Note: The ICPC does not apply when the child is placed by the court with the biological or adoptive parent from whom the child was not removed. Consult with the DCS Staff Attorney for additional guidance.

Placing a child in another state requires:

1. Identification of the out-of-state placement;
2. Submission of the ICPC referral packet;
3. Written approval from the DCS ICPC Unit and the receiving state's ICPC Office; and
4. A court order or authorization.

Note: If the court orders an Indiana child to be placed out-of-state **without approval** from both the DCS ICPC Unit and the receiving state's ICPC Office (except for

placement of a child with a parent), DCS staff attorney will file an objection with the court based on the ICPC rules and the ICPC mailbox should be notified.

Financial and Medical Responsibility

DCS will retain financial and medical responsibility for children placed out-of-state by DCS, including children placed in out-of-state residential treatment by juvenile probation, unless jurisdiction is terminated. See policy 9.10 Termination of Jurisdiction (ICPC Case Closure) for further guidance.

Prior to Initiating the ICPC Referral Request

Prior to initiating the ICPC referral request, the Family Case Manager (FCM) will:

1. Meet with the FCM Supervisor and/or the Child and Family Team (CFT) regarding the feasibility of an out-of-state placement for the child;
2. Identify any possible out-of-state placement resources;

Note: The FCM should convene a CFT Meeting upon learning of a potential out-of-state placement with a parent with whom there are concerns.

3. Prescreen the prospective placement resource to determine the prospective placement's willingness and ability to accept the out-of-state placement of the child and document findings on the Interstate Compact on The Placement of Children (ICPC) Statement of Family Case Manager on Potential Placement Resource (ICPC Regulation 2) form;

Note: The intent of prescreening 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.

4. Work with the resource parent to ensure they have the necessary placement information upon determination that a case is appropriate for an ICPC referral. See the Indiana ICPC Interactive Guide for additional information; and
5. Provide the ICPC Regulation 2 form to the FCM Supervisor for signature.

Initiating the ICPC Referral Request

To initiate the ICPC referral request, the FCM will:

1. Complete the ICPC referral packet with the following documentation **within five (5) business days** of securing the out-of-state placement (see the Indiana ICPC Interactive Guide for further guidance):
 - a. Completed Interstate Compact on the Placement of Children Request (100A) form,
 - b. Cover letter explaining the reason for the out-of-state placement referral, including any specific needs of the child to be addressed,
 - c. Completed ICPC Regulation 2 form signed by the FCM Supervisor,
 - d. Completed Indiana Interstate Compact on the Placement of Children-Financial/Medical Plan - If Child is Placed Out-of-State (100E) form signed by the Local Office Director (LOD) or designee,
 - e. Title IV-E eligibility verification,

Note: Contact the DCS Central Eligibility Unit (CEU) at Centralized.Eligibility@dcs.IN.gov for assistance with Title IV-E eligibility verification.

- f. The child's social summary, which includes the following:

- i. Reason for DCS/juvenile probation involvement;
- ii. The child's placement history, if applicable;
- iii. The child's education history (e.g., individualized education plan [IEP]);
- iv. The child's medical history (e.g., medical, dental, immunization records); and
- v. The child's psychological reports and any service/residential treatment discharge reports within the past year, if applicable.

Note: See policy 10.11 Child Social Summary for additional information.

- g. Court order authorizing or requesting the out-of-state placement and any other applicable court orders indicating the child's legal status and the agency that has wardship (i.e., DCS or juvenile probation),

Note: If the wardship exceeds 12 months, 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/ Prevention Plan,
- i. Copy of the child's birth certificate (or proof of paternity), and
- j. Copy of the child's Social Security card, if available.

- 2. Include the following additional information in the ICPC referral packet if the out-of-state placement is for **residential treatment**:

- a. Acceptance letter from the out-of-state residential facility;
- b. Court order authorizing treatment at the out-of-state residential facility;
- c. Completed Interstate Compact on the Placement of Children (ICPC) Financial and Medical Responsibility Acknowledgement and Placement Disruption Agreement (ICPC Regulation 4) form; and
- d. Completed Interstate Compact on the Placement of Children Report on Child's Placement Status (100B) form if the child is already placed.

- 3. **Email** the following information as two (2) separate documents as outlined below to the DCS ICPC Unit at ICPCUnit.dcs@dcs.in.gov **within three (3) business days** of receiving the court order for out-of-state placement:

- a. Completed ICPC referral packet, and
- b. Completed 100A form (see the Indiana ICPC Interactive Guide).

Exception: Submit the above documentation **within two (2) business days** of receiving the court order for out-of-state placement if an expedited ICPC is needed. See policy 9.05 Expedited Placement for Out-of-State ICPC Placements.

Once the out-of-state placement is approved by the DCS ICPC Unit, the receiving state's ICPC Office, and the court, the FCM will:

- 1. Coordinate travel for the child to the approved out-of-state placement resource (see policy 9.11 Transportation Costs); and

Note: DCS will not require prospective out-of-state relative/kinship placements to be licensed; however, DCS will abide by the requirements of the receiving state, if the receiving state requires licensure of the ICPC relative/kin. If licensed, a copy of the license must be sent to the DCS ICPC Unit.

2. Email the completed 100B form to the DCS ICPC Unit at ICPCUnit.dcs@dcs.in.gov advising of placement.

Note: In the event the proposed out-of-state placement will not be used, the 100B form must be completed and emailed to the DCS ICPC Unit to close the ICPC referral.

The FCM Supervisor will:

1. Review the case during case staffing to ensure the FCM explores all in-state relative/kinship placement options prior to deciding on an out-of-state placement resource, unless out-of-state placement is with a parent;
2. Review and sign the ICPC Regulation 2 form completed by the FCM to include in the ICPC referral packet; and
3. Ensure timely and accurate submission of the ICPC referral packet to the DCS ICPC Unit (see the Indiana ICPC Interactive Guide).

The LOD will review and sign the:

1. 100E form; and
2. ICPC Regulation 4 form.

The DCS Staff Attorney will:

1. Be available for consultation when a child is being placed out of state (if applicable), and
2. Obtain authorization from the juvenile court to release any necessary court orders to the other state agency for purposes of pursuing an ICPC; and
3. Notify the following if the court orders the out-of-state placement over DCS' objection (see policy 9.12 Violations of ICPC Procedures for more information):
 - a. Their Chief Counsel,
 - b. Their Assistant General Counsel,
 - c. The DCS Deputy General Counsel over litigation, and
 - d. The DCS ICPC Unit if the court orders the out-of-state placement over DCS' objection (see policy 9.12 Violations of ICPC Procedures for more information).

The DCS ICPC Unit (including the Compact Administrator, Deputy Compact Administrator, or designee) will:

1. Review the ICPC referral packet for accuracy and ensure all necessary documentation is included **within three (3) business days** of receipt;
2. Email the FCM and the FCM Supervisor immediately if the ICPC referral packet is missing information which may result in a delay in processing;
3. Forward the completed ICPC referral packet to the receiving state's ICPC Office through the National Electronic Interstate Compact Enterprise (NEICE) system **within three (3) business days** of approval;
4. Email the placement decision to the FCM and the FCM Supervisor upon receipt of the home study (not applicable for residential treatment) and the 100A form from the receiving state's ICPC Office through the NEICE system; and
5. Retain a copy of the ICPC referral packet for six (6) months after case closure for DCS ICPC Unit records.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Foster Care

The federal definition of foster care as defined in 45 CFR 1355.20 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”.

National Electronic Interstate Compact Enterprise (NEICE)

NEICE is a national electronic system for exchanging all the data and documents required by the ICPC to place children across state lines. See policy [9.13 National Electronic Interstate Compact Enterprise \(NEICE\)](#).

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) - Available in the case management system
- DCS CEU Email - Centralized.Eligibility@dcs.IN.gov
- DCS ICPC Unit Email - ICPCUnit.dcs@dcs.in.gov
- [DCS ICPC Webpage](#)
- [Interstate Compact on the Placement of Children \(ICPC\) Financial and Medical Responsibility Acknowledgement and Placement Disruption Agreement \(ICPC Regulation 4\) \[SF 57215\]](#)
- [Indiana ICPC Interactive Guide](#) – Available on SharePoint
- [Indiana Interstate Compact on the Placement of Children - Financial/Medical Plan- If Child Is Placed Out-of-State \(SF 49597\) \[100E\]](#)
- [Interstate Compact on the Placement of Children Report on the Child's Placement Status \(100B\)](#) – Available in the case management system
- [Interstate Compact on the Placement of Children Report on Child's Placement Status \(100B\)](#) – Available in the case management system
- [Interstate Compact on the Placement of Children Request \(100A\)](#) – Available in the case management system
- [Interstate Compact on the Placement of Children \(ICPC\) Statement of Family Case Manager on Potential Placement Resource \(ICPC regulation 2\) \[SF 55736\]](#)

Related Policies

- [8.01 Selecting a Placement Option](#)
- [9.03 Initial Placement/Placement Changes](#)
- [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](#)
- [9.10 Termination of Jurisdiction \(ICPC Case Closure\)](#)
- [9.11 Transportation Costs](#)
- [9.12 Violations of ICPC Procedures](#)
- [9.13 National Electronic Interstate Compact Enterprise \(NEICE\)](#)
- [10.11 Child Social Summary](#)

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LEGAL REFERENCES

- [IC 31-10-2-2: Consideration of the best interests of the child](#)

- [IC 31-28-4: Interstate Compact on the Placement of Children](#)
- [IC 31-28-4-1: Enactment; provision](#)
- [IC 31-28-4-2: Financial responsibility for placed children](#)
- [IC 31-39-2: Persons Entitled to Access Juvenile Court Records](#)
- [ICPC Regulation No. 2 Public Court Jurisdiction Cases: Placements for Public Adoption or Foster Care in Family Settings and/or with Parents, Relatives](#)
- [ICPC Regulation No. 7 Expedited Placement Decision](#)
- [ICPC Regulation No. 9 Definition of a Visit](#)
- [45 CFR 1355.20: Definitions](#)

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PRACTICE GUIDANCE- DCS POLICY 9.01

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.

Determining Placement Options

When determining placement for the child, 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 a placement option, ICPC is not required. Suitable and willing relatives/kin should be considered next prior to considering other placement options. See policy 8.01 Selecting a Placement Option for further guidance.

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	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 (100A);
2. Complete a referral packet, which should include:
 - a. A cover letter detailing the reason for the referral, including any specific issues that need to be addressed in the home study,
 - b. Interstate Compact on the Placement of Children Request (100A),
 - 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 (100A) 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 email the DCS ICPC Unit 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 [13.05 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 DCS ICPC Unit 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 (100A) 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. DCS ICPC Unit email - ICPCUnit.DCS@dcs.IN.gov
2. [Interstate Compact on the Placement of Children Request \(100A\)](#) – Available in the case management system
3. [Interstate Compact on the Placement of Children Report on Child's Placement Status \(100B\)](#) – Available in the case management system
4. [Indiana ICPC Interactive Guide](#)

RELATED INFORMATION

DCS ICPC Unit Electronic Mailbox

The DCS ICPC Unit Mailbox may be accessed in Outlook. Progress reports, Interstate Compact on the Placement of Children Report on Child's Placement Status (100B) form, and questions may be sent to this DCS ICPC 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 03: Initial Placement/PlacementChanges	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 (100B) form and retain one (1) copy for the case file;
2. Email a copy of the 100B form 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 100B form.

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 100B form;
2. Review the 100B form 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 100B form to the DCS local office;
5. Create a resource household in the case management system when the 100B form 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 100B 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 the Child's Placement Status (100B) – Available in the case management system
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, 100B forms, 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: 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 31-10-2-2: Consideration of the best interest of the child](#)
2. [IC 31-28-4: Interstate Compact on the Placement of Children](#)
3. [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 \(100A\) form](#), 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 100A that an expedited placement is being requested;
5. Approve and sign then 100A form, 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 100A form 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 \(100A\)](#) – Available in the case management system
2. [Interstate Compact on the Placement of Children Report on Child's Placement Status \(100B\)](#) – Available in the case management system
3. [Interstate Compact on the Placement of Children Statement of Family Case Manager/Potential Placement Resource \(SF 55736\)](#)
4. [Regulation 7 Form Order for Expedited Placement Decision Pursuant to the ICPC](#)
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, 100B form, 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 06: 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 (100A) form 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 \(100A\)](#) – Available in the case management system

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 a 100A form, if the agency is located in a state other than Indiana;
5. Submit five (5) copies of the 100A form, 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 07: 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 (100A) form 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 100A form and send it to the receiving state's ICPC Office if the referral packet is complete; and
3. Send the 100A form 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 100A form 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 (100A)

RELATED INFORMATION

N/A



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 9: Interstate Compact on the Placement of Children

Section 08: Minimum Contacts for DCS ICPC Placements

Effective Date: August 1, 2022

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Administration for Children and Families (ACF) established the requirement for monthly face-to-face contact between all children under the care and supervision of a child welfare agency to promote positive outcomes for children and families. This includes contact with children placed in Indiana through the Interstate Compact on the Placement of Children (ICPC). The ICPC also ensures children placed in another state receive courtesy supervision, including face-to-face contact, with appropriate child welfare personnel in the state where the child is placed.

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PROCEDURE

Through the ICPC, states and U.S. territories reciprocate in providing adequate protection, support services, and supervision of the placement for children placed via the ICPC approval process. This supervision includes face-to-face contacts. The frequency of face-to-face contact with the child depends upon the receiving state's policy.

Minimum Contacts with Children Placed in Indiana

DCS must have face-to-face contact at least monthly, with no more than 30 calendar days between each contact, for children placed in Indiana through an approved ICPC program. The location of the monthly visits may alternate, with one (1) face-to-face contact in the child's home and the next at a designated location, such as the child's school or daycare. It is required that the majority of the visits must occur in the home. DCS will be available to meet with the sending state's interstate worker when there is a scheduled visit with the child placed in Indiana.

The FCM will:

1. Contact the resource parent to schedule a face-to-face contact with the child and resource parent within 30 days of notification of placement;
2. Conduct the subsequent face-to-face contacts with the child and resource parent in the home or other designated location;

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 and notify the DCS ICPC office of the allegations. See policies 4.36 Linking Child

Abuse and Neglect (CA/N) Reports to Open Assessments and 4.38 Assessment Initiation for additional information regarding initiation.

3. Send an email to the sending state's worker to inform the worker of the date the visit occurred and provide a brief overview of the visit. The email should include any questions or concerns from the child, resource home, and/or the FCM. Any questions and concerns should also be reported to the DCS ICPC Office via email to maintain documentation and properly notify the sending state;
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 to the DCS ICPC Office as often as requested on the Interstate Compact on the Placement of Children Request (100A) form but no less than every three (3) months. See policy 9.09 Placement Updates and Supervision Reports for additional information.

The FCM Supervisor will:

1. Ensure all children placed in Indiana through the ICPC are seen in the home or a designated location monthly (the majority of the visits must occur in the home), with no more than 30 calendar days between each contact;
2. Ensure the FCM enters all face-to-face contacts in the case management system within three (3) business days of completion of the contact; and
3. Ensure the Interstate Compact on the Placement of Children (ICPC) Supervision Report form is completed and sent to the DCS ICPC Office timely. See policy 9.09 Placement Updates and Supervision Reports for more information.

Minimum Contacts with Indiana Children Placed Out-of-State

For Indiana children placed out-of-state, DCS will have weekly contact by phone or virtual face-to-face contact (e.g. FaceTime) and face-to-face contact once every four (4) months with the child in the placement setting and may use the Face-to-Face Contact form as a tool to guide the FCM while addressing safety, stability, permanency, and well-being. DCS should notify the receiving state worker of the intent to visit.

The FCM will:

1. Use the 100A form 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;

Note: 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.

2. Contact the resource parent to schedule a face-to-face contact with the child and resource parent every four (4) months in the home;
3. Contact the interstate worker in the receiving state to inform of plans to visit the child and resource parent for a face-to-face contact;
4. Obtain approval for out-of-state travel and contact DCS Travel Inquiries to make travel arrangements (see DCS Employee Travel for more information);

Note: All out-of-state travel requires prior approval from the Indiana Department of Administration (IDOA).

5. Email the receiving state worker, if the worker is not at the face-to-face contact, informing the worker of the date the contact occurred and provide a brief overview;
6. Ensure time alone with the child during each face-to-face contact with the child and resource parent. The Face-to-Face Contact form and the 5.C Tool: Face-to-Face Contact Guide may be used for guidance as necessary;

Note: If allegations of CA/N are observed or reported directly to the FCM during the face-to-face contact with the child, the FCM should work within the bounds of the law of the state the child is placed and work with that state's child welfare agency to report the allegations.

7. Have weekly contact by phone or virtual face-to-face contact (e.g., virtual technology) with the child. See policy 8.10 Minimum Contact for more information; and
8. Enter information from the face-to-face and virtual face-to-face contact in the case management system within three (3) business days of completion of the contact.

The FCM Supervisor will:

1. Assist the FCM with obtaining out-of-state travel approval and travel arrangements; and
2. Ensure all contacts are entered in the case management system within three (3) business days of completion of the contact.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [DCS Employee Travel \(Reference Information, Forms and Examples\)](#)
- DCS Travel Inquiries email - travelinquiries@dcs.in.gov
- DCS Hotline email - DCSHotlineReports@dcs.in.gov
- DCS ICPC email - icpcunit.dcs@dcs.in.gov
- [Face-to-Face Contact \(SF 53557\)](#)
- [Indiana ICPC Interactive Guide](#)
- [Interstate Compact on the Placement of Children Request \(100A\)](#) – Available in the case management system
- [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(SF 54335\)](#)
- [Preliminary Report of Alleged Child Abuse or Neglect \(310\) \(SF 114\)](#) – Available in the case management system
- [5.C Tool: Face-to-Face Contact Guide](#)

Related Policies

- [4.36 Linking Child Abuse or Neglect \(CA/N\) Reports to Open Assessments](#)
- [4.38 Assessment Initiation](#)
- [8.10 Minimum Contact](#)
- [9.09 Placement Updates and Supervision Reports](#)
- [9.11 Transportation Costs](#)

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LEGAL REFERENCES


[IC 31-28-4: Interstate Compact on the Placement of Children](#)

PRACTICE GUIDANCE- DCS POLICY 9.08

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 9: Interstate Compact on the Placement of Children (ICPC)	Effective Date: December 1, 2013
	Section 09: 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 (100B) 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 (100A) 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 100A form.

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 \(100A\)](#) – Available in the case management system
2. [Interstate Compact on the Placement of Children Report on Child's Placement Status \(100B\)](#) – Available in the case management system
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 (100B) 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 \(100B\)](#) – Available in the case management system
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, 100B form, 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](#)
- Interstate Compact on the Placement of Children Report on Child's Placement Status (100B) – Available in the case management system

RELATED INFORMATION

DCS ICPC Unit Electronic Mailbox

The DCS ICPC Unit Mailbox ICPCUnit.dcs@dcs.in.gov may be accessed in Outlook. Progress reports, 100B form, 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: Guardianship and Adoption	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); or
3. At the filing of termination of parental rights (TPR). See 10.A Tool: Termination of Parental Rights (TPR)/Adoption Checklist.

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.

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 Administration of the Indian Child Welfare Act.

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 of Hearings and 6.11 Permanency Hearing.
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 (TPR) and 6.13 Voluntary Termination of Parental Rights (TPR);
4. Identify the steps necessary to move the child to permanency by adoption. Utilize the 10.A Tool: Termination of Parental Rights (TPR)/Adoption Checklist;
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 Guardianship or Adoption;

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;
7. Complete the Child Social Summary within 45 days of changing the permanency plan to adoption. See policy 10.11 Child Social Summary;
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);
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, Local Office Director (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

- [25 USC 1903\(4\): Indian child welfare definitions](#)
- [25 USC 1911: Indian tribe jurisdiction over Indian child custody proceedings](#)
- [25 USC 1913: Parental rights; voluntary termination](#)
- [25 USC 1915: Placement of Indian children](#)
- [42 USC 1996b: Interethnic adoption](#)
- [42 USC Ch. 126 12102: Definition of disability](#)
- [IC 31-9-2-99.2: "Prospective adoptive parent"](#)
- [IC 31-19-11-1.1: Prohibited discrimination and considerations for petitions for adoption filed by persons with a disability](#)
- [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 and orders not required](#)

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 Consultant map](#)
- Case Plan/Prevention Plan (SF 2956) - 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-Permanency Services brochure](#)

Related Policies

- [2.12 Administration of the Indian Child Welfare Act](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [6.04 Providing Notice of Hearings](#)
- [6.11 Permanency Hearing](#)
- [6.12 Involuntary Termination of Parental Rights \(TPR\)](#)
- [6.13 Voluntary Termination of Parental Rights \(TPR\)](#)
- [10.03 Preparing the Child for Adoption](#)
- [10.04 Resource Parent's Role in Preparing the Child for Guardianship or 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: Guardianship and Adoption	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

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 Child and Family Team (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 Staff 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.
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 case staffing 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

Case Staffing


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

Forms and Tools

- [10.B Tool: Child Social Summary](#)
- [Child's Comprehensive Assessment](#)
- [Finding the Right Therapist](#)
- Lifebook - available in hard copy from the [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: Guardianship and Adoption	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;
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 (CFT) Meetings). 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 Adoption Transition Plan and Pre-Placement Visits), 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.

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 case staffing 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

Case Staffing

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

Forms and Tools

- [Adoption Consultant map](#)
- [Consent to Adoption \(SF 12582\)](#)
- [Finding the Right Therapist](#)
- Lifebook - available in hard copy from the [Adoption Consultant](#)

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [6.10 Permanency Plan](#)
- [10.09 Adoption Transition Plan and Pre-Placement Visits](#)



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 10: Guardianship and Adoption	
Section 04: Resource Parent's Role in Preparing the Child for Guardianship or Adoption	
Effective Date: April 1, 2022	Version: 5

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

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 guardianship or adoption process.

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PROCEDURE

DCS will communicate with and include the resource parent in the planning and implementation of the guardianship or adoption placement process. DCS will support the resource parent decision regarding their pursuit of guardianship or 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 guardianship or adoption of the child. See 10.C Tool: Differences Between Guardianship and Adoption and 10.A Tool: Termination of Parental Rights (TPR)/Adoption Checklist for additional guidance if adoption is the plan;
2. Include the resource parent in planning, implementing, and supporting the child through the guardianship or adoption process;
3. Utilize the Child and Family Team (CFT) meeting and/or Case Plan Conference to develop a permanency transition plan (see policies 5.07 Child and Family Team [CFT] Meetings, 5.08 Developing the Case Plan/Prevention Plan, and 10.09 Adoption Transition Plan and Pre-Placement Visits);
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 concerning guardianship or adoption;
5. Assist the resource parent in being prepared to appropriately acknowledge the child's feelings about the guardianship or adoption process and respond to the child's questions;
6. Prepare the resource parent for possible changes in the child's behavior prior to an adoption, new adoptive placement, or the establishment of a guardianship;
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 permanent placement 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;
2. Share general information about the potential permanent placement with the current resource parent;
3. Encourage the resource parent to appropriately express feelings to DCS related to the child's potential permanent home. This may include, but is not limited to observations of behavior changes, school performance, or sharing of feelings the child may have expressed;
4. Offer therapeutic resources to the child and resource parent to address loss and grief, which may occur due to the child leaving the resource parent's home;
5. Recommend the resource parent communicate with the child, in an age-appropriate manner, regarding permanent placement and the benefits of finding a permanent family; and
6. Request the resource parent prepare a closure letter that may be shared with the child when a permanent family is identified.

The FCM Supervisor will:

1. Guide the FCM in developing and implementing the permanency transition plan;
2. Discuss with the FCM progress made in securing permanency, and address any needs of the child, resource parent, and/or prospective adoptive parent/guardian during regular case staffing; and
3. Ensure all actions that are taken, including any deviation from best practice, are documented in the case management system.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Guardian

For the purposes of juvenile law, a guardian means a person appointed by a court to have the care and custody of a child or the child's estate, or both.

Prospective Adoptive Parent

A prospective adoptive parent (for purposes of IC 31-19-2-15) is a person who has filed a petition for adoption of a child under IC 31-19-2-2.

Resource Parent

For the 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

- [10.A Tool: Termination of Parental Rights \(TPR\)/Adoption Checklist](#)
- [10.C Tool: Differences Between Guardianship and Adoption](#)

- [Adoption World Publishing](#)
- [Closure letters](#)
- [Indiana Adoption Program Recruitment booklet](#)
- Lifebook - available in hard copy from the [Adoption Consultant](#)

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [10.09 Adoption Transition Plan and Pre-Placement Visits](#)

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LEGAL REFERENCES

- [45 CFR 1355.34: Criteria for determining substantial conformity](#)
- [IC 31-9-2-49: "Guardian"](#)
- [IC-31-9-2-99.2: "Prospective adoptive parent"](#)
- [IC 31-19-2-2 Adoption of minor child; petition; venue; substituting petitioner](#)
- [IC 31-19-2-15 Information provided to current foster parent and prospective adoptive parent; explanation of information; signature](#)

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PRACTICE GUIDANCE- DCS POLICY 10.04

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.

Use of Lifebooks

One of the best ways to prepare children for guardianship or adoption is the development of a Lifebook. The child's FCM, therapist, or resource parent may assist the child, if necessary, in developing a Lifebook. This process may be therapeutic and help the child address the core issues of the child's life (e.g., birth family history, history of abuse and/or neglect, placement history, emotional transitions, and adoptive family). The Lifebook may contain, but is not limited to:

1. Photographs of the child;
2. Photographs of persons and places that were significant in the child's life prior to placement in foster care and/or adoptive placement, including siblings;
3. Items related to school and extracurricular activities (e.g., report cards, certificates, artwork, and awards);
4. Positive messages to the child from important adults including, but not limited to, the child's birth parents and resource parent; and
5. Short summaries of significant events that have occurred in the child's life.

Note: Lifebooks are the property of the child and should remain with the child through any placement changes.

Lifebooks and/or Adoption Workbooks

Lifebooks and/or Adoption Workbooks come pre-packaged and may be ordered by contacting the regional Adoption Consultant. The Lifebook and/or Adoption Workbook will be mailed to the FCM in the DCS local office.

Note: The pre-packaged Lifebook and/or Adoption Workbook are not mandatory for the FCM to use. The FCM, therapist, foster parent, or a family member may assist the child in creating a unique Lifebook and/or Adoption Workbook for a child using a photo album, scrapbook materials, or any creative idea that would be most meaningful for the child.

DCS currently has the following types of pre-packaged Lifebook and Adoption Workbooks (described by Adoption World Publishing):

My Adoption Workbook is a kid-friendly workbook that guides the social worker and child through the adoption process. This workbook provides a sensitive, but forthright explanation of separation, followed by hands-on activities to help prepare a child for change and work through the process.

Nothing raises a child's anxiety more than the unknown. ***My Adoption Workbook*** carefully guides the child and social worker through the entire process from separation to post-adoption. Exercises are designed to reduce fears and to promote a healthy child-to-parent relationship. Special emphasis is given to helping the child:

- Explore fears or fantasies;

- Work through abuse, trust and love issues;
- Build self-esteem;
- Handle new situations; and
- Adjust to change.

The One and Only Me is a book that helps foster, adoptive, and other troubled children connect to their current situation, as well as their beginnings. This book creates a living history for children dealing with a chaotic past.

The Real Me teen Lifebook is a tool to use when working with youth. The teenage years are a challenge even in the best situations. For youth in foster care or living in a group setting, the uncertainties about the future can cause additional stress and worry. The chapter *What My Future Holds* provides a framework that youth may use to process the many issues they face. It also prompts them to gather the necessary documentation for job hunting.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 10: Guardianship and Adoption

Section 05: Maintaining Sibling Connections

Effective Date: July 1, 2023

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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. When siblings are placed together, they are less likely to feel isolated, and they may share experiences and familiar family history. 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.

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PROCEDURE

The Indiana Department of Child Services (DCS) will, to the extent possible, attempt to place a sibling group in the same permanent home, including:

1. Any additional siblings taken into care at a later date; or
2. Any siblings of a child in a previously finalized permanent home that have re-entered out-of-home care or who may need a new permanent 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.

Sibling visitation should be promoted for every child who is placed in out-of-home care, including visitation when all siblings are not in out-of-home care. Siblings should be placed together, but if they are not placed together, a visitation plan should be implemented to ensure the siblings are having face-to-face contact on a regular basis. When face-to-face contact does not occur between the child and their siblings, alternate forms of contact should be considered. See policies 8.12 Developing the Visitation Plan and 10.09 Adoption Transition Plan and Pre-Placement Visits.

Note: If there is a concern that sibling visitation or contact is not in the best interest of one (1) or more siblings, DCS may seek a court order on the issue.

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 parent, relative/kin, resource parent, therapist, and other service providers or individuals who may provide insight on each child's sibling relationships, as applicable;
4. Document requests for visitation from the following in the case management system within three (3) business days of receipt of the request:
 - a. Child,
 - b. Child's adoptive parent,
 - c. Resource parent,
 - d. Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA), or
 - e. Agency responsible for the care, treatment, or supervision of the child.
5. Provide notice of DCS findings regarding any request for sibling visitation to the individual or agency who made the visitation request no later than seven (7) business days after receipt of the request;
6. Engage the Child and Family Team (CFT) and assess the needs of the child and provide a recommendation regarding child's placement and visitation plan. See policy 5.07 Child and Family Team (CFT) Meetings;
7. Forward the recommendation of the CFT and any information gathered from the parent, relative/kin, resource parents, therapist, and other services providers or individuals that provided information to the FCM Supervisor for review;
8. Document all actions, including any decision to not place the siblings together, into the case management system; and
9. Implement the visitation plan and ensure sibling connections are addressed in the child's permanency transition plan if children are not able to be placed together. See policies 8.13 Implementing the Visitation Plan and 10.09 Adoption Transition Plan and Pre-Placement Visits.

The FCM Supervisor will:

1. Review the recommendations of the CFT and the information gathered from the parent, guardian/kin, resource parent, therapist, other service providers, and other individuals as applicable;
2. Make a recommendation based on the information gathered by the FCM;
3. Ensure a Case Plan Conference or staffing with the Adoption Consultant is scheduled, if applicable. See policy 5.08 Developing the Case Plan/Prevention Plan;
4. Provide assistance and guidance during regular case staffing to ensure all documentation is complete and in accordance with best practice; and
5. Ensure all documentation is entered into the case management system.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Forms and Tools

- [Adoption Consultant map](#)
- Visitation plan - available in the case management system

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [8.13 Implementing the Visitation Plan](#)
- [10.09 Adoption Transition Plan and Pre-Placement Visits](#)

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LEGAL REFERENCES

- [IC 31-9-2-117.3: "Sibling"](#)
- [IC 31-28-5-3: Persons who may request sibling visitations; department establishment of sibling visitation; department's notice of findings](#)

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PRACTICE GUIDANCE- DCS POLICY 10.05

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.

Long-term Impact of Sibling Relationships

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. 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. 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.

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

Chapter 10: Guardianship and Adoption

Section 06: Case Consultation Regarding Delayed Permanency

Effective Date: April 1, 2022

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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 Adoption Consultant are used when a child is in a family placement, but efforts to achieve permanency have been delayed.

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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 contacting the regional Adoption Consultant;
3. Schedule a Child and Family Team (CFT) meeting, which will include the prospective adoptive parent or prospective guardian, FCM, Adoption Consultant, child (if age and developmentally appropriate), and CFT members to:
 - a. Discuss the intent of the prospective adoptive parents/guardians 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 case staffing 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 (PAS) and resources available after the adoption, if applicable, and answer questions about the long-term benefit and impact of permanency for the child; and
2. Provide support to the child and CFT if it is determined that a search for a new adoptive family may be necessary.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

Guardian

For the purposes of juvenile law, a guardian means a person appointed by a court to have the care and custody of a child or the child's estate, or both.

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 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

- [Adoption Consultant map](#)

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [10.07 Adoptive Family Recruitment Services](#)

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LEGAL REFERENCES

- [IC 31-19-2: Chapter 2. Filing of Petition for Adoption](#)


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PRACTICE GUIDANCE- DCS POLICY 10.06

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 10: Guardianship and Adoption	Effective Date: October 1, 2020
	Section: 07 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. [475\(1\)\(E\) Social Security Act: Child specific recruitment efforts](#)
2. [IC 31-9-2-51: "Hard to place child" or "hard to place children"](#)
3. [IC 31-19-27: Chapter 27. Program for Adoption of Hard to Place Children](#)

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:

1. Initiate adoptive recruitment services by:
 - a. Completing an "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. 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;

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 the 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 Adoption Transition Plan and Pre-Placement Visits](#); 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 regular case staffing 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 Social 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 Social Summary](#) and photographs are updated as necessary. See policy [10.11 Child Social Summary](#);
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, 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. [Adoption Consultant map](#)
3. [Adoption Recruitment Referral Instructions](#)
4. [Adoptive Family Match Interview Tool](#)
5. [Child Registration and Adoption Recruitment Plan \(SF 11840\)](#)
6. [Confidentiality Agreement for Adoption Interviews and Recommendation \(SF 50718\)](#)
7. [Indiana Adoption Program Recruitment booklet](#)
8. [Internet photolisting](#)

RELATED INFORMATION

Case Staffing

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



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 10: Guardianship and Adoption

Section 09: Adoption Transition Plan and Pre-Placement Visits

Effective Date: January 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

An adoption transition plan is implemented when a pre-adoptive placement is identified for a child. The plan ensures a structured strategy is in place to encourage new attachments, promote healthy interactions with all parties involved, cultivate long-term success for the child and placement, and assist the child through the grieving process.

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PROCEDURE

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. The visits 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 when:

1. 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). See policy 16.01 Funding for Children in Out-of-Home Care for additional information and details on claiming travel expense reimbursement; or

Note: To be eligible for reimbursement, the licensed prospective adoptive parent must document all allowable travel that occurs through the month, starting at the first mile on the Foster Parent Travel Invoice form (utilizing reason code #7).

2. The licensed prospective adoptive parent travel expenses exceed over 162 miles per month for overnight pre-placement visits with the child and properly claims the mileage on the Foster Parent Travel Invoice (RECEIVING Per Diem). DCS will also pay a per diem for each overnight pre-placement visit with a child.

Note: Pre-placement per diem for a licensed prospective adoptive parent is paid through a global services referral in KidTraks.

The Family Case Manager (FCM) will:

1. Schedule a Child and Family Team (CFT) meeting or Case Plan conference to develop an adoption transition plan, using the Adoptive Placement Visitation and Transition Tool. The adoption transition plan should address visitation with the prospective adoptive parent, maintenance of relationships with siblings, as appropriate, and continuation of services (e.g., services to address educational and medical needs of the child);

Note: CFT or Case Plan conference participants should be prepared for the meeting. Participants should include the FCM, Adoption Consultant, current caregivers, prospective adoptive parent, child's therapist (if applicable), and any other active CFT member. See policies 5.07 Child and Family Team (CFT) Meetings, 5.08 Developing the Case Plan/Prevention Plan, 10.03 Preparing the Child for Adoption, and 10.05 Maintaining Sibling Connections.

2. Complete a KidTraks global services referral (Global Services > General Service > Placement Transition Visits) for the licensed prospective adoptive parent if per diem will be requested for pre-placement visits;
3. Modify the visitation plan to include pre-placement visits in the CFT meeting notes and reports to the court. See policy 8.12 Developing the Visitation Plan;
4. Maintain 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 allows.

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 modify the visitation plan, adoption transition plan, or other relevant case information, as needed.

The FCM Supervisor will:

1. Provide support and guidance to the FCM in the development of the adoption transition plan;
2. Ensure the visitation plan is updated in the CFT meeting notes and court reports, as outlined in the adoption transition plan;
3. Ensure a global services referral is completed timely for a licensed prospective adoptive parent who claims per diem; and
4. Discuss case specifics and any changes to the visitation plan and/or adoption transition plan during regular case staffing.

The Adoption Consultant will:

1. Participate in the CFT meeting for the purpose of developing the adoption transition plan, which includes the visitation plan; and
2. Provide guidance to the FCM, FCM Supervisor, and CFT as to best practice in the development of an adoption transition plan.

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RELEVANT INFORMATION

Definitions

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 and is developed using the Adoptive Placement Visitation and Transition Tool.

Case Staffing

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

Forms and Tools

- [Adoption Consultant map](#)
- [Adoptive Placement Visitation and Transition Tool](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- [Foster Parent Travel Invoice \(RECEIVING Per Diem\) \(SF 54836\)](#)
- [Resource Parent Travel Invoice \(NOT Receiving Per Diem\) \(SF 54891\)](#)
- Visitation plan - available in the case management system

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [8.10 Minimum Contact](#)
- [8.12 Developing the Visitation Plan](#)
- [10.03 Preparing the Child for Adoption](#)
- [10.05 Maintaining Sibling Connections](#)
- [16.01 Funding for Children in Out-of-Home Care](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 10.09

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 10: Guardianship and Adoption

Section 10: Unlicensed Relative or Kinship Adoption

Effective Date: March 1, 2025

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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 with other family, community, and culture.

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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 (see Definitions) for the purpose of adopting a DCS ward:

1. Efforts to reunite the child with either parent has been unsuccessful;
2. The child has lived in the home of the unlicensed relative or kin 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. The completion of the Resource and Adoptive Parent Training (RAPT) pre-service training and six (6) hours of RAPT IV-Adoption training is recommended, but is optional (see policy 12.05 Pre-Service Training Requirements); and

Note: All training (including the pre-service training and the RAPT IV-Adoption training) may be waived with a written exception from the DCS Local Office Director (LOD) for purpose of unlicensed relative or kinship adoption.

5. Submission of a written adoption summary to the court detailing DCS' recommendation for adoption (see policy 10.25 Adoption Summary).

Note: A complete home study is not required for unlicensed relative or kin adoptions.

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 accordance with the Multiethnic Placement Act – Interethnic Adoption Provision and amendments (MEPA-IEP). In addition, DCS will not deny the adoptive placement of a child based solely on a prospective adoptive parent's disability.

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 Adoptions and 13.08 Evaluating Background Checks for Adoptions).

DCS will ensure the prospective adoptive parent is made aware of their ability to apply for the following benefits (see policy 10.14 Indiana Adoption Assistance Program Overview [AAP and SAS]):

1. Medicaid,
2. Non-recurring adoption expenses (NRAE),
3. Adoption assistance periodic payments, and
4. Post-adoption services (PAS).

The Family Case Manager (FCM) will:

1. Staff with the FCM Supervisor and LOD 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;
2. Confirm a referral was made to the Focused Needs Team if the child is Native American, (see policy 2.12 Administration of the Indian Child Welfare Act).
3. Complete the 10.B Tool: Child Social Summary (see policy 10.11 Child Social Summary);
4. Explain the adoption process, including the Adoption Assistance Program (AAP) to the prospective adoptive unlicensed relative or kin and the child, if applicable (see policies 10.01 Planning for Adoption - Overview, 10.14 Indiana Adoption Assistance Program Overview [AAP and SAS], and 10.A Tool: Termination of Parental Rights [TPR]/Adoption Checklist;
5. Ask the prospective adoptive unlicensed relative or kin if they need a reasonable accommodation due to a disability and assist in planning for any identified reasonable accommodation;
6. Initiate the background check process of all individuals living in the pre-adoptive home (see policy 13.07 Conducting Background Checks for Adoptions);
7. Provide and explain the Explanation of Adoption Summary form to the prospective adoptive unlicensed relative or kin and ensure necessary signatures are obtained;
8. 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 the following regarding unlicensed relative or kin that is the prospective adoptive parent:

1. Information concerning the financial circumstances, or
 2. Any recommendation regarding a request for subsidy.
9. Provide the opportunity for the prospective adoptive unlicensed relative or kin to review the redacted case file.
 10. Ensure the prospective adoptive unlicensed relative or kin has contact information for the regional Adoption Consultant and the PAS brochure, which has information about accessing PAS; and
 11. 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 Adoptions and 13.08 Evaluating Background Checks for Adoptions);
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;
4. Confirm the prospective adoptive unlicensed relative kin has received a copy of the child social summary and has had the opportunity to review the child's redacted case file; and
5. 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 [AAP and SAS]).

The LOD will:

1. Review requests to waive the pre-service and RAPT IV trainings for adoptions by unlicensed relative kin;
2. Respond to the request with a written exception waiving the training requirements and document in the case management system.

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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

- [10.A Tool: Termination of Parental Rights \(TPR\)/Adoption Checklist](#)
- [10.B Tool: Child Social Summary](#)
- [Adoption Consultant map](#)
- [Adoption Summary \(SF 57482\)](#)
- [Explanation of Adoption Summary \(SF 56527\)](#)
- [Explanation of Indiana Adoption Program \(AAP & 54352 SAS\) and Background Information \(SF 54352\)](#)
- [Focused Needs Team](#)
- [Post-adoption services \(PAS\)](#)

Related Policies

- [2.12 Administration of the Indian Child Welfare Act](#)
- [10.01 Planning for Adoption - Overview](#)
- [10.11 Child Social Summary](#)
- [10.14 Indiana Adoption Assistance Program Overview \(AAP and SAS\)](#)
- [10.25 Adoption Summary](#)
- [12.05 Pre-Service Training Requirements](#)
- [13.07 Conducting Background Checks for Adoptions](#)
- [13.08 Evaluating Background Checks for Adoptions](#)

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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: Prohibited discrimination and considerations for petitions for adoption filed by persons with a disability](#)
- [IC 31-19-26.5: Chapter 26.5. Adoption Subsidies](#)
- [42 USC 673: Adoption and guardianship assistance program](#)
- [42 USC Ch. 126 12102: Definition of disability](#)
- [P.L 103-382 Multiethnic Placement Act of 1994](#)

PRACTICE GUIDANCE- DCS POLICY 10.10

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.

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and Adoption	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 (IAP) 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 IAP 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 they may have;
4. Assist the prospective adoptive parent in determining their ability to meet the child’s needs; and
5. Submit the current [Child Social Summary](#) (if available) to the [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 IAP 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](#) 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: Termination of Parental Rights \(TPR\)/Adoption Checklist](#)
2. [10.B Tool: Child Social Summary](#)
3. [Adoption Consultant map](#)
4. [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: Guardianship and 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 Adoptions](#) and [13.08 Evaluating Background Checks for Adoptions](#).

At the conclusion of this meeting, the prospective adoptive parent will sign the [Explanation of Indiana Adoption Assistance Program \(AAP & SAS\) and Background Information \(SF 54352\)](#) form, 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 Assistance Program \(AAP & SAS\) and Background Information \(SF 54352\)](#) form even if the prospective adoptive parent states they do 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 Adoptions](#).

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](#).

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 their attorney. See policy 10.17 Negotiations for Adoption Assistance.

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. [42 USC 673: Adoption and guardianship assistance program](#)
2. [45 CFR 1356.40: Adoption assistance program: Administrative requirements to implement section 473 of the Act](#)
3. [45 CFR 1356.41: Nonrecurring expenses of adoption](#)
4. [465 IAC 3: Article 3. Administrative Reviews and Hearings](#)
5. [465 IAC 4: Indiana Adoption Assistance and Guardianship Assistance Programs](#)
6. [IC 31-19-9-8\(a\)\(10\): Consent to adoption not required; written denial of paternity precludes challenge to adoption](#)
7. [IC 31-19-26.5: Chapter 26.5. Adoption Subsidies](#)

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 Assistance 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 Assistance 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 Assistance Program \(AAP & SAS\) and Background Information \(SF 54352\)](#) and place it in the adoption file, and
 - g. Inform the prospective adoptive parent that they must complete required background checks on members of the household as part of the adoption process. See policy [13.07 Conducting Background Checks for Adoptions](#).
2. Send the following documentation necessary for the DCS CEU to determine adoption assistance eligibility.

- a. Signed [Indiana Adoption Program Application Title IV-E Adoption Assistance Program \(AAP\) or State Adoption Subsidy \(SAS\) \(SF 54351\)](#) and [Explanation of Indiana Adoption Assistance 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;
 - iv. Petition for TPR;
 - v. If father is unknown, an affidavit from the Putative Father Registry indicating a father has not been registered; or
 - vi. 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 Adoptions](#).

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, Child Protective Services (CPS), and the National Sex Offender Registry (NSOR) 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 Title IV-E Adoption Assistance Program \(AAP\) or State Adoption Subsidy \(SAS\) \(SF 54351\)](#) 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 DCS Staff Attorney of the child's eligibility for adoption assistance benefits and provide them 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 [Indiana Adoption Program Application Title IV-E Adoption Assistance Program \(AAP\) or State Adoption Subsidy \(SAS\) \(SF 54351\)](#) and [Explanation of Indiana Adoption Assistance Program \(AAP & SAS\) and Background Information \(SF 54352\)](#) 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 their 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. [CEU Adoption Assistance Eligibility Checklist](#)
2. [CEU Adoption Assistance Finalization Checklist](#) - available in the CEU Eligibility Binder
3. [CEU Eligibility Binder](#)
4. [Consent to Adoption \(SF 12582\)](#)
5. [Explanation of Indiana Adoption Assistance Program \(AAP & SAS\) and Background Information \(SF 54352\)](#) - available via CEU
6. Final Adoption Program Eligibility Determination - available via CEU
7. [Indiana Adoption Program Application Title IV-E Adoption Assistance Program \(AAP\) or State Adoption Subsidy \(SAS\) \(SF 54351\)](#)
8. Indiana Adoption Program Desk Guide - available in the [CEU Eligibility Binder](#)
9. Payment Request Information (PRI) - available via CEU
10. Pre-Adoption Plan - located in Tools in the child welfare system
11. Severe Impairment Determination Process - available via CEU
12. State Adoption Subsidy Agreement - available via CEU
13. Title IV-E Adoption Assistance Agreement - available via CEU

RELATED INFORMATION

NA

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Guardianship and 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 (AAP) 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 policy [2.09 Verifying Identity and Relationship](#);
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](#); 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. [42 USC 671\(a\)\(20\): State plan for foster care and adoption assistance](#)
2. [42 USC 673: Adoption and guardianship assistance program](#)
3. [465 IAC 3: Article 3. Administrative Reviews and Hearings](#)
4. [465 IAC 4: Indiana Adoption Assistance and Guardianship Assistance Programs](#)
5. [IC 31-9-2-51: "Hard to place child" or "hard to place children"](#)
6. [IC 31-19-9-8: Consent to adoption not required; written denial of paternity precludes challenge to adoption](#)
7. [IC 31-19-26.5-2: "Child with special needs"](#)
8. [IC 31-19-26.5-3: Payment of adoption subsidies](#)

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 Local Office Director (LOD) or designee in the event the child is determined by CEU to be eligible for adoption assistance. See policy [14.08 Negotiations for Adoption Assistance](#);
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 DCS CEU for processing once the prospective adoptive parent agrees to the terms of the adoption assistance agreement. See policy [14.08 Negotiations for Adoption Assistance](#).

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 [14.08 Negotiations for Adoption Assistance](#).

The DCS LOD or designee will:

1. Work with the FCM to obtain any information needed for adoption assistance agreement negotiations. See policy [14.08 Negotiations for Adoption Assistance](#).

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 DCS 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. Final Adoption Program Eligibility Determination - available via CEU
2. [Indiana Adoption Program Application Title IV-E Adoption Assistance Program \(AAP\) or State Adoption Subsidy \(SAS\) \(SF 54351\)](#)
3. [Indiana Adoption Program Desk Guide](#)
4. Payment Request Information (PRI) Form - available via CEU
5. [Request for Administrative Review Indiana Adoption Program \(SF 54348\)](#)
6. Severe Impairment Determination Process - available via CEU
7. State Adoption Subsidy Agreement - available via CEU
8. Title IV-E Adoption Assistance Agreement - available via CEU

RELATED INFORMATION

Adoption Assistance Program (AAP)

The Indiana Adoption Assistance 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).

State Adoption Subsidy (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. Aid to Families with Dependent Children (AFDC) eligible (see policy [15.01 Title IV-E Eligibility Overview for Field & Legal Staff](#));
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/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](#), [14.08 Negotiations for Adoption Assistance](#), and [14.10 Continuations, Termination and Suspensions of Adoption Assistance Periodic Payments](#). 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 [14.10 Continuations, Termination 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 [14.10 Continuations, Termination 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 [14.12 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 [14.08 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 [14.09 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 [14.10 Continuations, Termination 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 [14.10 Continuations, Termination 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 [14.12 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: Guardianship and Adoption

Section 22: Prospective Adoptive Parent Review of Case Record

Effective Date: February 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) provides the prospective adoptive parent the opportunity to review approved information in the child's case record. The prospective adoptive parent will be allowed to copy approved information from the case record for the prospective adoptive parent's own records.

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PROCEDURE

Prospective Adoptive Parent who does not have Placement

Upon request, the Family Case Manager (FCM) or Adoption Consultant will provide a copy of the following to a prospective adoptive parent (who is licensed and/or recommended by the Indiana Adoption Program Council or a prospective adoptive parent) who does not yet have placement:

1. A copy of the internet photolisting of the child; and
2. The redacted Child Social Summary, which includes certain information regarding the child's biological parents, must be provided at the time of the home study or evaluation concerning the suitability of the proposed home for the child.

Note: The Child Social Summary may be provided no more than 30 calendar days after the child is placed with the prospective adoptive parent. See policy 10.11 Child Social Summary and Practice Guidance for specific information to be redacted and included in the case record review.

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 child's case record to the DCS Staff Attorney or designee 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 Practice Guidance for specific information to be included in the child's redacted case record; and

Note: Original documents may not be removed from the case record or from the local county office.

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 calendar days of receiving the child's case record from the FCM. See Practice Guidance about specific 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 redactions.

Exception: If the DCS Staff Attorney determines the child's case record size is voluminous, the redaction may be completed within 60 calendar days of receipt of the child's case record from the FCM. The DCS Staff Attorney must notify the FCM of this determination.

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RELEVANT INFORMATION

Definitions

Prospective Adoptive Parent

A prospective adoptive parent is an individual who has been selected by DCS as the pre-adoptive placement for the child or has recorded an adoption petition with the court to adopt a child who is legally available for adoption.

Forms and Tools

- [10.B Tool: Child Social Summary](#)
- Assessment of Alleged Child Abuse or Neglect (SF 113) (311) - available in the case management system
- [Internet photolisting](#)
- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (310) - available in the case management system

Related Policies

- [10.11 Child Social Summary](#)

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LEGAL REFERENCES

- [IC 4-1-10-3: Nondisclosure of Social Security number](#)
- [IC 4-1-10-4: Exceptions to nondisclosures of Social Security number](#)
- [IC 4-1-10-5: Permitted disclosures of Social Security number](#)
- [IC 31-9-2-54: "Identifying information"](#)
- [IC 31-19-17-3: Exclusion of information identifying birth parent; release of records concerning child to adoptive parents and adoptee](#)
- [IC 31-19-17-4: Summary of social, medical, psychological, and educational records of child](#)
- [IC 31-27-4-21: Records regarding children](#)
- [IC 31-33-18: Chapter 18. Disclosure of Reports; Confidentiality Requirements](#)

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PRACTICE GUIDANCE- DCS POLICY 10.22

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.

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);
2. Assessment of Alleged Child Abuse or Neglect (311);
3. Mental health records;
4. Health records (e.g., birth records, immunization records, ongoing health information, and dental and vision records); and
5. Photographs that do not disclose identifying information of other family members.

Identifying Information to be Redacted

Redaction of the child's case record must include the report source of all 310's involving the child. 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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 10: Guardianship and Adoption

Section 23: Guardianship Overview

Effective Date: July 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When reunification and adoption are not in a child's best interest, legal guardianship may secure permanency for the child. Legal guardianship is a permanency option, which uses court intervention to judicially create a legal relationship between a child and a responsible adult or relative caregiver. Guardianship is intended to be self-sustaining and provide legal permanency for the child without the necessity of terminating the parental rights of the parents. Transferring legal responsibility through the establishment of a guardianship 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.

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PROCEDURE

When reunification with parents is unsafe or not in the child's best interest, the Indiana Department of Child Services (DCS) will convene a Child and Family (CFT) meeting and/or Case Plan Conference to consider if legal guardianship with a responsible adult is an appropriate alternative to reunification. DCS will discuss legal guardianship planning and identify any needed services for a child in out-of-home care with a permanency plan of guardianship.

The Family Case Manager (FCM) will:

1. Assess the child's readiness for guardianship and develop a plan to facilitate a smooth transition to this legal permanency option. See policy 10.02 Assessing the Child's Readiness for Adoption;

Note: DCS will offer support and guidance through the process and may review the 10.C Tool: Differences Between Guardianship and Adoption to assist the prospective guardian in making a decision when it is in the best interest of the child. See policy 10.04 Resource Parent's Role in Preparing the Child for Guardianship or Adoption.

2. Update the Case Plan/Prevention Plan to reflect the court approved permanency plan of guardianship. See policy 5.08 Developing the Case Plan/Prevention Plan;
3. Ensure the following persons are notified of the court's ruling regarding the permanency plan:
 - a. The child (if age and developmentally appropriate),
 - b. Prospective guardian,
 - c. Child's parent, guardian, or custodian, and attorney of record,
 - d. Resource parent (if different from the prospective guardian),

- e. Mental health provider or therapist, if applicable,
- f. Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA), if applicable,
- g. Members of the CFT, and
- h. Any fit and willing relative or person who DCS knows has a significant relationship to the child.

4. Determine if the resource parent plans to pursue guardianship;

Note: If the resource parent is interested in being the child's guardian, determine whether the relationship between the resource parent and the child is established and significant. If so, the resource parent may be designated as a relative. The designation as a relative may impact eligibility for the guardianship assistance program (GAP). See policy 14.01 Guardianship Assistance Program (GAP).

5. Staff the resource parent's decision to be a guardian with the FCM Supervisor and the DCS Staff Attorney if applicable;
6. Provide the prospective guardian with information for GAP. See policies 14.01 Guardianship Assistance Program (GAP) and 14.02 Negotiations for Guardianship Assistance Program;
7. Discuss the resource parent's role in preparing the child for guardianship, and assist the resource parent in supporting the child in achieving permanency;

Note: This discussion should occur regardless of whether the resource parent is the prospective guardian.

8. Ensure sibling connections are maintained when possible. See policies 8.12 Developing the Visitation Plan and 10.05 Maintaining Sibling Connections;
9. Convene a CFT meeting or Case Plan/Prevention Plan conference to identify needs, services, and/or reasonable accommodations to prepare the child and the prospective guardian for the guardianship. See policy 5.07 Child and Family Team (CFT) Meetings;
10. Once the guardianship is finalized, discuss case closure with the FCM Supervisor. See policy 5.12 Closing a CHINS Case; and
11. 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 and designation of the resource parent as a relative, if applicable;
2. Ensure the Case Plan/Prevention Plan is updated to reflect the new permanency plan;
3. Assist the FCM with the guardianship process, as needed;
4. Review and approve services needed for the child and guardian; and
5. Discuss case closure with the FCM and assist with any identified barriers.

The Adoption Consultant will:

1. Provide permanency consultation for the child with a permanency plan of guardianship when a prospective guardian has not been identified, or the current caregiver is unsure about guardianship and permanency is stalled; and
2. Participate in CFT meetings to provide subject matter expertise on guardianship.

The DCS Staff Attorney will:

1. Meet with the FCM, FCM Supervisor, and/or DCS Local Office Director (LOD), as appropriate, to determine the next steps once guardianship is identified as a permanency option;
2. Ensure appropriate findings are made regarding a permanency plan of guardianship with the identified guardian if known (see policies 6.10 Permanency Plan and 6.11 Permanency Hearing);
3. Receive notification if a guardianship petition is filed, modified, or terminated for all guardianships created during an Informal Adjustment (IA) or for all guardianships filed after July 1, 2011, regarding any child who was the subject of an open or closed Child in Need of Services (CHINS) action. See Legal Guardianship Administrative Letter; and
4. Staff with the DCS LOD to determine how to proceed upon receiving notification of a motion or petition to modify or terminate a previously granted guardianship of a ward, or former ward.

The DCS LOD will collaborate with the DCS Staff Attorney to determine the next steps for any motions or petitions to modify or terminate a previously granted guardianship of a ward, or former ward.

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RELEVANT INFORMATION

Definitions

Legal Guardianship

Legal guardianship is 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 termination of parental rights (TPR).

Relative

A relative is defined in IC 31-9-2-107(c) 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 stepgrandparent;
7. A stepbrother;
8. A stepsister;
9. A first cousin;
10. An uncle;
11. An aunt;
12. Any other individual with whom a child has an established and significant relationship.

Other Relative

An individual who is not related by blood, marriage or adoption (as indicated in #12 of the definition of relative) may be considered a relative for purposes of placement and the Guardianship Assistance Program (GAP) when the individual has an established and significant relationship with the child.

The relationship with the child will be “other relative” and must meet the following three (3) criteria:

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 by blood, marriage, or adoption;
2. Be verified through the following:
 - a. Interviews,
 - b. Attested by the Statement of Attestation Regarding Relationship form, or
 - c. Oral designation of the child or of another person, including other relatives related to the child by blood, marriage, or adoption; and
 3. Be described by the child, if age appropriate, as someone with whom the child has developed a significant emotional relationship (this may include a resource parent).

Note: If the individual is a resource parent with whom the child currently resides, the child must have resided in the home for a minimum of 12 months. The resource parent will be designated as “other relative” through approval by local office management upon determination that guardianship is in the best interest of the child.

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. If the individual is a resource parent, DCS must seek a court order acknowledging the foster parent as a relative following the court’s approval of the permanency plan change to guardianship, if it is determined that a child is eligible for GAP.

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.

Forms and Tools

- [10.C Tool: Differences between Guardianship and Adoption](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- [Legal Guardianship Administrative Letter](#)

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.12 Closing a CHINS Case](#)
- [6.10 Permanency Plan](#)
- [6.11 Permanency Hearing](#)
- [10.02 Assessing the Child’s Readiness for Adoption](#)
- [10.04 Resource Parent’s Role in Preparing the Child for Guardianship or Adoption](#)
- [10.05 Maintaining Sibling Connections](#)
- [14.01 Guardianship Assistance Program \(GAP\)](#)
- [14.02 Negotiations for Guardianship Assistance Program](#)

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LEGAL REFERENCES

- [42 USC 673\(d\): Kinship guardianship payments for children](#)
- [42 USC Ch. 126 12102: Definition of disability](#)
- [465 IAC 4-2-1: Purpose](#)
- [IC 29-3-5-4.1: “Disability”; guardianship](#)
- [IC 31-9-2-107\(c\): “Relative”](#)

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PRACTICE GUIDANCE- DCS POLICY 10.23

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.

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 10: Guardianship and Adoption

Section 24: Choosing Guardianship or Adoption as a Child's Permanency Plan

Effective Date: June 1, 2022

Version: 1

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When reunification is not in a child's best interest, developing a permanency plan or second permanency plan (if concurrent planning) of guardianship or adoption may be an appropriate option to secure legal permanency for the child. Guardianship and adoption both create a legal relationship between a child and caregiver that is intended to be permanent.

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PROCEDURE

The Indiana Department of Child Services (DCS) will convene a Child and Family Team (CFT) meeting and/or Case Plan Conference to discuss permanency planning and identify any needed services for a child in out-of-home care and for whom reunification is not in the child's best interest. See policy 5.07 Child and Family Team (CFT) Meeting.

The process for developing an alternative permanency plan for a child in out-of-home care may be initiated when:

1. The court rules that reasonable efforts to reunify the family are not required; or
2. A child has been under a dispositional decree for at least six (6) months with no significant progress toward a plan of reunification.

In accordance with the Multiethnic Placement Act of 1994, as amended by the Interethnic Adoption Provisions of 1996 (MEPA-IEP), DCS will neither delay nor deny the guardianship placement or adoptive placement of a child based on the race, color, or national origin of the guardianship resource family, adoptive resource family, or the child involved. DCS will not deny the guardianship or adoptive placement of a child based solely on a prospective guardian's or adoptive parent's disability or any disability of the child involved. If a Native American child is involved, refer to the Indian Child Welfare Act (ICWA). See policies 2.12 Administration of the Indian Child Welfare Act and 8.02 Considerations of Race, Color or National Origin: The Interethnic Placement Act (IEPA).

DCS will conduct a diligent search throughout the life of the case to locate all possible relatives and kin to discuss guardianship and adoption. DCS will educate relatives and kin providing care to the child on the differences between guardianship and adoption. See policy 5.23 Diligent Search for Relatives/Kin and Case Participants.

The Family Case Manager (FCM) will:

1. 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 Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA) must be involved in developing the Case Plan/Prevention Plan if they are not already members of the CFT. Youth 14 years of age 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;
2. Educate identified relative/kinship families on the difference between guardianship and adoption to help them better understand the options and allow the relative/kinship families to provide input on the best option for achieving permanency for the child in their care. See 10.C Tool: Differences Between Guardianship and Adoption;
3. Discuss the permanency plan recommendations with the FCM Supervisor and DCS Staff Attorney to ensure appropriate documentation is submitted to the court;
4. Complete the Progress Report - Permanency and submit to the FCM Supervisor for approval; and
5. Consult with the DCS Staff Attorney for next steps.

The FCM Supervisor will:

1. Ensure the permanency plan is documented in the Case Plan/Prevention Plan and all required steps are completed by the FCM;
2. Guide and support the FCM, as needed; 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. Submit the approved Progress Report - Permanency report to the court; and
3. Request that the proposed permanency plan and a finding of Reasonable Efforts to Finalize the Permanency Plan (REPP) be included in a court order.

The Adoption Consultant will:

1. Participate in the scheduled CFT meeting; and
2. Support the FCM in educating participants on the permanency options of guardianship and adoption when reunification is not in the child's best interest.

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RELEVANT INFORMATION

Definitions

Adoption

Adoption is the legal process of a child becoming the legal child of a person other than the child's biological parents.

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.

Legal Guardianship

Legal guardianship is 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 termination of parental rights (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.

Forms and Tools

- [10.C Tool: Differences between Guardianship and Adoption](#)
- [Adoption Consultants map](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system

Related Policies

- [2.12 Administration of the Indian Child Welfare Act](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [8.02 Consideration of Race, Color, or National Origin: The Interethnic Placement Act \(IEPA\)](#)

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LEGAL REFERENCES

- [25 USC 1903\(4\): Definitions "Indian child"](#)
- [25 USC 1911: Indian tribe jurisdiction over Indian child custody proceedings](#)
- [25 USC 1913: Parental rights; voluntary termination](#)
- [25 USC 1915: Placement of Indian children](#)
- [42 USC 1996b: Interethnic adoption](#)
- [42 USC 12102: Definition of disability](#)
- [IC 31-9-2-99.2: "Prospective adoptive parent"](#)
- [IC 31-19-11-1.1: Prohibited discrimination and considerations for petitions for adoption filed by persons with a disability](#)
- [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 and orders not required](#)

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PRACTICE GUIDANCE- DCS POLICY 10.24

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**

Tool: Termination of Parental Rights (TPR)/Adoption Checklist

Effective Date: July 1, 2021

Reference: 10.A (Chapter 10 - Guardianship and 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 Social Summary is updated annually or until the adoption is finalized. See policy 10.11 Child Social Summary .
	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 (SF 9966) and Indiana Adoption History Program. See policy 6.13 Voluntary Termination of Parental Rights .
	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.</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 and Adoption Recruitment Plan (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

	<p>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. See policy 10.11 Child Social Summary.</p>
	<p>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).</p> <p>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.</p>
	<p>Complete Child Abuse and/or Neglect (CA/N) checks for all household members age 6 years and older, National Sex Offender Registry (NSOR) 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.</p>
	<p>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).</p>
	<p>Request a copy of the filed adoption petition from the attorney of the prospective adoptive parent.</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>Explain the Explanation of Adoption Summary (SF 56527) to the prospective adoptive parent(s), obtain all signatures necessary, and upload into the case management system.</p>
	<p>Have prospective adoptive parent(s) complete the Indiana Adoption Program Application Title IV-E Adoption Assistance Program (AAP) or State Adoption Subsidy (SAS) (SF 54351) 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.</p>
	<p>Complete the Pre-Adoption Plan in the case management system located in the case under Plans and Tools.</p>
	<p>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.</p>
	<p>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.</p>

	<p>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>
	<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 (SF 9966), 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/DCS 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) at MedicaidUnit@dcs.IN.gov 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 received 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	
	Tool 10.C: Differences Between Guardianship and Adoption Reference: 10.01 Planning for Adoption - Overview, 10.23 Guardianship Overview, 10.24 Choosing Guardianship or Adoption as a Child's Permanency Plan	
	Effective Date: April 1,2022	Version: 1

This document is intended for informational purposes only. It is a tool that may be used by the Family Case Manager (FCM) to assist in identifying some of the most common differences between guardianship and adoption. All prospective guardians and adoptive parents should seek legal counsel with regards to their guardianship or adoption questions.

All statements or information regarding subsidies, Medicaid, or Non-Recurring Guardianship/Adoption Expenses only apply if a Guardianship Subsidy Agreement or Adoption Subsidy Agreement is fully executed prior to the order awarding guardianship or the finalization of an adoption.

	Adoption	Guardianship
Goals		
Desired outcome for the child	<ul style="list-style-type: none"> ▪ Child may achieve permanency and is no longer in state custody. ▪ Child and adoptive family form a "forever family". 	<ul style="list-style-type: none"> ▪ Child may achieve permanency and is no longer in state custody. ▪ Child and birth family may have the opportunity to stay connected.
Legal Considerations		
Relationship with Birth Parent	<ul style="list-style-type: none"> ▪ Adoptive parent has the right to determine if the child will have any relationship with the birth parent. ▪ All rights with the birth parent to the child are severed by the court either through voluntary relinquishment or involuntary Termination of Parental Rights (TPR). Contact between the birth parents and the child may continue if a post adoption agreement is signed. 	<ul style="list-style-type: none"> ▪ Parental rights of the birth parent may or may not be terminated through voluntary or involuntary TPR. The birth parent retains rights to the child when parental rights have not been relinquished or terminated. In these circumstances, even when guardianship has been granted over a child, the birth parents remain the child's parents, however, they need a court order to be able to exercise their parental rights. ▪ If parental rights of the birth parent have not been terminated, the birth parent may petition the court for the right to visit the

	Adoption	Guardianship
		<p>child unless a court orders no visitation. The guardian will have input into how the visits are structured, but the guardian cannot prevent visits from occurring if the visits were court ordered. If the guardian and parent cannot work out visitation scheduling, one (1) of the parties may wish to seek court intervention.</p> <ul style="list-style-type: none"> ▪ The birth parent may request the court dissolve the guardianship and the child returned to their care, but the birth parent must prove fitness to the court in order to prevail. DCS also has the opportunity to present evidence at the hearing.
Child's Legal Name	<ul style="list-style-type: none"> ▪ The adoptive parent determines the child's legal name. 	<ul style="list-style-type: none"> ▪ The child's legal name at birth is retained.
Rights of the Caregiver	<ul style="list-style-type: none"> ▪ All decisions are made by the adoptive parent. ▪ Adoption is a permanent, lifelong, and legal relationship. 	<ul style="list-style-type: none"> ▪ Guardianship gives legal responsibility, custody, and supervision of the child to the guardian. ▪ The guardian will have the right to make decisions regarding the child's school, health care, and major life decisions. If TPR has not occurred, the birth parent has the right to consent to adoption, if the guardian later decides to adopt the child.
Legal Documentation	<ul style="list-style-type: none"> ▪ The court decree finalizes the adoption of the child. ▪ Both persons in a married couple must adopt. 	<ul style="list-style-type: none"> ▪ The court order granting legal guardianship establishes the guardian for the child. ▪ When married, either one (1) or both spouses may be named the guardian.
Termination of Adoption or Guardianship	<ul style="list-style-type: none"> ▪ The commitment entered by adopting a child lasts a lifetime. ▪ An adoptive parent retains parental rights unless terminated by the court. 	<ul style="list-style-type: none"> ▪ Guardianship is a strong commitment to the child and is intended to be a lifetime relationship. The guardian may petition the court for permission to resign, or another person, such as a biological parent, may petition to dissolve the guardianship. ▪ Although guardianship legally ends when the child turns 18, most legal guardians enter into this commitment intending for it to be a lifetime relationship.


	Adoption	Guardianship
Financial Implications of Child Returning to DCS Care	<ul style="list-style-type: none"> ▪ If a child returns to DCS care and is no longer placed with the adoptive parent, the adoption subsidy (if the child was eligible for subsidy and a subsidy was negotiated) may be suspended until the child returns to the care of the adoptive parent, if it is determined that the adoptive parent is no longer providing financial or legal support to the child. ▪ The adoptive parent is obligated to notify DCS Central Eligibility Unit if the child is no longer in the family's care regardless of whether DCS is involved with the family if they are receiving an adoption subsidy. 	<ul style="list-style-type: none"> ▪ If a child returns to DCS care, the guardianship subsidy (if the child was eligible for subsidy and a subsidy was negotiated) may be suspended until the child is reunited with the guardian or successor guardian, if it is determined that the guardian is no longer providing financial or legal support to the child. ▪ The guardian is obligated to notify the DCS Central Eligibility Unit if the child is no longer in their care if they are receiving a guardianship subsidy.
Decision Making		
Consent of the Child	<ul style="list-style-type: none"> ▪ A child who is 14 years of age or older must consent to the adoption unless the court, in the best interest of the minor, dispenses with the minor's consent. 	<ul style="list-style-type: none"> ▪ A court may consider the wishes of a child 14 years of age or older, but the child's consent is not necessary. However, for any child 14 years of age or older to be eligible for guardianship assistance, the child must be consulted regarding the guardianship arrangement.
Inheritance	<ul style="list-style-type: none"> ▪ An adopted child has the same inheritance rights as a birth child. 	<ul style="list-style-type: none"> ▪ The child has no rights of inheritance from the legal guardian unless the child has been included in the guardian's will.
Death of Adoptive Parent/Guardian or termination of an Adoption or Guardianship	<ul style="list-style-type: none"> ▪ A child adopted with an adoption subsidy does not remain eligible for adoption assistance if the child's adoptive parent dies, the adoptive parent's parental rights are terminated, or if the adoptive parent is no longer financially responsible for the child. If the child is adopted by another individual, a new adoption 	<ul style="list-style-type: none"> ▪ A child for whom guardianship subsidy is received may remain eligible for Title IV-E guardianship subsidy if the child's guardian dies or is incapacitated and a successor guardian is named in the guardianship assistance agreement. However, if the guardianship is terminated or the guardian is no longer financially responsible for the child the subsidy may be terminated and the child may return to the care of the biological parents.

	Adoption	Guardianship
	<p>assistance eligibility determination is needed.</p> <ul style="list-style-type: none"> ▪ If the adoptive parent(s) die, the child's birth parents do not regain their parental rights or any right to be involved in the child's life. 	
Subsidy and Services		
Eligibility and Duration for Subsidy/Services	<ul style="list-style-type: none"> ▪ A child in foster care (or a child adopted privately that meets the federal requirements) may be eligible for adoption assistance in the form of an adoption subsidy, Medicaid, and certain Non-Recurring Adoption Expenses (NRAE) if the special needs and other eligibility requirements are met. ▪ The adoption subsidy continues until the child turns age 18, unless it is determined that the adoptive parent is no longer legally or financially responsible for the child. ▪ Prior to turning age 18, the adoptive parent can apply for the subsidy to continue until age 21. The DCS Central Eligibility Unit reviews the adoptive parent's application to determine whether the child is eligible for continued subsidy. 	<ul style="list-style-type: none"> ▪ A child in foster care may be eligible for guardianship assistance in the form of a guardianship subsidy, Non-Recurring Guardianship Expenses (NRE), and may be eligible for Medicaid. Only children in out-of-home care are eligible for guardianship assistance. ▪ The guardianship subsidy continues until the child turns age 18, unless it is determined that the guardian is no longer legally or financially responsible for the child. ▪ Prior to turning age 18, the guardian can apply for the guardianship subsidy to continue until age 21 if the child is receiving Title IV-E guardianship assistance and the guardianship finalized when the child was ages 16 or 17. The DCS Central Eligibility Unit reviews the guardian's application to determine whether the child is eligible for continued subsidy.
Financial Responsibility	<ul style="list-style-type: none"> ▪ The adoptive parent is legally and financially responsible for the child. 	<ul style="list-style-type: none"> ▪ The legal guardian is legally and financially responsible for the child.
Amount of Subsidy	<ul style="list-style-type: none"> ▪ If eligible, the adoption subsidy is negotiated up to the amount of the per diem the child would receive in foster care. 	<ul style="list-style-type: none"> ▪ If eligible, the guardianship subsidy is negotiated up to the amount of the foster care per diem.

	Adoption	Guardianship
Annual Review	<ul style="list-style-type: none"> ▪ The adoptive parent is not required to submit an annual report but may be periodically asked to provide an Adoption Program Status Report to confirm continued eligibility for adoption assistance. 	<ul style="list-style-type: none"> ▪ The guardian is not required to submit an annual report but may be periodically asked to provide a Guardianship Assistance Program Status Report to confirm continued eligibility for guardianship assistance.
Child Support	<ul style="list-style-type: none"> ▪ The legal obligation to pay future child support terminates effective the date of the adoption, but the obligation to pay past due child support is not terminated. 	<ul style="list-style-type: none"> ▪ If the parental rights of the birth parents have not been terminated and if ordered by the court, they are responsible to pay child support. ▪ Child support will not be redirected to the guardian if the guardian is receiving a subsidy payment.
Older Youth Services (OYS)	<ul style="list-style-type: none"> ▪ A youth may receive Older Youth Services (OYS) from 18 years of age up to the day before the youth's 23rd birthday if the youth was previously in foster care for a minimum of six (6) months and has achieved permanency through adoption on or after the youth's 16th birthday. ▪ A youth may receive post-secondary educational funding through the Education and Training Voucher (ETV) program; if enrolled in an accredited degree, certificate, or other program at a college, university, technical, or vocational school from 18 years of age up to their 26th birthday, if the child was previously in foster care a minimum of six (6) months and has achieved permanency through adoption on or after the youth's 16th birthday. ▪ A youth may maintain eligibility for 21st Century Scholars if adopted after the age of 13. 	<ul style="list-style-type: none"> ▪ A youth may receive Older Youth Services (OYS) from 18 years of age up to the day before the youth's 23rd birthday if the youth was previously in foster care for a minimum of six (6) months and has achieved permanency through guardianship on or after the youth's 16th birthday. ▪ A youth may receive post-secondary educational funding through the Education and Training Voucher (ETV) program; if enrolled in an accredited degree, certificate, or other program at a college, university, technical, or vocational school from 18 years of age up to their 26th birthday, if the child was previously in foster care a minimum of six (6) months and has achieved permanency through guardianship on or after the youth's 16th birthday. ▪ A youth may maintain eligibility for 21st Century Scholars if adopted after the age of 13.

	Adoption	Guardianship
Medicaid and Other Insurance		
Eligibility of Medicaid	<ul style="list-style-type: none"> ▪ Adoption subsidies may include Medicaid coverage. ▪ Children eligible for Title IV-E adoption assistance receive coverage. Children eligible for State Adoption Subsidy (SAS) may also be eligible for Medicaid if they have a medical condition or physical, mental, or emotion disability, as determined by a licensed physician or the Severe Impairment Determination process. ▪ Adoptive parents may choose to place their child on their private insurance. Medicaid would be secondary to private insurance. ▪ The adopted child may be eligible for continued Medicaid coverage through age 21 if eligibility requirements are met. 	<ul style="list-style-type: none"> ▪ Children eligible for Title IV-E guardianship assistance may receive coverage. ▪ For children eligible for the State Guardianship Assistance Program (SGAP), the guardian may apply for coverage at the local Division of Family Resources (DFR) Office. ▪ Children eligible for Title IV-E guardianship assistance may be eligible for continued Medicaid coverage through age 21 in certain circumstances if eligibility requirements are met.

Additional resources and information may be found in the [Central Eligibility Unit \(CEU\) Binder](#) and in [Chapter 10 Guardianship and Adoption](#) and [Chapter 14 Adoption Assistance and Guardianship Assistance](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 01: Older Youth Services (OYS)	
	Effective Date: September 1, 2022	Version: 8

- [Procedure](#)
 - [Definitions](#)
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 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

POLICY OVERVIEW

Older Youth Services (OYS) are available to eligible Child in Need of Services (CHINS) and Juvenile Delinquent/Juvenile Status (JD/JS) youth to assist the youth in preparing to successfully transition to adulthood.

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PROCEDURE

The Indiana Department of Child Services (DCS) will make OYS available to eligible CHINS and JD/JS youth in eligible foster care placements 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 and review the Older Youth Services [OYS] Timeline).

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, Older Youth Case Management. See policy 11.18 Eligibility to Participate in Collaborative Care for additional information.

The Family Case Manager (FCM) or Older Youth Case Manager (OYCM) 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-Licensed Child Placing Agencies [LCPA]), relative homes, non-licensed court approved placements, or in a Older Youth Case Management placement. Referrals for OYS may be made beginning at age 16;

Note: For CHINS youth, the Transition Plan for Successful Adulthood should be developed starting at 14 years of age, and the Transition Plan should be developed for JD/JS youth beginning at age 14. The youth and the youth's 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 group homes or LCPA foster homes or for youth who are receiving treatment at residential facilities at 17.5 years of age;

Note: OYS will be provided for the youth by the placement agency beginning at age 16.

3. Confirm that all youth 14 years of age and over who are in out-of-home placement receive yearly credit reports from all three (3) major Credit Reporting Agencies (CRAs) until the youth is discharged, and collaborate with the Older Youth Case Management Administrative Assistant to assist in resolving any inaccuracies (see Practice Guidance on Credit Reports);

Note: 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.

4. Provide information about opening an Individual Development Account (IDA) to youth who have obtained over \$400 in earned income (see Practice Guidance for additional information); and
5. 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 16 to 21 years of age 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 Older Youth Case Management, refer to policy 11.19 Entry into Collaborative Care (CC) for Previously Discharged Older Youth.

For youth entering Voluntary OYS, the OYCM or Independent Living Specialist will:

1. Ensure eligibility is determined for all former CHINS Older Youth Case Management, or JD/JS youth requesting Voluntary OYS; and
2. Create a Voluntary OYS referral for the appropriate OYS provider in a timely manner.

Note: See Practice Guidance for additional information regarding Voluntary OYS. For specific responsibilities for Voluntary OYS, see policy 11.07 Voluntary Older Youth Services.

Refer to the Older Youth Initiatives webpage for information about the differences between OYS, Older Youth Case Management, and Voluntary OYS.

The FCM Supervisor or OYCM 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 OYCM in completing the referrals, as needed;
3. Assist the FCM or OYCM in reviewing credit reports from the three (3) CRAs, as needed; and
4. Guide and assist the FCM or OYCM through regular case staffing.

Disputes or Inaccuracies on Credit Reports

To dispute inaccurate information in the credit report, the Older Youth Case Management 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, and
- c. Proof that the youth is a minor (i.e., copy of birth certificate), if applicable. 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.

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RELEVANT INFORMATION

Definitions

Case Staffing

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

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.

Foster Care

Foster care is 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 OYS is to:

1. Assist identified youth who are expected to remain in foster care until their 18th birthday or after 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

- [Annual Credit Report website](#)
- [Annual Credit Report Request Form](#)
- [Equifax Member Center](#)
- [Experian Disputes](#)
- [Individual Development Accounts \(IDA\)](#)
- [Older Youth Initiatives](#)
- [Older Youth Services \(OYS\) Timeline](#)

- [Transition Plan \(TP072117JDJS\)](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)
- [TransUnion Disputes](#)
- [Voluntary Older Youth Services Summary](#)

Related Policies

- [11.02 Eligibility for Older Youth Services \(OYS\)](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [11.07 Voluntary Older Youth Services](#)
- [11.08 John H. Chafee Foster Care Program for Successful Transition to Adulthood \(the Chafee Program\) Room and Board Services](#)
- [11.10 Education and Training Voucher Program](#)
- [11.18 Eligibility to Participate in Collaborative Care](#)
- [11.19 Entry into Collaborative Care \(CC\) for Previously Discharged Older Youth](#)

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LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)
- [465 IAC 2-15.1: Collaborative Care](#)
- [IC 31-28-5.8: Chapter 5.8. Collaborative Care](#)

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PRACTICE GUIDANCE- DCS POLICY 11.01

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.

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 Family Case Manager (FCM). The youth may select one (1) of the child representatives to also be the child's adviser, and if necessary, advocate for age-appropriate activities. Child representatives are subject to the approval of the Indiana Department of Child Services (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

Most children and youth do not have credit reports. If a credit report does exist for a person younger than 18 years of age, 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. Each year, the OYS service provider caseworker must assist older youth 18 to 21 years of age in obtaining their credit report through the Annual Credit Report website. The youth will receive assistance in interpreting and resolving any inaccuracies in the credit report from Indiana's OYS service providers.

Voluntary youth 18 to 23 years of age 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.

Contact Information

Contact information for Experian:

By Mail: Experian National Consumer Assistance Center
P.O. Box 4500
Allen, Texas 75013
Online: Experian Disputes
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: Equifax Member Center
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: TransUnion Disputes
By Phone: Phone number provided on credit report or (800) 916-8800

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 the Individual Development Accounts webpage, which includes links to an application webinar and PowerPoint and the IDA Program Manual, or call 1-317-232-7777 for county specific information.

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 Older Youth Services (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.

Voluntary OYS

All youth aging out of foster care and former youth who are 18 years of age up to 23 years of age 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 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).

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INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 11: Older Youth Services	
Section 02: Eligibility for Older Youth Services (OYS)	
Effective Date: June 1, 2023	Version: 6

- [• Procedure](#)
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- [• Definitions](#)
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- [• Practice Guidance](#)

POLICY OVERVIEW

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program) provides funding for Older Youth Services (OYS), which supports eligible youth with achieving a successful transition to adulthood.

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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** with a Child in Need of Services (CHINS) or Juvenile Delinquent/Juvenile Status (JD/JS) involvement;

Note: 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 youth after age 16,
 - b. Under the care and supervision of DCS or have a removal order by the JD/JS court, 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 number two (2) or three (3) of the eligibility requirements listed above are eligible for Voluntary OYS (see policy 11.07 Voluntary Older Youth Services).

The Family Case Manager (FCM) or Older Youth Case Manager (OYCM) 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 [ICPC] policies); and
3. Determine whether eligible youth should be referred for OYS based on the type of placement.

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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 OYS is to:

1. Assist identified youth who are expected to remain in foster care until their 18th birthday or after 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

- [11.01 Older Youth Services \(OYS\)](#)
- [11.07 Voluntary Older Youth Services](#)
- [Chapter 9 - Interstate Compact \(ICPC\)](#)

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LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

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PRACTICE GUIDANCE- DCS POLICY 11.02

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 11: Older Youth Services

Section 03: Emancipation Goods and Services

Effective Date: August 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Emancipation Goods and Services (EG&S) are made available to meet the youth's needs as the youth becomes independent of the foster care system. The youth is assisted in locating services and connecting to community resources as needs arise, which helps the youth become familiar with available local resources and learn how to access those resources after successful case closure.

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PROCEDURE

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 EG&S, if such funds are available. The youth must be:

1. Between the ages 18 to 23;
2. Previously in foster care; and
3. Receiving John H. Chafee Foster Program for Successful Transition to Adulthood (the Chafee Program) Voluntary Older Youth Services (OYS) (see policy 11.07 Voluntary Older Youth Services).

The Chafee Program OYS service providers will submit the Emancipation Goods and Services Request form 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.

The Independent Living (IL) Specialist will:

1. Provide a timely response to requests for goods and services indicated on the Emancipation Goods and Services Request form;
2. Authorize funds in excess of \$1,000 when extenuating circumstances exist; and

Note: Requests for additional funds will be considered on a case-by-case basis by DCS Central Office staff only, based on availability of funds.

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 identification (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 form for eligible youth receiving voluntary services to ensure successful transition to adulthood,

- c. Requests approval from the IL Specialist for any goods and services not identified on the Emancipation Goods and Services Request form 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

Note: Requests for items not listed on the Emancipation Goods and Services Request 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.

- d. Verifies all approved requests for EG&S are purchased within 45 calendar days of the signed approval form. If the form is not dated by the approving authority, the purchases will be made within 45 calendar days of the date requested.

Note: If the items are not purchased in that time period, a new request for EG&S must be made.

The Older Youth Initiatives Manager or IL Specialist will:

1. Approve the signed Emancipation Goods and Services Request form, and
2. Track expenditures to ensure funds expended for EG&S do not exceed \$1,000 per youth from the first request up to age 23.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Emancipation Goods and Services Request \(SF 55230\)](#)

Related Policies

- [11.07 Voluntary Older Youth Services](#)
- [11.10 Education and Training Voucher Program](#)

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LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

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PRACTICE GUIDANCE- DCS POLICY 11.03

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.

Items not Included on the Emancipation Goods and Services (EG&S) List

The following are items not included on the EG&S list and may not be paid through Chafee Program funds:

1. Medical expenses;
2. Car purchases and payments; or
3. 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 (ETV) program (see policy 11.10 Education and Training Voucher Program).

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

Chapter 11: Older Youth Services

Section 04: State Youth Advisory Board

Effective Date: August 1, 2023

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Youth Advisory Board (IYAB) meets quarterly and provides older youth in foster care or previously in foster care the opportunity to acquire leadership skills, advocacy skills, and take an active role in changing the service standards and policies of the Older Youth Services (OYS) programs.

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PROCEDURE

The Indiana Department of Child Services (DCS) will fund the IYAB. The IYAB is available for Child in Need of Services (CHINS), Older Youth Case Management, and Juvenile Delinquent/Juvenile Status (JD/JS) youth 14 to 23 years of age in foster care and former foster youth 18 to 23 years of age who were in foster care for a period of at least six (6) months with a Case Plan/Prevention Plan identifying the need for Older Youth Services (OYS).

The following youth are eligible for membership on the IYAB:

1. Youth 14 to 23 years of age who are in foster care as a CHINS or JD/JS;
2. Youth 14 to 23 years of age who were formerly in foster care as a CHINS or JD/JS between 14 to 18 years of age that were returned to their own homes and remain a CHINS or JD/JS with a Case Plan/Prevention Plan establishing the need for OYS;
3. Youth 18 to 23 years of age who were formerly in foster care on their 18th birthday as a CHINS or JD/JS and had a Case Plan/Prevention Plan establishing the need for OYS;
4. Youth 18 to 23 years of age who would otherwise meet the eligibility criteria above and who were in the custody of another state or were a “ward of another state” through the Interstate Compact for the Placement of Children (ICPC) if there is a verification of wardship and all eligibility criteria from the state of jurisdiction are met;
5. Youth 16 to 23 years of age 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 18 to 19 years of age who are participating in CC;
7. Youth 14 to 15 years of age who have received approval from the youth’s parent, guardian, or custodian and Child and Family Team (CFT) members may participate in the IYAB with special consideration/approval from IYAB board members and the Independent Living (IL) Specialist; and
8. Youth receiving Education and Training Voucher (ETV) funds may serve on the IYAB until age 23.

Note: The IYAB is an inclusive environment for all older youth regardless of race, ethnicity, gender, religion, creed, nationality, disability, sexual orientation, sexual identity, or gender identity (see the Youth Advisory Board Service Standards).

The Family Case Manager (FCM) or Older Youth Case Manager (OYCM) 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 (see the Indiana Youth Advisory Board website);
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 the IYAB; and
3. Assist youth in removing any transportation barriers.

The interested youth must submit the completed Indiana Youth Advisory Board Application to the IYAB Adult Facilitator. The IYAB will review the applications and determine if the applicants meet the IYAB eligibility requirements. Applications are subject to the approval of the IYAB and the DCS Local Office Director (LOD) for the county of wardship or the youth's current residence if the youth is no longer a ward.

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RELEVANT INFORMATION

Definitions

Foster Care

Foster care is 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.

Indiana Youth Advisory Board (IYAB) Adult Facilitator

The IYAB Adult Facilitator is an individual from an outside agency with whom DCS has a contract to facilitate all aspects of the IYAB, which includes collecting the Indiana Youth Advisory Board Application forms and assisting the IYAB members in developing the skills necessary to successfully oversee the activities of the IYAB.

Note: IYAB members will be a part of the selection and interview process for the Adult Facilitator.

Older Youth Services

The purpose of OYS is to:

1. Assist identified youth who are expected to remain in foster care until their 18th birthday or after 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

- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- [Indiana Youth Advisory Board website](#)
- [Indiana Youth Advisory Board Application](#)
- [Youth Advisory Board Service Standards](#)

Related Policies

N/A

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LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)
- [Pub. L. No. 113-128: Workforce Innovation and Opportunity Act \(previously the Workforce Investment Act of 1998\)](#)

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PRACTICE GUIDANCE- DCS POLICY 11.04

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.

Benefits of Participation in the Indiana Youth Advisory Board (IYAB)

It is expected that participation in the IYAB will:

1. Balance the youth's need for support and empowerment;
2. Accommodate a broad range (type and 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 youth 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 Older Youth Services (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).

Youth Development

The IYABs are designed to provide a forum for youth 14 to 23 years of age 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 their full potential as the youth move into adulthood.

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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: July 1, 2023	Version: 5

- [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.

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

The Indiana Department of Child Services (DCS) will not prohibit youth 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 16 years of age and older who are a Child in Need of Services (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 provide the youth with the list of insurance providers.

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 Older Youth Case Manager (OYCM) will:

1. Discuss the youth's desire to obtain a driver's license with the 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,
 - d. Providing the list of insurance providers to the youth, and
 - e. 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 OYCM Supervisor and the Division Manager (DM) or Local Office Director (LOD) 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 Older Foster Youth Bureau of Motor Vehicles (BMV) Waiver Letter form 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 Older Foster Youth Bureau of Motor Vehicles (BMV) Waiver Letter form 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 OYCM Supervisor will guide and assist the FCM or OYCM in completing the steps as outlined above.

The LOD or designee will sign the Older Foster Youth Bureau of Motor Vehicles (BMV) Waiver Letter form 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 Older Foster Youth Bureau of Motor Vehicles (BMV) Waiver Letter form to the FCM or OYCM.

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RELEVANT INFORMATION

Definitions

Older Youth Services

The purpose of OYS is to:

1. Assist identified youth who are expected to remain in foster care until their 18th birthday or after 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

- [BMV: Agreement of Financial Liability](#)
- [BMV Documentation List](#)
- [Car Insurance for Foster Youth](#)
- [Log of Supervised Driving Practice \(SF 54706\)](#)
- [Older Foster Youth Bureau of Motor Vehicles \(BMV\) Waiver Letter \(SF 57314\)](#)

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; expiration 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 27-1-22-20.1: Foster youth auto insurance availability; list of insurers; payment of costs of auto insurance](#)
- [IC 27-2-11.1-3: Individuals under the care and supervision of the department of child services; motor vehicle insurance](#)

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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 Juvenile Delinquent/Juvenile Status (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 Section 06: Transition Plan for Successful Adulthood	
	Effective Date: July 1, 2022	Version: 10

- [Procedure](#)
 - [Definitions](#)
- [Forms and Tools](#)
 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

POLICY OVERVIEW

The Transition Plan for Successful Adulthood and its Transitional Services Plan component is a comprehensive, written plan that is personalized for each youth. The Transition Plan for Successful Adulthood is used at each meeting with the youth and the Child and Family Team (CFT) to guide the transition planning process and assist the youth in preparing to successfully transition to adulthood.

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PROCEDURE

The Indiana Department of Child Services (DCS) will ensure a written Transition Plan for Successful Adulthood is developed, which identifies an Independent Living (IL) placement, for all youth in out-of-home placement beginning at 14 years of age and continuing 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 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 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. 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 for probation youth. See policy 2.25 Dual Status for guidance regarding cases involving Dual Status youth.

The Family Case Manager (FCM) will:

1. Review the composition of the current CFT with the youth prior to each meeting to determine the appropriateness of that team continuing as the youth's CFT. The FCM should advise that the youth may select up to two (2) child representatives, and they 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;

Note: If DCS determines that the youth is unable to participate effectively in the development of the Transition Plan for Successful Adulthood 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.

2. Convene a Transition Plan for Successful Adulthood meeting, which may take place during a CFT Meeting or Case Plan Conference (see policies 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan/Prevention Plan) and includes the youth, beginning at 14 years of age, to develop the Transition Plan for Successful Adulthood;
3. The Transition Plan for Successful Adulthood must include information and specific options relating to the following:
 - a. Education and training;
 - b. Employment services and work force supports;
 - c. IL placement;
 - d. Health care, including prevention and treatment services and referral information;
 - e. Health insurance availability and options;
 - f. Local opportunities for mentors and continuing support services, including development of lifelong adult relationships and informal continuing supports;
 - g. Identification and development of daily living and problem-solving skills;
 - h. Procedures available under Indiana law for, and the importance of advance directives (see Practice Guidance);
 - i. Availability of local, state, and federal resources including financial assistance, relating to any parts of the plan described above; and
 - j. 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:
 - i. Arrangements for the youth to participate in Older Youth Case Management for a youth who is 17 and six (6) months of age or older, if appropriate,
 - ii. Activities of daily living and social skills training,
 - iii. Opportunities for social, cultural, recreational, or spiritual activities that are designed to expand life experiences in a manner appropriate for the youth, and
 - iv. 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.
4. 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.

5. Ensure 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 is prepared following the schedule outlined below and in the Older Youth Services (OYS) Timeline; and

6. Provide the Indiana DCS Bill of Rights for Youth in Care and review the document with youth beginning at age 14 and review at each subsequent Transition Plan for Successful Adulthood meeting.

The FCM or Older Youth Case Manager (OYCM) will:

1. Hold follow-up meetings every six (6) months until case closure to review and update the Transition Plan for Successful Adulthood. 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 the youth is unable to or refuses to participate in the CFT process (see policy 5.08 Developing the Case Plan/Prevention Plan).

Note: If the youth is 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);

Note: Ensure youth who enter care after 14 years of age and are in 7th through 12th grade are enrolled in the 21st Century Scholars program.

2. Make a referral to Vocational Rehabilitation Services for all youth with an Individualized Education Plan (IEP);
3. Engage the CFT to develop the Transition Plan for Successful Adulthood. This initial plan shall:
 - a. Address the youth's current level of IL skills mastery,
 - b. Identify IL 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 must be updated at least every six (6) months until case closure.

4. Assist the youth in creating and/or updating a Successful Adulthood Lifebook.

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 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, including the Foster Care Verification Letter, at the time of case closure. When the youth is 16 years of age, if the case has transitioned, a OYCM may take on the responsibilities of reviewing and updating the Transition Plan for Successful Adulthood.

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 Disabilities (BDS), 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. Ensure the youth has and/or is updating a Successful Adulthood Lifebook.

Note: At each subsequent Transition Plan for Successful Adulthood meeting, the FCM or OYCM should ensure the youth has a Successful Adulthood Lifebook and/or ensure it is being updated.

At 17 years of age, the FCM or OYCM 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, including the Foster Care Verification Letter (SF 56571), at the time of case closure.

2. Invite a member of the OYI or Older Youth Case Management Team to attend the Transition Plan for Successful Adulthood meeting to present information regarding 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: Each Indiana emancipated Senior or the parent, guardian, or custodian of an unemancipated Senior is required to be provided an affirmation link by the Senior's school regarding the intent to file a FAFSA. It is recommended to remind the youth and members of the youth's CFT of the affirmation. The FCM will make a referral to DCS Education Services if the youth would like additional support processing and/or applying the career and college information provided on the affirmation link. All information above should be provided earlier if the youth is applying to colleges before 17 years of age/Senior year or if the youth 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. 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 Older Youth Case Management 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, including the Foster Care Verification Letter, 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 OYCM will:

1. Convene a Transition Plan for Successful Adulthood meeting to focus on preparing the youth for transitioning to OYCM (see policy 11.21 Collaborative Care Case Transfers) or transitioning out of out-of-home placement;
2. Continue to assist the youth in identifying the youth's interests, possible career options, post-secondary education possibilities, and employment possibilities; and
3. Make a referral for OYS for a youth whose DCS case will be dismissed at 18 years of age if the youth 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, including the Foster Care Verification Letter, at the time of case closure.

Ninety (90) days before the youth's 18th birthday, the FCM or OYCM will:

1. Convene a Transition Plan for Successful Adulthood meeting to complete the Transitional Services Plan portion of the Transition Plan for Successful Adulthood;

Note: Beginning at 16 years of age, the youth must be provided all documents listed on the Transition Plan for Successful Adulthood, including the Foster Care Verification Letter, 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

Note: The FCM/ OYCM cannot give legal advice. The FCM/ OYCM shall not be the health care legal representative for any youth known to DCS unless the FCM/ OYCM is given advance approval of this arrangement by the Regional Manager (RM) for FCM or the OYI Manager or designee for OYCMs.

3. Confirm the youth is enrolled in Medicaid.

After the youth turns 18 years of age, the FCM or OYCM 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 OYCM Supervisor will:

1. Provide regular case staffing to the FCM or OYCM;
2. Ensure the FCM or OYCM has completed the appropriate sections of the Transition Plan for Successful Adulthood at the appropriate times, as outlined above; and

3. Assist the FCM or OYCM in completing referrals, as needed.

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RELEVANT INFORMATION

Definitions

Advance Directives

“Advance directives” is a term that refers to spoken and written instructions about an individual’s future medical care and treatment.

Case Staffing

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

Older Youth Services

The purpose of OYS is to:

1. Assist identified youth who are expected to remain in foster care until their 18th birthday or after 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

- [21st Century Scholars Program](#)
- [Acknowledgement of Receipt of Information about Various Educational Programs \(SF 55743\)](#)
- Advance Directives packet - available on the [Older Youth Initiatives](#) website
- [Education and Training Voucher \(ETV\) grant](#)
- [Free Application for Federal Student Aid \(FAFSA\)](#)
- [Foster Care Verification Letter \(SF 56571\)](#)
- [Indiana Commission of Higher Education's Division of Student Financial Aid](#)
- [Indiana DCS Bill of Rights for Youth in Care](#)
- [Indiana State Department of Health](#)
- [Older Youth Initiatives](#)
- [Older Youth Services \(OYS\) Timeline](#)
- [Pell grants](#)
- [Transition Plan \(TP072117JDJS\)](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)
- [Vocational Rehabilitation Services](#)

Related Policies

- [2.25 Dual Status](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [11.01 Older Youth Services \(OYS\)](#)
- [11.10 Education and Training Voucher Program](#)

- [11.15 Post-Secondary Education](#)
- [11.17 National Youth in Transition Database \(NYTD\)](#)
- [11.21 Collaborative Care \(CC\) Case Transfers](#)

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LEGAL REFERENCES

- [42 USC 675\(5\)\(H\): Transition plan for children aging out of foster care](#)
- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)
- [IC 21-12-6: Chapter 6. Twenty-First Century Scholars Program; Tuition Grants](#)
- [IC 31-25-2-21: Transitional services plan; participation by child representatives](#)
- [IC 31-28-5.8-6: Updating case plans; transitional services plan; visitation with family case manager](#)
- [IC 31-34-15-7: Consult with child; selection of child representatives; adviser](#)
- [IC 31-34-21-7: Permanency hearing](#)

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PRACTICE GUIDANCE- DCS POLICY 11.06

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.

Advance Directives

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.

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 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 Family Case Manager (FCM), therapist, resource parent, Older Youth Initiatives (OYI) Team member, or Older Youth Services (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, artwork, awards);
4. Important documents the youth may need as the youth exits the foster care system (e.g., birth certificate, Social Security card, medical record, vaccination record); 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.

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

Chapter 11: Older Youth Services

Section 07: Voluntary Older Youth Services

Effective Date: September 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Voluntary Older Youth Services (OYS) provide guidance on financial issues, assessment services, housing, health care, counseling, employment, education opportunities, and other support services as identified in the OYS Service Standards to prepare the youth for adulthood.

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PROCEDURE

The Indiana Department of Child Services (DCS) will ensure that Voluntary OYS is accessible through contracted OYS service providers in every county in the state. Voluntary OYS are available to youth who:

1. Are 18 years of age up to the day before the youth's 23rd birthday;
2. Were formerly in foster care; and
3. Meet additional criteria outlined in policy 11.02 Eligibility for Older Youth Services.

If the youth moves to a region other than the region where the youth was a Child in Need of Services (CHINS), Juvenile Delinquent/Juvenile Status (JD/JS), or Collaborative Care (CC) youth and chooses to access Voluntary OYS, the youth or OYS provider must notify an OYS team member. The OYCM or Independent Living (IL) Specialist will create an appropriate Voluntary OYS service referral.

The Family Case Manager (FCM) or Older Youth Case Manager (OYCM) will refer all eligible youth for Voluntary OYS, and the OYCM will assist in the referral of youth who were wards or in the custody of another state once eligibility is established through contact with the other state.

The IL Specialist will:

1. Provide follow-up with the OYS providers to ensure appropriate services are 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 providers regarding eligibility for youth referred for Voluntary OYS.

Closure of Voluntary Services Cases

Voluntary OYS will end when the youth:

1. Has achieved interdependence to the extent that financial support and social service support are no longer needed;
2. Has made a voluntary decision not to participate in the program;
3. Has been adopted and no longer desires to continue in services;
4. Has consistently demonstrated unwillingness or inability to participate in services or follow the terms of the voluntary agreement; or
5. 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 the IL Specialist's supervisor.

Previously Discharged Youth

Youth who have been previously discharged from Voluntary OYS, either voluntarily or involuntarily, may contact their previous OYS provider to reinstate services without a new referral unless the previous Voluntary OYS referral has been closed. The OYS provider will notify the IL Specialist if a new referral is needed.

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RELEVANT INFORMATION

Definitions

Older Youth Services

The purpose of OYS is to:

1. Assist identified youth who are expected to remain in foster care until their 18th birthday or after 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 Service Standards](#)

Related Policies

- [11.02 Eligibility for Older Youth Services \(OYS\)](#)

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LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

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PRACTICE GUIDANCE- DCS POLICY 11.07

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.

Voluntary Participation

Older Youth Service (OYS) service standards require youth leaving foster care or former foster youth requesting Voluntary OYS to participate on a voluntary basis with the service provider for case management services. This agreement outlines the services to be provided, the length of time expected for the service, and the plan for the youth's contribution. In addition, the Independent Living (IL) Learning Plan must include an operational plan describing how the young adult is going to assume responsibility once assistance ends.

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INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 11: Older Youth Services	
Section 08: John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) Room and Board Services	
Effective Date: September 1, 2023	Version: 4

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Room and Board (R&B) services provides funding that has a lifetime maximum of \$3,000 to assist eligible older youth with payment of rent, utilities, and deposits to support older youth as they transition from adolescence to adulthood.

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PROCEDURE

The Indiana Department of Child Services (DCS) has determined the following former foster youth meet the eligibility requirements for R&B services (see Older Youth Services [OYS] Service Standards for details of services):

1. An older youth who turns 18 years of age while placed in foster care;
2. An older youth who turned 18 years of age in foster care, who was a “ward or in the custody of another state”; or
3. An older youth between 18 years of age up to the day before the older youth’s 23rd birthday who was on a trial home visit (THV) or in runaway status on the older youth’s 18th birthday and had an open Child in Need of Services (CHINS) or Juvenile Delinquent/Juvenile Status (JD/JS) older youth case.

Eligible older youth may access R&B services as long as the older youth continues to:

1. Participate in case management services; and
2. Work full-time schedule; or
3. Work part-time schedule and attend school part-time.

Note: R&B funds may only be used for rent, utility payments, and deposits. R&B services may be used until the day before the older youth’s 23rd birthday (see Practice Guidance).

The Independent Living Specialist (IL) will ensure:

1. All older youth receiving R&B services also receive case management through Voluntary OYS (see policy 11.07 Voluntary Older Youth Services);
2. R&B funds are not expended for an older youth under 18 years of age;
3. R&B funds are not expended for an older youth residing with the older youth’s biological or adoptive family or a 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 older youth referred for services.

The Older Youth Case Manager (OYCM) or IL Specialist will complete an OYS Voluntary Services Referral for eligible older youth, who meet the criteria described above.

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RELEVANT INFORMATION

Definitions

Foster Care

Foster care is 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 OYS is to:

1. Assist identified youth who are expected to remain in foster care until their 18th birthday or after 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

- [11.A Tool: Budget Worksheet](#)
- [11.B Tool: Voluntary Services Host Home Agreement](#)
- [Indiana Education and Training Voucher Program](#)
- [OYS Service Standards](#)

Related Policies

- [11.07 Voluntary Older Youth Services](#)
- [11.09 Voluntary Services Host Home](#)
- [11.10 Education and Training Voucher Program](#)

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LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

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PRACTICE GUIDANCE- DCS POLICY 11.08

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.

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 older youth is already 18 years of age, a housing deposit may be paid within the month prior to the older youth's case being dismissed to hold an apartment for the older youth until the case is dismissed and the older youth is ready to move in. If the older youth is leaving the Indiana Department of Child Services (DCS) care at age 18, the payment may not be made until the older youth's 18th birthday.

The R&B assistance will be tailored to the needs of the older youth. Older youth who need the maximum assistance may access these funds using the payment guide, as described below. While receiving R&B funds, older youth are expected to make incremental payments toward their own housing and utility expenses beginning in the third (3rd) month of assistance, and older youth should be prepared to accept full responsibility by the sixth (6th) 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 Independent Living (IL) Specialist. In cases where older youth are unable to accept full responsibility for 50% of their rent in the fourth (4th) 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 the 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 older youth.

Payment Guide

The following is a payment guide detailing the older youth's responsibilities for payment. The R&B funds are subject to approval by the IL Specialist. DCS will not expend funds if the older youth is unable to pay the older youth's portion, as detailed below:

1. Deposit and first (1st) and second (2nd) month's rent may be paid for older youth;
2. Older youth pays 25% of the rent for the third (3rd) month;
3. Older youth pays 50% of the rent for the fourth (4th) month;
4. Older youth pays 75% of the rent for the fifth (5th) month; and
5. Older youth pays all of the rent for the sixth (6th) month and thereafter.

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 IL Specialist (see policy 11.09 Voluntary Services Host Home). Requests for adjustments to the payment guide must be approved by an IL Specialist.

Room and Board (R&B) Services During Instability

Because stability may be unpredictable, it is possible that an older youth may become homeless due to a job loss, eviction, or other reason, despite the fact the older youth was self-sufficient through the fifth (5th) month of receiving R&B assistance. In the event this occurs, the older youth may request assistance again, provided the older youth has not expended the lifetime maximum of \$3,000, has not reached the age of 23, or is actively seeking employment. This assistance is intended to temporarily supplement the older 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.

Trial Home Visits (THV)

A THV is encouraged for older youth who voice a strong desire to return to their parents' homes following case dismissal. This provides the older youth with an opportunity to experience life with the older youth's family while being provided a safety net if the older youth determines that living independently would be more appropriate. The older youth remains eligible for R&B services if the older youth turns 18 while on a THV.

Use of John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) R&B Funds and Education Training Voucher (ETV) Program for Housing Assistance

Older youth may not access housing assistance from both the Chafee Program R&B funds and the Education and Training Voucher (ETV) Program (see 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 ETV Program.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 11: Older Youth Services Section 09: Voluntary Services Host Home	
Effective Date: September 1, 2023	Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

This policy does not apply to Older Youth Case Management Host Homes. See policy 11.25 Collaborative Care (CC) Host Home for guidance.

Voluntary services host homes are similar to resource homes, except the host is not necessarily a licensed resource parent and may not have to go through the process of having the home licensed. The purpose of voluntary services host homes is to provide the youth with an opportunity to develop skills prior to becoming independent and living on their own.

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PROCEDURE

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 homes.

The Family Case Manager (FCM) or Older Youth Case Manager (OYCM) will:

1. Ensure every youth who has their 18th birthday while in foster care is given the option of locating a possible voluntary services host home when their case is dismissed, if desired by the youth. This includes youth placed in a relative or kinship 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 a youth's case is dismissed:
 - a. The youth and current resource parent mutually agree for the youth to remain in the foster home as a renter,
 - b. The youth and their relative or kin (other than the youth's legal or biological parents) mutually agree for the youth to become a renter in their home, or
 - c. The youth and an appropriate adult (e.g., a neighbor, coach, church member) in the youth's life mutually agree for the youth to become a renter in their home.

Note: The youth and the host home should mutually decide upon an amount of financial compensation the host home will receive while the youth is living in the home, subject to approval of DCS.

3. Refer eligible youth requesting a voluntary services host home to the Older Youth Services (OYS) provider for room and board (R&B) services (see OYS Service Standards for details); and

4. Have a Child and Family Team (CFT) Meeting prior to the youth's transition to discuss expectations of the voluntary services host home. The following topics, which are included in the Voluntary Services Host Home Agreement, shall be discussed:
 - a. Physical description of living space,
 - b. Refraining from discriminating against the youth based on race, religion, national origin, gender, disability, ethnicity, sexual or gender identity, or sexual orientation,
 - c. Expectations, roles, and responsibilities of the youth and voluntary services host home adult, as well as consequences for the youth, and
 - d. Per diem and payments.

The OYS provider will assist the relative or kin, resource parent, or other appropriate adult in developing a reasonable, mutually agreed upon Voluntary Services Host Home Agreement between the host home and the youth.

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RELEVANT INFORMATION

Definitions

Voluntary Services Host Home

A voluntary services host home is a living arrangement 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.

Forms and Tools

- [11.B Tool: Voluntary Services Host Home Agreement](#)
- [Indiana ETV Program](#)
- [OYS Service Standards](#)

Related Policies

- [11.10 Education and Training Voucher Program](#)
- [11.25 Collaborative Care \(CC\) Host Homes](#)

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LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

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PRACTICE GUIDANCE- DCS POLICY 11.09

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.

Determining the Appropriate Rent for a Voluntary Services Host Home

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.

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 Education and Training Voucher (ETV) assistance at the same time. Those attending school full-time or part-time must access assistance for housing through the ETV Program (see policy 11.10 Education and Training Voucher Program).

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 the length of stay and rental amount will be negotiated under the Voluntary Services Host Home Agreement. This agreement is subject to approval of the Indiana Department of Child Services (DCS). Requests to adjust the Voluntary Services Host Home Agreement must be approved by an Independent Living (IL) Specialist or OYCM Supervisor.

Voluntary Services Host 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 home arrangements are inappropriate for peer roommates, biological parents, or adoptive parents. Voluntary services host homes 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 the youth chooses and is expected to manage the youth's 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.

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 OYCM. 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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 11: Older Youth Services

Section 10: Education and Training Voucher (ETV) Program

Effective Date: September 1, 2023

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Indiana receives federal funding to ensure older youth currently or formerly in foster care are educated, housed, financially stable, employed, and connected to a support system. Through the Education and Training Voucher (ETV) Program, eligible older youth may access funding and academic resources to assist with the cost of postsecondary education, college, or vocational training programs.

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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 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 older youth meet the DCS eligibility requirements for ETV assistance:

1. An older youth in foster care who is between 16 and 18 years of age and is not enrolled in secondary school, but has earned a High School Equivalency (HSE) certificate or diploma, Vocational Certificate, or has a high school diploma;
2. An older youth adopted or placed in a guardianship from foster care on or after the older youth's 16th birthday;
3. A Juvenile Delinquent/Juvenile Status (JD/JS) older youth in foster care (out-of-home placement ordered by the juvenile court that is not a detention placement) on the older youth's 18th birthday;
4. An older youth who is a U.S. citizen or qualified non-citizen;
5. An older youth that has personal assets (e.g., bank account, car, home) worth less than \$10,000;
6. Eligible older 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 older youth must notify ETV if any classes are dropped. If an older youth is currently receiving funds and enrolled, the older youth must show progress toward that degree or certificate; and

Note: Eligible older youth may not participate in the ETV program for more than five (5) years regardless of whether or not the years are consecutive.

7. An older youth up to 26 years of age who:

- a. Reapplies every year on the Indiana ETV webpage,
- b. Is enrolled in a post-secondary education or training program,
- c. Is making satisfactory progress toward completion of that program with a cumulative 2.0 grade point average (GPA) or higher, and

Note: An academic success plan will be created for older youth who receive a semester/term GPA of 2.0 or lower. Older youth who fall below a 2.0 GPA for two consecutive semesters/terms may not receive further funding until they apply for an ETV appeals through the ETV provider.

- d. Send the Indiana ETV provider the older youth's school transcript every semester/term.

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 to queries regarding ETV eligibility and eligible services through ETV funding;
3. Monitor the ETV contract expenditures.

Note: 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 older 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 postsecondary education reasons.

5. Maintain e-mail contact with the ETV provider and provide information regarding available scholarships, internships, and other areas of interest to older youth participating in postsecondary opportunities.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Indiana ETV website](#)

Related Policies

N/A

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LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

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PRACTICE GUIDANCE- DCS POLICY 11.10

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.

Cost of Attendance

Each youth may access up to \$5,000, not to exceed the cost of attendance, for the Education and Training Voucher (ETV) Program. The cost of attendance is the total amount of money it will cost a student to attend a school for the fall, spring, and summer semesters. This is calculated differently at each college, university, or trade school. The cost of attendance is calculated using actual figures (not estimates) for the following:

1. Tuition/fees (hours enrolled including full-time, $\frac{3}{4}$ time, $\frac{1}{2}$ time, or less than $\frac{1}{2}$ time);
2. Room and Board (on campus or off campus in the student's own apartment or shared housing);
3. Books/supplies;
4. Personal (including clothes and personal items – each university figures this differently);
5. Transportation (each university figures this differently);
6. Day care and computers (these are not automatically included but may be allowed if students ask for this to be included);
7. Healthcare (not always included); and/or
8. Expected family contribution or the youth's expected contribution.

Standard amounts regarding where the youth is living are based on self-report. If the youth needs the personal and/or transportation costs increased, the school will ask for receipts to document how much has been spent in each area to justify the additional costs. If day care, computer, or student healthcare is needed, the student must check to see if these items were included in the cost of attendance. If not, the youth may request that the items be included, which could raise the cost of attendance for the youth and potentially increase the amount of funds available for the youth.

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INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 11: Older Youth Services	
Section 15: Post-Secondary Education	
Effective Date: July 1, 2022	Version: 6

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Youth receiving Older Youth Services (OYS) are provided with information about Pell grants, the John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) grants, federal supplemental grants, Free Application for Federal Student Aid (FAFSA), Indiana Education and Training Voucher (ETV) Program, and the 21st Century Scholars program to ensure they are aware of financial assistance options for post-secondary education.

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PROCEDURE

The Indiana Department of Child Services (DCS) will encourage all youth to prepare for and take the Preliminary Scholastic Aptitude Test (PSAT), Scholastic Aptitude Test (SAT), and/or the American College Test (ACT), as appropriate. 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.

The Family Case Manager (FCM) or Older Youth Case Manager (OYCM) will:

1. Provide each child in the seventh (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. FCMs and OYCMs have access to the ScholarTrack portal to verify youth enrollment status and enroll a youth if needed. See the 21st Century Scholars Login Instructions for further information. Youth can opt out of the 21st Century Scholars program at any time.

2. Encourage and assist all youth in ninth (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 youth may complete required steps through the child’s ScholarTrack Student Account (e.g., Affirmation statement).

3. 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 17 years of age to develop/modify the youth's Transition Plan for Successful Adulthood (see policies 5.07 Child and Family Team Meeting and 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.

4. Share information about college from the OYS Thinking About College webpage;
5. Provide youth with the Foster Care Verification Letter;
6. Have the youth and caregiver sign an Acknowledgement of Receipt of Information about Various Educational Programs. Give the youth and caregiver a copy of the form 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 the proper aid is received;
8. Provide youth with information about FAFSA and ensure they have all information needed for completion of the FAFSA (e.g., social security number and place of birth). Also, discuss Independent Student Status to ensure youth understand 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;

Note: Each Indiana emancipated Senior or the parent, guardian, or custodian of an unemancipated Senior is required to be provided an affirmation link by the Senior's school regarding the intent to file a FAFSA. It is recommended to remind the youth and members of the youth's CFT of the affirmation. The FCM will make a referral to DCS Education Services if the youth would like additional support processing and/or applying the career and college information provided on the affirmation link.

9. Assist the youth in applying for the Indiana ETV Program, and:
 - a. Ensure the youth has all required information to complete the ETV application (e.g., FCM contact information, and OYS worker contact information),
 - b. Ensure the youth completes the ETV application each year after:
 - i. July 1st for the Fall Semester,
 - ii. December 1st for Spring Semester, and
 - iii. April 1st for Summer Semester.
 - c. Ensure the youth has submitted all necessary ETV documents to the financial aid office, and
 - d. Follow up with the youth and school to ensure ETV has received the proper documentation from the school (see policy 11.10 Education and Training Voucher).
11. Create a referral to DCS Education Services if assistance is needed regarding the youth's education; and
12. 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 in college (see policy 5.07 Child and Family Team Meetings).

The FCM Supervisor or OYCM Supervisor will provide guidance to the FCM or OYCM, as needed, and ensure documentation is entered accurately in the case management system.

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RELEVANT INFORMATION

Definitions

Independent Student Status

Independent Student Status means that a student is a 'family of one (1)' and only the student's individual income is considered when determining how much federal and state aid the student needs.

Forms and Tools

- [21st Century Scholars](#)
- [21st Century Scholars Affirmation Statement](#)
- [21st Century Scholars Login Instructions](#)
- [Acknowledgement of Receipt of Information about Various Educational Programs \(SF 55743\)](#)
- [DCS Education Services SharePoint](#)
- [Federal Pell Grants- Federal Student Aid](#)
- [Free Application for Federal Student Aid \(FAFSA\)](#)
- [Foster Care Verification Letter \(SF 56571\)](#)
- [Indiana Commission for Higher Education](#)
- [Indiana ETV Program](#)
- [OYS Thinking About College](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [11.10 Education and Training Voucher Program](#)

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LEGAL REFERENCES

- [42 USC 675\(5\)\(H\): Transition plan for children aging out of foster care](#)
- [IC 21-12-6: Chapter 6. Twenty-First Century Scholars Program; Tuition Grants](#)
- [IC 21-12-6-5: Qualifications to participate in program](#)
- [IC 21-12-6-14: Foster care children; caseworker to provide information](#)
- [IC 31-25-2-21: Transitional services plan; participation by child representatives](#)

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PRACTICE GUIDANCE- DCS POLICY 11.15

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.

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 United States (US) 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.
6. Complete all required Scholar Success Program tasks and have a GPA of 2.5 to access funding.

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 school year between October 1st and April 15th, for Indiana specific grants and scholarships. Be aware that some colleges may have earlier deadlines, 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 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.

Youth who turn 13 years of age in foster care may apply for Independent Student Status. Foster youth need to pay special attention to the Student Dependency Status section (section 2), which states:

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.

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).

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 FAFSA and to determine the family's estimated financial contribution (EFC). 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 the Federal Pell Grants- Federal Student Aid webpage.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 11: Older Youth Services

Section 17: National Youth in Transition Database (NYTD)

Effective Date: September 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The National Youth in Transition Database (NYTD) survey gives older youth the opportunity to provide direct feedback to the Indiana Department of Child Services (DCS) regarding their personal foster care experience.

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PROCEDURE

DCS requires data reporting for older youth in Older Youth Services (OYS) by using NYTD. Data outcome measures will be collected via a NYTD outcome survey from all qualified older youth who are in a foster care eligible placement and are between the ages of 17 and 17 and 45 days during the survey period. DCS will ensure the surveys are completed by the qualified older youth and entered into NYTD.

Data outcome measures will also be collected for a NYTD follow-up survey. The NYTD follow-up survey will be completed on a sample population of older youth:

1. Who completed the NYTD outcome survey;
2. Are in a foster care eligible placement or who have aged out of foster care; and
3. When the older youth are 19 years of age and again at 21 years of age.

DCS will ensure a contracted NYTD provider assists the qualified older youth in completing the survey, and the DCS NYTD Coordinator or designee will then enter the survey results into the case management system.

Outcomes Survey

The qualified older youth's Family Case Manager (FCM) or Older Youth Case Manager (OYCM) will receive an e-mail notification generated by the case management system that the older youth is eligible to participate in the NYTD outcomes survey. Upon receipt of the e-mail, the FCM or OYCM will:

1. Ensure the qualified older youth and the older youth's caregiver is notified of the older youth's eligibility to participate in the NYTD outcomes survey;
2. Educate the qualified youth and the older youth's caregiver about NYTD by:
 - a. Providing the qualified older youth/caregiver with information received in the e-mail notification,
 - b. Referring the qualified older youth and the older youth's caregiver to the DCS NYTD webpage, and

- c. Encouraging the qualified older youth/caregiver to contact the DCS NYTD help desk with any questions regarding the older youth outcomes survey (the link is available on the DCS NYTD webpage).
3. Ensure each qualified older youth has the tools necessary to complete the NYTD survey. The NYTD survey must reflect the older youth's own understanding and perspective of the survey questions.

Note: The NYTD survey must be completed by the qualified older youth. The qualified older youth may complete the survey alone or with assistance from a trusted adult, which includes, but is not limited to; the older 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; resource parent; or Licensed Child Placing Agency (LCPA) case manager.

4. Submit the survey through one (1) of the following methods:
 - a. The web portal, which may be accessed by clicking on the NYTD logo located on DCS' homepage or by using the Management Gateway for Indiana's Kids (MaGIK) Login. The username and password for the survey are included in the notification e-mail received,
 - b. Providing the older youth a blank NYTD Youth Survey to complete (available on the DCS NYTD webpage). The survey may then be submitted via e-mail to the DCS NYTD help desk for entry, or
 - c. Over the phone with a trusted adult asking the questions on the survey and entering the older youth's answers into the web portal.

Note: For older youth with an open Juvenile Delinquency (JD) case, the older 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 policy 2.25 Dual Status). The older youth's FCM, OYCM, or PO may request that the Chafee Program OYS contracted service provider assist the qualified older youth in completing the NYTD survey, using the methods described above.

Questions or concerns about a qualified older youth's willingness or ability to complete the survey should be directed to the DCS NYTD help desk, which is available on the DCS NYTD webpage.

Reporting for Older Youth Services:

The FCM or OYCM will ensure the Chafee Program OYS contracted service provider and other required NYTD reporters:

1. Submit a monthly report through the DCS NYTD Portal, as outlined in the KidTraks NYTD Report Submission, each month that a reportable NYTD service is provided to an older youth 16 years of age 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 older youth's address, education, and any other applicable information, as necessary.

Note: For older youth with an open JD case, the older youth's PO will complete the above steps. In cases of dual status, the lead agency is responsible for completing the above steps (see policy 2.25 Dual Status).

Reporting Demographic and Case Information:

The FCM or OYCM will:

1. Ensure the older youth's demographic information, including the older youth's race, ethnicity, and tribal membership, is complete and up to date in the case management system and/or KidTraks;
2. Update the older 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 older youth 16 years of age and older;
3. Ensure all older 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 16 years of age or older; and
4. Ensure the older youth's placement information is accurate in the case management system.

Note: For older youth with an open JD case, the older 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.

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RELEVANT INFORMATION

Definitions

Foster Care

Foster care is 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 OYS is to:

1. Assist identified youth who are expected to remain in foster care until their 18th birthday or after 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

- [DCS NYTD Webpage](#)
- [KidTraks NYTD Report Submission](#)
- [Management Gateway for Indiana's Kids \(MaGIK\) Login](#)

Related Policies

- [2.25 Dual Status](#)

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LEGAL REFERENCES

- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

PRACTICE GUIDANCE- DCS POLICY 11.17

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.

National Youth in Transition Database (NYTD)

NYTD is a data collection system developed to track OYS provided to older youth. NYTD is used to collect demographic and outcome information on certain older youth in foster care eligible placements whom the State of Indiana will follow over time to collect additional outcome information. Information regarding OYS received will be collected for all older youth over 16 years of age and in a foster care eligible placement.

Educating older youth regarding the purpose of NYTD and how their participation will positively impact future foster youth is highly encouraged. Engagement of the older youth during the survey process will assist in increasing participation rates and follow-up surveys. 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, which is located on the DCS NYTD webpage.

More information regarding NYTD can be found on the DCS NYTD webpage, which includes the following informational videos:

1. Spotlight on NYTD;
2. Take the NYTD Survey; and
3. Give the NYTD Survey.

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INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 11: Older Youth Services	
Section 18: Eligibility to Participate in Collaborative Care (CC)	
Effective Date: October 1, 2023	Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Collaborative Care (CC) is a voluntary program that allows youth currently or formerly in out-of-home placement under a CHINS or Juvenile Delinquency/Juvenile Status (JD/JS) case, who are 18 years and older, to remain under the care and placement of DCS 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.

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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 (see Older Youth Initiatives website). DCS has determined that a youth is eligible to participate in CC if the youth meet 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 IC 10-14-3-12, 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. Have signed a Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form that covers the youth's specialized Transition Plan for Successful Adulthood (see policy 11.22 Voluntary Collaborative Care [CC] Agreement); and
4. 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 actively 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.

A youth is ineligible to participate in CC:

1. On or after the youth's 21st birthday;
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 Older Youth Case Manager (OYCM) 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 CC 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 CC agreement; and
2. Enter an order containing findings and conclusions regarding whether DCS properly terminated the agreement for good cause.

IV-E Eligibility

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):

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. Youth 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 (OYI) 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 18 years of age) to participate in the program. Youth who are interested and eligible to participate in CC will be transferred to a 3CM (see Collaborative Care Fact Sheet). Younger siblings who are not eligible or interested in the program shall remain on the FCM's caseload.

The OYI 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; and
4. Submit the completed Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form to the DCS Staff Attorney.

The DCS Staff Attorney will submit the completed Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form and petition to open a CC case to the court immediately after the CHINS Case is closed.

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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.

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).

Voluntary Collaborative Care Agreement

The Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form 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.

Forms and Tools

- [Older Youth Case Management Fact Sheet](#)
- [Older Youth Initiatives DCS website](#)
- [OYS Protocol](#)
- [OYS Service Standards](#)
- [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 \(CC\) Case Transfers](#)
- [11.22 Voluntary Collaborative Care \(CC\) Agreement](#)
- [15.01 Title IV-E Eligibility Overview for Field & Legal Staff](#)

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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](#)

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PRACTICE GUIDANCE- DCS POLICY 11.18

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.

Importance of Youth-Adult Partnerships

In an authentic youth-adult partnership, each individual acknowledges learning from the other. Both partners have equal opportunities to utilize skills, make decisions, and independently carry out tasks to reach shared goals. Emphasis should be placed on providing opportunities for the youth to have positive interactions with family, peers, caring adults, and community members. The building of youth-adult partnerships with the guidance of an Older Youth Case Manager (OYCM) and the older youth's team provides an opportunity to achieve relational permanency and a chance at a higher level of success after leaving out-of-home care or Collaborative Care (CC).

Building the capacity of existing relationships to offer more empathetic and insightful emotional support may provide important resources for older youth transitioning from out-of-home placement to help them continue to deal with the emotions and questions raised by their experiences prior to, and during, placement. 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 whom the youth trusts or with whom trust may be strengthened.

Older Youth Services Protocol

The Older Youth Initiatives (OYI) program encompasses Older Youth Services (OYS), CC, and Voluntary Services. Youth participating in these services should be provided instruction, experiential learning, coaching, mentoring, and monitoring in services that include, but are not limited to (see OYS Protocol and OYS Service Standards):

1. Education;
2. Employment;
3. Financial and Asset Management;
4. Physical and Mental Health;
5. Housing;
6. Activities of Daily Living; and
7. Youth Engagement

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INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 11: Older Youth Services	
Section 19: Entry into Collaborative Care (CC) for Previously Discharged Older Youth	
Effective Date: September 1, 2023	Version: 5

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

For older youth with an open Child in Need of Services (CHINS) case or open Juvenile Delinquency/Juvenile Status (JD/JS) case who are in out-of-home placement in Indiana and are interested in and eligible to participate in CC, see policy 11.21 Collaborative Care (CC) Case Transfers.

Older youth who were previously discharged from the Indiana Department of Child Services (DCS) and meet other requirements may enter into Collaborative Care (CC) in order to assist the older youth in successfully transitioning to adulthood.

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PROCEDURE

DCS will make 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 policy 11.18 Eligibility for Collaborative Care).

Entry into CC for previously discharged older youth is initiated by the older youth contacting the Indiana DCS Child Abuse and Neglect Hotline (Hotline) at 1-800-800-5556. If the older youth arrives at a local DCS office and requests assistance for re-entry into care, the local office staff will make arrangements for the older youth to call the Hotline while in the office. The Hotline Intake Specialist (IS) will route the older youth’s request to the local office as a service request. In situations where the older youth is homeless, an immediate referral is made to the Older Youth Case Manager (OYCM) to assist the older youth with arrangements.

Note: If the older youth is homeless, the Hotline IS should contact the appropriate OYCM Supervisor for the county where the older youth is located (or contact the afterhours on-call phone number for CC) so a OYCM or designee can be dispatched to assist the older youth with emergency arrangements.

The OYCM will:

1. Determine the older youth’s eligibility to participate in CC;
2. Contact the older youth by phone within two (2) business days of the older youth’s initial inquiry. During this call, the 3CM shall:
 - a. Notify the older youth of eligibility status to participate in CC,

Note: If an older youth is ineligible for CC but is eligible for Voluntary Older Youth Services (OYS), the OYCM may complete the Voluntary OYS Referral, with the older youth's permission.

- b. Inform the older youth, regardless of the older youth's eligibility status, about local community resources the older youth may need to access (e.g., homeless shelters, food banks, or medical clinics). See 4.G Tool: Community Resources and Prevention Services for additional information, and
 - c. 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.
3. Ensure the following are completed during the initial meeting with the older youth (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 older 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 older youth is interested in participating in CC (see policy 5.07 Child and Family Team [CFT] Meeting),
 - c. Plan for and provide resources to assist an older youth who is in crisis in gaining stability,
 - d. Provide the older youth with a copy of the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form and discuss emergency and long-term placement options (see policy 11.22 Voluntary Collaborative Care [CC] Agreement), and
 - e. Complete a Voluntary OYS Referral with older youth who are not interested in participating in CC but are eligible for but not receiving Voluntary OYS.

The OYCM Supervisor is responsible for administering the older youth's grievance process if the older youth is determined ineligible for CC and requests an Eligibility Review. This review will include the following:

1. The older youth's written request for review,
2. A written statement from the older youth with an explanation as to why the older youth should be eligible for CC, and
3. A written statement from the older youth identifying any barriers prohibiting eligibility.

Note: After the OYCM Supervisor reviews eligibility, the 3CM Supervisor will send a letter to the older youth within three (3) business days of receipt regarding the determination and the right to request an Administrative Review.

The OYCM Division Manager (DM) or designee is responsible for reviewing the older youth's Request for Administrative Review, which includes:

1. Reviewing all relevant documentation from the OYCM Supervisor and the older youth to determine whether the OYCM Supervisor correctly determined eligibility for entry into CC, and
2. Sending an Administrative Review outcome letter to the older youth within five (5) calendar days of receipt of the request for Administrative Review.

Note: The determination of the OYCM DM or designee is not subject to further agency review.

The IL Specialist will:

1. Verify the eligibility of those older youth referred for Voluntary OYS;
2. Ensure a Voluntary Services Referral is completed for those older youth **not eligible** for CC;
3. Ensure an IL case type is open in the case management system; and
4. Monitor the progress of those older youth receiving voluntary services through an OYS Provider.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [4.G Tool: Community Resources and Prevention Services](#)
- [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#)

Related Policies

- [5.07 Child and Family Team \(CFT\) Meeting](#)
- [11.18 Eligibility to Participate in Collaborative Care](#)
- [11.21 Collaborative Care \(CC\) Case Transfers](#)
- [11.22 Voluntary Collaborative Care \(CC\) Agreement](#)

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LEGAL REFERENCES

- [IC 31-28-5.8-5: Eligibility; petitions](#)

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PRACTICE GUIDANCE- DCS POLICY 11.19

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 11: Older Youth Services	
Section 20: Youth Adjudicated as Juvenile Delinquents Accessing Collaborative Care (CC)	
Effective Date: September 1, 2023	Version: 4

- [• Procedure](#)
- [• Forms and Tools](#)
- [• Legal References](#)
- [• Definitions](#)
- [• Related Policies](#)
- [• Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) accepts referrals for Collaborative Care (CC) for older youth with an open Juvenile Delinquency/Juvenile Status (JD/JS) case who are interested in participating in CC. The CC services are provided to assist the older youth in successfully transitioning to adulthood.

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PROCEDURE

DCS accepts referrals for CC from Probation Officers (PO) for older youth with an open JD/JS case who are eligible and interested in participating in CC (see policy 11.18 Eligibility for Collaborative Care). For the CC case to properly open for these older youth, the following items must occur as outlined below:

1. The JD/JS case must close;
2. A Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services must be signed by the older youth and the Older Youth Case Manager (OYCM) the same day as the court’s JD/JS case closes (see policy 11.22 Voluntary Collaborative Care [CC] Agreement); and
3. A CC petition must be filed on the same day as the JD/JS case closure.

The OYCM Supervisor will:

1. Identify a OYCM for the older youth;
2. Identify the appropriate DCS Staff Attorney for the older youth’s case; and

Note: If the OYCM Supervisor is unsure which DCS Staff Attorney to contact, contact the Chief Counsel for the Region in which the case is open (see the Chief Counsel Map).

3. Assign the OYCM the CC case in the case management system within 48 hours of the case transition meeting.

The OYCM will:

1. Have an informational meeting 90 days prior to the older youth’s 18th birthday to determine if the older youth is eligible for and interested in participating in CC. This meeting may take place at the older youth’s regularly scheduled Transition Plan for Successful Adulthood meeting held by the PO (see policy 11.06 Transition Plan for Successful Adulthood);

2. Hold a transition meeting if the older youth chooses to participate in CC, including the older youth, PO, OYCM, and the older youth's child representatives, and complete the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services with the older youth;
3. 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 JD/JS case is closed (see policy 11.22 Voluntary Collaborative Care [CC] Agreement);
4. Attend the court hearing in which the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services and the petition to open a CC case is reviewed;
5. Thoroughly review the case file that is provided by the PO;
6. Ensure continuity of services, particularly those services that are related to the older 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 health care providers, as applicable (e.g., primary health care provider, dentist, ophthalmologist, gynecologist),
 - d. Therapeutic treatment/care, and
 - e. Continuation of service referrals through DCS.
6. Ensure the older youth does not lose contact with any siblings, family members, or other informal supports due to the case transition.

The DCS Staff Attorney will file the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services and petition to open the CC case with the court of jurisdiction (see policy 11.22 Voluntary Collaborative Care [CC] Agreement).

Note: The Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services is effective upon the date the last party has signed.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Chief Counsel Map](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)
- [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#)

Related Policies

- [11.06 Transition Plan for Successful Adulthood](#)
- [11.18 Eligibility to Participate in Collaborative Care](#)
- [11.22 Voluntary Collaborative Care \(CC\) Agreement](#)

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LEGAL REFERENCES

- [IC 31-30-2-1: Continuing juvenile court jurisdiction](#)

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PRACTICE GUIDANCE- DCS POLICY 11.20

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.

Collaborative Care Agreement

The Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form documents an arrangement between the older youth in Collaborative Care (CC) and DCS. The agreement outlines the CC program as well as the older youth's rights and responsibilities while in CC. This agreement must be signed by the older youth. Any representative from the DCS Older Youth Initiatives (OYI) team may review and sign the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form with the potential older youth.

Placement Disruption

When a CC case is opened, the placement of the older youth is not expected to be disrupted unless all parties agree that it would be in the best interest of the older youth. When making a decision regarding an older youth's CC placement, the older youth and the older youth's Child and Family Team (CFT) should take into account the older youth's Transition Plan for Successful Adulthood.

Preparing an Older Youth for Collaborative Care (CC)

When the older youth enters CC, ensuring an older youth's safety is given the highest priority. The best way to ensure safety is to maintain consistency with services for the older youth. The older youth will have likely begun to develop a relationship with the older youth's Older Youth Case Manager (OYCM) at Transition Plan for Successful Adulthood meetings that took place prior to the CC case opening. At these meetings, the older youth, OYCM, and the older youth's child representatives may begin to identify formal and informal supports in the new community, if applicable. Immediately after opening the CC case, an older youth may need a higher level of support from the OYCM because the older youth may be adjusting to new surroundings and may not have access to the same services/formal/informal support systems as before.

Transition Meetings

If possible, a transition meeting may take place during the older youth's Transition Plan for Successful Adulthood meeting. The probation officer (PO), OYCM (or a supervisor/designee), and the older 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 older 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 the older 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 older 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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 11: Older Youth Services

Section 21: Collaborative Care (CC) Case Transfers

Effective Date: October 1, 2022

Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When a youth is 16 years of age or older, has 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, the youth's case is transferred to a Older Youth Case Manager (OYCM) in order to support a youth's transition to successful adulthood.

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PROCEDURE

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 representatives, and any other relevant persons (see policy 5.07 Child and Family Team Meetings).

In addition to the transition CFT Meeting, a case transfer staffing should occur between the FCM and 3CM (this may include the 3CM Supervisor and FCM Supervisor if available) prior to the CFT meeting. Case transfer meetings provide the opportunity to discuss effective case planning, address barriers to stepdown plans, and ensure a seamless case transition. The timing of this case transfer staffing should be negotiated between the FCM and 3CM; 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. Follow the local office's procedure when it is determined appropriate to change the Permanency Plan to APPLA and seek court approval;
2. Attend a meeting with the 3CM (and 3CM Supervisor and FCM Supervisor if available) to:
 - a. Communicate sensitive case information regarding the case,
 - b. Identify barriers to case planning,
 - c. Discuss stepdown plans, case transition, and the Collaborative Care Case Transfer Checklist, and
 - d. Prepare for the CFT Meeting.
3. Prepare the case for transition to an identified 3CM by ensuring the case information is thoroughly documented and updated in the case management system;
4. Maintain contact with the 3CM and partner to complete case management tasks;

5. Conduct CFT preparation meetings with all relevant parties prior to the CFT Meeting to discuss APPLA and prepare the CFT members for the transfer to the 3CM; and
6. Co-facilitate a transfer CFT Meeting with the 3CM.

The FCM Supervisor will:

1. Ensure the youth's pertinent information and 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
2. Attend a meeting, if available, with the FCM, 3CM, and 3CM Supervisor to communicate sensitive case information, identify barriers to case planning, discuss stepdown plans and case transition, and prepare for the CFT Meeting.

The 3CM Supervisor will:

1. Assign a 3CM to the case within 48 hours of notification of APPLA permanency status;
2. Ensure the case management system has all pertinent information and is up to date upon case transfer, and work with the FCM Supervisor to gather any missing information;
3. Attend a meeting, if available, with the FCM, 3CM, and FCM Supervisor to communicate sensitive case information, identify barriers to case planning, discuss stepdown plans and case transition, and prepare for the CFT Meeting; and
4. Transfer the case from the FCM to the 3CM in the case management system within 30 calendar days of assignment to the 3CM.

The 3CM will:

1. Maintain contact and partner with the FCM to complete case management tasks, review the case file in the case management system, and obtain pertinent case documentation from the FCM;
2. Attend a meeting with the FCM (and 3CM Supervisor and FCM Supervisor if available) to ensure sensitive case information is provided and that needed documentation is identified and completed prior to or during the CFT Meeting;
3. Ensure continuity of services and appropriate referrals are in place for the youth; and
4. Co-facilitate a transfer CFT Meeting.

Note: There may be circumstances in which a follow-up CFT Meeting or a post-transfer staffing between the FCM and 3CM may be needed after the case transfer in order to gather additional information or resolve any case concerns.

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RELEVANT INFORMATION

Definitions

Another Planned Permanent Living Arrangement (APPLA)

APPLA is only an option for youth 16 years of age and older when all other permanency plan options have been thoroughly exhausted and found to not be viable. APPLA 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:

1. With resource parents who have made a commitment to care for the youth permanently, but are not moving toward adoption or guardianship, or
2. Other long-term placement setting that meets the youth's needs as the youth transitions to adulthood, and

3. Receiving Older Youth Services (OYS) that will lead the youth to successful adulthood living after emancipation from the child welfare system.

Older Youth Services

The purpose of OYS is to:

1. Assist identified youth who are expected to remain in foster care until their 18th birthday or after 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

- [Collaborative Care Case Transfer Checklist \(SF 56107\)](#)
- [Collaborative Care Supervisor Map](#)
- [Kinship Connection Diagram](#)
- [Older Youth Case Management Sharepoint Webpage](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [11.17 National Youth in Transition Database \(NYTD\)](#)

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LEGAL REFERENCES

- [IC 31-9-2-13: "Child"](#)
- [IC 31-28-5.8-7: Periodic reviews by court; notice; participation; orders](#)

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PRACTICE GUIDANCE- DCS POLICY 11.21

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.

Preparing a Youth for Case Transfer

In any case transfer, ensuring a youth's safety is given the highest priority. The best way to ensure safety is to maintain consistency with services for the youth. At the Transition Plan for Successful Adulthood meeting (see policy 11.06 Transition Plan for Successful Adulthood), the youth and the 3CM may begin to identify formal and informal supports in the youth's community. Immediately after transferring a case, a youth may need a higher level of support from the 3CM because the youth may be adjusting to the surroundings and may not have access to the same services and/or formal and informal support systems as before.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 11: Older Youth Services

Section 22: Voluntary Collaborative Care (CC) Agreement

Effective Date: September 1, 2023

Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (DCS) form documents an arrangement between older youth entering Collaborative Care (CC) and DCS. This agreement provides older youth with an outline of what to expect in CC and details the older youth's rights and responsibilities after transfer to CC.

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PROCEDURE

DCS will ensure older youth who are eligible and interested in participating in CC complete and sign the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form on or after their 18th birthday (see policy 11.18 Eligibility to Participate in Collaborative Care).

In order for the CC case to properly open for these older youth, the following must occur in the order of steps below:

1. The Child in Need of Services (CHINS) or Juvenile Delinquency/Juvenile Status (JD/JS) case must close;
2. A Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form must be signed by the older youth and a representative from the DCS Older Youth Initiatives team the same day as the court's CHINS or JD/JS case closes; and

Note: This agreement is effective upon the date the last party has signed.

3. The Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form and the CC petition must be filed:
 - a. In the county of wardship and on the same day as the CHINS or JD/JS case closure if the older youth has a current open CHINS or JD/JS case and will reside in the county of wardship,
 - b. In the county of wardship and on the same day as the CHINS or JD/JS case closure if the older youth has a current open CHINS or JD/JS case and will reside in a different county from the county of wardship. A Motion for Change of Venue to the county in which the older youth resides must also be filed with the other documents, or
 - c. In the county in which the older youth resides if the older youth has been previously discharged from care and wishes to enter CC.

The Family Case Manager (FCM) will:

1. Work with the Older Youth Case Manager (OYCM) to schedule a Child and Family Team (CFT) Meeting with the older youth to ensure CC is discussed with the older youth at a Transition Plan for Successful Adulthood meeting at the child's 17th birthday (see policy 11.06 Transition Plan for Successful Adulthood);
2. Prepare the older youth for possible transition to a OYCM when the older youth is 17 years and 6 (six) months of age; and
3. Work with the OYCM to ensure proper case transfer in accordance with policy 11.21 Collaborative Care Case Transfers.

The OYCM will:

1. Complete the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form with the older youth on or after the older youth's 18th birthday;

Note: Any member of the Older Youth Initiatives team may review and sign the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form with the older youth.

2. Request that the DCS Staff Attorney submit the completed Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form 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 form is reviewed;
4. Monitor the case to ensure DCS and the older youth are actively participating in the development of the older youth's Case Plan/Prevention Plan to assist the older 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 the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form is signed by the older youth; and
3. File the Verified Joint Petition to Allow Older Youth to Enter into the Collaborative Care Program and the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form with the Court, if applicable.

Note: The DCS Staff Attorney in the county where the older youth will reside is responsible for filing the agreement with the court of jurisdiction, which cannot be filed until the CHINS or JD/JS case is closed.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) - available in the case management system

- [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#)

Related Policies

- [11.06 Transition Plan for Successful Adulthood](#)
- [11.18 Eligibility to Participate in Collaborative Care](#)
- [11.21 Collaborative Care \(CC\) Case Transfers](#)

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LEGAL REFERENCES

- [IC 31-28-5.8-2: "Collaborative care agreement"](#)

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PRACTICE GUIDANCE- DCS POLICY 11.22

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.

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 11: Older Youth Services

Section 23: Providing Notice and Attending Collaborative Care (CC) Court Hearings

Effective Date: May 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Written notices of Collaborative Care (CC) hearings are sent in a manner consistent with the Indiana Trial Rules to permit CC cases to proceed in a timely manner and to ensure youth and all parties of the case are notified of hearing dates. It is important for youth to attend court proceedings, as it allows for the court to have the opportunity to engage and interact with the youth. Attending court also provides youth the opportunity to present evidence to the court and have the youth's voice heard.

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PROCEDURE

The Indiana Department of Child Services (DCS) will provide notice of CC hearings. DCS will also attend and participate in 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 form (see policy 11.22 Voluntary Collaborative Care [CC] Agreement); or
2. More frequently, if ordered by the court.

Note: DCS or the youth may request that the court hold a CC hearing at any time.

The DCS Staff Attorney or Older Youth Case Manager (OYCM) will ensure that proper, written notice of all CC hearings is provided by mail or personal service at least 10 calendar days before the date of the hearing, to the following:

1. The youth;
2. The resource parent (including Host Home Adults) with whom the youth is living, if applicable;
3. Any person or agency identified in the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services form (see policy 11.22 Voluntary Collaborative Care [CC] Agreement) as a provider of services to the youth (e.g., any caseworker responsible for visitation with the youth);
4. The youth's Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL) (if applicable); and
5. 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.

The OYCM will:

1. Provide a Progress Report to the court with the following information attached:
 - a. The youth's current Case Plan/Prevention Plan,
 - b. The youth's current Transition Plan for Successful Adulthood,
 - 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 (e.g., the Youth Report to the Court, if applicable).
2. Ensure a copy of the Progress Report and all attachments are printed and given (via mail or personal service) to required parties, including filing all documents with the court, at least 10 calendar days prior to the court hearing;
3. Educate the youth regarding:
 - a. Appropriate court etiquette and attire,
 - b. The purpose of the court hearing and possible outcomes,
 - c. The youth's rights and responsibilities regarding the hearing,
 - d. Other court participants,
 - e. The role of all court participants, and
 - f. Questions the judge may ask.
4. Ensure the youth attends the hearing;

Note: The 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 a Periodic Review hearing. These situations should be infrequent, as the youth should take an active and participative role in the court case. If the youth is unable to attend a hearing, the Youth Report to the Court should be completed and submitted to the court.

5. Debrief with the youth after the court hearing; and
6. Ensure court hearing information is entered in the case management system, including when the notice of CC hearings was provided.

Note: The OYCM should contact the DCS Staff Attorney if another court, including a court in a criminal proceeding, orders a youth to participate in a service, placement, or program.

The OYCM Supervisor will review and approve the Progress Report and all attachments.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Bench Card Authentic Youth Engagement: A Guide for Courts](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- Notice of Periodic Case Review (SF 48997) - available in the case management system
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)
- [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#)

- [Youth Report to the Court](#)

Related Policies

- [6.04 Providing Notice of Hearings](#)
- [11.22 Voluntary Collaborative Care \(CC\) Agreement](#)

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LEGAL REFERENCES

- [IC 31-28-5.8: Chapter 5.8. Collaborative Care](#)
- [IC 31-28-5.8-4: "Older youth"](#)
- [IC 31-28-5.8-7: Periodic reviews by court; notice; participation; orders](#)

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PRACTICE GUIDANCE- DCS POLICY 11.23

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.

Youth Participation in Court Hearings

Encouraging youth to participate in court hearings is a positive way to practice youth-adult partnering. The Bench Card Authentic Youth Engagement: A Guide for Courts may be helpful when discussing participation in court with youth. The youth's full involvement in court hearings and giving the youth the responsibility for making meaningful decisions regarding the youth's Collaborative Care (CC) case shows full support of the youth as a partner.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 25: Collaborative Care (CC) Host Homes	
	Effective Date: April 1, 2022	Version: 3

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A Collaborative Care (CC) Host Home is a placement option for eligible youth in CC and is utilized when an existing positive adult relationship has been identified by the youth or members of the youth’s team with the youth’s agreement.

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PROCEDURE

The Indiana Department of Child Services (DCS) will offer a Host Home placement option for eligible youth in CC. A Host Home is not required to be licensed, but the Host Home will be monitored by the Older Youth Case Manager (OYCM).

Note: Host Home placements are not appropriate for peer roommates, biological parents, or adoptive parents.

Host Home adults should be at least 21 years of age. However, the OYCM may submit a waiver for potential Host Home adults between 18 and 21 years of age for approval by the Older Youth Initiatives Manager or designee.

The OYCM will:

1. Discuss the expectations of the Host Home placement and reach an agreement in the Child and Family Team (CFT) Meeting prior to the youth’s transition. The following topics, which are included in the Foster Home/Host Home Agreement, shall be discussed:
 - a. Physical description of living space,
 - b. Refraining from discriminating against the youth based on race, religion, national origin, gender, disability, or sexual orientation,
 - c. Expectations, roles, responsibilities, and consequences of the youth and the Host Home adult,
 - d. Frequency of services, provider visits, and meetings, and
 - e. Per diem and payments.
2. Facilitate the discussion and signing of the Foster Home/Host Home Agreement between the Host Home adult and the youth;
3. Complete an initial visit to the Host Home residence and complete the Host Home Environment Checklist for Older Youth Placements;

4. Conduct the following background checks on Host Home adults as Collaborative Care Volunteers prior to or within 30 days of placement in the Host Home (see policy 13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements for additional guidance). The background checks 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),

Note: To request an exception, see policy 13.15 Fingerprint-Based Checks.

- b. Child Protection Services (CPS) History Check in every state the subject of the check has lived in the last five (5) years,

Note: If the subject lived in any other state in the last five (5) years, contact the Central Office Background Check Unit (COBCU) for guidance on what type of check is needed in that state.

- c. National Sex Offender Registry (NSOR) check in every state the subject of the check has lived in the last five (5) years, and
- d. 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.

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 OYCM has reason to believe conducting a check is in the best interest of the youth.

5. Complete face-to-face visits with the Host Home adult, at a minimum, every other month. See policy 8.10 Minimum Contact for additional guidance regarding face-to-face contact requirements for the youth placed in the Host Home;
6. Ensure the Host Home adult is providing adequate opportunity for the youth to further develop independent living skills. This includes the Host Home adult completing the Casey Life Skills Assessment (CLSA) as a caregiver and assisting the older youth in developing interdependence in the community and positive social connections;
7. Ensure the youth completes the CLSA; and
8. 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 policy 13.06 Evaluating Background Checks for Non-Emergency Unlicensed Placements for additional guidance.

Note: The OYCM will share the results with the subject of the checks only.

The OYCM Supervisor will assist the OYCM throughout the process of placing a youth in a Host Home.

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RELEVANT INFORMATION

Definitions

Host Home

A Host Home setting is one where a youth resides in the home of a family or a single, related, or unrelated adult. 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.

Host Home Adults

Host Home adults are mentors to youth who practice healthy youth-adult partnerships.

Forms and Tools

- Casey Life Skills Assessment - available in hard copy
- Foster Home/Host Home Agreement - available in the case management system
- Host Home Environment Checklist for Older Youth Placements - 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

- [8.10 Minimum Contact](#)
- [13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements](#)
- [13.06 Evaluating Background Checks for Non-Emergency Unlicensed Placements](#)
- [13.15 Fingerprint-Based Checks](#)

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LEGAL REFERENCES

- [IC 31-28-5.8-3: "Host home"](#)
- [IC 31-28-5.8-5.5: Conduct criminal history check](#)

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PRACTICE GUIDANCE- DCS POLICY 11.25

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.


Host Home Placements

The Host Home adult will assist in the facilitation of services through cooperative communication with the Older Youth Case Manager (OYCM) as opportunities arise. The services provided in Collaborative Care (CC) should be specific to the needs of the youth. The need for a referral to a CC Service Provider will be determined by the youth along with the guided support of the OYCM, Host Home adult, and assessment tools.

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. Budgeting funds, purchasing personal items, and setting up bank savings and/or checking accounts to promote and increase the youth's financial responsibility;
4. Utilizing teachable moments that provide the youth opportunities to engage in healthy risk taking, fostering both positive and negative consequences;
5. Adhering to the expectations of the Foster Home/Host Home Agreement resulting in positive and negative consequences; and
6. Establishing progressive and appropriate expectations based on the needs and age of the youth.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 11: Older Youth Services Section 26: Minimum Contact for Collaborative Care (CC) Placements	
	Effective Date: August 1, 2022	Version: 3

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

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 and the Transition Plan for Successful Adulthood 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 safety, stability, 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 one's own or with the resource parent, if applicable; and
5. Discuss social connections and interactions for optimal functioning as an adult.

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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 contacts. The contacts may alternate between the youth's residence and other locations (e.g., school and court). For youth admitted to residential treatment, the Older Youth Case Manager (OYCM) will also have weekly contact. The weekly contact may be by phone or virtual (e.g., video conferencing, Facetime), using virtual technology, depending on the residential agency's capacity. DCS will have face-to-face contact with the resource parent, including host homes, at a minimum of every other month

During case junctures (see Definitions) involving the youth or resource parent, contact with the youth and/or resource parent, including host homes, must be made weekly by the assigned OYCM until the issue has been stabilized. The OYCM 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: CC youth living on their own shall be considered their own caregiver.

At each contact with the youth, the OYCM 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. The Face-to-Face Contact form and/or the 5.C Tool: Face-to-Face Contact Guide may be utilized as guides for discussion during the face-to-face contact with the youth;

2. Discuss the youth's support system and identify supportive individuals that may assist the youth;
3. 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; and
4. 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.

At each contact with the resource parent, including a host home, the OYCM will:

1. Discuss the youth's safety, stability, permanency, and well-being; and
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.

Following each contact, the OYCM will:

1. Document the visit and any new information gained during the face-to-face contact and enter the information in the case management system within three (3) business days; and

Note: If contact cannot be made, the OYCM will document in the case management system what efforts were made. A discussion about actions taken and next steps should be made with the OYCM Supervisor.

2. Convene a Child and Family Team (CFT) Meeting to assess whether the circumstances which constituted the case juncture have been resolved and determine if continued weekly contact is necessary. See policy 5.07 Child and Family Team Meetings for additional information.

The OYCM Supervisor will:

1. Guide the OYCM as necessary during regular case staffing and discuss next steps if the OYCM is unable to make contact with the youth and/or the youth's resource parent (including a host home); and
2. Ensure information is entered timely in the case management system.

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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;
9. Education;
10. Court;
11. Trial Home Visit (THV); and
12. Change in household composition.

Case Staffing

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

Forms and Tools

- [5.C Tool Face-to-Face Contact Guide](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- [Face-to-Face Contact \(SF 53557\)](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [5.10 Family Services](#)
- [11.06 Transition Plan for Successful Adulthood](#)

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LEGAL REFERENCES

- [IC 31-28-5.8-6: Updating case plans; transitional services plan; visitation with family case manager](#)

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PRACTICE GUIDANCE- DCS POLICY 11.26

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.

Importance of Social Capital for Older Youth

Building the capacity of existing relationships to offer more empathetic and insightful emotional support could provide important resources for youth leaving out-of-home placement to help them continue to deal with the emotions and questions raised by their experiences prior to, and during, placement. 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

Emphasis should be placed on assisting youth in creating social capital through interactions with family, peers, caring adults, and community members. Youth who are participating in Collaborative Care (CC) are likely to have missed out on the opportunity to find legal permanency. The building of social capital with the guidance of a Older Youth Case Manager (OYCM) and the youth's team gives the opportunity for each adolescent to achieve relational permanency, therefore; securing opportunities for heightened positive brain development and a chance at a higher level of success after leaving out-of-home care or CC.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 11: Older Youth Services

Section 27: Permanency for Older Youth in Collaborative Care (CC)

Effective Date: September 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Building the capacity of existing relationships to offer more empathetic and insightful emotional support may provide important resources for youth as they continue to deal with the emotions and questions raised by experiences prior to and during placement and as they leave out-of-home placement. When Another Planned Permanency Living Arrangement (APPLA) is identified as appropriate, efforts will be made to enhance and develop existing relationships the youth have with adults they trust or with whom trust may be strengthened.

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PROCEDURE

The Indiana Department of Child Services (DCS) is committed to ensuring permanency for youth in Collaborative Care (CC). 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 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 and document continuous diligent efforts to locate adult relatives/kin of the youth (see policies 5.03 Engaging the Family and 5.23 Diligent Search for Relatives/Kin and Case Participants).

The Older Youth Case Manager (OYCM) will:

1. Assess the youth's permanency status by engaging the youth in conversations regarding the youth's perspective on involving supportive adults and the youth's interest in pursuing those connections;
2. Utilize the Kinship Connection Diagram as a tool to aid the youth in identifying possible supportive adults or connections;
3. Engage the Child and Family Team (CFT) in conversations regarding the youth's permanency status and ensure the CFT supports and approves of the Permanency Plan;

4. Ensure the youth is able to identify at least one (1) supportive adult who the youth believes will be a lifelong connection. If the youth is unable to identify a supportive adult or connection, complete a referral for the Youth Connections Program;
5. Document all diligent efforts made to locate adult relatives/kin in the case management system; and
6. Provide documentation at each periodic case review hearing regarding the reasons every other permanency plan option is not in the youth's best interest.

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RELEVANT INFORMATION

Definitions

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. APPLA (only for youth 16 years of age and older).

Relational Permanency

Relational permanency is a concept that defines familial relationships beyond biological connections, including those familial ties that are formed during care and after exiting out-of-home placement.

Forms and Tools

- [Kinship Connection Diagram](#)

Related Policies

- [5.03 Engaging the Family](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)

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LEGAL REFERENCES

- [IC 31-28-5.8-7: Periodic reviews by court; notice; participation; orders](#)
- [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](#)

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PRACTICE GUIDANCE- DCS POLICY 11.27

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.

Another Planned Permanency Living Arrangement (APPLA)

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 16 years of age or older, and it must be supported and approved by the Child and Family Team (CFT). When a youth 16 years of age or 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 efforts that use search technology (e.g., social media) to find relatives for the youth. The Indiana Department of Child Services (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 the alternative Permanency Plans of Reunification, Adoption, Legal Guardianship, or Placement with a Fit and Willing Relative are not in the best interest of the youth.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 11: Older Youth Services

Section 28: Dismissing a Collaborative Care (CC) Case

Effective Date: May 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A Collaborative Care (CC) case may be dismissed when a youth is no longer eligible for CC or the youth asks for the case to be dismissed.

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PROCEDURE

When a youth is ineligible for CC, the Indiana Department of Child Services (DCS) will request the CC 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: The Older Youth Case Manager (OYCM) will consult with the OYCM Supervisor to determine the need for case dismissal when:

- a. The youth does not continue to meet CC eligibility requirements,
- b. The youth voluntarily decides to leave their CC placement, or
- c. The youth otherwise demonstrates a lack of interest in receiving services and/or remaining in placement.

If approved by the OYCM Supervisor, the OYCM 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 Voluntary Collaborative Care Agreement before the expiration date and without the agreement of the youth, the youth or a Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA), who is participating with the consent of the youth, may request within 15 calendar days of the date of the notice that DCS intends to terminate the Voluntary Collaborative Care Agreement that the court complete one (1) of the following:

1. Hold a hearing regarding the cause for terminating the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services; or

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 OYCM that the youth no longer desires to participate in CC, the OYCM 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 (see policy 5.07 Child and Family Team (CFT) Meetings);

Note: If the youth declines to participate in a CFT Meeting, the OYCM 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 OYCM 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 DCS Staff Attorney to request the CC case be dismissed;

Note: 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. Obtain the finalized court order authorizing case closure and wardship dismissal, upload the order into the case management system, and close the case.

If a youth runs away, does not participate in CC services, or the team has concerns about the youth's level of engagement or eligibility, DCS will take these actions as an indication that the youth no longer desires to participate in CC. In such cases, the OYCM will:

1. Attempt to contact the youth and document the outcome of all attempts in the case management system;
2. Make efforts to conduct a CFT Meeting to discuss concerns and next steps if the youth is able to be located;
3. Document in the case management system any damage done to the apartment or home where the youth lived if damages are noted;

4. Document in the case management system any criminal charges filed against the youth as a result of the youth's behavior;
5. 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;
6. Staff the request to dismiss the youth's case with the OYCM Supervisor;
7. Submit a request to the DCS Staff Attorney for the case to be dismissed;

Note: 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).

8. Ensure the youth has all required documents listed in the Transition Plan for Successful Adulthood, including the Foster Care Verification Letter, if contact with the youth is successful;
9. 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 OYCM 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 the request for case dismissal is submitted to the court, the OYCM will staff with the OYCM Supervisor for closure. The OYCM Supervisor will review the case and confirm documentation is completed and closure is appropriate.

The DCS Staff Attorney will file a request for case dismissal with the court when the request has been received from the OYCM.

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RELEVANT INFORMATION

Definitions

Older Youth Services

The purpose of OYS is to:

1. Assist identified youth who are expected to remain in foster care until their 18th birthday or after 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

- [Collaborative Care Case Request for Case Dismissal \(SF 56005\)](#)
- [Foster Care Verification Letter \(SF 56571\)](#)
- [Transition Plan for Successful Adulthood \(SF 55166\)](#)

- [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services \(SF 55159\)](#)

Related Policies

- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [11.07 Voluntary Older Youth Services](#)
- [11.18 Eligibility to Participate in Collaborative Care](#)

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LEGAL REFERENCES

- [IC 10-14-3-12: Disaster emergency; emergency gubernatorial powers](#)
- [IC 31-28-5.8-8: Closing collaborative care cases](#)

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PRACTICE GUIDANCE- DCS POLICY 11.28

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 11: Older Youth Services

Section 29: Transition to Successful Adulthood Services (TSA)

Effective Date: October 1, 2024

Version: 1

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Transition to Successful Adulthood Services (TSA) provides independent and interdependent skills, tools, and resources necessary to emerge into successful adulthood to eligible youth who have a case plan goal of Another Planned Permanency Living Arrangement (APPLA) (see Definitions) and are expected to age out of foster care (see Definitions).

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PROCEDURE

The Indiana Department of Child Services (DCS) provides TSA for eligible youth 17.5 years of age to 21 years of age who are in foster care as a Child in Need of Services (CHINS) or adjudicated delinquent with a case plan goal of APPLA.

The Family Case Manager (FCM) or Older Youth Case Manager (OYCM) will:

1. Submit a referral to TSA through the case management system (i.e., KidTraks) for youth 17.5 to 21 years of age with a case plan goal of APPLA;
2. Monitor the youth's placement and maintain contact in accordance with policy 8.10 Minimum Contact;
3. Facilitate Child and Family Team (CFT) Meetings and/or case plan conferences in accordance with policies 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan/Prevention Plan;
4. Conduct Transition Services Plan (TSP) (see Definitions) meetings to address the Transition Plan for Successful Adulthood (see Definitions), which may occur during a CFT Meeting (see policy 11.06 Transition Plan for Successful Adulthood);
5. Refer additional services to ensure the youth's behavioral health and social/emotional learning needs are addressed. These services include but are not limited to:
 - a. Home-based therapy/counseling,
 - b. Mental health services,
 - c. Vocational rehabilitation, and
 - d. Parenting or fatherhood engagement services.
6. Ensure the Older Youth Services (OYS) Provider (see Definitions):
 - a. Has at least one (1) face-to-face contact with the youth per week during the first 60 days, and
 - b. Has at least one (1) check in (i.e., phone call or text) with the youth per week during the first 60 days, and

- c. Hosts a Successful Adulthood Team Meeting within 60 days of referral and then every 60 days thereafter to review the youth's transition services learning plan (learning plan) (see Definitions) progress, and
- d. Establishes ongoing face-to-face contact and check ins with the youth during the initial Successful Adulthood Team Meeting.

Note: After the first 60 days of TSA, the minimum contact for visits with the youth by the OYS Provider is once every 30 days.

7. Attend the Successful Adulthood Team Meetings that are hosted by the OYS Provider to address the youth's learning plan progress;
8. Determine if the youth is eligible for Older Youth Case Management (see policy 11.18 Eligibility for Collaborative Care). If the youth is determined to be eligible for Older Youth Case Management, follow the procedures in policy 11.22 Voluntary Collaborative Care (CC) Agreement; and

Note: Only the OYCM is able to make Older Youth Case Management referrals.

9. Refer the youth for Voluntary Older Youth Services, if requested, upon case closure (see policies 11.07 Voluntary Older Youth Services).

Note: Only the OYCM and Independent Living (IL) specialists are able to make Voluntary Older Youth Service referrals.

The FCM or OYCM Supervisor will:

1. Ensure all appropriate referrals are completed; and
2. Assist the FCM or OYCM through regular case staffing (see Definitions).

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RELEVANT INFORMATION

Definitions

Another Planned Permanent Living Arrangement (APPLA)

APPLA is only an option for youth 16 years of age and older when all other permanency plan options have been thoroughly exhausted and found to not be in the child's best interest. APPLA 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:

1. With resource parents who have made a commitment to care for the youth permanently, but are not moving toward adoption or guardianship, or
2. Other long-term placement setting that meets the youth's needs as the youth transitions to adulthood, and
3. Receiving OYS (see Definitions) that will lead the youth to successful adulthood living after emancipation from the child welfare system.

Case Staffing

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

Foster Care

Foster care is 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 Case Management

Older Youth Case Management is DCS' extended foster care program that allows eligible young adults who are or were in the foster care system to voluntarily remain under the care and placement of DCS in order to continue to finalize their transition plan and independent living goals. The program is for DCS and Juvenile Delinquent (JD) youth 18 to 21 years of age and allows them to continue receiving services (see policy 11.18 Eligibility to Participate in Collaborative Care).

Older Youth Services (OYS)

The purpose of OYS is to:

1. Assist identified youth who are expected to remain in foster care until their 18th birthday or after 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".

OYS Provider

The OYS Provider has a contract with DCS and coordinates services with the youth and evaluates progress with the youth by tracking and adjusting independent living service needs.

Successful Adulthood Learning Plan (Learning Plan)

The Successful Adulthood Learning Plan (Learning Plan) is an individualized plan based on the Life Skills Assessment results and strongly driven by the youth's input. Unlike the Transition Plan for Successful Adulthood, the youth and the contracted OYS Provider develop the learning plan. The Learning Plan must include specific tasks that would aid the youth in meeting their independent living goals.

Transition Plan for Successful Adulthood

A Transition Plan for Successful Adulthood is a plan that details what services and supports youth and young adults need to transition into adulthood successfully. It is a comprehensive and personalized plan federally required to be completed once a youth turns 14 in foster care and is updated every six (6) months.

Transitional Services Plan (TSP)

The Transitional Service Plan (TSP) defines what services are needed for a youth/young adult to transition into adulthood successfully. The transitional service plan is federally required to be completed 90 days before the youth's 18th birthday.

Forms and Tools

- [Transition Plan for Successful Adulthood \(SF 55166\)](#)
- Older Youth Services & Collaborative Care Program Service Delivery and Protocol – available on the [Older Youth Initiatives](#) webpage

- Older Youth Services Service Standards – available on the [Older Youth Initiatives](#) webpage

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [8.10 Minimum Contact](#)
- [11.02 Eligibility for Older Youth Services](#)
- [11.06 Transition Plan for Successful Adulthood](#)
- [11.07 Voluntary Older Youth Services](#)
- [11.08 The Chafee Program Room and Board Services](#)
- [11.10 Education and Training Voucher Program](#)
- [11.18 Eligibility for Collaborative Care \(CC\)](#)
- [11.22 Voluntary Collaborative Care \(CC\) Agreement](#)

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LEGAL REFERENCES

- [42 USC 675: Definitions](#)
- [42 USC 677: John H. Chafee Foster Care Program for Successful Transition to Adulthood](#)

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PRACTICE GUIDANCE- DCS POLICY 11.29

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.

Older Youth Services Protocol


The Older Youth Initiatives (OYI) program encompasses Older Youth Services (OYS), Older Youth Case Management, Voluntary Services, and Transition to Successful Adulthood Services (TSA). Youth participating in these services should be provided instruction, experiential learning, coaching, mentoring, and monitoring in services that include, but are not limited to (see the Older Youth Services and Collaborative Care Program Service Delivery and Protocol and the Older Youth Services Service Standards):

1. Education;
2. Employment;
3. Financial and Asset Management;
4. Physical and Mental Health;
5. Housing;
6. Activities of Daily Living; and
7. Youth Engagement.

Voluntary Older Youth Services

All youth aging out of foster care and former youth who are 18 years of age up to 23 years of age 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 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).

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	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		Housing (approximately 30%)		
Internet Fees		Household Expenses (approximately 30%)		
Credit Card 1		Other Bills (approximately 30%)		
Credit Card 2		Savings (approximately 10%)		
Credit Card 3		Paycheck Distribution with approximate percentages		
Loans		Amount Deposited in Checking for Housing & Other Bills 60%	<u>Monthly</u>	<u>Weekly</u>
Cable			Amount of Cash For Household expenses 30%	
Other Bill 1		Amount for Long Term Savings (invested) 5%		
Other Bill 2			Amount for Crisis Fund (Savings Account) 5%	
Other Bill 3				
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

Section 01: Authority to License

Effective Date: September 1, 2022

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) issues a foster family home license to qualified applicants who comply with all applicable statutes and regulations. The licensing process verifies that a foster family home is equipped to ensure child safety and meet the needs of the child.

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PROCEDURE

Resource parent's homes are categorized as:

1. Foster family homes;
2. Prospective adoptive homes; and
3. Unlicensed relative or kinship homes.

Foster Family Homes

All licensed foster family homes will follow the same licensing procedures and documentation requirements regardless of whether the home is licensed by DCS or a Licensed Child Placing Agency (LCPA). A foster family home license is issued for a period of four (4) years.

Note: LCPAs are responsible for completing the home study for a prospective LCPA foster family home and making a recommendation to the Central Office Foster Care Licensing Team regarding issuing a license.

Prospective Adoptive Homes

Next steps for homes with the intent of adoption are included in policy 12.02 Responding to Initial Inquiries.

Unlicensed Relative or Kinship Homes

If an unlicensed relative or kinship home wishes to pursue licensure, the licensing process begins by submitting an Application for Foster Family Home License. See policy 12.03 Initial Licensing Packet for additional information.

Note: The potential foster home, which is caring for a related/kinship child, will be licensed within the county in which the foster home is located, regardless of where the Child in Need of Services (CHINS) petition has been filed. See policy 8.05 Out of County Placements and Practice Guidance for additional information.

DCS requires all potential foster parents to:

1. Be individuals at least 21 years of age;
2. Pass a criminal history background check including but not limited to a Fingerprint-Based Check. See policies 13.09 Conducting Background Checks for Foster Family Home Licensing and 13.10 Evaluating Background Checks for Foster Family Home Licensing for more information;
3. Demonstrate financial stability;
4. Own or rent housing that meets physical safety standards;
5. Provide medical statements from a physician for all household members;
6. Successfully complete pre-service training requirements. See policy 12.05 Pre-Service Training Requirements for additional guidance;
7. Successfully complete first aid, Cardiopulmonary resuscitation (CPR), and Universal Precautions training. See policy 12.06 Medical Training Requirements for more information;
8. Provide four (4) or more positive personal references;
9. Demonstrate a stable home/living arrangement;
10. Complete a home-study assessment with the licensing agency; and
11. Agree to abide by the licensing rules in 465 IAC 2-1.5.

Licensure of Noncitizens

Noncitizens are eligible to apply for a foster family home license if they are a Permanent Resident, Qualified Alien, or have obtained Deferred Action for Childhood Arrivals (DACA) status. Noncitizens who are not Permanent Residents, Qualified Aliens, or are without DACA status are eligible for a foster family home license only if the following two (2) requirements are met:

1. The foster family home qualifies as a relative/kinship placement, and
2. The noncitizen applicant is married to a citizen of the United States.

Note: All noncitizen applicants must otherwise be eligible in accordance with the requirements of Indiana Code (IC), Indiana Administrative Code (IAC), and DCS Policy.

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RELEVANT INFORMATION

Definitions

Foster Family Home

A foster family home is a place where an individual resides and provides licensed care and supervision on a 24-hour basis to a child.

Foster Family Homes with a Therapeutic Certificate

A foster family home with a therapeutic certificate is a foster home licensed through an LCPA 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.

Forms and Tools

- [Application for Foster Family Home License \(SF 10100\)](#)

Related Policies

- [8.05 Out-of-County Placements](#)
- [12.02 Responding to Initial Inquiries](#)
- [12.03 Initial Licensing Packet](#)
- [12.05 Pre-Service Training Requirements](#)
- [12.06 Medical Training Requirements](#)
- [13.09 Conducting Background Checks for Foster Family Home Licensing](#)
- [13.10 Evaluating Background Checks for Foster Family Home Licensing](#)

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LEGAL REFERENCES

- [IC 31-9-2-9.3: "Applicant"](#)
- [IC 31-9-2-46.7: "Foster care"](#)
- [IC 31-9-2-46.9: "Foster family home"](#)
- [IC 31-9-2-89\(c\): "Person"](#)
- [IC 31-9-2-99.3\(c\): "Provider"](#)
- [IC 31-27-2-1: Duties of department of child services](#)
- [IC 31-27-4-1: License required to operate foster family home; exception](#)
- [IC 31-27-4-16: Duration of license; limitations; renewal](#)
- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)

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PRACTICE GUIDANCE- DCS POLICY 12.01

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.

Resource Care for Kinship Placements

If a child alleged to be a CHINS is taken into custody under an order of the court, the court is required to consider placing the child with a relative or kinship caregiver. Relative or kinship caregivers to be considered for placement include but are not limited to:

1. Adult siblings including step- and half-siblings,
2. Maternal or paternal grandparents,
3. Adult aunt or uncle,
4. Adult cousins,
5. Parents and extended family of half-siblings,
6. Former stepparents and extended family,
7. Any other adult relative suggested by either parent of a child, or
8. Any other individual with whom a child has an established and significant relationship.

A foster family home license may be issued to the relative or kinship caregiver upon completion of all licensing requirements. DCS does not mandate the removal of related children from homes of relatives or kinship caregivers who are denied licensure, voluntarily withdraw their application, or who do not complete the licensing requirements.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 12: Foster Family Home Licensing

Section 02: Responding to Initial Inquiries

Effective Date: May 1, 2023

Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Responding to initial inquiries from a prospective foster family home (FFH) is a critical first step in the licensing process to evaluate the prospective FFH's readiness to begin the licensing process and their ability to meet the roles and responsibilities of an FFH.

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PROCEDURE

The Indiana Department of Child Services (DCS) or the Licensed Child Placing Agency (LCPA) will be responsible for collecting, tracking, and responding to initial inquiries.

Note: Inquiry statistics should be reported by the LCPA when requested by DCS.

Upon assignment of an initial inquiry, the licensing worker will:

1. Contact the prospective FFH within two (2) business days of receiving the initial inquiry;
2. Provide general introductory information. These may include but are not limited to:
 - a. Purpose of foster care and/or adoption,
 - b. Roles and responsibilities (i.e., role in Child and Family Team [CFT] Meetings and Case Plan Conferences, supporting permanency, including reunification, as applicable, and utilizing current supports),
 - c. Need for foster care and adoption in the agency and community, and
 - d. Anticipated timeframes to become a licensed FFH.
3. Gather additional information from the prospective FFH. These may include but are not limited to:
 - a. Demographic information of the family,
 - b. Motivation to become an FFH, and
 - c. Eligibility (i.e., criminal history and non-negotiables).
4. Provide basic information on licensing requirements. These may include but are not limited to:
 - a. Background Checks (see policy 13.09 Conducting Background Checks for Foster Family Home Licensing),

Note: Background checks will not be completed prior to receiving an Application for Foster Family Home License.

- b. Bedroom arrangements,
- c. Mental/physical health,
- d. Home safety requirements,
- e. Required trainings, and
- f. An overview of the family preparation process.

5. Enter information received from the prospective FFH in the case management system.

See policies 12.03 Initial Licensure Documentation, 12.05 Pre-Service Training Requirements, and 12.07 Licensing Home Visits 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 (LCPA) worker.

Forms and Tools

- [Application for Foster Family Home License \(SF 10100\)](#)

Related Policies

- [12.03 Initial Licensing Packet](#)
- [12.05 Pre-Service Training Requirements](#)
- [12.07 Licensing Home Visits](#)
- [13.09 Conducting Background Checks for Foster Family Home Licensing](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 12.02

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 12: Foster Family Home Licensing

Section 03: Initial Licensure Documentation

Effective Date: March 2, 2023

Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Documentation is required prior to an applicant becoming a licensed foster family home (FFH) to help ensure the FFH meets licensing standards.

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PROCEDURE

The Indiana Department of Child Services (DCS) will ensure each applicant receives all necessary initial licensing paperwork to become a licensed FFH. See the Initial Licensure Checklist for Foster Family Homes for required documentation and policy 12.22 Licensing File Requirements for additional guidance.

Note: Due to accreditation standards, an FFH applicant licensed by a Licensed Child Placing Agency (LCPA) may require additional documentation.

The licensing of a FFH will not be determined based on vaccination status of the children in the home. However, the lack of current vaccinations as posted on the Indiana Department of Health (IDOH) website will be considered when placing a child who is medically fragile or an infant under six (6) months of age.

The licensing worker will:

1. Ensure the FFH applicant receives the initial licensing paperwork and provides all necessary documentation, as outlined in the Initial Licensure Checklist for Foster Family Homes, prior to being submitted for initial licensure;

Note: Documents may be sent via mail, email, or in-person.

2. Assist the FFH applicant with completing the initial licensing paperwork, as needed;

Note: If special circumstances are required to complete the initial licensing paperwork, the procedure is to be flexible to accommodate all prospective FFH applicants.

3. Review all required documentation to ensure accuracy and completion, upon receipt of initial licensing paperwork from the FFH applicant; and

Note: All documents provided by the FFH should be the original. Photographs of the completed documents should not be accepted.

4. Upload all required documentation in the case management system.

The licensing worker Supervisor will:

1. Staff with the licensing worker throughout the licensing process, as needed;
2. Review all required documentation in the Initial Licensure Checklist for Foster Family Homes; and
3. Sign the Initial Licensure Checklist for Foster Family Homes.

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RELEVANT INFORMATION

Definitions

Licensing Worker

The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the LCPA worker.

Medically Fragile

A child who has a medically diagnosed immunocompromised condition (chronic or acute) or dependence on specialized care or equipment for life or health sustaining function. Conditions that may qualify a child as medically fragile may include cancer, transplant care, and cystic fibrosis.

Forms and Tools

- [Initial Licensure Checklist for Foster Family Homes \(SF 53153\)](#)

Related Policies

- [12.22 Licensing File Requirements](#)

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LEGAL REFERENCES

- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)
- [IC 31-27-4-6.5: "Disability"; foster family home](#)

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PRACTICE GUIDANCE- DCS POLICY 12.03

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 12: Foster Family Home Licensing

Section 05: Pre-Service Training Requirements

Effective Date: September 1, 2022

Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Pre-Service Training is provided for all foster family home (FFH) applicants and teaches vital information to help applicants meet the responsibility of ensuring the safety and well-being of children placed in their care.

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PROCEDURE

The Indiana Department of Child Services (DCS) requires all FFH applicants to successfully complete 10 hours of Pre-Service Training prior to initial licensure (see Practice Guidance for additional information). Applicants remain in applied status until the effective date of their license. Issuance of the FFH license demonstrates that all license requirements are met.

DCS will require applicants seeking a therapeutic certificate through a Licensed Child Placing Agency (LCPA) to complete 20 hours of Pre-Service Training (see Practice Guidance for additional information). 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 completed 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.

Note: A waiver may be requested to carry forward previously completed Pre-Service Training if more than four (4) years have passed (see policy 12.19 Waivers for additional guidance).

Following completion of the Resource and Adoptive Parent Training (RAPT) sessions, the RAPT trainer will:

1. Complete the Pre-Service/In-Service Evaluation form for a trainee to document feedback, if necessary; and
2. Submit any completed Pre-Service/In-Service Evaluation forms to the licensing worker.

Following the completion of the Pre-Service Training, the licensing worker will:

1. Review any Pre-Service/In-Service Evaluation forms and upload to the case management system; and
2. Ensure training hours are documented in the case management system.

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RELEVANT INFORMATION

Definitions

Licensing Worker

The licensing worker refers to the Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

Forms and Tools

- [Indiana University \(IU\) CANVAS](#)
- [Pre-Service/In-Service Evaluation of Trainee \(SF52760\)](#)

Related Policies

- [12.14 In-Service Training Requirements](#)
- [12.19 Waivers](#)

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LEGAL REFERENCES

- [465 IAC 2-1.5-22: Foster parent training](#)

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PRACTICE GUIDANCE- DCS POLICY 12.05

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.

Families Pursuing Adoption

Families pursuing adoption of children in care of DCS must complete RAPT I, II, III, as well as RAPT IV - Adoption. RAPT IV- Adoption is a six (6) hour training and should **only** be taken by those interested in or planning to adopt. This training may be taken at a later date for in-service training hours (see policy 12.14 In-Service Training Requirements).

DCS may provide a waiver to the adoption requirement for relative/kin resource homes that desire to adopt a child. The Pre-Service Adoption Training required prior to the initiation of the adoption home study process for unlicensed relative/kin 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.

Note: The approved written exception should be uploaded to the case management system.

Pre-Service Training Program

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.

The RAPT I-III curriculum for Pre-Service Training incorporates 10 hours of training (both in-person and online) and focuses on the following competencies:

1. Team Building;
2. Impact of Abuse and Neglect on Child Development;
3. Attachment, Separation, and Placement;
4. Discipline; and
5. Effects of Caregiving on the Family.

Note: RAPT II Training is completed on-line using Indiana University (IU) CANVAS. The RFCS will provide instructions for DCS foster parents to access IU CANVAS.

The therapeutic Pre-Service Training requirements include RAPT I-III and the following classes:

1. Trauma Informed Care (TIC);
2. Sexual Abuse; and
3. Understanding and Managing Challenging Behavior.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 12: Foster Family Home Licensing

Section 06: Medical Training Requirements

Effective Date: April 1, 2022

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Appropriate medical training for licensed resource parents is a vital part of meeting the responsibility of ensuring the safety and well-being of children in out-of-home care. Therefore, resource parents must demonstrate continuous certification of completion of the medical trainings.

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PROCEDURE

The Indiana Department of Child Services (DCS) will require a licensee to complete Cardiopulmonary Resuscitation (CPR), First Aid, and Universal Precautions trainings prior to initial licensure. Additionally, licensees must have continuous certification of completion to maintain a foster family home license.

The licensing worker 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. A current course in First Aid training that includes first aid for seizures, poisoning, and hemorrhaging, and
 - c. Universal Precautions training must cover bloodborne 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. This training is available via the Indiana University (IU) Canvas website. On-line, internet-based courses are acceptable.
2. Ensure the foster family home applicant or licensee understands their responsibilities regarding training requirements, including:
 - a. Copies of completion certificates of medical training must be submitted to the licensing worker,
 - b. An updated Red Cross First Aid manual or its equivalent shall be available in the foster home, and
 - c. Additional trainings must be completed within the required timeframes to maintain medical training.

Note: Prior medical training received as part of an applicant's profession (e.g., Medical Doctor [M.D.], Registered Nurse [R.N.], or paramedic) may replace the training requirements upon approval by the Central Office Foster Care Licensing Team. Applicants with medical training must meet the continuous certification of requirements for pediatric CPR and pediatric airway obstruction under the American Heart Association Guidelines, as well as the completion requirements for First Aid and Universal Precautions. See policy 12.20 Variances for additional guidance.

3. Ensure documentation of the completed medical training is entered in the case management system; and
4. Maintain copies of certificates and documentation supporting completion of training. See policy 12.22 Licensing File Requirements for additional information.

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RELEVANT INFORMATION

Definitions

Licensing Worker

The licensing worker refers to the Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

Forms and Tools

- [American Heart Association Guidelines](#)
- [American Red Cross](#)
- [IU Canvas](#)

Related Policies

- [12.20 Variances](#)
- [12.22 Licensing File Requirements](#)

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LEGAL REFERENCES

- [465 IAC 2-1.5-22 Foster parent training](#)


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PRACTICE GUIDANCE- DCS POLICY 12.06

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 12: Foster Family Home Licensing Section 07: Initial Licensing Home Visits	
	Effective Date: July 1, 2023	Version: 4

- [Procedure](#)
 - [Definitions](#)
- [Forms and Tools](#)
 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) conducts home visits at prospective foster family homes (FFHs) as part of the initial FFH licensing process. Home visits help DCS determine 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 licensing worker will conduct a minimum of three (3) 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 and/or adoption.

During the initial licensing process, the licensing worker will:

1. Ensure the applicant has received all necessary initial licensing paperwork during the licensing process using the Initial Licensure Checklist for Foster Family Homes (see policy 12.03 Initial Licensure Documentation);

Note: Due to accreditation standards, an FFH applicant licensed by an LCPA may require additional documentation.

2. Schedule the first home visit concurrently with the Pre-service Training phase;
3. Complete the following during the home visits:
 - a. Review and discuss the content of all initial licensing paperwork with the applicant and answer any questions,
 - b. Provide the applicant with assistance in completing the forms, if necessary, and
 - c. Collect all completed forms.
4. Provide the FFH applicant with the following in electronic format unless the applicant requests a printed version:
 - a. Foster Parent Bill of Rights,
 - b. Statutes outlining the rights of foster parents,
 - c. DCS Policy, and
 - d. Grievance filing process including contact information and instructions outlined in policy 8.46 Resource Parent Complaint Resolution Process.

5. Provide a copy of the Resource Parent Role Acknowledgement form, obtain the applicant's signature on the form, and upload the original signed signature page to the case management system;
6. Discuss the family's Child Care Plan, identifying whether any background checks are needed for childcare providers (see policy 13.13 Childcare Providers and Extracurricular Activities);
7. Conduct an assessment of the physical environment of the home and document findings on the Resource Family Home Physical Environment Checklist;
8. Discuss any concerns about the physical environment of the home with the FFH applicant and how the concerns may impact the applicant's ability to complete licensure;
9. Verify the identity of all household members (HHMs) (see policy 2.09 Verifying Identity);
10. Verify marriage and divorce status of the FFH applicant, if applicable;
11. Ensure appropriate background checks have been completed for all HHMs (see policy 13.09 Conducting Background Checks for Foster Home Licensing);
12. Gather information required for any necessary exceptions, waivers, or variances (see policies 12.12 Foster Family Home Capacity, 12.19 Waivers, and 12.20 Variances); and
13. Document and upload documentation into the case management system.

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RELEVANT INFORMATION

Licensing Worker

The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the LCPA worker.

Forms and Tools

- [Childcare Plan \(SF 54608\)](#)
- [Foster Parent Bill of Rights](#)
- [Initial Licensure Checklist for Foster Family Homes \(SF 53153\)](#)
- [Resource Family Home Physical Environment Checklist \(SF 53186\)](#)
- [Resource Parent Role Acknowledgement \(SF 54642\)](#)

Related Policies

- [2.09 Verifying Identity](#)
- [8.46 Resource Parent Complaint Resolution Process](#)
- [12.03 Initial Licensure Documentation](#)
- [12.12 Foster Family Home Capacity](#)
- [12.19 Waivers](#)
- [12.20 Variances](#)
- [13.09 Conducting Background Checks for Foster Home Licensing](#)
- [13.13 Childcare Providers and Extracurricular Activities](#)

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LEGAL REFERENCES

- [IC 31-27-4-4: Consultation with fire prevention and building safety commission](#)
- [IC 31-27-4-10: Investigation of applicants](#)
- [IC 31-27-4-16: Duration of license; limitations; renewal](#)
- [IC 31-27-4-18: Inspection of foster family homes](#)
- [IC 31-27-4-19: Records of monitoring activities and inspections](#)

- [IC 31-27-4-20: Cooperation by licensees](#)
- [IC 31-27-4.5: Chapter 4.5. Foster Parent Rights](#)

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PRACTICE GUIDANCE- DCS POLICY 12.07

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.

Assessing the Physical Environment of the Home

When conducting the assessment of the home's physical environment, photos should be taken to document compliance with requirements or to add support to any applicable exception, waiver, or variance.

Discussing Family Member Feelings About Fostering

Becoming an FFH is a very significant change in anyone's life, even more so for the children within the family. During initial licensure, the licensing worker should talk to the FFH household members about the idea of a foster child coming to stay and evaluate the expectations and how they may adapt. The FFH should have on-going conversations with all family members to discuss and address any concerns.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 12: Foster Family Home Licensing

Section 08: Receipt of Foster Family Home Application

Effective Date: March 2, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Licensed Foster Family Homes (FFHs) are needed to provide a safe and stable home to children who are in out-of-home care. To become a licensed FFH and for re-licensure, the Application for Foster Family Home License form must be completed and approved by the Indiana Department of Child Services (DCS).

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PROCEDURE

The Application for Foster Family Home License form will be completed by the FFH applicant and should be collected by the licensing worker at the earliest possible time in the licensing process. DCS may not act on an incomplete application. DCS will return an incomplete application with a notation concerning omissions and the FFH applicant will be given the opportunity to complete the application. The application will automatically be closed in the case management system if a disposition decision has not occurred 365 days from the application date.

Note: The application date for an FFH license shall be the date that the Application for Foster Family Home License form is signed by the FFH applicant.

The licensing of a FFH will not be determined based on vaccination status of the children in the home. However, the lack of current vaccinations as posted on the Indiana Department of Health (IDOH) website will be considered when placing a child who is medically fragile or an infant under six (6) months of age.

Disposition Decisions

Once a completed Application for Foster Family Home License form has been received, one (1) of the following disposition decisions must occur:

1. The application is approved, and the FFH applicant becomes licensed;
2. The application is denied; or
3. The application is voluntarily withdrawn by the FFH applicant (see policy 12.26 Withdrawing from the Foster Family Home Program).

Note: If the FFH applicant is in the denial process, the FFH applicant may not voluntarily withdraw the application unless DCS gives consent. See policy 12.18 License Denials for additional information.

Receipt of the Application for Foster Family Home Licensure form

Upon receipt of the Application for Foster Family Home License form, the licensing worker or designee will:

1. Input the application date and other information in the case management system; and
2. Obtain a minimum of four (4) references for each applicant, with only two (2) being relatives per applicant.

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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 (LCPA) worker.

Medically Fragile

A child who has a medically diagnosed immunocompromised condition (chronic or acute) or dependence on specialized care or equipment for life or health sustaining function. Conditions that may qualify a child as medically fragile may include cancer, transplant care, and cystic fibrosis.

Forms and Tools

- [Application for Foster Family Home License \(SF 10100\)](#)

Related Policies

- [12.18 License Denials](#)
- [12.26 Withdrawing from the Foster Family Home Program](#)

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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-31-27-4-7 Incomplete applications](#)
- [IC 31-27-4-16 Duration of license; limitations; renewal](#)


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PRACTICE GUIDANCE- DCS POLICY 12.08

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 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

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 (LCPA) 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 <https://www.safehomestudy.org/> 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 Section 12: Foster Family Home Capacity	
	Effective Date: April 1, 2023	Version: 6

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) authorizes the number of children for which a foster family home (FFH) may provide care. Capacity requirements are designated by state statutes to help ensure FFHs are able to meet the needs of children in their care.

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PROCEDURE

The capacity of an FFH is determined at initial licensure and may be revised throughout licensure. The maximum capacity, as outlined by Indiana statute, is based on the age, needs, and category of supervision of the child.

Note: Exceptions to capacity may be granted by DCS. Exceptions are only valid for the duration of the placement that requires the exception request. Once the exception is no longer needed, the exception should be removed and/or the capacity should be changed and submitted in the case management system.

An FFH may not provide supervision and care for more than six (6) children at once. An FFH may have no more than four (4) children who are under six (6) years of age.

Note: The maximum capacity includes 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 individual provides continuous and direct care and supervision. A child is considered an individual who is:

1. Less than 18 years of age; or
2. A youth at least 18 years of age and receiving care and supervision under an order of a juvenile court.

A foster parent who is issued a certification to operate a therapeutic FFH may not provide care and supervision to more than four (4) children at the same time, including children for whom the foster parent is a relative, guardian, or custodian, and only two (2) of the children may be foster children.

Respite care is not considered a placement and does not contribute to the FFH's capacity; however, the Family Case Manager (FCM) and licensing worker should consider the same factors they would consider when identifying respite options, including caregiver capacity,

ability, and the physical space in the home (see policy 8.17 Respite Services for Resource Parents).

Prior to determining capacity for an FFH, the licensing worker will:

1. Consider the household composition, bedroom space, the age of each child, and any special and/or medical needs of each child living in the home and determine if the home may accommodate the number of children who need placement;
2. Evaluate the ability of the foster parent to meet the needs of the children currently in the home, in addition to the foster children;
3. Ensure the placement considerations are entered in the case management system; and
4. Provide the foster parent the FFH license, upon receipt from the Central Office Foster Care Licensing Team.

The Central Office Foster Care Licensing Team will:

1. Print the approved license reflecting the FFH capacity; and
2. Mail the license to the licensing worker so it may be provided to the foster family.

Exception to Capacity

For an exception to the capacity for an FFH, the licensing worker will:

1. Consider the household composition, bedroom space, age of each child, and any special and/or medical needs of each child (household and foster) already in the home to determine if the home may accommodate the number of children who need placement;
2. Evaluate the ability of the foster parent to meet the needs of the children currently in the home, in addition to the needs of the children who need placement;
3. Contact each assigned FCM who has a child placed in the FFH to request feedback regarding the possible exception to the capacity for the FFH, if applicable;
4. Submit an exception request and/or change in capacity in the case management system **prior** to placing a child in the home. If an exception request is unable to be made prior to placement, the request must be submitted within 24 business hours following placement of the child; and
5. Provide the foster family the new FFH license, upon receipt from the Central Office Foster Care Licensing Team.

The licensing supervisor will:

1. Provide consultation to the licensing worker regarding the appropriateness of the exception request for the FFH capacity; and
2. Review the exception request and submit the request to the Central Office Foster Care Licensing Team for approval.

Upon receipt of the exception request for the FFH capacity, the Central Office Foster Care Licensing Team will:

1. Review the exception request and ask for additional information, if applicable;
2. Approve or deny the exception request;
3. Notify the licensing worker of the approval or denial of the exception request for the FFH capacity; and
4. Complete the following if the exception request for the FFH capacity is approved:
 - a. Print the approved license reflecting the FFH exception and/or change of capacity; and
 - b. Mail the new license to the licensing worker so it may be provided to the foster family.

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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 (LCPA) worker.

Forms and Tools

N/A

Related Policies

- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [8.17 Respite Services for Resource Parents](#)

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LEGAL REFERENCES

- [IC 29-3-9-1\(h\): Delegation of powers by executed power of attorney; limitations](#)
- [IC 31-27-4-1: License required to operate foster family home; exception](#)
- [IC 31-27-4-8: Supervision and care limits; exceptions](#)
- [IC 31-34-23-5: Placement of a child with a previous placement](#)
- [42 USC 672: foster care maintenance payments program](#)

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PRACTICE GUIDANCE- DCS POLICY 12.12

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.

Reasons for an Exception Request

An exception to capacity may be requested for any of the following reasons:


1. The placement of siblings in the same FFH; or
2. The foster child has an established, meaningful relationship with the foster parents; or
3. The foster child is being placed in the FFH for a second or subsequent time under IC 31-34-23-5; or
4. Placement would cause the FFH to be out of compliance with state statute; or
5. DCS determines the placement would not present a safety risk for the child or any other household member in the FFH; and
6. It is otherwise in the foster child's best interest.

Types of Exceptions

There are four (4) types of exceptions that may be granted by DCS. These include:

1. **Child Specific:** A child specific exception is required when an FFH home is over the specified capacity, as outlined in Indiana statute;
2. **General:** A general exception is only granted in extenuating circumstances and should be discussed with the Central Office Foster Care Licensing Team prior to consideration;
3. **Mixed Levels:** A mixed level exception is required when children, who are not siblings, are placed in the home with a combination of therapeutic and non-therapeutic placement scores, as identified in the Child Adolescent Needs and Strengths (CANS) Assessment (see policy 5.19 Child and Adolescent Needs and Strengths [CANS] Assessment); and
4. **More than four (4) children under the age of six (6):** This type of exception is required if more than four (4) children under the age of six (6) are placed, reside, or cared for in the FFH. For this exception request, there is no distinction between the number of household children and foster children.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing	
	Section 13: Licensing Recommendation and Approval Process	
	Effective Date: March 2, 2023	Version: 4

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The licensing recommendation and approval process is completed to assess the foster family home's (FFH) ability to meet the roles and responsibilities of a licensed foster parent.

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PROCEDURE

Prior to making a recommendation decision, the licensing worker will:

1. Consider whether the FFH applicant has the ability to meet the needs of the children according to the level of care to be provided;
2. Ask the FFH applicant if they need a reasonable accommodation due to a disability;

Note: If an FFH applicant has a disability, the Indiana Department of Child Services (DCS) will consider 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 FFH;
4. Ensure the FFH fully complies with the licensing requirements and regulations;
5. Ensure all required documents and training have been completed; and

Note: The licensing of a FFH will not be determined based on vaccination status of the children in the home. However, the lack of current vaccinations as posted on the Indiana Department of Health (IDOH) website will be considered when placing a child who is medically fragile or an infant under six (6) months of age.

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 shall **not** be the same person who approves the license.

2. Submit a recommendation for approval to:
 - a. The licensing Supervisor or designee for DCS local offices, or

- b. The Central Office Foster Care Licensing Team for Licensed Child Placing Agencies (LCPAs).

Note: DCS will not recommend children to be placed in a FFH 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 ten (10) calendar days of receipt as follows:

1. The DCS Supervisor 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;
2. The Central Office Foster Care Licensing Team will print the approved license and mail the license to the appropriate DCS local office or the LCPA if the license is approved;
3. The licensing worker will maintain a copy of the license in the licensing file and provide a copy of the license to the foster parent; or
4. The Central Office Foster Care Licensing Team will process the license approval or denial in the case management system for LCPAs.

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 that impacts the health, welfare, and general well-being of the child, as outlined in 465 IAC 2-1.5-3(g). After receiving the notification of a change, the licensing worker will follow the approval process outlined in this policy.

Upon approval of the revision, the Central Office Foster Care Licensing Team 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 appropriate DCS local office or LCPA to be filed, placed in the licensing file, and forwarded to the FFH.

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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 (LCPA) worker.

Medically Fragile

A child who has a medically diagnosed immunocompromised condition (chronic or acute) or dependence on specialized care or equipment for life or health sustaining function. Conditions that may qualify a child as medically fragile may include cancer, transplant care, and cystic fibrosis.

Forms and Tools

N/A

Related Policies

- [8.48 Relative or Kinship Placements](#)
- [12.11 Foster Family Home Licensing Study](#)
- [12.12 Foster Family Home Capacity](#)
- [12.18 License Denials](#)

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LEGAL REFERENCES

- [IC 31-27-4-16: Duration of license; limitations; renewal](#)
- [IC 31-27-4-6.5: "Disability"; foster family home](#)
- [42 USC 12102: Definition of disability](#)
- [465 IAC 2-1.5-3: Qualifications of the foster family; general](#)

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PRACTICE GUIDANCE- DCS POLICY 12.13

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.

Partnership in the Licensing Process

Partnership is key in the decision-making process. The concept of FFH applicants having a role in the licensing decision should be explained and emphasized during orientation, pre-service training, and home visits. The applicant's role as a partner in the licensing process is to make an honest assessment of their skills and abilities to foster and if fostering is a good fit for their family. The following are decisions that should be made collaboratively between the agency and the FFH applicants:

1. Whether fostering is a good fit for the foster family as well as the LCPA or DCS;
2. Whether the family should focus on adopting and/or fostering;
3. Whether the potential foster parents have needs that must be addressed or strengths that must be developed prior to being licensed or during licensure; and
4. The level of care the family will be able to provide.

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

Chapter 12: Foster Family Home Licensing
Section 14: In-Service Training Requirements

Effective Date: September 1, 2022

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Each licensee is required to complete in-service training hours, as outlined by Indiana Code and Indiana Administrative Code, in order to maintain the licensee's foster family home license.

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PROCEDURE

The in-service training requirements need to be completed by each licensee in the foster family household. Issuance of the foster family home (FFH) license demonstrates all license requirements are met and begins the annual cycle for completion of in-service training requirements.

DCS requires each licensee in the FFH to successfully complete a minimum of 15 hours of in-service training annually, which includes any specialized training to meet the needs of the children placed in the care of the licensee. DCS requires each licensee with a therapeutic certification to successfully complete a minimum of 20 hours of in-service training annually.

DCS will allow licensees to earn up to eight (8) hours through alternative trainings (e.g., online trainings, books, and videos). See Practice Guidance for more information. The remaining hours must be earned through face-to-face trainings (e.g., conferences, live conferences, and trainings through support groups). An exception for face-to-face training may be approved by the Assistant Deputy Director of Staff Development if a declared health emergency makes an in-person meeting unsafe.

Note: Cardiopulmonary resuscitation (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 to be counted toward the annual requirement for the next training year if the training was completed in the three (3) month period prior to the end of the current training year. The in-service training credit must not be needed to fulfill the training requirement for the current year.

The licensing worker will:

1. Maintain documentation for in-service trainings, including dates of completion, and any training requirement exceptions in the case management system and the licensing file at the DCS local office or Licensed Child Placing Agency (LCPA) office. See policy 12.22 Licensing File Requirements for additional information;

Note: Track training hours and documentation by each licensee, not by family or home.

2. Request approval from the Assistant Deputy Director of Staff Development for any alternative training requests that are not listed on the Approved Alternative In-Service Training document lists. Submit all requests to DCS RAPT email. The submission of the request should be done in a timely manner that allows for sufficient time 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
3. 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 Assistant Deputy Director of Staff Development.

The Assistant Deputy Director of Staff Development will:

1. Review any requested exceptions for face-to-face training and all requests for 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/or licensing worker of the decision to approve or deny the requested alternative training and/or the requested exception to face-to-face training.

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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 (LCPA) worker.

Forms and Tools

- [Alternative Training Verification \(SF 52643\)](#)
- [Approved Alternative In-Service Training](#)
- DCS RAPT email - DCSRAPTRegistrations@dcs.in.gov
- [Indiana University \(IU\) CANVAS](#)
- www.fosterparents.com

Related Policies

[12.22 Licensing File Requirements](#)

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LEGAL REFERENCES

- [IC 31-27-4-2: Therapeutic foster home; certificates; requirements; supervision and care limits](#)
- [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)

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PRACTICE GUIDANCE- DCS POLICY 12.14

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.

Alternative Training

LPCAs may approve trainings provided during foster parent support groups organized by an LCPA if 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 Assistant Deputy Director of Staff Development. 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.

Those who view the materials on the Approved Alternative In-Service Training document may receive in-service training credit following these established guidelines:

1. Sixty (60) minutes of a video equals one (1) hour of training credit;
2. Sixty (60) pages of written resources equals one (1) hour of training credit;
3. Time is figured in quarter hour (15 minute) increments and rounded when necessary (e.g., 53 pages rounds to 1 hour, 47 pages rounds to .75 hours);
4. Credit hours are not given for completing the Alternative Training Verification form; and
5. Each person is responsible for completing one's own verification form even if two (2) people from the same household review the same resource.

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 and provides appropriate documentation, the foster parent 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 will be determined by the Assistant

Deputy Director of Staff Development or LCPA. If the LCPA is unsure whether the specific course would count as training hours, the LCPA should contact the DCS RAPT email with any clarifying questions and to request additional review for final approval.

Community Training Opportunities

DCS and LCPA licensing worker or foster parents may become aware of training opportunities offered through local sources (e.g., schools, social service agencies, medical or mental health facilities, and court systems). 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 the length of the actual training time. The Assistant Deputy Director of Staff Development will determine whether a training has components suitable for awarding in-service training credit for foster parents. To receive credit for approved community training opportunities, the foster parent attending them must obtain verification of completion of the training. 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 the DCS RAPT email.

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 Assistant Deputy Director of Staff Development 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 the DCS RAPT email to request additional review for final approval and with any clarifying questions.

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 situation that includes a curriculum or medical training that will increase the foster parent's knowledge of the population being served and the contact is documented 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 Assistant Deputy Director of Staff Development.

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 the foster parent, 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 and the training does not exceed the limit of the maximum hours) if a statement is received from that professional confirming the request.


Web Based Courses

There are currently only two (2) approved on-line training sites:

1. www.fosterparents.com; and
2. 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 RFCS may provide instructions to the foster parent to access IU CANVAS.

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	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 (LCPA) 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 worker must submit a request to the Central Office Foster Care Licensing Team 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;
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 form to ensure the safety of the home;
3. Utilize the Re-Licensure Checklist for Foster Family Homes form to track completion of all the relicensure requirements;
4. Collect the following relicensure forms and documents; and
 - a. Application for Foster Family Home License form,
 - 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 12.06 Medical Training Requirements,
 - d. Updated Foster/Adoptive Family Inventory,
 - e. Signed Application for Criminal History Background Check,
 - f. Signed Resource Parent Role Acknowledgment form for the renewal period,
 - g. Results from the Water Agreement form, if applicable,
 - h. Completed Medical Report for Caregivers form, and
 - i. Completed Medical Report for Household Members form, 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 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 form;
2. Process the background checks. See policy 13.09 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 Licensing 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 \(SF 53186\)](#)
2. [Re-Licensure Checklist for Foster Family Homes \(SF 53155\)](#)
3. [Application for Foster Family Home License \(SF 10100\)](#)
5. [Application for Criminal History Background Check \(SF 53259\)](#)

6. [Foster/Adoptive Family Inventory \(SF 54607\)](#)
7. [Resource Parent Role Acknowledgment \(SF 54642\)](#)
8. [Water Agreement \(SF 54612\)](#)
9. [Medical Report for Foster and/or Adoption Home Applicants and Household Members \(SF 45145\)](#)
10. [Initial Licensure Checklist for Foster Family Homes \(SF 53153\)](#)
11. [Licensing Staff Inquiry Regarding Foster Family Home \(SF 53214\)](#)

RELATED INFORMATION

Licensing Worker

The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 12: Foster Family Home Licensing

Section 17: Corrective Licensing Actions

Effective Date: September 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A Corrective Action Plan (CAP) and other corrective licensing actions (i.e., placement hold or probation) may be issued by the Indiana Department of Child Services (DCS) when a foster family home (FFH) is non-compliant with FFH licensing statutes, rules, and/or DCS policies. The CAP may also support the foster parent in the development and utilization of appropriate methods for meeting the needs of children under DCS care and supervision. A CAP serves as a supportive intervention, rather than a punitive intervention.

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PROCEDURE

A CAP may include one (1) of the following:

1. Placement hold; or
2. Probation.

Note: If the noncompliance is safety-related, a CAP with a placement hold and/or a CAP with probation may be implemented, and any additional placements and respite care need approval from the Foster Care Division Manager (DM).

A CAP:

1. Will be issued for a specific timeframe, up to a duration of six (6) months with an option to extend the CAP for an additional six (6) months;
2. May not exceed the expiration date of the FFH license; and
3. May be issued to an FFH license 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. DCS or a Licensed Child Placing Agency (LCPA) files a CAP with the Central Office Foster Care Licensing Team in the case management system to identify and address areas of noncompliance within the identified period, and
 - c. The Central Office Foster Care Licensing Team approves the CAP.

If a foster parent refuses to sign the CAP and fails to voluntarily relinquish the FFH license, the licensing worker must submit a recommendation to revoke the foster parent's FFH license (see policy 12.21 Revocations for additional guidance).

Initiating a CAP

Upon identifying an area of noncompliance, the licensing worker will:

1. Work with the family to create a CAP, and ensure each licensee signs the Corrective Action Plan form;
2. Enter the CAP in the case management system and initiate a placement hold or probation, if applicable; and
3. Submit and upload the signed Corrective Action Plan form in the case management system within 10 business days of identifying an area of noncompliance.

Note: LCPAs are responsible for submitting the CAP to the Central Office Foster Care Licensing Team for approval.

The DCS licensing supervisor will:

1. Review the initial CAP; and
2. Return to the licensing worker if revisions are needed or accept the CAP in the case management system.

During the CAP

The licensing worker will:

1. Monitor the CAP for the foster family's compliance;
2. Enter the family's compliance, including supporting documentation (e.g., training certificates, completed paperwork, copies of documents), in the case management system;
3. Proceed with one (1) of the following:
 - a. Submit the CAP for closure in the case management system, or
 - b. Request an extension of the CAP in the case management system.

Note: An extension should only be requested when the foster family has made progress with the identified areas of noncompliance. In the event of continued noncompliance, the FFH may be considered for a revocation (see policy 12.21 Revocations). LCPAs are responsible for submitting the CAP closure or extension in the case management system for review and approval by the Central Office Foster Care Licensing Team.

4. Notify the FFH they have been removed from the CAP upon the FFH meeting all requirements and the DCS licensing supervisor or the Central Office Foster Care Licensing Team accepting the CAP.

The DCS licensing supervisor will:

1. Review the CAP closure or extension request; and
2. Return to the licensing worker if revisions are needed or accept the request for CAP closure or extension in the case management system.

The Central Office Foster Care Licensing Team will:

1. Review the accuracy and detail of a CAP submitted by an LCPA and approve or deny the CAP; and
2. Review a request from an LCPA for an extension or closure of a CAP and approve or deny the request.

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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 (LCPA) worker.

Forms and Tools

- [Corrective Action Plan \(SF 53171\)](#)

Related Policies

- [12.21 Revocations](#)

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LEGAL REFERENCES

- [IC 31-27-4-17: Probationary status; duration; expiration; extension](#)

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PRACTICE GUIDANCE- DCS POLICY 12.17

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.

Corrective Action Plan (CAP) Duration

While IC 31-27-4-17 allows for a six (6) month duration of a CAP, DCS recommends that the standard duration for a CAP be three (3) months.

CAP Examples

Examples of when a CAP may be implemented include, but are not limited to the following:

1. Additional training is needed to support the foster family; or
2. Violations to DCS policy, Indiana statute, or an administrative rule.

CAP with Placement Hold


Examples of when a CAP with placement hold may be implemented include, but are not limited to the following:

1. Lack of in-service training hours;
2. Licensing paperwork and/or background checks are not completed;
3. Water testing results without approval of a variance;
4. Cardiopulmonary Resuscitation (CPR), First Aid, and Universal Precautions certifications are not up to date;
5. Pet rabies vaccinations is not up to date; or
6. Violations to DCS policy, Indiana statute, or an administrative rule.

CAP with Probation

A CAP with probation will be handled on an individual basis and the non-compliance should be staffed with the Central Office Foster Care Licensing Team and/or the Foster Care Division Manager (DM).

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 18: Foster Family Home Licensing Denials	
	Effective Date: November 1, 2023	Version: 9

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When a foster family home (FFH) applicant has failed to meet the foster care licensing requirements or qualifications (as set out in Indiana Code [IC], Indiana Administrative Code [IAC], and/or Indiana Department of Child Services [DCS] policies) and/or is unable to ensure the safety and well-being of a child, denial of the FFH initial licensure or relicensure application may be recommended.

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PROCEDURE

Licensing workers should not recommend licensing a FFH if there are any concerns about placing a child with the family. A recommendation for denial cannot be made without a signed Application for Foster Family Home License form. A complete written home study is not required if a denial is being recommended; however, additional supporting documentation may be needed.

Note: A license must not be denied due to a disability and reasonable accommodations should be made.

The licensing worker will recommend denial of a FFH initial licensure or relicensure application in situations that may include but are not limited to the following:

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);
2. 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 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).

3. The applicant made false statements on the application or the records required for licensure or relicensure;

4. The applicant does not show sufficient financial stability to maintain the applicant's household without the assistance of a per diem;
5. The applicant fails to complete or respond to required initial licensure or relicensure documentation within a timely manner; or
6. Any other information obtained through the state-approved FFH licensing study related to:
 - a. The current home environment, and/or
 - b. The prospective foster parent's ability to provide for the child's safety, well-being, and permanency.

DCS will not allow a licensee to voluntarily relinquish the FFH Application or transfer to another Licensed Child Placing Agency (LCPA) or DCS local office once the denial process has begun, unless approved by the Central Office Foster Care Licensing Team.

For a denial recommendation, the licensing worker will:

1. Consult with other staff and/or the Central Office Foster Care Licensing Team, as needed, to arrive at a recommendation to deny;
2. Develop a written denial recommendation letter, within 60 calendar days of the identified noncompliance. The letter should contain the following:
 - a. Any specific statute or rule with which the FFH has not complied,
 - b. A general description of the circumstances which constitute the noncompliance or other grounds for a denial recommendation, and
 - c. Documentation supporting the recommendation to deny.
3. Ensure each denial recommendation letter is signed by the licensing worker, licensing supervisor, and the DCS Foster Care Division Manager (DM) or designee, if applicable;
4. Ensure the applicant is aware of the denial recommendation and has a basic understanding of the process that will occur prior to the licensing worker submitting the recommendation for review;
5. Upload the following information into the case management system in a file or attachment labeled "recommendation":
 - a. Denial recommendation letter,
 - b. Documentation supporting the recommendation to deny (e.g., case management system contact notes, e-mail communications, background check information, and assessment information), and

Note: The Licensing Agency should make FFH files readily available in the case management system to the Central Office Foster Care Licensing Team, when requested, throughout the denial process.

- c. The Foster Home Revocation or Denial Due Process Verification form if the denial is based on substantiated CA/N.

Note: Licensed Child Placing Agency (LCPA) workers can contact the Central Office Foster Care Licensing Team for guidance if the denial recommendation is based on substantiated CA/N.

6. Submit the denial recommendation in the case management system to the Central Office Foster Care Licensing Team for review and approval determination; and

7. Ensure any DCS or agency staff responsible for placement of a child is notified of the concerns and recommendation to deny the FFH license if there are children currently placed in the home.

The Central Office Foster Care Licensing Team will review the recommendation to deny within 30 calendar days of receipt of the recommendation and determine if the recommendation may be supported.

If the Central Office Foster Care Licensing Team agrees with the recommendation to deny the application, the Central Office Foster Care Licensing Team will:

1. Send a certified letter to the FFH applicant advising the individual of the following:
 - a. The application for a new FFH license or renewal of the current license is being denied, effective 30 calendar days from receipt of the letter,
 - b. The nature of the allegations of noncompliance with IC, IAC, or other FFH requirements,
 - c. The right to appeal the decision within 30 calendar days of receipt of the letter,
 - d. The statutory authority of DCS to license FFH, and
 - e. The civil and criminal penalties for operating an FFH without a license.
2. Send a copy of the certified letter denying the application for initial licensure or relicensure to the licensing worker for the case file; and
3. Enter the denial effective date in the case management system 30 calendar days after the date the foster parent received the denial letter or when the Administrative Appeal process is completed, if applicable.

If the Central Office Foster Care Licensing Team disagrees with the recommendation to deny an application for FFH licensure, the Central Office Foster Care Licensing Team will return the recommendation to the recommending agency with guidance on next steps.

The recommending agency will proceed based upon the guidance received from DCS Central Office Foster Care Licensing Team.

If the FFH applicant appeals the denial of the application 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 form and the revocation 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 FFH applicant, and any attorney representing the FFH 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. The DCS Final Agency Authority (FAA) will automatically conduct a Final Agency Review of the case and the ALJ's Proposed Finding of Fact and Conclusions of Law after the ALJ issues the Proposed Finding of Fact and Conclusions of Law, and the DCS FAA will issue a decision upholding, denying, or remanding the decision to deny the application for FFH license. The DCS FAA shall utilize their experience and training in the relevant subject matter when conducting the 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 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.

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RELEVANT INFORMATION

Definitions

Administrative Law Judge

ALJ refers to an individual who presides over an administrative 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 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 department.

Final Agency Authority (FAA)

For purposes of an administrative proceeding regarding an action taken by the department, the director or the director's designee is the FAA (referred to in IC 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 Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

Forms and Tools

- [Application for Foster Family Home License \(SF 10100\)](#)
- [Application for Foster Family Home License \(Spanish Version\) \(SF 57197\)](#)
- [Foster Home License Revocation or Denial Due Process Verification \(SF 55232\)](#)
- [Indiana Office of Administrative Law Proceedings \(OALP\) Policies](#)
- [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 Appeal Hearings](#)
- [13.09 Conducting Background Checks for Foster Home Licensing](#)
- [13.10 Evaluating Background Checks for Foster Family Licensing](#)

LEGAL REFERENCES


- [IC 4-21.5-5: Chapter 5. Judicial Review](#)
- [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](#)
- [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](#)

PRACTICE GUIDANCE- DCS POLICY 12.18

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 Section 19: Waivers	
	Effective Date: May 1, 2023	Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Waivers may be granted for a foster family home's (FFH) license when there is an undue hardship for the foster family, and it is determined the requested waiver will not be detrimental to the health, safety, and welfare of any child placed in the home.

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PROCEDURE

The Indiana Department of Child Services (DCS) may grant a waiver for an FFH to be noncompliant with a specific rule or regulation, only upon approval from the Central Office Foster Care Licensing Team. The Central Office Foster Care Licensing Team has sole authority to approve or deny a waiver. Waivers shall be granted only for rules and regulations and not for Indiana statutory requirements.

Per IC 31-27-2-9, 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 Foster Care Licensing Team for the expiration of the waiver;
3. Occurrence of the event set by the Central Office Foster Care Licensing Team for the expiration of the listed waiver; or
4. Four (4) years after the date the waiver becomes effective.

To request a waiver, the licensing worker must:

1. Consult with the licensing worker supervisor to discuss the appropriateness of the waiver request;
2. Process the waiver request, including the documentation narrative, in case management system;

Note: The documentation narrative should include the following:

- a. Why 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
- b. How noncompliance with the rule or regulation specified in the application for the waiver will not be adverse to the health, safety, or well-being of any child receiving services from the applicant for the waiver.

3. Submit the waiver request to the following:
 - a. For DCS, the licensing worker will submit the waiver request to the licensing worker supervisor, and
 - b. For Licensed Child Placing Agencies (LCPAs), the LCPA will submit the waiver request directly to the Central Office Foster Care Licensing Team.
4. Notify the applicant or licensee of the approval or denial, upon notification from the Central Office Foster Care Licensing Team.

The licensing worker supervisor will:

1. Provide consultation to the licensing worker regarding the appropriateness of the waiver request; and
2. Review the waiver request and submit it to the Central Office Foster Care Licensing Team for approval.

Upon receipt of the waiver request, the Central Office Foster Care Licensing Team will:

1. Review the waiver request and ask for additional information, if applicable;
2. Approve or deny the waiver request; and
3. Notify the licensing worker of waiver approval or denial.

If a licensee violates a condition of a waiver, the licensing worker should contact the Central Office Foster Care Licensing Team for consultation on how to proceed. The Central Office Foster Care Licensing Team will provide notice of the waiver violation to any DCS Local Office Director or designee who has a child placed in the FFH home.

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RELEVANT INFORMATION

Definitions

Dually Licensed Home

Dually licensed homes are licensed to provide both foster care and licensed child-care or adult foster care.

Licensing Worker

The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

Waiver

A waiver is intended to waive or forfeit a rule or regulation.

Forms and Tools

- [Child Care Finder website](#)

Related Policies

- [13.16 Waivers](#)

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LEGAL REFERENCES

- [IC 31-27-2-8: Granting of variances and waivers](#)
- [IC 31-27-2-9: Expiration of variances and waivers](#)
- [IC 31-27-2-10: Renewal of variances and waivers](#)
- [IC 31-27-2-11: Revocation of variances and waivers](#)
- [IC 31-27-4-12: Eligibility for waivers and variances](#)
- [465 IAC 2-1.5-9: Physical facilities of the foster family home: bedrooms and bathrooms](#)

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PRACTICE GUIDANCE- DCS POLICY 12.19

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.

Dually Licensed Homes

A waiver is required for homes seeking to be dually licensed. The following information should be evaluated and updated annually to determine whether a foster family home (FFH) should be granted a waiver to be dually licensed:

1. The number of children residing in the FFH, their ages, and current needs;

Note: Information about whether the children residing in the FFH are also receiving daycare services from the FFH should be considered.

2. The number of children in the FFH for daycare services and their ages;

Note: For adult daycare services, the number of adults in the FFH for adult daycare services and their current needs should be considered.

3. Individuals working in the FFH providing daycare services on a regular basis and their schedule; and
4. Any concerns regarding the daycare license identified on the Child Care Finder website (see Forms and Tools section).

Non-Safety Related Licensing Requirements

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 the completion of background checks (see policy 13.16 Waivers for additional guidance if background checks are returned disqualified). Examples of non-safety related licensing requirements that can be waived include, but are not limited to:

1. Square footage of bedrooms;
2. Bedrooms in basement;
3. Licensing a married applicant without licensing their spouse due to spouse's physical absence from the household;
4. Children six (6) years of age and older sharing a bedroom with a child of the opposite sex; and
5. Children over twelve months of age sharing a bedroom with an adult.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 12: Foster Family Home Licensing

Section 20: Variances

Effective Date: May 1, 2023

Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A variance may be granted for a foster family home's license to meet the intent of an Indiana Department of Child Services (DCS) rule or regulation. A variance will use an alternative method that is not detrimental to the health, safety, and well-being of the child.

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PROCEDURE

A variance may be granted for DCS rules and regulations only, and not for Indiana statutory requirements. The Indiana DCS Central Office Licensing Unit has sole authority to approve or deny a variance.

Per IC 31-27-2-9, 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;
3. Occurrence of the event set by the Central Office Licensing Unit for the expiration of the variance; or
4. Four (4) years after the date the variance becomes effective.

To request a licensing variance, documentation will be submitted that outlines the alternative plan for meeting the rule or regulation and supporting information as to how this plan does not compromise the health, safety, and well-being of any child receiving services.

To request a variance, the licensing worker must:

1. Consult with the licensing worker's supervisor to discuss the appropriateness of the variance request;
2. Process the variance request, including the documentation narrative, in the case management system;

Note: The documentation narrative should include information about the alternative method being used to meet the intent of the DCS rule or regulation.

3. Submit the variance request to the following:
 - a. The DCS licensing worker should submit the variance request to the licensing worker's supervisor, and

- b. The Licensed Child Placing Agency (LCPA) should submit the variance request directly to the Central Office Licensing Unit.
4. Notify the applicant or licensee of the approval or denial, upon notification from the Central Office Licensing Unit.

The licensing worker supervisor will:

1. Provide consultation to the licensing worker regarding the appropriateness of the variance request; and
2. Review the variance request and submit to the Central Office Licensing Unit for approval.

Upon receipt of the variance request, the Central Office Licensing Unit will:

1. Review the variance request and ask for additional information, if applicable;
2. Approve or deny the variance request; and
3. Notify the licensing worker of variance approval or denial.

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 will provide notice of the variance violation to any DCS Local Office Director or designee who has a child placed in the FFH home.

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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 (LCPA) worker.

Forms and Tools

N/A

Related Policies

N/A

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LEGAL REFERENCES

- [IC 31-27-2-8: Granting of variances and waivers](#)
- [IC 31-27-2-9: Expiration of variances and waivers](#)
- [IC 31-27-2-10: Renewal of variances and waivers](#)
- [IC 31-27-2-11: Revocation of variances and waivers](#)
- [IC 31-27-4-12: Eligibility for waivers and variances](#)

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PRACTICE GUIDANCE- DCS POLICY 12.20


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.

Examples of Possible Variances

The following are examples of possible variances that may be granted for foster family home (FFH) licenses:

1. Substituting bottled water for well water; or
2. Substituting professional medical training for the Cardiopulmonary Resuscitation (CPR), First Aid, and Universal Precautions training in instances where the applicant or licensee has current experience serving adults, children, and infants.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 12: Foster Family Home Licensing Section 21: Foster Family Home Licensing Revocations	
	Effective Date: November 1, 2023	Version: 9

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When a foster family home (FFH) has failed to meet the foster care licensing requirements or qualifications (as set out in Indiana Code [IC], Indiana Administrative Code [IAC], and/or Indiana Department of Child Services [DCS] policies) and/or is unable to ensure the safety and well-being of a child, revocation of the FFH license may be recommended.

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PROCEDURE

The licensing worker will recommend revocation of a FFH license in situations that may include but are not limited to the following:

1. The FFH 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. There has been a substantiation of Child Abuse and/or Neglect (CA/N) against the FFH 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 FFH licensee may also request this review at any time in the process. The Child Care Worker Assessment Review (CCWAR) process as discussed in policy 2.03 Child Care Worker Assessment Review Process should be followed for all requests.

3. The FFH licensee made false statements on the FFH application or the records required for licensure;
4. The FFH licensee does not show sufficient financial stability to maintain the FFH without the assistance of a per diem;
5. The licensee failed to meet the terms of corrective licensing action developed with the licensing worker (see policy 12.17 Corrective Licensing Actions);
6. Any other information obtained through the state-approved FFH licensing study related to:
 - a. The current home environment, and/or
 - b. The FFH licensee's ability to provide for the child's safety, well-being, and permanency.

DCS will not allow an FFH licensee to voluntarily relinquish the FFH license or transfer to another Licensed Child Placing Agency (LCPA) or DCS local office once the revocation process has begun, unless approved by the Central Office Foster Care Licensing Team.

Note: Children shall not be placed in an FFH whose license is on probationary status, placement hold, pending revocation, or has been revoked without prior written approval from the RM.

For a revocation recommendation, the licensing worker will:

1. Consult with other staff and/or the Central Office Foster Care Licensing Team, as needed, to arrive at a recommendation to revoke the FFH license;
2. Develop a written revocation recommendation letter, within 60 calendar days of identification of noncompliance, containing the following:
 - a. Any specific statute or rule with which the FFH has not complied,
 - b. A general description of the circumstances which constitute the noncompliance or other grounds for a revocation recommendation, and
 - c. Documentation supporting the recommendation to revoke the FFH license.
3. Ensure each revocation recommendation letter is signed by the licensing worker, licensing supervisor, and the DCS Foster Care Division Manager (DM) or designee, if applicable;
4. Ensure the FFH is aware of the revocation recommendation and has a basic understanding of the process that will occur prior to the licensing worker submitting the recommendation for review;
5. Upload the following information into the case management system in a file or attachment labeled "recommendation":
 - a. Revocation recommendation letter,
 - b. Documentation supporting the recommendation to revoke (e.g., case management system contact notes, e-mail communications, background check information, and assessment information); and

Note: The Licensing Agency should make the FFH file readily available in the case management system to the Central Office Foster Care Licensing Team, when requested, throughout the revocation process.

- c. The Foster Home Revocation or Denial Due Process Verification form if the revocation is based on substantiated CA/N.

Note: LCPA workers may contact the Central Office Foster Care Licensing Team for guidance if the recommendation to revoke is based on substantiated CA/N.

6. Submit the revocation recommendation in the case management system to the Central Office Foster Care Licensing Team for review and an approval determination; and
7. Ensure any DCS or agency staff responsible for placement of a child is notified of the concerns and recommendation to revoke the FFH license if there are children currently placed in the home.

The Central Office Foster Care Licensing Team will review the recommendation within 30 calendar days of receipt of the recommendation to revoke and determine if the recommendation may be supported.

If the Central Office Foster Care Licensing Team agrees with the recommendation to revoke the FFH license, the Central Office Foster Care Licensing Team will:

1. Send a certified letter to the FFH licensee advising:
 - a. The FFH license will be revoked effective 30 calendar days from receipt of the letter,
 - b. The nature of the allegations of noncompliance with IC, IAC, or other FFH requirements,
 - c. The right to request an informal meeting with the Local Office Director (LOD) or designee within 10 business days of receipt of the letter,

Note: DCS management involved in staffing the revocation should not complete the informal meeting with the foster family. If the FFH is licensed by an LCPA, an LCPA representative must attend the informal meeting.

- d. The right to appeal the decision within 30 calendar days of receipt of the letter,

Note: An informal meeting with the LOD or designee does not affect the 30-day deadline for appeal.

- e. The statutory authority of DCS to license FFH, and
 - f. The civil and criminal penalties for operating an FFH without a license.
2. Send a copy of the certified letter revoking the FFH license to the licensing worker for the case file; and
 3. Enter the revocation effective date in the case management system 30 calendar days after the date the foster parent received the revocation letter or when the Administrative Appeal process is completed, if applicable.

If the Central Office Foster Care Licensing Team disagrees with the recommendation to revoke a license, the Central Office Foster Care Licensing Team will return the recommendation to the recommending agency with guidance on next steps. The Central Office Foster Care Licensing Team will provide guidance to the recommending agency regarding how to proceed.

If the FFH appeals the 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):

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 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 FFH, and any attorney representing the FFH (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. The DCS Final Agency Authority (FAA) will automatically conduct a Final Agency Review of the case and the ALJ's Proposed Finding of Fact and Conclusions of Law after the ALJ issues the Proposed Finding of Fact and Conclusions of Law, and the DCS FAA will issue a decision upholding the revocation, reversing the revocation, or remanding the decision back to OALP for further proceedings. 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 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.

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RELEVANT INFORMATION

Definitions

Administrative Law Judge (ALJ)

ALJ refers to an individual who presides over an administrative 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 the department, 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 Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

Forms and Tools

- [Foster Home Revocation or Denial Due Process Verification \(SF 55232\)](#)
- [Indiana Office of Administrative Law Proceedings \(OALP\) Policies](#)
- [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 Appeal Hearings](#)
- [12.17 Corrective Licensing Action](#)
- [13.09 Conducting Background Checks for Foster Home Licensing](#)

- [13.10 Evaluating Background Checks for Foster Family Licensing](#)

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LEGAL REFERENCES

- [IC 4-21.5-5: Chapter 5. Judicial Review](#)
- [IC 31-27-4-13: Denial of license; notice; administrative hearing upon written request](#)
- [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](#)
- [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](#)
- [470 IAC 1-4: Administrative Appeals](#)
- [42 USC 12102: Definition of disability](#)

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PRACTICE GUIDANCE- DCS POLICY 12.21

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

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 Central Office Foster Care Licensing Team 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 Foster Care Licensing Team. 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 Foster Care Licensing Team 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 Foster Care Licensing Team 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 Foster Care Licensing Team 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 (LCPA) worker.

Forms and Tools

- [Application for Foster Family Home License \(SF 10100\)](#)
- [Application for Criminal History Background Check \(SF 53259\)](#)
- [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 \(SF 53153\)](#)
- [Kinship Connection Diagram](#)
- [Licensing Staff Inquiry Regarding Foster Family Home \(SF 53214\)](#)
- [Medical Report for Caregivers \(SF 45145\)](#)
- [Medical Report for Household Members \(SF 45144\)](#)
- [Record of Child Placement \(SF 54610\)](#)
- [Re-Licensure Checklist for Foster Family Homes \(SF 53155\)](#)
- [Request for a Child Protection Service \(CPS\) History Check \(SF 52802\)](#)
- [Request for Personal Reference Statement for Foster Family Home License Applicants \(SF 53203\)](#)
- [Resource Family Home Physical Environment Checklist \(SF 53186\)](#)
- [Resource Parent Role Acknowledgment \(SF 54642\)](#)
- [Structured Analysis Family Evaluation \(SAFE\)](#)

- [Water Agreement \(SF 54612\)](#)

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 Foster Care Licensing Team Address

DCS Central Office Foster Care Licensing Team
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

Section 23: Evaluation of Child Abuse or Neglect (CA/N) Allegations or Complaints Involving Foster Family Homes

Effective Date: September 1, 2023

Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) is responsible for assessing any Child Abuse and/or Neglect (CA/N) allegation involving DCS and Licensed Child Placing Agency (LCPA) foster family home (FFH) applicants, licensees, and household members. The DCS local office or LCPA is responsible for investigating allegations of licensing rule violations that do not meet the statutory definition of CA/N.

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PROCEDURE

A licensing worker may use the results of a CA/N assessment or the findings of the licensing complaint investigation as the basis for corrective licensing action, revocation of a license, or denial of an FFH application.

Upon notification of the licensing complaint or closed assessment, the licensing worker will:

1. Obtain the findings of the assessment or the licensing complaint;

Note: For LCPA FFH applicants, licensees, and household members, the Central Office Foster Care Licensing Team will send the LCPA a copy of the redacted Assessment of Alleged Child Abuse or Neglect (311) upon receipt of the Request for Release of Assessment Information.

2. Evaluate the findings of the assessment or the licensing complaint and work with the Central Office Foster Care Licensing Team by providing necessary records and/or documentation upon request;
3. Discuss the outcome of the closed assessment with the FFH and develop a plan, if necessary, to address any identified licensing needs (see policy 12.17 Corrective Licensing Action);
4. Submit written recommendations to the Central Office Foster Care Licensing Team for approval; and
5. Notify the FFH applicant or licensee when the placement hold is removed upon receipt from the Central Office Foster Care Licensing Team.

The Central Office Foster Care Licensing Team will:

1. Gather and review additional information, as needed;

2. Make decisions concerning any appropriate sanctions and provide direction and recommendations to licensing staff;
3. Inform the appropriate parties of the decision (e.g., licensing worker or licensing supervisor); and
4. Remove the placement hold in the case management system, if applicable.

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RELEVANT INFORMATION

Definitions

Licensing Worker

The licensing worker refers to the Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

Forms and Tools

- Assessment of Alleged Child Abuse or Neglect (311) (SF 113) – available in the case management system
- [Request for Release of Assessment Information \(SF 55671\)](#)

Related Policies

- [12.17 Corrective Licensing Actions](#)

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LEGAL REFERENCES

- [IC 31-27-4-17: Probationary status; duration; expiration; extension](#)
- [IC 31-27-4-18: Inspection of foster family homes](#)
- [IC 31-27-4-19: Records of monitoring activities and inspections](#)
- [IC 31-27-4-20: Cooperation by licensees](#)
- [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](#)

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PRACTICE GUIDANCE- DCS POLICY 12.23

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.

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 12: Foster Family Home Licensing

Section 24: Staff as Foster Parents

Effective Date: September 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) has established requirements for its employees and employees of a Licensed Child Placing Agency (LCPA) who are foster parents to ensure there is no conflict of interest between employment responsibilities and foster parent responsibilities.

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PROCEDURE

The agency (DCS or the LCPA) should discuss the following DCS requirements with their employee who is licensed as a foster parent to ensure there is separation of duties. This includes but is not limited to accessing or attempting to access information for which the employee has no authorization, using case specific information in the employee's professional role, and/or engaging in activities related to foster parenting duties (e.g., attending Child and Family Team [CFT] Meetings) during scheduled work time.

Note: An employee may request to use leave time or adjust their work schedule to attend activities related to foster parenting duties (see policy HR-2-11 Work Hours and Schedules).

DCS prohibits:

1. Employees of DCS or an LCPA who are licensed foster parents from being licensed through or having placements monitored by the agency or DCS local county office in which they are employed;

Note: The DCS or LCPA employee may not accept placement of a child from the agency or DCS local county office in which they are employed unless prior approval is obtained by the Regional Manager (RM) or designee. DCS or the LCPA must be notified prior to the placement of a child.

2. A DCS region or LCPA from providing pre-service or in-service training to an applicant or licensee who is employed by a local office in that region or that LCPA;

Note: If the applicant or licensee is a DCS employee, the applicant should receive pre-service or in-service training from a DCS region outside of the applicant's region of employment. If the applicant is an LCPA employee, the applicant should be licensed by DCS or another LCPA.

3. Employees of DCS or an LCPA from obtaining placement of any child with whom they have had a direct professional role unless the case is staffed with and approved by the Deputy Director of Field Operations or designee prior to placement; and
4. A DCS employee who is a licensed foster parent from having any professional responsibilities related to the employee's own license and the child's case file.

The licensing worker will:

1. Notify their supervisor when a foster parent or individual applying to be a foster parent is an employee of DCS or an LCPA; and
2. Ensure licensed foster parents are aware that if they become employed by a DCS local office or LCPA, they must immediately transfer their license to a DCS local office other than the office in which they are employed or to another LCPA (see policy 12.27 Transferring a Foster Family Home Application or License).

The licensing worker supervisor will:

1. Determine if the foster parent or applicant is employed by a DCS local office or an LCPA; and
2. Ensure no conflict of interest exists, if it is determined the foster parent or applicant is employed by a DCS local office or an LCPA, by requesting the licensing worker to begin transferring an employee's existing license or application to a different office or an LCPA, whichever is chosen by the foster parent or applicant.

Upon completion of the licensing worker supervisor's responsibilities, the licensing worker will:

1. Contact the foster parent or applicant to discuss getting licensed in another county, or transferring their license to another county or LCPA;
2. Discuss with the foster parent or applicant which DCS local office or LCPA is most appropriate to hold the license to ensure there are no conflicts of interest;
3. Request the transfer to the LCPA or DCS local office where the foster parent chooses to maintain their license (if applicable);
4. Begin the transfer process of the license or application in the case management system (see policy 12.27 Transferring a Foster Family Home Application or License).

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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 (LCPA) worker.

Forms and Tools

N/A

Related Policies

- [HR-2-11 Work Hours and Schedules](#)
- [12.27 Transferring a Foster Family Home Application or License](#)

LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 12.24

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
Section 26: Withdrawing an Application or License from the Foster Family Home Program

Effective Date: May 1, 2023

Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

A foster family applicant or licensee, whose license is in good standing, has the right to voluntarily withdraw from the foster family home (FFH) program. Procedural steps are outlined by the Indiana Department of Child Services (DCS) to support a smooth transition process for the applicant or licensee, and any child placed in the FFH.

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PROCEDURE

To withdraw from the FFH program, the applicant or licensee will complete and submit the Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey form to the licensing worker.

Note: If the licensing worker is unable to obtain a signed Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey form from the licensee or applicant, the Central Office Foster Care Licensing Team should be consulted.

Upon receipt of the signed Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey form, the licensing worker will:

1. Review the information in the exit interview to determine the primary reason for withdrawing; and
2. Submit the Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey form in the case management system for the licensing worker supervisor to review and approve.

Note: A Licensed Child Placing Agency (LCPA) licensing worker submits the recommendation to the Central Office Foster Care Licensing Team for review and approval.

If a child is placed in the FFH, the licensing worker will:

1. Notify each Family Case Manager (FCM) with a child placed in the FFH of the pending closure of the FFH;
2. Develop a plan to transition the child from the FFH, and
3. Locate a new placement to accommodate the needs of the child, if applicable (see policies 8.38 Placement Changes and 8.41 Transitioning from Out-of-Home Care).

The Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey form will be reviewed and approved in the case management system by:

1. The licensing worker supervisor if the FFH is a DCS licensed home; or
2. The Central Office Foster Care Licensing Team if the FFH is an LCPA licensed home.

Note: Withdrawals should not be accepted or approved if pending revocation or denial. See policies 12.18 License Denials and 12.21 Revocations for further information.

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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 (LCPA) worker.

Forms and Tools

- [Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey \(SF53237\)](#)

Related Policies

- [8.38 Placement Changes](#)
- [8.41 Transitioning from Out-of-Home Care](#)
- [12.18 License Denials](#)
- [12.21 Revocations](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 12.26

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

Section 27: Transferring a Foster Family Home Application or License

Effective Date: June 1, 2023

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) will allow a licensed foster family home (FFH) or an FFH with a pending FFH application to transfer their current FFH license or application to a different FFH licensing agency. This includes transferring from a licensed child placing agency (LCPA) to another LCPA; transfer from an LCPA to DCS; or transfer from DCS to an LCPA.

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PROCEDURE

An FFH application/license may only be transferred when both the originating agency and receiving agency agree to the transfer, and the home is in good standing (see Practice Guidance). A home that is not in good standing shall not have its application/license transferred without prior approval from the Central Office Foster Care Licensing Team. No fees may be charged for transfer of documents.

Note: A new Individual Child Placement Referral (ICPR) must be completed for each child in the FFH once the transfer is completed.

Transfer of a Foster Family Home (FFH) Application/License

The originating agency will complete the following procedures when transferring an FFH application/license:

1. Obtain a written request from the FFH to transfer the FFH application/license;
2. Evaluate the FFH and determine if the home is in good standing (see Practice Guidance for examples);
3. Contact the Central Office Foster Care Licensing Team for guidance, as needed, when the FFH is not in good standing;
4. Send a summary when transferring an FFH application regarding the FFH applicant's progress toward completion of initial licensure. For an FFH license, send the completed Resource Home License Transfer form to the receiving agency;
5. Send a copy of the licensing file if the receiving agency is willing to evaluate the transfer of the FFH application/license (see policy 12.22 Licensing File Requirements);
6. Maintain all licensing responsibilities of the FFH until the mutually agreed upon application/license transfer date; and
7. Update the case management system to reflect the new Supervising Agency and Assigned Worker on or prior to the agreed upon application/license transfer date.

The receiving agency will:

1. Review the completed Resource Home License Transfer form and the files from the originating agency for consideration of the transfer;
2. Notify the originating agency via email as to whether the receiving agency is willing to evaluate the FFH application/license transfer;
3. Notify the FFH about the receiving agency's willingness to evaluate the FFH application/license transfer;
4. Contact the Central Office Foster Care Licensing Team for guidance, as needed, when the FFH is not in good standing;
5. Obtain statements from the Family Case Managers (FCMs) who have children in the FFH applicant's/licensee's home stating whether they have concerns regarding the following:
 - a. FFH, and/or
 - b. Services that are being provided to a child in the home.

Note: All statements must be documented in the case management system and any concerns should be addressed with the FFH applicant/licensee.

6. Conduct an initial home visit of the FFH once the licensing file has been received and complete the following documents within 60 business days:
 - a. Resource Family Home Physical Environment Checklist, and
 - b. A Structured Analysis Family Evaluation (SAFE) update for a licensed foster home transfer or an initial SAFE home study for an unlicensed home application transfer.
7. Notify the originating agency via email regarding the acceptance or denial of the FFH application/license transfer;
8. Notify the FFH regarding the acceptance or denial of the FFH application/license transfer;
9. Coordinate the transfer date with the originating agency if all parties agree to the FFH application/license transfer;
10. Submit the completed Transfer of Licensing Agency Checklist in the case management system;
11. Upload the completed Resource Family Home Physical Environment Checklist and SAFE update (if applicable) in the case management system;
12. Send the new hard copy license to the FFH upon approval of the application/license transfer and receipt from the Central Office Foster Care Licensing Team; and
13. E-mail the FCM for each child in the FFH advising of the approved transfer and transfer effective date to ensure the FFH is associated with the new agency for payment purposes.

The DCS Central Office Foster Care Licensing Team will:

1. Provide guidance, as needed, to the originating agency and receiving agency regarding the request to transfer an FFH application/license;
2. Approve or deny the transfer request in the case management system and complete the following for an FFH application/license:
 - a. Review the Resource Home License Transfer form from the originating agency, and
 - b. Document the approval or denial of the transfer in the case management system.
3. Complete the following for approved FFH license transfers:
 - a. Print the approved license reflecting the transfer and ensure the licensure dates from the original license remain the same, and

- b. Mail a copy of the new license to the receiving agency's licensing worker to be filed and maintained.
4. Notify the originating and receiving agencies of the reasons for denial if the request for transfer is denied.

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RELEVANT INFORMATION

Definitions

Licensing File

For purposes of this policy, the "licensing file" pertains to any document required by statute or DCS policy to license an FFH.

Licensing Worker

The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

Forms and Tools

- [Corrective Action Plan \(SF 53171\)](#)
- [Resource Family Home Physical Environment Checklist \(SF 53186\)](#)
- [Resource Home License Transfer \(SF 54781\)](#)
- Transfer of Licensing Agency Checklist – available in the case management system

Related Policies

- [12.11 Foster Family Home Licensing Study](#)
- [12.17 Probationary Status](#)
- [12.21 Revocations](#)
- [12.22 Licensing File Requirements](#)

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LEGAL REFERENCES

- [465 IAC 2-1.5 Licensing of Foster Family Homes for Children](#)

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PRACTICE GUIDANCE- DCS POLICY 12.27


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.

FFH Not in Good Standing

An FFH is considered “not in good standing” if one (1) or more of the following issues are present (this is not a comprehensive list). The FFH has:

1. A placement hold;
2. A pending revocation;
3. A Corrective Action Plan (see policy 12.17 Probationary Status);
4. Multiple or unresolved DCS assessments, licensing investigations, and/or licensing complaints;
5. A lack of cooperation with DCS, the LCPA, and/or service providers;
6. 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;
7. Multiple placement disruptions; or
8. Failed to provide information relevant to child case planning or the FFH license as requested by the court, DCS, and/or the LCPA.

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	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

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.

Licensing Worker

The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

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.



INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 12: Foster Family Home Licensing	
Section 31: Financial Stability of Foster Family Home	
Effective Date: April 1, 2023	Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Foster care maintenance payments (hereafter referred to as per diem) received on behalf of the child are intended for the sole benefit and care of the child while in foster care. Since these payments may not cover all expenses incurred, financial stability of the foster family applicant is essential. In accordance with 465 IAC 2-1.5, foster parents shall demonstrate that the household has sufficient income and appropriate fiscal management to maintain its stability and security without a per diem.

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PROCEDURE

Foster Family Home (FFH) applicants will complete the Financial Stability for Foster Family Home form as part of the licensure and re-licensure process. The form should be used as a tool to gather information about the FFH applicant’s income and monthly living expenses, including the ability to manage emergencies and additional expenses to help evaluate the applicant’s financial stability.

Note: Verification of income and/or expenses may be requested by the agency if there are concerns about financial stability.

The licensing worker will:

1. Complete the Financial Information for Foster Family Home form with the FFH applicants at initial licensure and re-licensure;
2. Address any missing or unclear information provided by the FFH applicants;
3. Evaluate the financial information received on the Financial Stability for Foster Family Home form to determine whether the FFH applicant has adequate income to meet the monthly financial obligation of caring for a child in foster care without utilizing per diem as income;

Note: Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) are not considered monthly income for the purposes of FFH licensure. Receipt of these funds does not automatically disqualify an applicant from becoming a foster parent.

4. Discuss with the FFH the importance of utilizing 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 per diem. Expenses that should **not** be paid from per diem include, but are not limited to the foster parent's:

- i. Rent;
- ii. Mortgage;
- iii. Insurance payment;
- iv. Car payment; or
- v. Routine housing maintenance cost.

See policy 16.01 Funding for Children in Out-of-Home Care for additional information.

5. Re-evaluate the financial stability of the home if at any point circumstances of the FFH 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 Stability for Foster Family Home form may be requested to document the re-evaluation of financial stability.

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RELEVANT INFORMATION

Definitions

Licensing Worker

The licensing worker is a DCS Regional Foster Care Specialist (RFCS) or a Licensed Child Placing Agency (LCPA) worker.

Forms and Tools

- [Financial Stability for Foster Family Home \(SF 55734\)](#)

Related Policies

- [16.01 Funding for Children in Out-of-Home Care](#)

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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](#)


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PRACTICE GUIDANCE- DCS POLICY 12.31

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.

N/A

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	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 POLICY	
Chapter 12: Foster Family Home Licensing	
Section 33: Resource Parent Complaint Resolution Process	
Effective Date: December 1, 2024	Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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 policies 12.17 Corrective Licensing Actions and 14.11 Administrative Review of Adoption Assistance.*

The Indiana Department of Child Services (DCS) respects and supports resource parents and recognizes them as a partner in keeping children safe and helping families achieve permanency. The resource parent complaint resolution process offers resource parents a way to address decisions made regarding a specific case.

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PROCEDURE

DCS will partner with the resource parents to build a safe and supportive environment. If a disagreement arises regarding a child’s case that cannot be resolved, the licensed resource parents (both DCS and Licensed Child Placing Agency [LCPA]) may initiate the complaint resolution process.

The complaint resolution process is as follows:

1. The DCS or LCPA licensed resource parent contacts the Family Case Manager (FCM) or Kinship Navigator (KN) to discuss concerns with the decisions made regarding the child’s case;
2. The DCS or LCPA licensed resource parent may contact the FCM’s or KN’s immediate supervisor (FCM Supervisor or KN Supervisor) if the resource parent continues to have concerns after the discussion with the FCM or KN;

Note: It is recommended the resource parent contact the FCM or KN Supervisor within five (5) calendar days of the discussion with the FCM or KN.

3. The DCS or LCPA licensed resource parent may contact the DCS Local Office Director (LOD), Division Manager (DM), or designee if concerns were not able to be addressed by the FCM or KN Supervisor; and

Note: It is recommended the resource parent contact the LOD or designee within five (5) calendar days of the response from the FCM or KN Supervisor.

When the complaint resolution process has been exhausted and concerns remain unresolved, the resource parent may reach out to the Foster Parent Communication Liaison and/or submit the online Resource Parent Complaint Resolution form.

The FCM or Kinship Navigator (KN) will:

1. Discuss any concerns with the DCS or LCPA licensed resource parent as they arise;
2. Inform the FCM or KN Supervisor of any discussions that occurred regarding the DCS or LCPA licensed resource parent's concerns immediately;
3. Document the discussion and decision 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 or KN Supervisor will:

1. Discuss with the DCS or LCPA licensed resource parent any unresolved concerns raised by the resource parent, either by telephone, virtual meetings, or in person, as requested;
2. Determine if the case actions and/or decisions have been implemented according to DCS policy;
3. Notify the DCS or LCPA licensed resource parent and FCM or KN within five (5) business days of the decision; and
4. Document the discussion and decision in the case management system.

The LOD, DM, or designee will:

1. Discuss with the DCS or LCPA licensed resource parent concerns the resource parent has about the decision reached by the FCM or KN Supervisor either in-person, virtual meeting, or by phone, upon request of the resource parent;
2. Determine if the case action/decisions have been implemented according to DCS policy;
3. Notify the DCS or LCPA licensed resource parent, FCM or KN Supervisor and FCM or KN within five (5) business days, and
4. Document the discussion and decision in the case management system.

The DCS Foster Parent Support and Communication Liaison will:

1. Review the Resource Parent Complaint Resolution Form submitted online by the DCS or LCPA licensed resource parent;
2. Clarify information with the appropriate parties involved, if necessary;
3. Collaborate with the FCM or KN Supervisor, DM, and/or LOD to facilitate next steps; and
4. Communicate the resolution to all parties within five (5) business days.

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RELEVANT INFORMATION

Definitions

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 - fostercare-support@dcs.in.gov
- [Resource Parent Complaint Resolution Form](#)

Related Policies

- [8.50 Determining and Reviewing Category of Supervision](#)
- [12.17 Corrective Licensing Actions](#)
- [14.11 Administrative Review of Adoption Assistance](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 12.33


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.

Department of Child Services (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 or KN. The DCS Foster Parent Support and Communication Liaison reviews the Resource Parent Complaint Resolution Form submitted by the resource parent online and works with all parties to facilitate an appropriate resolution, while supporting the best interest of the child and the rights of the resource parent.

Note: Although the resource parent is instructed to contact the DCS Foster Parent Support and Communication Liaison as part of the complaint resolution process, DCS staff may also contact the DCS Foster Parent Support and Communication Liaison for guidance.

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	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 [Kinship Connection Diagram](#):

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 [Kinship Connection Diagram](#):

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

Section 01: Conducting Background Checks for Licensed Residential Agencies and Child Placing Agencies

Effective Date: March 21, 2022

Version: 8

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) requires background checks to be conducted for the purpose of residential and child placing agency licensing (referred to collectively as “DCS licensed agencies”) to determine whether the individuals employed by or volunteering, contracting, or interning for the DCS licensed agencies meet federal and state standards or established licensing requirements and to reduce potential risk of harm while in the care of DCS licensed agencies.

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PROCEDURE

DCS requires background checks 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 – Instructions available on the Background Check Resources SharePoint.

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). 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.

Initial and Relicensure of a DCS Licensed Agency

When submitting the application for initial licensure or relicensure, the DCS Central Office Residential Licensing Unit (RLU) or Licensed Child Placing Agency (LCPA) Licensing Unit will ensure that the DCS licensed agency:

1. Completes all steps of the background check process on the licensing applicant (administrator for residential agencies or the executive for Licensed Child Placing Agencies [LCPAs]); and

2. Attests that the individual has not been convicted or charged with a disqualifying event.

The following background checks must be completed at initial and relicensure of a DCS Licensed Agency:

1. A CPS History Check for Indiana and every state in which the subject of the check has resided during the last five (5) years, for all individuals six (6) years of age and older;

Note: States must be searched based on where the person has resided during the last five (5) years. However, CPS history is reported from those states as far back as there are records or to the date that state's law indicates records should be maintained. Indiana maintains substantiated history back to 1988.

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 – Instructions available on the Background Check Resources SharePoint 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 for all persons 18 years of age and older.

Note: 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, initial licensure, and relicensure have the following annual background 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 – Instructions available on the Background Check Resources SharePoint.

New Hires

Once a DCS licensed agency has an active license, all required background checks must be completed and should be returned with qualified results on or prior to the hire date for all new employees, volunteers, contractors, and interns.

Exception: An individual may be employed by a DCS licensed agency as an employee, volunteer, or contractor prior to all background check requirements being met if all of the following conditions are satisfied

1. The following background checks have been completed:
 - a. Fingerprint-Based Check;
 - b. National Sex Offender Registry Check;
 - c. Indiana CPS History Check; and
 - d. Indiana Local Criminal Court Records Check.

2. The following background checks must have been **requested** if the individual has resided outside of Indiana during the five (5) years preceding the individual's date of hiring by the DCS licensed agency:
 - a. Out-of-state CPS History Check; and
 - b. Out-of-state Local Criminal Court Records Check.
3. The individual's employment before the completion of the required background checks (i.e., pending out-of-state CPS History Check and out-of-state Local Criminal Court Records Check) is limited to training, during which the individual:
 - a. Does not have contact with children who are under the care and control of the DCS licensed agency; and
 - b. Does not have access to records containing information regarding children who are under the care and control of the DCS licensed agency.
4. The individual completes an attestation, under penalty of perjury, disclosing:
 - a. Any child abuse or neglect complaints made against the individual with the child welfare agency of a state other than Indiana in which the individual resided within the five (5) years preceding the date of the attestation; and
 - b. Any contact the individual had with a law enforcement agency (LEA) in connection with the individual's suspected or alleged commission of a crime in a state other than Indiana in which the individual resided within the five (5) years preceding the date of the attestation.

Completion of Background Checks

The RLU 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 photo 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 using their legal name as it appears on a current government-issued photo ID:
 - a. The subject of the check must sign and date the form, and
 - b. Place the original in the subject's personnel file after the completion of the background check process.
3. Register the subject, who is 18 years of age or older, for the Fingerprint-Based Check (see policy 13.15 Fingerprint-Based Checks for further guidance).

Note: 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.

4. Conduct a National Sex Offender Registry Check of the subject (14 years of age or 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 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.

5. Conduct a CPS History Check for a subject who is six (6) years of age or older:
 - a. For Indiana, initiate the necessary search utilizing the CPS electronic portal submission (see Child Protective Index Checks/Child Protection Service History Checks/CANS/Adam Walsh Checks/Out of State Child Welfare Agency for guidance); and
 - b. For all other states, conduct a CPS History Check search for every other state in which the subject has resided during the past five (5) years.

Note: See the Out-of-State CPS Contact List, available on the Background Check Resources SharePoint, to assist with identifying CPS agencies outside of Indiana to process the search request.

6. Conduct a Local Criminal Court Records Check of the subject (18 years of age or older), including all aliases:
 - a. For Indiana, search the MyCase website for the subject in each Indiana county court, as well as applicable city courts, in which the subject resided the past five (5) years.

Note: For further instructions about completing Local Criminal Court Records Checks, see the Local Criminal Court Records Check Instructions – Available on the Background Check Resources SharePoint.

- b. For all other states, contact every town/city/county court for which the subject has resided the past five (5) years to process the records check.

Note: DCS requires the applicant and/or the employing agency's Human Resources Department or designee to notify the assigned DCS Licensing Specialist within 24 hours of the arrest, conviction, or substantiation of Child Abuse and/or Neglect (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 DCS Central Office Background Check Unit (COBCU) if additional guidance is needed.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Application for Criminal History Background Check \(SF 53259\)](#)
- [Attestation to Begin Work in Child Caring Institutions, Group Homes, or Licensed Child Placing Agencies Before Certain Criminal History Checks are Returned \(SF53080\)](#)
- [Child Protective Index Checks/Child Protection Service History Checks/CANS/Adam Walsh Checks/Out of State Child Welfare Agency](#)
- [Dru Sjodin National Sex Offender Public website](#)
- Local Criminal Court Records Check Instructions – [Available on the Background Check Resources SharePoint](#)
- [MyCase website](#)
- Out-of-State CPS Contact List – [Available on the Background Check Resources SharePoint](#)

Related Policies

- [2.06 Sharing Confidential Information](#)
- [2.09 Verifying Identity](#)
- [13.02 Evaluating of Background Checks for Licensed Residential Agencies and Child Placing Agencies](#)
- [13.15 Fingerprint-Based Checks](#)

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LEGAL REFERENCES

- [IC 31-9-2-22.5: Conduct a criminal history check](#)
- [IC 31-27-3-3: Apply for licenses; criminal history checks](#)
- [IC 31-27-3-5: Grounds for denial of license applications; waiver](#)
- [IC 31-27-5-4: Apply for licenses; criminal history checks](#)
- [IC 31-27-5-6: Grounds for denial of license applications; waiver](#)
- [IC 31-27-6-2: Apply for licenses; criminal history checks](#)
- [IC 31-27-6-3: Grounds for denial of applications; waiver](#)

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PRACTICE GUIDANCE- DCS POLICY 13.01

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.

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).

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 13: Background Checks	
Section 02: Evaluating Background Checks for Licensed Residential Facilities and Child Placing Agencies	
Effective Date: March 21, 2022	Version: 8

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) evaluates the results of Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) for the purpose of Licensing Residential Facilities and Child Placing Agencies (referred to collectively as “DCS licensed agencies”), and DCS licensed agencies evaluate the remaining background checks, to determine whether the individuals employed by or volunteering, contracting, or interning for the DCS licensed agencies meet federal and state standards or established licensing requirements and to reduce potential risk of harm while in the care of DCS licensed agencies.

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PROCEDURE

DCS licensed agencies immediately ensure the subject of a 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) evaluates the results of the Fingerprint-Based Checks on all required persons 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).

Child Protective Services (CPS) History Check

DCS licensed agencies 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 (see Child Protective Index Checks/Child Protection Services History Checks/CANS/Adam Walsh Checks/Out of State Child Welfare Agency). 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.

Note: CPS history is reported and should be considered from each state searched as far back as there are records or to the date that state's law indicates records should be maintained. Indiana maintains substantiated history back to 1988.

National Sex Offender Registry Check

DCS licensed agencies 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 via e-mail. 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 evaluate the results of the Local Criminal Court Records Check – Instructions available on the Background Check Resources SharePoint. 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. The DCS licensed agency shall contact COBCU for additional guidance if the Fingerprint Based Status Letter was qualified and 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 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, Incomplete – Documentation Necessary, 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. "Incomplete – Documentation Necessary", the subject of the check must have the incomplete 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 the results of the CPI/CPS History Check showing substantiated history if a substantiated CPS history is discovered from Indiana (see policy 2.06 Sharing of Confidential 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 relicensure, 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 working, volunteering, or contracting in capacity to have contact with children or children's records, 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 – Available on the Background Check Resources SharePoint; and

Note: Contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter within five (5) business 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);

2. Provide guidance regarding incomplete – documentation necessary 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.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Child Protective Index Checks/Child Protection Services History Checks/CANS/Adam Walsh Checks/Out of State Child Welfare Agency](#)
- Central Office Background Check Unit (COBCU) Email – cobcuinquiry@dcs.in.gov
- Local Criminal Court Records Check Instructions – Available on the [Background Check Resources SharePoint](#)

Related Policies

- [2.06 Sharing of Confidential Information](#)
- [13.01 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agency](#)
- [13.15 Fingerprint-Based Checks](#)
- [13.16 Waivers](#)

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LEGAL REFERENCES

- [IC 31-9-2-84.8: Nonwaivable offense](#)
- [IC 31-27-3-3: Applying for a Child Caring Institution License](#)
- [IC 31-27-3-5: Grounds for denial of license applications; waiver](#)
- [IC 31-27-5-4: Apply for licenses; criminal history checks](#)
- [IC 31-27-5-6: Grounds for denial of license applications; waiver](#)
- [IC 31-27-6-2: Apply for licenses; criminal history checks](#)
- [IC 31-27-6-3: Grounds for denial of license applications; waiver](#)

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PRACTICE GUIDANCE- DCS POLICY 13.02

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.

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.

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	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 – Instructions available on the Background Check Resources SharePoint.

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 six (6) 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 – Available on the Background Check Resources SharePoint, 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 – Available on the Background Check Resources SharePoint.

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. Central Office Background Check Unit (COBCU) email - cobcuinquiry@dcs.in.gov
3. Local Criminal Court Records Check Instructions – Available on the [Background Check Resources SharePoint](#)
4. Out-of-State CPS Contact List – Available on the [Background Check Resources SharePoint](#)
5. [Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)

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, Incomplete – Documentation Necessary, 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. “Incomplete – Documentation Necessary”, the subject of the check must have the incomplete 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 – Available on the Background Check Resources SharePoint; 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 Incomplete – Information Necessary 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 – Available on the [Background Check Resources SharePoint](#)

RELATED INFORMATION

N/A



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 13: Background Checks

Section 05: Conducting Background Checks for Non-Emergency Unlicensed Placements

Effective Date: October 1, 2022

Version: 10

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

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 to be conducted on all non-emergency unlicensed placements to help ensure the safety and well-being of children placed in their care.

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PROCEDURE

Background checks for a non-emergency unlicensed placement are required prior to the placement of a child in the home for:

1. Household members; and
2. All persons who:
 - a. Stay in the home 21 days or more, within a 12-month period (the days do not have to be consecutive), or
 - b. Work or volunteer in the home with a child who is under the direct supervision of the unlicensed resource.

A child will remain in the current placement until all background checks listed below are completed and cleared:

1. A Child Protective Services (CPS) History Check for Indiana and every state in which the subject of the check has resided during the last five (5) years, for all individuals six (6) years of age and older;

Note: States must be searched based on where the person has resided during the last five (5) years. However, CPS history is reported from those states as far back as there are records or to the date that state's law indicates records should be maintained. Indiana maintains substantiated history back to 1988.

2. A National Sex Offender Registry Check for all individuals 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 individuals 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 National Criminal History Check (Fingerprint-Based Check) for all individuals 18 years of age and older must be completed and returned with qualified results. 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 regarding Triple I Checks completed for emergency unlicensed placements.

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 or a granted waiver 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 or a granted waiver 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.

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.

Note: If the identity of an undocumented individual is unable to be verified, a request should be sent to the DCS Central Office Background Check Unit (COBCU) email.

2. Have each subject of a background check, who is 18 years of age and older, complete the Application for Criminal History Background Check:
 - a. The subject of the check's legal name should be used as it appears on a current government-issued photo 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 Application for Criminal History 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;

Note: For the purposes of non-emergency placement, a Social Security number (SSN) is not required to register for fingerprints.

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. See the Local Criminal Court Records Check Instructions – Available on the Background Check Resources SharePoint; and
- a. For Indiana, search the MyCase website for the subject in each Indiana county court, as well as applicable city courts, in which the subject resided the past five (5) years.
 - b. For all other states, contact every town/city/county court for which the subject has resided the past five (5) years to process the records check.
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 in which 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 with the local office as the requesting organization,
 - b. Having the subject of the check, or representative if a minor, complete Section B of Indiana Request for a Child Protection Services (CPS) History Check, and
 - c. Completing a state-wide search of the case management system and reflect the results in Section C of the Indiana Request for a Child Protection Services (CPS) History Check;
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 – Available on the Background Check Resources SharePoint;

Note: If the person has CPS history in any state, refer to policy 13.06 Evaluating Background Checks for non-emergency unlicensed placements for further guidance.

8. Ensure the subject of the check is aware that they must notify the FCM within 24 hours of an arrest, conviction, or substantiation of Child Abuse and/or Neglect (CA/N); and

Note: The local DCS office shall contact COBCU for additional guidance.

9. 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.

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RELEVANT INFORMATION

Definitions

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

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.

Subject of a Background Check

For the purposes of this policy, the subject of a background check is defined as an individual who would stay, work, or volunteer in a non-emergency unlicensed placement.

Forms and Tools

- [Application for Criminal History Background Check \(SF 53259\)](#)
- Background Check Matrix for Unlicensed Placements and Foster Care – Available on the [Background Check Resources SharePoint](#)
- Central Office Background Check Unit (COBCU) email - cobcuinquiry@dcs.in.gov
- DCS Non-Emergency Relative/Kinship Registration Instruction for Fingerprinting in Indiana - Available on the [Background Check Resources SharePoint](#)
- [DRU SJODIN National Sex Offender Public Website](#)
- [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
- Local Criminal Court Records Check Instructions – Available on the [Background Check Resources SharePoint](#)
- [MyCase Website](#)
- Out-of-State CPS Contact List – Available on the [Background Check Resources SharePoint](#)

Related Policies

- [2.09 Verifying Identity](#)
- [13.06 Evaluating Background Checks for Non-emergency Unlicensed Placements](#)
- [13.11 Conducting Background Checks for Emergency Unlicensed Placements](#)
- [13.15 Fingerprint-Based Checks](#)

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LEGAL REFERENCES

- [240 IAC Article 6: Criminal History Record Information](#)
- [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](#)
- [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 31-34-18-6.1: Predispositional report; contents](#)
- [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)

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PRACTICE GUIDANCE- DCS POLICY 13.05

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 13: Background Checks	
Section 06: Evaluating Background Checks for Non-Emergency Unlicensed Placements	
Effective Date: October 1, 2022	Version: 11

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

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 background checks of non-emergency unlicensed placements to help ensure the safety and well-being of children placed in their care.

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PROCEDURE

DCS evaluates 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 individuals prior to the placement of a child in an unlicensed out-of-home placement.

Note: The child should remain in the current placement until all background checks are evaluated and cleared or all necessary criminal and/or CPS waivers are granted. See policy 13.05 Conducting Background Checks for non-emergency unlicensed placements for additional information.

The Family Case Manager (FCM) will:

1. Evaluate 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 (see Practice Guidance for more information about substantiated CPS history):
 - a. Provide the subject of the check with a copy of the completed Indiana Request for a Child Protection Services (CPS) History Check 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 completed waiver packet to the DCS Central Office Background Check Unit (COBCU) as quickly as possible if the subject has a substantiated CPS history in Indiana or the equivalent in another state. The filing and granting of a CPS waiver by COBCU are required for DCS to recommend the placement.

Note: A new waiver request must be submitted to and granted by the COBCU for each additional purpose. See policy 13.16 Waivers for additional information.

2. 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. A child cannot be placed, and the subject of the check is not eligible to be considered as a placement resource, and
 - b. Notify the COBCU of the match immediately.
3. Evaluate the results of the Local Criminal Court Records Check for a match to the subject of the check. If the Local Criminal Court Records Check returns convictions for any of the following and the Fingerprint-Based Status Letter was qualified, contact the COBCU within five (5) business days for additional guidance (see Local Criminal Court Records Check Instructions available on the Background Check Resources SharePoint):
 - a. A felony,
 - b. Four (4) or more misdemeanors, or
 - c. A misdemeanor that may be related to the health and safety of a child.
4. Review the Fingerprint-Based Check Status Letter received from the COBCU for each Fingerprint-Based Check. See policy 13.15 Fingerprint-Based Checks for additional information;

Note: 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 to 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;

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.

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 in the case management system.

The COBCU will:

1. Complete requirements as outlined in policies 13.15 Fingerprint-Based Checks and 13.16 Waivers;

2. Re-evaluate the Fingerprint-Based Check Report and reissue an amended Fingerprint-Based Check Status Letter, if applicable; and
3. Provide any needed guidance regarding background check results.

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RELEVANT INFORMATION

Definitions

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.

Subject of a Background Check

For the purposes of this policy, the subject of a background check is defined as an individual who would stay, work, or volunteer in a non-emergency unlicensed placement.

Forms and Tools

- [Application for Criminal History Background Check \(SF 53259\)](#)
- Background Check Matrix for Unlicensed Placements Desk Guide – Available on the [Background Check Resources SharePoint](#)
- Central Office Background Check Unit (COBCU) email - cobcuinquiry@dcs.in.gov
- [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
- Local Criminal Court Records Check Instructions – Available on the [Background Check Resources SharePoint](#)

Related Policies

- [2.06 Sharing Confidential Information](#)
- [8.01 Selecting a Placement Option](#)
- [8.08 Preparing Child for Placement](#)
- [13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements](#)
- [13.12 Evaluating Background Checks for Emergency Unlicensed Placements](#)
- [13.15 Fingerprint-Based Checks](#)
- [13.16 Waivers](#)

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LEGAL REFERENCES

- [IC 31-9-2-84.8: "Nonwaivable offense"](#)
- [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 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
- [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)

PRACTICE GUIDANCE- DCS POLICY 13.06

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.

Disclosing Fingerprint-Based Check Information

A copy of the official Federal Bureau of Investigations (FBI) and the Indiana State Police (ISP) transcript will neither 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 the 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.

Recommending Non-Emergency Placements

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 subject of the background 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 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 (see policy 13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements for information).

Substantiated CPS History

The existence of substantiated CPS history in Indiana or the equivalent in another state means that unless a waiver is granted, the subject of the check is ineligible to be a non-emergency unlicensed placement caregiver, household member of a current or prospective non-emergency unlicensed placement (this excludes a child's parent who has been approved by the court to stay in the non-emergency unlicensed placement where the child is placed), or an employee or volunteer working or volunteering inside the home of the non-emergency unlicensed placement. See policy 13.16 Waivers for additional information.



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 13: Background Checks

Section 07: Conducting Background Checks for Adoptions

Effective Date: October 1, 2024

Version: 11

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) requires background checks to be conducted on prospective adoptive homes to help ensure the safety and well-being of children placed with the adoptive family.

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PROCEDURE

Background checks will be conducted for the purpose of adoption (including for the adoption home study, adoption summary, or Indiana Adoption Assistance Program [AAP] eligibility determination) on all persons who:

1. Are members of the prospective **DCS** adoptive household;

Note: Background checks are a requirement for a petitioner's spouse, even when the married couple is not living together in the adoptive home.

2. Stay in a prospective DCS adoptive home for 21 calendar days or more within a 12-month period (days do not have to be consecutive); or

Note: Background checks must be completed **prior** to a new household member moving into the prospective adoptive home.

3. Are members of a prospective **private** adoptive home who are applying for AAP (see Practice Guidance).

Note: DCS will not conduct background checks on children under DCS care and supervision.

DCS requires the prospective adoptive home to 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 and contact the Central Office Background Check Unit (COBCU) for guidance.

Required Background Checks

The type of background check required will vary based on the age of the subject of the check and must be completed **annually**:

1. A Child Protective Services (CPS) History Check on all household members, 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;

Note: States must be searched based on where the person has resided during the last five (5) years. However, CPS history is reported from those states as far back as there are records or to the date that state's law indicates records should be maintained. Indiana maintains substantiated history back to 1988.

2. A Fingerprint-Based National Criminal History Check (Fingerprint-Based Check) with qualified results for all household members, 18 years of age and older (see policy 13.15 Fingerprint-Based Checks).

Note: Fingerprints may not be completed prior to 18 years of age. Fingerprint-Based Checks conducted for any other purpose (e.g., foster family home licensure, unlicensed placement, employment) may not be used for the purpose of adoption, and a new Fingerprint-Based Check will be required.

3. A Local Criminal Court Records Check on all household members, 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 National Sex Offender Registry Check for all household members, 14 years of age and older, in every state in which the subject of the check has resided during the last five (5) years.

Any background check not completed prior to the child's placement into the prospective adoptive home (due to the subject of the check's age) must be initiated 30 days prior to the current household member's sixth (6th), 14th, or 18th birthday.

New background checks must be completed prior to the following, if it has been 12 months since the last adoption background check:

1. Pre-adoptive placement;
2. Adoption home study or adoption summary;
3. Submission of the AAP Application; or
4. Filing the petition for adoption.

Completion of Background Checks

The adoption worker will complete the following:

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 and Relationship). Examples of government-issued IDs include, but are not limited to:
 - a. Birth Certificate,
 - b. Drivers' License,
 - c. Government-issued photo ID,
 - d. Passport, or
 - e. Social Security Card.

Note: In **private** adoption cases where the prospective adoptive parent is applying for AAP, the Central Office Eligibility Unit (CEU) will work with the family to complete background checks once their application is received.

2. Ensure each subject of a background check, 6 years of age and older, completes the Combined Application for Criminal and Child Protection Service (CPS) History Searches form using their legal name as it appears on a current government-issued photo ID:
 - a. The subject of the check (or their parent, guardian, or custodian if a minor) must sign and date the form, and
 - b. The adoption worker must place the original form in the file after completion of the background check process.
3. Register each household member, 18 years of age and older, for a Fingerprint-Based Check, unless the person requests an Exception to Fingerprinting (see policy 13.15 Fingerprint-Based Checks);

Exception: DCS will not conduct Fingerprint-Based Checks for domestic or international **private** adoptions unless the prospective **private** adoptive home is applying for AAP through DCS. The **private** adoption agency and/or legal representative is responsible for completing Fingerprint-Based Checks through the Indiana State Police (ISP).

Note: A Regional Manager (RM) Appeal must be completed if the prospective adoptive family requests that DCS pay for fingerprints for the purpose of adopting a DCS ward (see policy 13.15 Fingerprint-Based Checks).

4. Conduct a Local Criminal Court Records Check on all household members, 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 (see the Local Criminal Court Records Check Instructions):
 - a. Use the MyCase website for an Indiana court record search for the subject in each county court, as well as applicable city courts, in which the subject resided, and
 - b. Contact every town/city/county court for court record searches for all other states in which the subject has resided.
5. Conduct a National Sex Offender Registry Check for all household members, 14 years of age and older, using the Dru Sjodin National Sex Offender Public Website by:
 - a. Completing an individual search for each name or combination of names used within the subject's lifetime,

Note: Narrow the search by state if searching a common name and results show multiple matches. Search every state the subject has resided for the past five (5) years if this occurs.

- b. Printing out the results of each name searched,
 - c. Signing and dating the printed results, and
 - d. Writing "NO MATCH" on the printed page if there is no match.
6. Conduct an Indiana CPS History Check for all household members, six (6) years of age and older, by:

- a. Completing the Combined Application for Criminal and Child Protection Service (CPS) History Searches form,
- b. Ensuring the subject of the check, or representative if a minor, completes Sections C and D on the Combined Application for Criminal and Child Protection Service (CPS) History Searches form, and
- c. Completing a state-wide search within the case management system and reflect the results of the search in Section E of the Combined Application for Criminal and Child Protection Service (CPS) History Searches form.

Note: Licensed Child Placing Agencies (LCPAs) are unable to access the case management system and shall submit a request to the DCS Central Office Background Check Unit (COBCU) using the CPI/CPS electronic portal.

7. Conduct an Out-of-State CPS History Check for every state the household member has resided during the past five (5) years using the Out-of-State CPS Contact List, if applicable; and
8. Ensure the prospective adoptive home is aware that they must notify the adoption worker within 24 hours of the arrest, conviction, or substantiation of abuse or neglect of the prospective adoptive parent or household member.

The Adoption Worker's supervisor will:

1. Ensure all appropriate background checks for the purpose of adoption have been conducted and documented; and
2. Complete and submit the Request for Additional Funding (RAF) form to the Division Manager (DM) or Local Office Director (LOD), when applicable.

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).

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RELEVANT INFORMATION

Definitions

Adoption Worker

For the purposes of this policy, an adoption worker is either the DCS or the LCPA worker who conducts the home study and completes the required background checks.

Forms and Tools

- [Combined Application for Criminal and Child Protection Services \(CPS\) History Searches \(SF 57332\)](#)
- DCS Central Eligibility Unit (CEU) – Centralized.eligibility@dcs.in.gov
- DCS Central Office Background Check Unit (COBCU) - cobcuinquiry@dcs.in.gov
- [DCS Background Check webpage](#)
- [Dru Sjodin National Sex Offender Public Website](#)
- [Request for Additional Funding \(SF 54870\)](#)
- [MyCase Website](#)
- [Out-of-State CPS Contact List](#)
- [Local Criminal Court Records Check Instructions](#)

Related Policies

- [2.06 Sharing Confidential Information](#)
- [2.09 Verifying Identity and Relationship](#)
- [13.15 Fingerprint-Based Checks](#)

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LEGAL REFERENCES

- [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
- [IC 31-19-2-7.3: Waiver of criminal history check requirements prohibited](#)
- [IC 31-19-2-7.5: Submission of information, forms, or consents for criminal history check](#)
- [IC 31-19-7-1: Prior written approval of placements; criminal history checks](#)
- [IC 31-19-8-5: Agency report and recommendation; filing requirements; waiver of report](#)
- [IC 31-19-11-1: Decree; affidavit; criminal convictions and juvenile adjudications](#)

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PRACTICE GUIDANCE - DCS POLICY 13.07

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.

Employees, Contractors, and Volunteers of the Prospective Adoptive Home, including Child Care Providers

Background checks are not required to be completed on employees, contractors, and/or volunteers of a prospective adoptive home, including child care providers. Discretion may be used to decide if a background check (e.g., Child Protective Services [CPS] History Check History Check, National Sex Offender Registry, and/or Limited Criminal History Check) should be completed; however, a Fingerprint-Based Check should not be conducted. If the prospective adoptive family uses a child care provider who is licensed by the Division of Family Resources (DFR), the required background checks have already been completed as part of the child care provider's licensing process.

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	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 incomplete – documentation necessary. 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 – Available on the Background Check Resources SharePoint;

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 Unlicensed Placements Desk Guide – Available on the [Background Check Resources SharePoint](#)
2. [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
3. Local Criminal Court Check Instructions – Available on the [Background Check Resources SharePoint](#)

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; and

Note: Local Criminal Court Records Check instructions are available on the Background Check Resources SharePoint.

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 (SF 53259). 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 (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.

- 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 – Available on the Background Check Resources SharePoint; 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 – Available on the Background Check Resources SharePoint.

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 the MyCase website 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 Desk Guide – Available on the [Background Check Resources SharePoint](#)
- Central Office Background Check Unit (COBCU) email - cobcuinquiry@dcs.in.gov
- [Dru Sjodin National Sex Offender Public website](#)
- Local Criminal Court Records Check Instructions – Available on the [Background Check Resources SharePoint](#)
- [MyCase website](#)
- Out-of-State CPS Contact List – Available on the [Background Check Resources SharePoint](#)
- [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 (SF 53259) ;
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 Local Criminal Court Records Check Instructions are available on the Background Check Resources SharePoint.

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 incomplete – documentation necessary. 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 incomplete – documentation necessary 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 Check Instructions available on the Background Check Resources SharePoint); 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 are available on the Background Check Resources SharePoint);
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 Desk Guide](#) – Available on the [Background Check Resources SharePoint](#)
- Central Office Background Check Unit (COBCU) email - COBCUinquiry@dcs.in.gov
- [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
- Local Criminal Court Records Check Instructions – Available on the [Background Check Resources SharePoint](#)

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
Section 11: Conducting Background Checks for Emergency Unlicensed Placements

Effective Date: November 1, 2024

Version: 3

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW *This policy applies to in-state Emergency Unlicensed Placements. For Non-emergency Unlicensed Placements, see policy 13.05 conducting Background Checks for Non-emergency Unlicensed Placements. For Out-of-State Placements, see Chapter 9 Interstate Compact (ICPC) policies.*

The Indiana Department of Child Services (DCS) conducts background checks on all emergency unlicensed placements to help ensure the safety and well-being of children placed in their care.

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PROCEDURE

DCS requires background checks for an emergency unlicensed placement (see Definitions). The type of background check conducted for an emergency unlicensed placement will vary based on the age of the subject of the check:

1. Interstate Identification Index (Triple I Check) must be completed, **prior to placement**, on all persons 18 years of age and older, who are current permanent household members which include:
 - a. 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
 - b. Persons who work or volunteer in the home with children who are or will be under the direct supervision of the unlicensed resource.

Note: Using the Triple I Check for reasons other than emergency unlicensed placement (e.g., non-emergency placements [see Definitions], foster care licensing, adoption, babysitters, minors, parents, or parent’s household members) violates both the law and DCS policy. Indiana statute allows DCS the ability to access the Triple I Check without fingerprints at the time an emergency unlicensed placement is being considered.

2. A Fingerprint-Based Check must be completed **no more than five (5) business days from the date of placement** and returned with “qualified” results on all persons 18 years of age and older, if the child is placed for **any** period of time in the emergency unlicensed placement. See policy 13.15 Fingerprint-Based Checks;
3. Complete a Local Criminal Court Records Check in Indiana for each household member, 18 years of age and older, by searching the MyCase website. See the Local Criminal Court Records Check Instructions available on the Background Check Resources SharePoint;

4. 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
5. A National Sex Offender Registry (NSOR) 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.

Current household members and all persons who are staying, working, or volunteering in the home being considered for emergency unlicensed placement who turn six (6), 14, or 18 years of age:

1. Must have any required background checks initiated **30 days prior** to the person's birthday that were not previously completed (based on age); and
2. Obtain fingerprints within **30 days after** the subject's 18th birthday. Fingerprints may not be completed prior to 18 years of age.

Note: DCS will not conduct background checks on children under DCS care and supervision.

The Family Case Manager (FCM) will take the following actions to complete the required 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). The subject of the check's legal name should be used as it appears on a current government-issued photo ID. See policy 2.09 Verifying Identity and Relationship;
2. Ensure the Combined Application for Criminal and Child Protection Services (CPS) History Searches form is completed as outlined in the instructions of the form, and review the attestation statement (numbers 23 and 24 on the form), to conduct the following:
 - a. Local Criminal Court Records Check,
 - b. CPS History Check for each household member,
 - c. NSOR Check using the Dru Sjodin National Sex Offender Public website;
 - i. Search each name or combination of names, individually, used within the subject's lifetime,

Note: If searching a common name and results show multiple matches, narrow the search by state. If this occurs, search every state where the subject has resided for the past five (5) years.

- ii. Print out the results of each name searched,
 - iii. Sign and date the printed results, and
 - iv. Write "NO MATCH" on the printed page if there is no match.
3. Complete a state-wide search of the case management system and reflecting the results in Section E of Combined Application for Criminal and Child Protection Service (CPS) History Searches form.

Note: Ensure the subject of the check is aware they 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 at COBCUinquiry@dcs.in.gov for additional guidance.

Once the required background checks are completed, as discussed above, and evaluated as clear, the FCM will complete the following for household members who are 18 years of age and older:

1. Notify management-level staff (FCM Supervisor and above) to make a Triple I call to complete the Triple I Check;
2. Register the subject for the Fingerprint-Based Check as an emergency unlicensed placement if emergency unlicensed placement of a child occurs and ensure the fingerprint appointment is scheduled **no more than five (5) business days from the date of placement**. See 13.15 Fingerprint-Based Checks and the Indiana Department of Child Services, Emergency Relative/Kinship Unlicensed Out-of-Home Placement Registration/Appointment Instructions for Fingerprinting guide for additional information:

Note: The child must be removed from the emergency placement within 15 calendar days after the Triple I Check call is made, if any of the household members 18 years of age or older fail to complete the Fingerprint-Based Check. Contact Central Office Background Check Unit (COBCU) at COBCUinquiry@dcs.in.gov for additional guidance.

3. Complete the DCS Triple I Follow Up Action Electronic Form on SharePoint within five (5) business days if the Triple I Check was completed, but the child was not placed with the emergency unlicensed placement for **any** period of time. See policy 13.15 Fingerprint-Based Checks;
4. Record any arrests and/or convictions obtained when the Triple I name-based check is completed) regarding the subject, in the case management system. See policy 13.12 Evaluating Background Checks for Emergency Unlicensed Placements; and
5. Staff with the FCM Supervisor and document all decisions regarding the subject's results and the child's placement in the case management system.

Within 72 hours of the child's placement, the FCM will:

1. Initiate and conduct a CPS History search for each household member six (6) years of age and older in each state **outside of Indiana**, in which the subject of the search has resided the past five (5) years, if applicable. Locate information for a CPS administrator or local office designee to process the search request on the Out-of-State CPS Contact List, available on the Background Check Resources SharePoint;

Note: If results are not received within 10 business days after initiation of the CPS History check, the FCM should follow up with the contact listed on the Out-of-State CPS Contact List available on the Background Check Resources SharePoint. If additional assistance is needed in obtaining CPS History Check results, the FCM should contact 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.

2. Conduct a Local Criminal Court Records Check in each state **outside of Indiana** for each household member 18 years of age and older, where the subject of the check has resided during the past five (5) years, if applicable, by completing a court record search (including all aliases) in each county court and applicable city courts. For further instructions see the Local Criminal Court Records Check Instructions available on the Background Check Resources SharePoint;
3. Record the results in the case management system within 72 hours of receipt; and
4. Staff with the FCM Supervisor and document all decisions regarding each subject's background check results and the child's placement 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;
3. Request a Triple I Check, prior to the emergency unlicensed placement, for all household members 18 years of age and older (see Exceptions for Completion of Triple I Checks) by calling:

Note: 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 Social Security Number (SSN).

- a. The COBCU at 317-464-0139 from 7:00 a.m. to 3:30 p.m. (EST) on weekdays, excluding state holidays, or
- b. The ISP Headquarters at 317-232-8294 or 1-800-622-4961 when outside the COBCU hours,
 - i. Provide the COBCU or ISP with the assigned password, responding to a security question for identification, and identifying the DCS local office making the request, and

Note: Passwords and/or challenge questions should **not** be shared with anyone, including other DCS staff. Management-level staff should e-mail the COBCU at COBCUinquiry@dcs.in.gov when experiencing difficulty using the assigned username and/or challenge question.

- ii. Provide the COBCU or ISP with the name, date of birth (DOB), and SSN exactly as listed on the subject of the check's government issued IDs.
4. Complete and submit the Initial Record of Triple I Call form within 24 hours of completion of the Triple I name-based call, and

Note: Regardless of whether the child was placed, one (1) Initial Record of Triple I Call form will be completed for each applicant in which a Triple I name-based check was completed.

5. Ensure the FCM has completed all tasks and documented all information and decisions into the case management system.

DCS COBCU will respond to all requests for guidance or assistance as needed or requested.

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RELEVANT INFORMATION

Definitions

Emergency Unlicensed Placement

Emergency unlicensed placement is defined as placement in a relative or kinship 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 relative or kinship 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 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. See 13.05 Conducting Background Checks for Non-emergency Unlicensed Placements for additional information.

Forms and Tools

- Background Check Matrix for Unlicensed Placement Desk Guide – Available on the [Background Check Resources SharePoint](#)
- Central Office Background Check Unit (COBCU) email - cobcuinquiry@dcs.in.gov
- [Combined Application for Criminal and Child Protection Service \(CPS\) History Searches \(SF 57332\)](#)
- [DCS Triple I Follow Up Action Electronic Form](#)
- [Dru Sjodin National Sex Offender Public website](#)
- [Indiana Department of Child Services, Emergency Relative/Kinship Unlicensed Out-of-Home Placement Registration/Appointment Instructions for Fingerprinting](#)
- [Initial Record of Triple I Call](#)
- Local Criminal Court Records Check Instructions – Available on the [Background Check Resources SharePoint](#)
- [MyCase Website](#)
- Out-of-State CPS Contact List – Available on the [Background Check Resources SharePoint](#)

Related Policies

- [2.09 Verifying Identity and Relationship](#)
- [Chapter 9: Interstate Compact \(ICPC\)](#)
- [13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements](#)
- [13.12 Evaluating Background Checks for Emergency Unlicensed Placements](#)
- [13.15 Fingerprint-Based Checks](#)

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LEGAL REFERENCES

- [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](#)
- [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 31-34-18-6.1: Predispositional report; contents](#)
- [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
- [240 IAC Article 6: Criminal History Record Information](#)


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PRACTICE GUIDANCE - DCS POLICY 13.11

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 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 the DCS Triple I Follow Up Action Electronic Form 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 DCS Triple I Follow Up Action Electronic Form 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, available on the Background Check Resources SharePoint. 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 available on the Background Check Resources SharePoint.

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 DCS Triple I Follow Up Action Electronic Form, 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. Background Check Matrix for Unlicensed Placements Desk Guide – Available on the [Background Check Resources SharePoint](#)
3. Central Office Background Check Unit (COBCU) email - COBCUinquiry@dcs.in.gov
4. [DCS Triple I Follow Up Action Electronic Form](#)
5. [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF 52802\)](#)
6. Local Criminal Court Records Check Instructions – Available on the [Background Check Resources SharePoint](#)
7. Out-of-State CPS Contact List – Available on the [Background Check Resources SharePoint](#)
8. Triple I Follow-Up email - TripleIFollowUp@dcs.in.gov


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) using the Dru Sjodin National Sex Offender Public website; 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 using the Dru Sjodin National Sex Offender Public website, 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.

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 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 (available on the Background Check Resources SharePoint).
 - 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, available on the Background Check Resources SharePoint.
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

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, available on the Background Check Resources SharePoint.

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.

Searching CPS History

Local DCS Offices may complete a CPS history check by searching the case management system.

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF 53259\)](#)
2. Background Check Matrix for Unlicensed Placement Desk Guide– Available on the [Background Check Resources SharePoint](#)
3. [Dru Sjodin National Sex Offender Public Website](#)
4. Local Criminal Court Records Check Instructions– Available on the [Background Check Resources SharePoint](#)
5. Out-of-State CPS Contact List– Available on the [Background Check Resources SharePoint](#)
6. [Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#)

RELATED INFORMATION

Childcare on an Irregular Basis

Examples of irregular childcare include but are not limited to visiting or spending time at the home with friends and/or relatives, including occasional overnights, 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.


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.

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 print 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; and/ or
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 background 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 photo ID:
- 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, Incomplete – Documentation Necessary, 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.

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.

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.

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 Placement Guide – Available on the [Background Check Resources SharePoint](#)
4. Central Office Background Check Unit (COBCU) email - cobcuinquiry@dcs.in.gov
5. DCS Reunification Registration Instruction for Fingerprinting in Indiana – Available on the [Background Check Resources SharePoint](#)

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

Section 15: Fingerprint-Based Checks

Effective Date: October 1, 2024

Version: 3

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) are completed as a part of all required background checks to help ensure the safety of children under the care of the Indiana Department of Child Services (DCS). Fingerprint-Based Checks are conducted for a specific individual and purpose (including contractors, unlicensed placements, or Foster Family Home [FFH] licensing) and cannot be used for any other purpose.

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PROCEDURE

DCS requires Fingerprint-Based Checks as a part of all required background checks for the following:

1. DCS Adoptions (see policy 13.07 Conducting Background Checks for DCS Adoptions);
2. DCS Contractors (see Definitions and policy 13.03 Conducting Background Checks for DCS Contractors);
3. FFH Licensing (see policy 13.09 Conducting Background Checks for Foster Family Home Licensing);
4. Licensed Residential Agencies and Licensed Child Placing Agencies (LCPAs) (see policy 13.01 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agency); and
5. Unlicensed Placements (see policies 13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements and 13.11 Conducting Background Checks for Emergency Unlicensed Placements).

Note: A new Fingerprint-Based Check will be required for each new purpose.

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.

Note: When 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 the ISP. A

criminal history records Review Challenge outside of Indiana must be made to the Law Enforcement Agency (LEA) that posted the record.

For reunification or Collaborative Care (CC), Fingerprint-Based Checks are not mandatory; however, the DCS local office may use discretion to complete Fingerprint-Based Checks for these purposes. The results will provide more information to the DCS 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 13.14 Background Checks for Reunification and 11.25 Collaborative Care Host Homes for additional information.

Request for Payment of Adoption Fingerprinting

A Regional Manager (RM) Appeal must be completed if a prospective adoptive family requests DCS pay for fingerprints for the purpose of adopting a DCS ward. Consideration will only be given to families who exhibit financial hardship due to at least one (1) of the following:

1. The prospective adoptive parent has a fixed income (e.g., Pension, Supplemental Security Income [SSI], Supplemental Security Disability [SSDI]);
2. Four (4) or more household members are required to be fingerprinted;
3. The prospective adoptive parent is an unlicensed relative that is not getting a court ordered or approved per diem and demonstrates financial need; and/or
4. The planned adoption is of four (4) or more siblings which will impact household expenses considerably.

If an RM Appeal is needed to pay for fingerprints for the purpose of adopting a DCS ward, the Adoption Worker will:

1. Submit the completed Request for Additional Funding (RAF) form detailing the financial hardship to the Adoption Worker Supervisor for approval or denial prior to the expenditure of any funds; and
2. Ensure the billing code and fingerprint registration instructions are provided to the prospective adoptive family if the RM appeal is approved.

The Adoption Worker Supervisor will:

1. Review and approve or deny the RM appeal;
2. Submit the RM appeal decision to the Local Office Director (LOD)/Division Manager (DM) for final approval or denial;

The DCS LOD/DM will:

1. Approve or deny the RM appeal; and
2. Send the RM appeal to the Regional Manager (RM) for approval or denial; and
3. Ensure the final determination is provided to the Adoption Worker and the Adoption Worker Supervisor.

The RM will:

1. Submit a copy of the RM appeal to the Regional Finance Manager (RFM), if approved. A unique billing code is used when DCS pays for an adoptive family's fingerprints following the approval of an RM appeal. Other DCS billing codes should not be utilized; and
2. Notify the LOD/DM of the final determination via written correspondence.

Completion Fingerprint-Based Checks

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 (see Practice Guidance for exceptions on fingerprinting, home bound printing, and undocumented individuals);

Note: For Emergency Unlicensed Placements (see Definition), fingerprinting must be completed within five (5) business days after the Interstate Identification Index (Triple I Check) call is made by management-level staff. The Family Case Manager (FCM) is responsible for completing the registration process for the subject of the check at the time of placement. 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 photo identification (ID) used when registering for fingerprints;

Note: If you are unable to provide the subject of the check with registration confirmation provide 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 additional information);

4. Ensure the subject of the check is successfully fingerprinted;

Note: If the Fingerprint-Based Check is being completed for an Emergency Unlicensed Placement and the subject of the check fails to print within 15 calendar days after a Triple I call is made by management-level staff, the child must be removed. If the fingerprints are rejected, the subject of the check must actively pursue 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 (See Practice Guidance for additional information on eligibility of fingerprint qualifications);

Exception: For the purpose of reunification or CC, the COBCU will not provide a Qualified, Disqualified, or Incomplete – Documentation Necessary letter. See policy 13.14 Background Checks for Reunification for more information.

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 to the case management system; and
7. Provide a copy of the Fingerprint-Based Check status letter to the subject of the check.

Unreadable Prints and Reprint Notice

Fingerprints may be rejected by the ISP or the FBI for various reasons. Each fingerprint 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 fingerprint registration or there will be a duplicate charge for the cost of printing. Supply the subject of the check a copy of the notice if they will be scheduling their 'reprint' appointment themselves.

Once the necessary number of fingerprint 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.

DCS COBCU will:

1. Evaluate the results of the Fingerprint-Based Check;
2. Provide a fingerprint-based status letter via email 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 Incomplete – Documentation Necessary letter. See policy 13.14 Background Checks for Reunification for more information.

3. Provide guidance regarding Incomplete – Documentation Necessary and Disqualified applicants; and
4. Re-evaluate history for Incomplete – Documentation Necessary 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.

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RELEVANT INFORMATION

Definitions

Contractor

A person or company that undertakes an agreement to provide materials or labor to perform a service or do a job.

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.

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 can remain in their 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.

Forms and Tools

- [Application for Criminal History Background Check \(SF 53259\)](#)
- [Background Checks for Department of Child Services \(DCS\)](#)
- [Background Check Resources SharePoint](#)
- [Combined Application for Criminal and Child Protection Service \(CPS\) History Searches \(SF 57332\)](#)
- [DCS Adoption \(Special Situations\) Registration/Appointment Instructions for Fingerprinting](#)
- DCS Collaborative Care Fingerprint Registration Instruction in Indiana – Available on the [Background Check Resources SharePoint](#)
- DCS Emergency Relative/Kinship Registration Instruction for Fingerprinting in Indiana – Available on the [Background Check Resources SharePoint](#)
- [DCS Employment with DCS Contractor/Subcontractor Agency Registration/Appointment Instructions for Fingerprinting](#)
- [DCS Employment with DCS Licensed Child Placing Agency Registration/Appointment Instructions for Fingerprinting](#)
- [DCS Employment with DCS Licensed Group Home Registration/Appointment Instructions for Fingerprinting](#)
- [DCS Employment with DCS Licensed Residential/CCI Facility Agency Registration/Appointment Instructions for Fingerprinting](#)
- [DCS Licensed Child Placing Agency \(LCPA\) Foster Home Licensing Registration/Appointment Instructions for Fingerprinting](#)
- DCS Local Office Foster Home Licensing Registration Instruction for Fingerprinting in Indiana – Available on the [Background Check Resources SharePoint](#)

- DCS Non-Emergency Relative/Kinship Registration Instruction for Fingerprinting in Indiana – Available on the [Background Check Resources SharePoint](#)
- DCS Reunification Registration Instruction for Fingerprinting in Indiana – Available on the [Background Check Resources SharePoint](#)
- [DCS Volunteer with DCS Contractor/Subcontractor Agency Registration/Appointment Instructions for Fingerprinting](#)
- [DCS Volunteer with DCS Licensed Child Placing Agency Registration/Appointment Instructions for Fingerprinting](#)
- [DCS Volunteer with DCS Licensed Group Home Registration/Appointment Instructions for Fingerprinting](#)
- [DCS Volunteer with DCS Licensed Residential/CCI Facility Agency Registration/Appointment Instructions for Fingerprinting](#)
- [Request for Additional Funding \(SF 54870\)](#)
- DCS Ward Adoption Registration Instruction for Fingerprinting in Indiana – Available on the [Background Check Resources SharePoint](#)

Related Policies

- [2.06 Sharing Confidential Information](#)
- [11.25 Collaborative Care \(CC\) Host Homes](#)
- [13.01 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agencies](#)
- [13.03 Conducting Background Checks for DCS Contractors](#)
- [13.05 Conducting Background Checks for Non-Emergency Unlicensed Placements](#)
- [13.07 Conducting Background Checks for Adoptions](#)
- [13.09 Conducting Background Checks for Foster Family Home Licensing](#)
- [13.11 Conducting Background Checks for Emergency Unlicensed Placements](#)
- [13.12 Evaluation Background Checks for Emergency Unlicensed Placements](#)
- [13.14 Background Checks for Reunification](#)
- [13.16 Waivers](#)

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LEGAL REFERENCES

- [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](#)
- [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](#)
- [IC 25-10: ARTICLE 10. CHIROPRACTORS](#)
- [IC 25-22.5: ARTICLE 22.5. PHYSICIANS](#)
- [IC 25-23: ARTICLE 23. NURSES](#)
- [IC 25-27: ARTICLE 27. PHYSICAL THERAPIST](#)
- [IC 25-27.5: ARTICLE 27.5. PHYSICIAN ASSISTANTS](#)
- [IC 25-33: ARTICLE 33. PSYCHOLOGISTS](#)
- [IC 31-9-2-22.5: "Conduct a criminal history check"](#)
- [IC 31-19-8-5: Agency report and recommendation; filing requirements; waiver of report](#)
- [IC 31-27-3-3: Application for license; criminal history checks](#)

- [IC 31-27-5-4: Application for license; criminal history checks](#)
- [IC 31-27-6-2: Application for license; criminal history checks](#)
- [IC 31-27-4-5: Apply for licenses; criminal history checks](#)
- [IC 31-28-5.8-5.5: Conduct criminal history check](#)
- [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)

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PRACTICE GUIDANCE- DCS POLICY 13.15

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.

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 Incomplete – Documentation Necessary 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 Incomplete – Documentation Necessary 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).

Exceptions to Fingerprinting

The only exception to fingerprinting a subject of the check is if the individual 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:

Note: If the subject can be printed, but only in the home see Home Bound Fingerprinting section.

1. The individual does not have fingers;
2. A person trained to take fingerprints has documented that the subject of the check has a disabling condition that prevents fingerprinting; or

3. A Qualified medical practitioner has documented that the subject of the check has a disabling condition that 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 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.

Fingerprint Qualification Status

The following are results that may be received for fingerprinting qualification status:

1. **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.
2. **Incomplete – Documentation Necessary:**
Until the Incomplete – Documentation Necessary 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 any4 of the positions listed above.

Note: Examples of reported information on a Fingerprint-Based Check Report that will lead to a "Incomplete – Documentation Necessary" result include, but are not limited to:

- a. An arrest without a disposition,
- b. A conviction without the level of the conviction being a misdemeanor or a felony, or
- c. A conviction where more information regarding the circumstances of the arrest and conviction are required.

3. 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.

Registering for Fingerprints

When the designated personnel are unable to complete the fingerprint registration process for the subject of the check, the subject of the check is to be provided one (1) of the following fingerprint registration instructions:

1. Collaborative Care: DCS Collaborative Care Fingerprint Registration Instruction in Indiana (available on the Background Check Resources SharePoint);
2. DCS Adoptions:
 - a. DCS Adoption (Special Situations) Registration/Appointment Instructions for Fingerprinting, or
 - b. DCS Ward Adoption Registration Instruction for Fingerprinting in Indiana (available on the Background Check Resources SharePoint).
3. DCS Contractors:
 - a. Employee: DCS Employment with DCS Contractor/Subcontractor Agency Registration/Appointment Instructions for Fingerprinting, or
 - b. Volunteer: DCS Volunteer with DCS Contractor/Subcontractor Agency Registration/Appointment Instructions for Fingerprinting.
4. Foster Family Home (FFH) Licensing:
 - a. DCS Local Office: DCS Local Office Foster Home Licensing Registration Instruction for Fingerprinting in Indiana (available on the Background Check Resources SharePoint), or
 - b. Licensed Child Placing Agency (LCPA): DCS Licensed Child Placing Agency (LCPA) Foster Home Licensing Registration/Appointment Instructions for Fingerprinting.
5. Licensed Residential Agencies and Licensed Child Placing Agencies (LCPAs):
 - a. Child Care Institution (CCI) Employee: DCS Employment with DCS Licensed Residential/CCI Facility Agency Registration/Appointment Instructions for Fingerprinting,
 - b. CCI Volunteer: DCS Volunteer with DCS Licensed Residential/CCI Facility Agency Registration/Appointment Instructions for Fingerprinting,
 - c. Group Home Employee: DCS Employment with DCS Licensed Group Home Registration/Appointment Instructions for Fingerprinting,
 - d. Group Home Volunteer: DCS Volunteer with DCS Licensed Group Home Registration/Appointment Instructions for Fingerprinting,
6. LCPA Employee: DCS Employment with DCS Licensed Child Placing Agency Registration/Appointment Instructions for Fingerprinting, or
 - a. LCPA Volunteer: DCS Volunteer with DCS Licensed Child Placing Agency Registration/Appointment Instructions for Fingerprinting.
7. Reunification: DCS Reunification Registration Instruction for Fingerprinting in Indiana (available on the Background Check Resources SharePoint); or
8. Unlicensed Placements:
 - a. Emergency Relative/Kinship: DCS Emergency Relative/Kinship Registration Instruction for Fingerprinting in Indiana (available on the Background Check Resources SharePoint), or

- b. Non-Emergency Relative/Kinship: DCS Non-Emergency Relative/Kinship Registration Instruction for Fingerprinting in Indiana (available on the Background Check Resources SharePoint).

Home Bound Fingerprinting

If the subject of a check is unable to leave their home for fingerprinting, the requesting agency or local office should contact the COBCU via COBCUinquiry@dcs.in.gov for appropriate instruction and approval.

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 (JJIS) 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 complete Fingerprint-Based Checks through the 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 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 FFH licensing and adoption when the individual is undocumented. The fingerprint registration for the purpose of FFH licensing and/or adoption cannot be completed without a valid SSN or the assistance of COBCU. The licensing worker or adoption worker, whichever is applicable, should email a fingerprint request to

COBCU at cobcuinquiry@dcs.in.gov. The following information (#1 - #12) must be included in the fingerprint request for each applicant and all household members (#13 and #14 must additionally be included if the purpose is for adoption):

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 photo ID;
10. Completed and signed Combined Application for Criminal and Child Protection services (CPS) History Searches form (SF 57332) for DCS licensed foster home licensing or adoptions;
11. Completed and signed Application for Criminal History Background Check (SF 53259) form LCPA licensed foster home licensing or adoptions.
12. Address of the location where the individual wants to be printed;
13. Three (3) dates and times that the individual is available to be printed;
14. Short explanation of length of time the individual has been residing in the United States of America (USA), if fingerprinting is being requested for the purpose of adoption; and
15. 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.

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INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE MANUAL

Chapter 13: Background Checks

Effective Date: August 1, 2022

Section 16: Waivers

Version: 2

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](#));
3. Assisting suicide ([IC 35-42-1-2.5](#));
4. Voluntary manslaughter ([IC 35-42-1-3](#));
5. Involuntary Manslaughter ([IC 35-42-1-4](#));
6. Reckless homicide ([IC 35-42-1-5](#));
7. Feticide ([IC 35-42-1-6](#));
8. Battery ([IC 35-42-2-1](#)) within the last five (5) years;
9. Domestic Battery ([IC 35-42-2-1.3](#));
10. Aggravated battery ([IC 35-42-2-1.5](#));
11. Criminal recklessness ([IC 35-42-2-2](#)) within the past five (5) years;
12. Strangulation ([IC 35-42-2-9](#));
13. Kidnapping ([IC 35-42-3-2](#));
14. Criminal confinement ([IC 35-42-3-3](#)) within the last five (5) years;
15. Human and sexual trafficking ([IC 35-42-3.5](#));
16. A felony sex offense under ([IC 35-42-4](#));
17. 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 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 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 10 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:

1. The current home environment;

² The adoption worker refers to the DCS or the LCPA worker.
DCS/CW Manual Chapter 13 Section 16: Waivers

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 and Adoption	
Section 01: Guardianship Assistance Program (GAP)	
Effective Date: July 1, 2023	Version: 6

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

This policy does not apply to temporary guardianships. Relatives are ineligible for foster care payments or Guardianship Assistance Program (GAP) payments if temporary guardianship is granted.

The Indiana Guardianship Assistance Program (GAP), which includes federal Title IV-E and state-funded guardianship assistance, is available to eligible children to assist guardians with the 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.

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PROCEDURE

The Indiana Department of Child Services (DCS) will provide GAP to eligible relatives of an eligible child for whom the permanency option of guardianship is in the child’s best interest and reunification and adoption are not feasible.

GAP payments *shall* be administratively suspended or terminated based on the date the guardian no longer legally or financially supports the child.

Guardianship Assistance Program (GAP) Eligibility

All applications for GAP must be submitted to the DCS Central Eligibility Unit (CEU) for eligibility determination at Centralized.eligibility@dcs.in.gov. To be eligible for Title IV-E GAP a child must also be eligible for Title IV-E maintenance payments.

The Guardianship Assistance Agreement must be signed by all required parties for the child to be eligible for GAP payments, prior to the entry of the order establishing legal guardianship.

Children who are wards of DCS or Juvenile Delinquency/Juvenile Status (JD/JS) and meet all the following criteria are eligible for GAP (see the CEU Eligibility Binder):

1. The child is 13 years of age or older and has been consulted;

Exception: In some circumstances, a child under 13 years of age may be eligible for GAP if:

- a. The child is a sibling:
 - i. Who is placed in the same home as an eligible child; and

- ii. DCS and the guardian agree on the appropriateness of the guardianship arrangement for the child; or
- b. 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, and the condition/disability is approved through the Severe Impairment Determination process.

The DCS Regional Manager (RM) must approve the GAP application submission for any child under 13 years of age. The DCS 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;

Note: The child must demonstrate a strong attachment to the relative and the relative must be licensed as a foster family home (FFH) for at least six (6) consecutive months while the child is placed in the relative's care to be eligible for GAP. If the individual is a resource parent with whom the child currently resides, the child must have resided in the home for a minimum of 12 months. Eligible children who are wards of DCS or JD/JS and are placed out-of-state with relatives are also eligible for GAP.

3. The child has an approved permanency plan of legal guardianship indicating that neither reunification nor adoption are viable options; and
4. The child is a citizen or qualified alien.

Nonrecurring Expenses (NRE) and Medicaid Eligibility

Any child eligible for a GAP payment is also eligible to receive reimbursement of Nonrecurring Expenses (NRE) associated with obtaining legal guardianship of the child. A Title IV-E GAP payment must be made to be eligible for Medicaid.

Note: 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).

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 (see policy 5.07 Child and Family Team Meetings). 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.

Note: All children 13 years of age and older, under DCS care and supervision, must be consulted regarding the permanency option of legal guardianship. See policy 5.08 Developing the Case Plan/Prevention Plan.

2. Request court approval of legal guardianship as the permanency plan if the CFT determines legal guardianship is the best permanency option for the child (see policy 6.10 Permanency Plan);

3. Change the Case Plan/Prevention Plan goal to legal guardianship once the court orders legal guardianship as the permanency plan, and ensure all GAP requirements are completed on the Case Plan/Prevention Plan;
4. Obtain RM approval for any exceptions to GAP eligibility, if applicable;
5. If the child is placed with a resource parent who is interested in being the guardian, seek a court order approving a permanency plan of guardianship with the resource parent;
6. Ensure the following forms are signed by all required parties:
 - a. The Explanation of Indiana Guardianship Assistance Program and Background Information, and
 - b. The Indiana Guardianship Assistance Program (GAP) Application;
7. Verify the child has been placed with a licensed relative caregiver for six (6) consecutive months. If the individual is a resource parent with whom the child currently resides, the child must have resided in the home for a minimum of 12 months. See policy 12.13 Licensing Recommendation and Approval Process;
8. Verify 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;
9. Submit the GAP Application with supporting documentation to the DCS CEU for eligibility determination (see CEU Eligibility Binder). The following must be included:
 - a. The current FFH License, and
 - b. The required background check results (including the prospective relative guardian's household members at the time of the GAP Application) from the licensing file, which include the:
 - i. Child Protection Services (CPS) History Check for all individuals six (6) years of age and older in every state in which the subject of the check has resided within the last five (5) years;
 - ii. National Sexual Offender Registry (SOR) Check for all individuals 14 years of age and older; and
 - iii. Fingerprint-Based National Criminal History Check (i.e., qualified letter) for all individuals 18 years of age 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 the child's disability, if applicable, and
 - d. Completed and signed CEU Guardianship Assistance Eligibility Checklist.

Note: The GAP Application must be initiated in the DCS local office where the wardship or JD/JS was established. The Application and all supporting documentation must be received for the DCS CEU to review a child's eligibility for GAP benefits.

10. Obtain a copy of the petition for each child for whom legal guardianship is being sought;
11. Meet with the prospective guardian to discuss the following:
 - a. The Final Guardianship Program Eligibility Determination form,
 - b. The proposed Guardianship Assistance Agreement, and
 - c. The Request for Administrative Review Indiana GAP form (if applicable).
12. Inform the prospective guardian of the option to add a successor guardian to the proposed Guardianship Assistance Agreement (see Practice Guidance).

Note: In the event 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 payments for the child.

13. Provide the following to the DCS Central Office Attorney:
 - a. The Final Guardianship Program Eligibility Determination,
 - b. The unsigned Guardianship Assistance Agreement, and
 - c. Any information that may assist the DCS Central Office Attorney in negotiating the GAP payment. See policy 14.02 Negotiations for Guardianship Assistance Program.

Note: Prior to the entry of the order establishing legal guardianship, the Guardianship Assistance Agreement must be signed by all required parties for the child to be eligible for GAP payments.

14. Ensure the Guardianship Assistance Agreement is signed by all parties prior to the guardianship finalization;
15. Return the signed Guardianship Assistance Agreement and court order establishing legal guardianship to the DCS CEU for processing; and

Note: The prospective guardian may submit a Request for Administrative Review Indiana GAP form within 30 calendar days of the date of the Final Guardianship Program Eligibility Determination or receipt of the DCS Final Offer letter concerning the periodic payment amount if the prospective guardian disagrees with the Final Guardianship Program Eligibility Determination or the amount of the proposed legal guardianship agreement. The Guardianship Assistance Agreement must be signed prior to finalization, even if the prospective guardian has requested an administrative review of the periodic payment amount. See policy 14.08 Negotiations for Adoption Assistance.

16. Notify any youth who entered GAP on or after the youth's 16th birthday about the availability of Older Youth Services (OYS) and refer interested youth for OYS. See policies 11.01 Older Youth Services (OYS) and 11.02 Eligibility for Older Youth Services (OYS).

The FCM Supervisor will:

1. Review the case file to ensure the required supporting documentation is included with the GAP Application and the following is signed by all required parties:
 - a. The Explanation of Indiana GAP Program and Background Information form, and
 - b. The GAP Application form.
2. Ensure that the FCM has received the required paperwork from the prospective guardian and submitted it to the DCS CEU; and
3. Ensure all parties sign the Guardianship Assistance Agreement prior to the entry of the court order establishing legal guardianship.

The DCS Central Office Attorney will:

1. Contact the prospective guardian or the prospective guardian's attorney and offer 50 percent of the correct Foster Care Maintenance Payment (FCMP) for the child and obtain signatures on the Guardianship Assistance Agreement, if the offer is accepted;
2. Negotiate the periodic payment amount and obtain signatures on the Guardianship Assistance Agreement, if this amount is not accepted;

3. Ensure the negotiated and agreed-upon amount does not exceed what the child would have received in foster care;
4. Work with the FCM to obtain any information needed for the legal guardianship; and
5. Ensure all required parties sign the Guardianship Assistance Agreement prior to the legal guardianship being finalized in court.

The RM will determine whether to approve the submission of the GAP Application for a child 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 is under 13 years of age 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.

Note: The RM will only approve the submission of the GAP Application. The DCS CEU will determine the final eligibility for GAP.

The DCS CEU will:

1. Review the completed CEU Guardianship Assistance Eligibility Checklist and supporting documentation submitted by the FCM;
2. Return the GAP Application and supporting documentation to the FCM, if all the information on the CEU Guardianship Assistance Eligibility Checklist was not provided;
3. Review the child's eligibility for GAP benefits upon receipt of a completed GAP Application;

Note: The DCS CEU is not responsible for Medicaid eligibility determinations for State-Funded GAP.

4. Use the Severe Impairment Determination process to determine eligibility (if applicable);
5. Provide the Final Guardianship Program Eligibility Determination form to the FCM for review with the prospective guardian; and
6. Review the case file once the signed Guardianship Assistance Agreement and court order establishing legal guardianship is received to ensure:
 - a. All required parties signed the agreement on or prior to the date of the legal guardianship order, and
 - b. The negotiated amount does not exceed what the child would have received in foster care.

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RELEVANT INFORMATION

Definitions

Legal Guardianship

Legal Guardianship is 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 Termination of Parental Rights (TPR).

Relative

A relative is defined in IC 31-9-2-107(c) 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 stepgrandparent;
7. A stepbrother;
8. A stepsister;
9. A first cousin;
10. An uncle;
11. An aunt;
12. Any other individual with whom a child has an established and significant relationship.

Other Relative

An individual who is not related by blood, marriage or adoption (as indicated in #12 of the definition of relative) may be considered a relative for purposes of placement and the Guardianship Assistance Program (GAP) when the individual has an established and significant relationship with the child.

The relationship with the child will be other relative and must meet the following three (3) criteria:

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 by blood, marriage, or adoption;
2. Be verified through the following:
 - a. Interviews,
 - b. Attested by the Statement of Attestation Regarding Relationship form, or
 - c. Oral designation of the child or of another person, including other relatives related to the child by blood, marriage, or adoption; and
3. Be described by the child, if age appropriate, as someone with whom the child has developed a significant emotional relationship (this may include a resource parent).

Note: If the individual is a resource parent with whom the child currently resides, the child must have resided in the home for a minimum of 12 months. The resource parent will be designated as “other relative” through approval by local office Management upon determination that guardianship is in the best interest of the child.

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. If the individual is a resource parent, DCS must seek a court order acknowledging the foster parent as a relative following the court’s approval of the permanency plan change to guardianship, if it is determined that a child is eligible for GAP.

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.

Forms and Tools

- Case Plan/Prevention Plan – Available in the case management system
- [Central Eligibility Unit \(CEU\) Eligibility Binder](#)
- CEU Email - Centralized.eligibility@dcs.in.gov
- [CEU Guardianship Assistance Eligibility Checklist](#)

- [Explanation of Indiana Guardianship Assistance Program and Background Information \(SF 55157\)](#)
- Final Guardianship Program Eligibility Determination (SF 55155) – Available via CEU
- [Indiana Guardianship Assistance Program \(GAP\) Application \(SF 55129\)](#)
- Medicaid Enrollment Unit (MEU) Email - MedicaidUnit@dcs.in.gov
- [Request for Administrative Review Indiana GAP \(SF 55147\)](#)
- Severe Impairment Determination Process - Available via CEU
- [Statement of Attestation Regarding Relationship \(SF 52727\)](#)
- State Guardianship Assistance Agreement (SF 55231) - Available via CEU
- Title IV-E Guardianship Assistance Agreement (SF 55229) - Available via CEU

Related Policies

- [5.07 Child and Family Team Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)
- [6.10 Permanency Plan](#)
- [11.01 Older Youth Services](#)
- [11.02 Eligibility for Older Youth Services](#)
- [12.13 Licensing Recommendation and Approval Process](#)
- [13.10 Evaluation of Background Checks for Foster Family Home Licensing](#)
- [14.02 Negotiations for Guardianship Assistance Program](#)

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LEGAL REFERENCES

- [IC 29-3-1-7.5: "Incapacitated person"](#)
- [IC 29-3-2-1: Application of article; jurisdiction of courts](#)
- [IC 29-3-8-9\(f\): Guardian obligation to support child who is GAP beneficiary](#)
- [IC 31-30-1-1: Exclusive original jurisdiction](#)
- [IC 31-9-2-17.8: "Child services"](#)
- [IC 31-9-2-107\(c\): "Relative"](#)
- [42 USC. 673\(d\): Kinship guardianship assistance payments for children](#)
- [465 IAC 4-2: Title IV-E Guardianship Assistance Program and State Guardianship Assistance Program](#)

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PRACTICE GUIDANCE- DCS POLICY 14.01

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.

Licensing Requirements for the Indiana Guardianship Assistance Program (GAP)

The relative caregiver's valid foster care license, including required background checks, may suffice for GAP background check requirements.

Processing Medicaid Enrollment for Children Eligible for State-Funded GAP

Any child eligible for State-Funded GAP will need a separate Medicaid eligibility determination by DFR to receive Medicaid. The prospective guardian should contact their local DFR office to apply for Medicaid for the child.

Processing Medicaid Enrollment for Children Eligible for Title IV-E GAP

All cases regarding children eligible for Title IV-E GAP who are Indiana residents and will be placed with the child's guardian in Indiana will be processed by Medicaid Enrollment Unit (MEU) for Medicaid enrollment. All cases that involve eligible children who are Indiana residents being placed outside of Indiana will be processed by CEU for Medicaid enrollment. A Title IV-E GAP payment must be made on behalf of the child to be eligible for Medicaid.

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 the following:
 - a. Child Protection Service (CPS) History Check,
 - b. National Sex Offender Registry (SOR) Check, and
 - c. Fingerprint-Based National Criminal History Check (Fingerprint-Based 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 the 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.

Temporary Guardianships

If temporary guardianship is granted, the relatives are not eligible for foster care payments or GAP payments.

Termination of Guardianship Assistance

If a guardian is no longer providing any form of financial support to or for the child, guardianship assistance benefits should be terminated. DCS may determine the guardian should be considered as providing financial support to the child if:

1. The guardian is maintaining regular visitation with the child and is making reasonable efforts to ensure the child may return home; and
2. One (1) of the following are met:
 - a. The guardian is making regular payments or otherwise providing support for the child for:
 - i. Family therapy,
 - ii. Tuition,
 - iii. Clothing,
 - iv. Maintenance of special equipment in the home, or
 - v. Services for the child's special needs, such as occupational, physical, or speech therapy.
 - b. 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
 - c. The guardian is paying child support pursuant to a court order.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 14: Adoption Assistance and Guardianship Assistance

Section 02: Negotiations for Guardianship Assistance Program

Effective Date: 12/1/2024

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Children eligible for the Indiana Guardianship Assistance Program (GAP), including federal Title IV-E and state-funded guardianship assistance, may receive a periodic payment (see Definitions) as negotiated between the guardian and the Indiana Department of Child Services (DCS). It is DCS' responsibility to determine the appropriate periodic payment amount in each individual case. This policy outlines how such levels of assistance should be negotiated to determine the periodic payment amounts for applicants determined to be eligible for guardianship assistance.

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PROCEDURE

GAP is provided to eligible children to assist the guardian with their obligation in meeting the child's needs. See policy 14.01 Guardianship Assistance Program (GAP). DCS will work collaboratively with families and/or their attorneys to determine the appropriate periodic payment amount for each child. The circumstances of each family will be considered in combination with the resources available to prospective guardians to determine a periodic payment amount that will assist with integrating children into families.

Note: The negotiated amount cannot exceed the amount that would have been payable for the child if the child were in foster care. Eligibility for Medicaid and the reimbursement of appropriate Non-Recurring Expenses (NRE) are not negotiated.

The base subsidy for the periodic payment for GAP or state-funded guardianship assistance will be 100% of the amount that would have been payable for the eligible child's care if the child were in foster care. This rate is offered to the prospective guardian of the eligible child regardless of demonstrated need. If the prospective guardian wishes to negotiate for a higher subsidy, they may do so. If the prospective guardian does not want to receive a subsidy and sign an agreement indicating the same, the resulting periodic payment for the eligible child will be \$1.00.

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 DCS Central Office and will be approved by the DCS local office in the county where the child's Child in Need of Services (CHINS) or other juvenile court case is pending. In that negotiation, the DCS Local Office Director (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. Negotiations will be completed for each eligible child even if DCS is objecting to the guardianship.

Upon the approval of a Final Guardianship Assistance Eligibility Determination which 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 Subsidy Negotiation Checklist describing the information needed from the prospective adoptive parent for consideration and discussion with 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;

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.

4. The Request for Administrative Review-Indiana Guardianship Program form for children who have been determined ineligible for federal Title IV-E and state-funded guardianship assistance, or eligible for state-funded guardianship assistance due to the determination that the child is not eligible for Title IV-E guardianship assistance; and
5. A Guardianship Assistance Agreement in the form currently approved by DCS;

The following information will also be provided to the DCS Negotiations Unit for consideration in determining the periodic payment amount (eligibility documents):

1. The Final Guardianship Assistance Eligibility Determination form;
2. Unsigned Guardianship Assistance Agreement, and
3. Other information prepared by DCS staff.

Upon receipt, DCS will offer 100% of the child's foster care maintenance payment (FCMP) rate to the prospective guardian and/or their attorney.

Negotiation of the periodic payment amount will occur and be completed within 45 calendar days after the date the DCS Negotiations Unit receives the eligibility documents unless an extension of the negotiation deadline has been approved by the DCS LOD or designee.

The following, based on the documentation required by DCS and provided by the prospective guardian, will be considered in negotiating the periodic payment amount above the 100% threshold:

1. The current needs of the child and needs anticipated to occur within one (1) year after the finalization of the guardianship and the cost of the identified 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 (see policy 14.03 Modification and Continuation of a Guardianship Assistance Agreement).

2. The circumstances of the prospective guardian and the prospective guardian's family,

- including the ability to provide for the child's current needs;
3. Resources available to the prospective guardian and the prospective guardian's family to provide for the current 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 needs of the child can be met through services covered by Medicaid or other resources;

Note: Any child eligible for a GAP payment is also eligible for payment of NRE associated with obtaining legal guardianship of the child. 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.

5. The ability of the prospective guardian 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.

If negotiation of the periodic payment amount has not resulted in an approved agreement within 45 calendar days of DCS' receipt of the eligibility documents, or other approved deadline, DCS will send a Final Offer Letter (see Definitions) to the prospective guardian, and/or the prospective guardian's attorney, if applicable, stating the periodic payment amount that DCS agrees to pay. 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.

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 guardianship is granted before the agreement has been signed by both DCS and the prospective guardian, no agreement may be entered into and the child is not eligible for any form of guardianship assistance under GAP.**

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 Subsidy Negotiations Checklist, and discuss the procedure for completing the agreement (see DCS Adoption Assistance FAQ);

3. Inform the 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. A GAP agreement can be amended to add a successor guardian.

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);
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;
7. Explain to the prospective guardian that the Guardianship Assistance Agreement **must be signed before finalizing the guardianship**; and

Note: If the Guardianship Agreement is not signed by all parties prior to the finalization of the guardianship, then the Guardianship Agreement is not valid and will result in all guardianship assistance payments and other benefits being forfeited.

8. Submit a signed copy of the Guardianship Assistance Agreement form and order establishing legal guardianship to the DCS Central Eligibility Unit (CEU) at centralized.eligibility@dcs.in.gov.

The DCS LOD or designee will sign the completed Guardianship Assistance Agreement on behalf of DCS.

The DCS Central Office Attorney or designee who oversees the DCS Adoption Assistance Negotiation Unit will assign each negotiation to one (1) of the Negotiators in the DCS Adoption Assistance Negotiation Unit:

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. Discuss the periodic payment with the prospective guardian and/or the prospective guardian's attorney, and negotiate the amount of the Guardianship Assistance Agreement;
3. Present the Guardianship Assistance Agreement for signature to the prospective guardian and DCS LOD or designee when the negotiations result in agreement, and
4. Prepare and send a final offer letter that includes information about the availability of administrative review to the prospective guardian and/or the prospective guardian's attorney when the negotiations do not result in agreement within 45 calendar days unless an extension is agreed to by the LOD or designee. Enclose the Request for Administrative Review Indiana Guardianship Assistance Program form.

Once the final eligibility determination is made, the DCS CEU will send a packet to the FCM, which includes:

1. Notice of Final Guardianship Assistance Eligibility Determination form;
2. The agreement (in the form currently approved by DCS) to the prospective guardian;
3. The Subsidy Negotiations Checklist (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; and
5. The Request for Administrative Review-Indiana Guardianship Assistance form if the child is determined to be eligible for state-funded guardianship assistance or is ineligible for guardianship assistance.

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RELEVANT INFORMATION

Definitions

Final Offer Letter

The final offer letter is a letter sent by the DCS Negotiations Attorney that states the final offer of DCS for the amount of the periodic payment under a Guardianship Assistance Agreement. The letter will include information about the availability of an administrative review process and the Request for Administrative Review-Indiana Guardianship Assistance Program form.

Periodic Payment

A periodic payment is a per diem amount, paid monthly, based on an approved agreement.

Forms and Tools

- Central Eligibility Unit (CEU) Email: centralized.eligibility@dcs.in.gov.
- [DCS Adoption Assistance FAQ](#)
- Final Guardianship Assistance Eligibility Determination - Available via CEU
- Payment Request Information (PRI) Indiana GAP - Available via CEU
- [Request for Administrative Review Indiana Guardianship Assistance Program \(GAP\)](#) - 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 \(GAP\)](#)
- [14.03 Modification and Continuation of a Guardianship Assistance Agreement](#)
- [14.04 Administrative Review for Guardianship Assistance Program](#)

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LEGAL REFERENCES

- [IC 29-3-1-7.5: "Incapacitated person"](#)
- [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 31-9-2-17.8\(1\)\(E\): "Child services"](#)
- [42 USC 673\(d\)\(1\): Kinship Guardianship Assistance Agreement](#)


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PRACTICE GUIDANCE- DCS POLICY 14.02

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 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 (SGAP) 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. National Sex Offender Registry (NSOR) 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

- [IC 29-3-1-7.5: Incapacitated person](#)
- [IC 31-40-1-5: Obligation of parent or guardian for costs of placement; remittance of support payment; enforcement](#)
- [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](#)

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
- Medicaid Enrollment Unit (MEU) email - medicaidunit@dcs.in.gov
- 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 (GAP)	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 their 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 their 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

Section 08: Negotiations for Adoption Assistance

Effective Date: December 1, 2024

Version: 9

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Adoption Assistance Program (AAP) and the State Adoption Subsidy (SAS) program is provided for eligible children to assist adoptive parents with their obligation to meet the children’s needs. Children eligible for adoption assistance may receive a Periodic Payment (see Definitions) as negotiated between the guardian and the Indiana Department of Child Services (DCS). It is DCS’ responsibility to determine the appropriate Periodic Payment amount in each individual case. This policy outlines how such levels of assistance should be negotiated to determine the Periodic Payment amounts for applicants determined to be eligible for either AAP or SAS.

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PROCEDURE

Adoption Assistance is provided to eligible children to assist the guardian with their obligation in meeting the child’s needs. See policy 10.14 Indiana Adoption Assistance Program Overview. DCS will work collaboratively with families to 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 to determine a Periodic Payment amount that will assist the family with integrating the child into the adoptive family.

Note: Eligibility for Medicaid and the reimbursement of appropriate Non-Recurring Adoption Expenses (NRAE) are not negotiated.

The base subsidy for the adoption assistance Periodic Payment for AAP or SAS will be 100% of the amount that would have been payable for the eligible child’s care if the child were in foster care (per 42 U.S.C. 673(a)(3) for AAP and IC 31-19-26.5-10.5 for SAS). This rate is offered to prospective adoptive parent of the eligible child regardless of demonstrated need. If the prospective adoptive parent wishes to negotiate for a higher subsidy, they may do so. If the prospective adoptive parent does not want to receive a subsidy and sign an agreement indicating the same, the resulting Periodic Payment for the eligible child will be \$0.

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 Subsidy Negotiation Checklist describing the information needed from the prospective adoptive parent 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.

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 Local Office Director (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. Negotiations will be completed for each eligible child even if DCS has or anticipates withholding its consent to the adoption.

The following information will also be provided to the DCS Negotiations Unit for consideration in determining the Periodic Payment amount (eligibility documents):

1. The Final Adoption Program Eligibility Determination form,
2. Unsigned adoption assistance agreement, and
3. Other information prepared by DCS staff, if necessary.

Upon receipt, DCS will offer 100% of the child's foster care maintenance payment (FCMP) rate to the prospective adoptive parent and/or their attorney.

Negotiation of the Periodic Payment amount will occur and be completed within 45 calendar days after the date the DCS Negotiations Unit receives the eligibility documents unless an extension of the negotiation deadline has been approved by the DCS LOD or designee.

The following, based on the documentation required by DCS and provided by the prospective adoptive parent, will be considered in negotiating the Periodic Payment amount above the 100% threshold:

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 (see policy 14.09 Modification of an Adoption Assistance Agreement).

2. The circumstances of the adoptive family, including their ability to provide for the child's current needs;
3. Resources available to the adoptive family to provide for the current 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 needs of the child may be met through services covered by Medicaid or other resources;

Note: Any child eligible for an AAP or SAS payment is also eligible for payment of NRAE associated with the adoption of the child. To be eligible for Medicaid, a IV-E AAP payment must be made. A child eligible for state-funded SAS will need a separate evaluation by the Division of Family Resources (DFR) to determine the child's Medicaid eligibility.

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; and
6. Any other specific facts pertaining to the child or adoptive family that either DCS or the prospective adoptive parent considers 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 eligibility documents, or other approved deadline, DCS will send a Final Offer Letter (See Definitions) to the prospective adoptive parent, and/or their attorney, stating the Periodic Payment amount that DCS agrees to pay. The Final Offer Letter will include the Request for Administrative Review-Indiana Adoption Program 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 14.11 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 adoption is granted 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 Subsidy Negotiations Checklist, and discuss the procedure for completing the agreement (DCS Adoption Assistance FAQ);
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;

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 14.09 Modifications of an Adoption Assistance Agreement;
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, and will result in all adoption assistance payments and other benefits being forfeited.

7. Submit a signed adoption assistance agreement and final decree of adoption from the court to the DCS Central Eligibility Unit (CEU) at centralized.eligibility@dcs.in.gov.

The DCS LOD or designee will:

1. Sign the completed adoption assistance agreement on behalf of DCS; and
2. 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 who oversees the DCS Adoption Assistance Negotiation Unit will assign each negotiation to one (1) of the Negotiators in the DCS Adoption Assistance Negotiation Unit.

The DCS Negotiations Attorney will:

1. Review information received from the DCS LOD and the prospective adoptive parent necessary to negotiate the appropriate Periodic Payment amount;
2. Discuss the Periodic Payment with the prospective adoptive parent and/or their attorney, and negotiate the amount for the adoption assistance agreement;
3. Present the adoption assistance agreement for signatures to the prospective adoptive parent and/or their attorney and DCS LOD or designee when the negotiations result in agreement; and
4. Prepare and send a Final Offer Letter that includes information about the availability of administrative review to the prospective adoptive parent and/or their designated attorney when the negotiations do not result in agreement within 45 calendar days unless an extension is agreed to by the LOD or designee. Enclose the Request for Administrative Review-Indiana Adoption Program form.

Once the final eligibility determination has been made, 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. Subsidy Negotiations Checklist (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-Indiana Adoption Program form if the child is determined ineligible for adoption assistance.

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RELEVANT INFORMATION

Definitions

Final Offer Letter

The Final Offer Letter is sent by the DCS Negotiations Attorney 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-Indiana Adoption Program form.

Periodic Payment

A Periodic Payment is a per diem amount, paid monthly, based on an approved agreement.

Forms and Tools

- Adoption Assistance Program (AAP) Agreement - Available via CEU
- Central Eligibility Unit (CEU) Email - centralized.eligibility@dcs.in.gov
- [DCS Adoption Assistance FAQ](#)
- Final Adoption Program Eligibility Determination - Available via CEU
- State Adoption Subsidy (SAS) Agreement - Available via CEU
- Subsidy Negotiations Checklist - Available via CEU or the DCS CEU Subsidy Eligibility Determination Portal
- [Request for Administrative Review \(SF 54348\)](#)
- [10.A Tool: TPR/Adoption Checklist](#)

Related Policies

- [10.14 Indiana Adoption Assistance Program Overview](#)
- [14.09 Modifications of an Adoption Assistance Agreement](#)
- [14.11 Administrative Review for Adoption Assistance](#)

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LEGAL REFERENCES

- [IC 31-19-26.5-1 Adoption Subsidy](#)
- [IC 31-19-26.5-10.5 Required agreement and allocation of funds from the adoption assistance account](#)
- [42 USC 673 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 4I Indiana Adoption Assistance and Guardianship Assistance Programs](#)


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PRACTICE GUIDANCE- DCS POLICY 14.08

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 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 14.11 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 14.10 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 the Adoption Assistance Negotiation email 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 14.10 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 14.10 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 Required agreement and allocation of funds from the adoption assistance account](#)
- [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 - adoptionassistancenegotiation@dcs.in.gov
- 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

- [14.08 Negotiations for Adoption Assistance](#)
- [14.10 Continuations, Terminations, and Suspensions of Adoption Assistance Periodic Payments](#)
- [14.11 Administrative Review for Adoption Assistance](#)



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 14: Adoption Assistance and Guardianship Assistance

Section 10: Continuations, Termination and Suspensions of Adoption Assistance Periodic Payments

Effective Date: June 1, 2022

Version: 7

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Adoption Assistance and Child Welfare Act of 1980 provides subsidies to encourage the adoption of eligible children from the child welfare system. These subsidies, known as adoption assistance, typically will continue until the child reaches 18 years of age but may be terminated or suspended before the child reaches the age of 18 if the adoptive parent is no longer legally responsible or financially supporting the child as determined by the Central Eligibility Unit (CEU). Adoption assistance may continue after an adopted child turns 18 years of age based on the determination of certain criteria.

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PROCEDURE

Continuation of Adoption Assistance Agreements after a Youth Becomes 18 Years of Age

The Indiana Department of Child Services (DCS) will determine if youth remain eligible for adoption assistance after turning 18 years old. Adoption assistance is not automatically continued when youth turn 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.

DCS CEU will send an Application for Continuation of Adoption Agreement Beyond Age Eighteen to the adoptive parent 90 calendar days prior to the youth's 18th birthday. A completed Application for Continuation of Adoption Agreement Beyond Age Eighteen form 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 receive. The application also includes instructions for documentation the adoptive parent must provide DCS to support continued periodic payments.

DCS CEU will process any continuation request during the month of the youth's 18th birthday. A Notice of Continuation Beyond Age Eighteen (18) or Termination of Adoption Agreement letter 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, the youth 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 form 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

A youth's CAS or SAS may be continued up to age 21 if the youth is enrolled in a secondary or post-secondary school. Medicaid may also continue to age 21 with documentation/letter from the child's physician, psychiatrist, psychologist, teacher, or other school official outlining the needs of the child.

Continuation of Title IV-E Adoption Assistance Program (AAP)

AAP and Medicaid may be continued up to age 21 if:

1. The youth has "a mental or physical handicap which warrants the continuation of assistance" because it limits the youth's self-supporting capability (per the Severe Impairment Determination process); or
2. The youth meets the requirements under the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351):
 - a. The adoption was finalized on or after the youth's 16th birthday but before the youth'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. 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 Forces 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. DCS CEU will send notification to inform the adoptive parent the periodic payments and Medicaid will end 60 days prior to the youth's 21st birthday.

All parents who have entered into adoption assistance agreements shall periodically submit a fully completed Adoption Program Status Report form at the request of DCS, to verify the youth remains eligible for assistance. The Adoption Program Status Report form shall be submitted to DCS CEU by the due date listed on the report.

If the adoptive parent is no longer providing financial support for the child, adoption assistance benefits may be terminated. DCS may determine the parent is providing financial support for a child who is in out-of-home placement if the adoptive parent is maintaining regular visitation with the child, cooperating with the case plan goal of reunification, and if one (1) of the following are met:

1. The adoptive parent is paying child support pursuant to a court order; or
2. The adoptive 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 (e.g., occupational, physical, or speech therapy).

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.

DCS will mail a Notice of Administrative Suspension of Adoption Assistance Periodic Payment form and a Request for Administrative Review Indiana Adoption Program form 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, and the adoptive parent shows they have resumed support of the child and requests DCS to end the suspension, DCS will end the suspension and continue payments as provided in the adoption assistance agreement.

Continuation of Adoption Assistance 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 form, 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;

Note: This application provides instructions for applying for a continuation of the periodic payment past the youth's 18th birthday.

2. Review the Application for Continuation of Adoption Agreement Beyond Age 18 form, 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 the Termination of Adoption Agreement form once the youth is determined eligible or ineligible for a continuation of adoption assistance;

Note: Approved continuations will include the continuation of periodic monthly payments and may include Medicaid.

4. Send the determination to the parent along with the Request for Administrative Review 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) 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 form or Notice of Administrative Suspension of Adoption Assistance Periodic Payment form (whichever is applicable) and the Request for Administrative Review 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, if the adoption assistance payment is terminated, to inform them that the youth is no longer eligible for Medicaid (MA-8); 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.

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RELEVANT INFORMATION

Definitions

Severe Impairment Determination

A Severe Impairment Determination is 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;
- An eligible child under age 13 is eligible for guardianship assistance (GAP); or
- A youth is eligible for continuation of AAP or Title IVE-GAP at the age of 18 years old.

Forms and Tools

- Adoption Program Status Report – Available via CEU
- Application for Continuation of Adoption Agreement Beyond Age 18 for Recipients of Adoption Assistance Program (AAP) - Available via CEU
- Application for Continuation of Adoption Agreement Beyond Age Eighteen (18) for Recipients of Adoption Assistance Program (AAP-Older Youth)-Available via CEU
- 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
- 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
- [CEU Eligibility Binder](#)
- [DCS Medicaid Enrollment Unit](#)
- Notice of Administrative Suspension of Adoption Assistance Periodic Payment-Available via CEU
- Notice of Continuation Beyond Age 18 or Termination of Adoption Agreement – Available via CEU
- [Request for Administrative Review Indiana Adoption Program \(SF 54348\)](#)
- Severe Impairment Determination Process – Available via CEU Eligibility Binder

Related Policies

N/A

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LEGAL REFERENCES

- [IC 31-19-26.5-9: Limits on term of adoption subsidies agreement](#)
- [Public Law 110-351-Fostering Connections to Success and Increasing Adoptions Act](#)
- [42 USC 673: Adoption and guardianship assistance program](#)
- [465 IAC 4-1-30 Termination of adoption assistance agreements](#)
- [465 IAC 4-1-32 Continuation of adoption assistance agreements beyond age 18](#)

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PRACTICE GUIDANCE- DCS POLICY 14.10

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.

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 14: Adoption Assistance and Guardianship Assistance

Section 11: Administrative Review for Adoption Assistance

Effective Date: October 1, 2023

Version: 4

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Prospective adoptive parents are offered an opportunity to request an administrative review when there is disagreement concerning decisions made regarding Adoption Assistance and/or the amount payable for Non-Recurring Adoption Expenses (NRAE).

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PROCEDURE

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 14.08 Negotiations for Adoption Assistance, and 14.10 Continuation, Terminations, and Suspensions of Adoption Assistance Periodic Payments. DCS will also process a request for administrative review of a decision concerning the amount payable for NRAE.

An adoptive parent must submit a written Request for Administrative Review 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 as specified in policy 14.10 Continuation, Terminations, and Suspensions of Adoption Assistance Periodic Payments, 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 form must be submitted to 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 form 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 14.10 Continuation, Terminations, and Suspensions of Adoption Assistance Periodic Payments, 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 form must be submitted to DCS Hearings and Appeals. The request must be in the format specified in the Request for Administrative Review form. 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 14.12 Administrative Appeals for Adoption Assistance for additional 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 14.12 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 14.08 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 14.09 Modification of an Adoption Assistance Agreement, the adoptive parent may request a modification of the periodic payment amount or term stated in an existing 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. If the decision by the DCS local office is unsatisfactory to the adoptive parent, a Request for Administrative Review form 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 14.10 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 form 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 14.10 Continuation, 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 form, 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 an Administrative Hearing form 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 form to DCS Hearings and Appeals. The Request for Administrative Hearing form must be filed with the DCS Hearings and Appeals unit within 30 calendar days of service by mail or hand-delivery to the prospective or adoptive parent of the written notice of final administrative review decision. See policy 14.12 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.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- Application for Continuation of Adoption Assistance Agreement Beyond Age Eighteen – Available via CEU
- Final Adoption Program Eligibility Determination – Available via CEU
- Notice of Termination of Adoption Agreement – Available via CEU
- Payment Request Information (PRI) form – Available via CEU
- [Request for Administrative Hearing \(SF 54349\)](#)
- [Request for Administrative Review \(SF 54348\)](#)

Related Policies

- [10.15 Eligibility Requirements for Adoption Assistance](#)
- [14.08 Negotiations for Adoption Assistance](#)
- [14.09 Modification of an Adoption Assistance Agreement](#)
- [14.10 Continuation, Terminations, and Suspensions of Adoption Assistance Periodic Payments](#)
- [14.12 Administrative Appeals for Adoption Assistance](#)

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LEGAL REFERENCES

- [IC 31-19-26.5 Adoption Subsidies](#)
- [42 USC 673 Adoption and guardianship assistance program](#)
- [465 IAC 3 Administrative Reviews and Hearings](#)
- [465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs](#)


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PRACTICE GUIDANCE- DCS POLICY 14.11

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 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 14.11 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 14.08 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 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.

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 4-15-10.5: Office of Administrative Law Proceedings](#)
- [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](#)

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 self-supporting capabilities, given their 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

- [14.08 Negotiations for Adoption Assistance](#)
- [14.09 Modification of an Adoption Assistance Agreement](#)
- [14.11 Administrative Review for Adoption Assistance](#)



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 15: Eligibility Section 01: Title IV-E Eligibility Overview for Field and Legal Staff	
Effective Date: February 1, 2024	Version: 6

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

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 safely returned home, placed permanently with adoptive families, or placed in other planned arrangements for permanency.

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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).

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 (PC) responsibility is terminated by a court order; or
2. A Trial Home Visit (THV) lasts over six (6) months without a court ordered extension (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).

Youth who meet at least one (1) of the following criteria may remain eligible for Title IV-E until

age 21:

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.

Note: See policy 11.18 Eligibility for Collaborative Care for more information regarding Collaborative Care (CC) eligibility for a foster care youth over 18 years of age.

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.

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).

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 and citizenship (see policy 15.09 Age and Citizenship Requirements for Title IV-E Initial Eligibility),
 - b. Court order that authorizes the child's removal (see policy 15.02 Removal and Specified Relative Criteria for Title IV-E Initial Eligibility),
 - c. Judicial determinations of (see policy 15.03 Court Order Requirements for Title IV-E Initial Eligibility):
 - i. PC;
 - ii. RE; and
 - iii. CTW/BI.
 - d. Assistance group (see policy 15.05 Determining a Child's Assistance Group for Title IV-E Initial Eligibility,)
 - e. Specified relative (see Definitions),
 - f. Deprivation (see policy 15.06 Deprivation Criteria for Title IV-E Initial Eligibility),
 - g. Income (see policy 15.07 Income Requirements for Title IV-E Initial Eligibility), and
 - h. Resources (see policy 15.08 Financial Resource Requirements for Title IV-E Initial Eligibility).
2. Review Public Assistance database screens; and
 3. Make an initial or continued eligibility determination.

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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](#)
- CEU email - centralized.eligibility@dcs.in.gov
- [CEU Title IV-E Initial Eligibility Checklist](#)
- [CEU Collaborative Care Title IV-E Application Checklist](#)
- Preliminary Inquiry - available in the case management system
- [Title IV-E/EA Fact Sheet](#)
- [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](#)

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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](#)

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PRACTICE GUIDANCE- DCS POLICY 15.01

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.

N/A

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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

- [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](#)
- [42 USC 672: Foster care maintenance program](#)
- [45 CFR 1356.21 \(j\), \(k\) and \(l\): Foster care maintenance payments program implementation requirements](#)
- [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: July 1, 2024	Version: 4

- [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 maintain documentation in the child’s file verifying judicial determinations 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.

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, guardian, or custodian:
 - i. Has subjected the child to certain aggravated circumstances;
 - ii. Has been convicted of murder or voluntary manslaughter of another child of the parent;
 - iii. 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
 - iv. Is required to register as a sex offender or violent offender or committed an offense against a child that resulted in a conviction or CHINS adjudication under IC 31-34-11-2.
 - b. Parental rights of the parent with respect to a sibling have been terminated involuntarily,
 - c. The child is an abandoned infant (see policy 4.34 Abandoned Infants),
 - d. The child is a safe haven infant (see policy 4.49 Safe Haven Infants), or
 - e. The child was the subject of two (2) or more previous CHINS proceedings or proceedings under comparable law in another state and was removed from the home of the child's parent, guardian, or custodian under a dispositional decree or a court order issued under comparable law in another state.

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

- [4.34 Abandoned Infants](#)
- [4.49 Safe Haven Infants](#)
- [6.01 Detention/Initial Hearing](#)
- [6.02 Filing a CHINS Petition](#)

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LEGAL REFERENCES

- [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](#)
- [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](#)

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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. [Back to Top](#)

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 \(j\): 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](#)
- [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](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

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 \(j\): 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 15.08

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](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

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

- [IC 31-9-2-13: Child](#)
- [IC 31-28-5.8: Collaborative Care](#)
- [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](#)

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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
Section 10: Continued Title IV-E Eligibility Requirements

Effective Date: February 1, 2024
Version: 5

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Practice Guidance

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.

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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).

Exception: Youth in Collaborative Care (CC) with a completed Voluntary Collaborative Care Agreement between the Older Youth and the Department of Child Services form 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 calendar 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 calendar days (see policy 15.13 Title IV-E Eligible 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);
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).

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.

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RELEVANT INFORMATION

Definitions

Facility

For the purposes of this policy, “facility” refers to a facility or institution, including but not limited to a:

1. School;]
2. Childcare center;
3. Registered childcare ministry;
4. Group home;
5. Inpatient (residential) treatment center;
6. Hospital;
7. Emergency Shelter Care (ESC);
8. Shelter care facility;
9. Juvenile detention center; and
10. Indiana Department of Corrections (DOC) facility.

Relative

Relative is defined in IC 31-9-2-107 (c) 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 step grandparent
7. A stepbrother
8. A stepsister
9. A first cousin
10. An uncle
11. An aunt
12. Any other individual with whom the child has an established relationship

Forms and Tools

- CEU email - centralized.eligibility@dcs.in.gov
- [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](#)

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LEGAL REFERENCES

- [IC 31-9-2-107 \(c\): "Relative"](#)
- [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](#)

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PRACTICE GUIDANCE- DCS POLICY 15.10

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.

Eligible Placements

Only children who reside in an eligible licensed foster care setting are entitled to claim Title IV-E Foster Care (Title IV-E) funding. Eligible placement settings may include:

1. Relative homes;
2. Foster family homes;
3. Child Caring Institutions (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 following services are provided by the treatment facility:
 - a. Parenting skills training, parent education, and individual and family counseling, and
 - b. 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 traumas, 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 18 years of age 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. Ineligible placements settings 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.

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	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 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

Section 01: Funding for Children in Out-of-Home Care

Effective Date: March 1, 2023

Version: 9

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When a child must be removed from the home, every effort to allow the child to take clothing, and personal items will be made to help with the transition to out-of-home care. Funding may be available to the child to assist in covering the cost of items and services, which are not covered by the foster care per diem to help meet the child's needs and provide normalcy to the child.

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PROCEDURE

All clothing and personal items removed from the home and/or purchased or acquired for the child are the property of the child and/or the Indiana Department of Child Services (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 clothing and personal items brought with the child must be documented on the Inventory of Personal Items form.

Exception: If a child is removed from a property used for the illegal manufacture of a controlled substance, clothing and personal items will not be removed.

Upon removal or a change in placement, the Family Case Manager (FCM) will:

1. Ensure the resource parent is aware that the foster care per diem should be used to cover reasonable costs of caring for the child including, but not limited to:
 - a. Food;
 - b. Clothing (e.g., replacement clothing, repairs, mending, and alterations);
 - c. Shelter;
 - d. Supervision that substitutes for daily supervision;
 - e. School supplies (e.g., paper, pens, and calculator); and
 - f. Child's personal incidentals on an ongoing basis (e.g., soap, shampoo, toothpaste, toothbrush, over the counter medications).
2. Ensure the resource parent is aware that mileage reimbursement is a flat rate, per mile, based on the current State employee approved mileage per-diem, which the resource parent may find on the Indiana Department of Administration (IDOA) Travel Services webpage. Advise the resource parent that Mapquest should be used to obtain the shortest mileage distance for travel;

Note: 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. DCS will not reimburse residential facilities for travel expenses as referenced in this policy.

3. Ensure all appropriate clothing and/or personal items go with the child at the time of removal whenever possible;

Note: If DCS is unable to obtain the child's clothing and/or personal items at the time of the removal, the FCM will attempt to obtain those items within 48 hours of the initial removal or change in placement, unless the child was removed from a property used for illegal manufacturing of a controlled substance.

4. Document on the Inventory and Personal Items form and upload into the case management system when clothing and/or personal items are not able to be obtained for the child, and explain to the child the reason why the items are not able to be obtained in a manner appropriate for the child's age and developmental level;
4. Complete a thorough inventory of the child's clothing and/or personal items for each placement change (if applicable);
5. Assess whether the child has adequate clothing and/or personal items and make a request to the FCM Supervisor to authorize the purchase of necessary items;

Note: Additional purchases should not be authorized in the event a child is moved from one (1) resource home to another unless a policy exception is requested, as defined below in the Financial Policy Exception section.

6. Review the Inventory and Personal Items form with the resource parent within 10 days of placement;
7. Ensure the resource parent signs the Inventory and Personal Items form to acknowledge receipt of the items listed for the child and that the resource parent understands these items belong to the child; and

Note: All items that belong to the child must go with the child in the event of a placement change.

8. Ensure the resource parent is aware the following funding assistance may be available for the child:
 - a. Educational Needs Funding,
 - b. Initial Clothing and Personal Items Allotment,
 - c. Personal Allowance, and
 - d. Special Occasion Allowance.

The Foster Care Specialist will:

1. Provide information to the resource parent regarding the availability of Foster Care Liability Insurance; and
2. Ensure the resource parent is provided with the requirements for reimbursement and electronic invoicing.

The FCM Supervisor will:

1. Staff with the FCM to determine the child's need for clothing and/or personal items; and
2. Review and respond to any requests made for additional funding to meet the needs of the child.

Financial Policy Exception

When a Financial Policy Exception is necessary, the FCM will:

1. Complete a Global Services referral for the requested dollar amount and state the justification of need for:
 - a. Funding greater than the policy limit, and/or
 - b. Funding for expenses not referenced in policy.
2. Submit the referral to one (1) of the following workflow approvers:
 - a. FCM Supervisor, or
 - b. Local Office Director (LOD)/Division Manager (DM).

The workflow approver will:

1. Review the Financial Policy Exception justification;
2. Approve or deny the Financial Policy Exception, as appropriate; and

Note: The referral will proceed to KidTraks Invoicing Unit for payment, upon Financial Policy Exception approval.

3. Notify the FCM via written correspondence if the Financial Policy Exception is denied.

Request for Additional Funding (RAF)

A request for an RAF form is completed when an item requested is greater than the policy limits and above \$1500.

The FCM will:

1. Complete the RAF form; and
2. Submit to the FCM Supervisor for approval or denial.

The FCM Supervisor will:

1. Review and respond to any RAF requests by either approving or denying the request; and
2. Submit the RAF decision to the LOD or DM.

The LOD or DM will:

1. Review and approve or deny the RAF; and
2. Send the RAF to the Regional Manager (RM) for final approval or denial.

The RM will:

1. Review the RAF and make a determination whether to approve the request;
2. Submit a copy of the RAF to the Regional Finance Manager (RFM) if approved; and
3. Notify the LOD/DM of the final determination via written correspondence.

The RFM will process the RAF form upon receipt from the RM.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Automated Direct Deposit Authorization Agreement \(SF 47551\)](#)
- [Claim for Support of Children Payable from Family & Children Funds \(SF 28808\)](#)
- [DCS Foster Care Per Diem Invoice Total Checker](#)
- [Foster Parent Invoice Instructions](#)
- [Foster Parent Travel Invoice \(SF 54836\)](#)
- [Indiana Department of Administration \(IDOA\) Travel Services](#)
- [Indiana Drug Endangered Children \(DEC\) Response Protocol](#)
- [Inventory of Personal Items \(SF 54315\)](#)
- [KidTraks User Agreement](#)
- [Letter to Foster Parents Regarding Per Diem](#)
- [Licensed Foster Parent Resources Web Page](#)
- [Mapquest](#)
- [Request for Additional Funding \(SF 54870\)](#)
- [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

- [8.37 Holding a Placement during a Hospitalization](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 16.01

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.

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.

Foster Care Per Diem

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, but 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 Rates for additional information.

Funding Assistance for the Child:

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 referral is made in KidTraks through Global Services. Contact the local DCS Educational Liaison (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.

Initial Clothing and Personal Items Allotment

DCS will ensure a child is provided with adequate 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. After the initial clothing allotment is expended, the resource parent 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.

Note: DCS will not provide a Personal Allowance to residential facilities.

Personal Allowance

Each child in a licensed resource placement is eligible to receive an annual Personal Allowance of up to \$300 starting on the 8th consecutive day of placement. 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:

1. Computer hardware and/or software;
2. Field trips;
3. Driver's education (unless eligible for Emancipation Goods & Services Funds);
4. Class pictures;
5. Application fees;
6. Equipment and fees associated with extracurricular activities including musical instruments and sporting equipment;
7. Electronic devices (e.g., e-readers, laptops, or gaming systems);
8. Prom dress or other special occasion clothing; and
9. Preschool.

Note: The following items are not permitted or reimbursable: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards, cash, checks, or money orders. An **exception** may be made to purchase a gaming system gift card or on-line gaming apps when the child has a gaming console or computer and the only option to purchase a game is through a gaming system or app gift card. An additional exception may be made to purchase cell phone minutes for a child that has a cell phone.

Special Occasion Allowance

DCS will pay an annual Special Occasion Allowance to the 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 winter holiday season. For the resource parent to receive reimbursement for these funds, the child must be in the resource parent's care on the child's birthday and on the date of the winter holiday. Allowable items that may be bought using the Special Occasion Allowance include, but are not limited to:

1. Toys;
2. Video games or other electronics;
3. Salon services;
4. Clothing;
5. Jewelry;
6. Sporting equipment;
7. Items for a birthday party; and
8. Tickets to an event.

Note: Items not allowable are piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards, cash, checks, or money orders. An **exception** may be made to purchase a gaming system gift card when the child has a gaming console and the only option to purchase a game is through a gaming system gift card.

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 RFM.

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.

Note: Mileage reimbursement must be submitted via the paper Foster Parent Travel Invoice, 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.

Requirements for Reimbursement

All resource parents need to complete the Automated Direct Deposit Authorization Agreement and W-9 Request for Taxpayer Identification Number and Certification to receive reimbursement from the state. All resource parents should utilize the standard invoice, the Claim for Support of Children Payable from Family & Children Funds or submit via KidTraks e-Invoicing and attach all receipts in order to receive reimbursement for funds such as the Personal Allowance, Special Occasion Allowance, and Initial Clothing Allotment. Additional information on completing the W-9 may be found on the W-9 and Direct Deposit Form Q & A.

Travel

Additional travel may be claimed when the resource parent travels over 162 miles in a month for the below purposes:

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 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;

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 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 with incarcerated parents or to other relatives that are authorized by DCS and are a part of the child's Case Plan/Prevention Plan) 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 resource parent visits during child inpatient episodes),
 - e. Occupational and Physical Therapy, and
 - f. Behavioral health counselor or 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, and
 - e. Resource parent training sessions.

7. Other travel that is extraordinary and has been approved in writing as consistent with the child's Case Plan/Prevention Plan by the DCS LOD/DM prior to the travel taking place; and/or

Note: Upon approval of the Regional Manager (RM), DCS will pay per diem and travel expenses exceeding 162 miles in a month (including overnight stays) if visits are maintained 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.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 16: Financial Services/Assistance

Section 02: Assistance for Unlicensed Relative and Kinship Placements

Effective Date: July 1, 2023

Version: 8

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Funding Assistance may be provided to unlicensed relative and kinship placements by the Indiana Department of Child Services (DCS) to help meet the needs of children in their care.

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PROCEDURE

DCS is committed to meeting the needs of children in unlicensed relative/kinship placements by providing the following funding assistance (see Practice Guidance for more information regarding the various funding assistance):

1. Bedding Allowance;
2. Child Care Allowance;
3. Educational Needs Funds;
4. Initial Clothing and Personal Allotment;
5. Personal Allowance;
6. Respite Care Funds;
7. Special Occasion Allowance;
8. Travel Reimbursement; and
9. Unlicensed Kinship Stipend (UKS)

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;

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.

2. Ensure emergent needs of the child (e.g., formula, diapers, food) are met before leaving the child with the unlicensed relative/kinship placement;
3. Direct the unlicensed relative/kin to the Indiana Foster Care website to access resources at initial placement;
4. Make efforts to deliver the child's clothing and/or personal items within 48 hours if they were not taken at the time of removal, unless the child was removed from a property used for illegal manufacturing of a controlled substance;

5. Complete a thorough inventory of the child's clothing and/or personal items and document on the Inventory of Personal Items form within 10 business days of placement. The inventory of the child's clothing and/or personal items should be:
 - a. Taken anytime a child's placement changes, and
 - b. Reviewed with and signed by the unlicensed relative/kin acknowledging which items belong to the child and which items were brought with and/or bought for the child.

Note: The Inventory of Personal Items form should be updated with changes throughout the life of the case.

6. Engage the Child and Family Team (CFT) to identify community supports and resources which may be able to assist the relative/kin in meeting the child's financial needs;
7. Ensure the unlicensed relative/kinship placement is aware of the various funding assistance which may be available;
8. Meet with the FCM Supervisor to discuss the child's needs for clothing and/or personal items;
9. Verify any requests for assistance do not exceed the allotted amount and/or the allowance has not previously been expended for the child during the life of the case when a financial need has been identified;

Note: Questions regarding the allotted amount and/or the child's usage of annual allowances should be directed to the Regional Manager (RM) or the local Regional Finance Manager (RFM);

10. Complete a referral in KidTraks, when requested by the unlicensed relative/kin, for the following (if applicable):
 - a. Personal Allowance,
 - b. Initial Clothing and Personal Items Allotment,
 - c. Bedding Allowance, and
 - d. Child Care Allowance.
11. Complete a referral for respite care if a need is identified;
12. Contact the DCS Educational Liaison (EL) for assistance with obtaining a High School Equivalency (HSE) diploma, tutoring, or enrolling in summer school. These expenses should not come out of the child's personal allowance;

Note: A Global Services referral should be completed for fees that cannot be waived or funded through other means (e.g., insurance and school resources).

13. Collaborate with the FCM Supervisor and Kinship Navigator (KN) (formerly known as the Relative Support Specialist [RSS]) to inform all unlicensed relative/kinship placements of the invoicing instructions needed to utilize the Special Occasion Allowance and the enrollment process to receive the UKS;
14. Ensure the unlicensed relative/kin has applied for a Child Care and Development Fund (CCDF) Voucher, if applicable; and
15. Ensure the unlicensed relative/kin is informed of the Relative Parent Travel Invoice Instructions.

The FCM Supervisor will complete a Relative Placement Entry form within 24 hours of the child's placement and communicate with the KN that a relative/kinship placement has been made.

Upon receipt of the Relative Placement Entry form, the KN will:

1. Contact the placement via phone within 48 hours of receiving the Relative Placement Entry form;
2. Schedule a home visit within five (5) business days;
3. Complete the Kinship of Indiana Support Services (KISS) Safety and Risk Measuring Tool within five (5) business days of the completed home visit;
4. Develop a list of needs to be addressed within the first 30 days of placement and staff with the KN Supervisor (formerly known as the RSS Supervisor) to develop a plan to address the concrete needs (if applicable); and
5. Ensure vendor paperwork is processed for the family.

Financial Policy Exception

The FCM will complete the following steps for a Financial Policy Exception when an item requested is greater than the policy limit but **under** \$1500:

1. Complete a Global Services referral for the requested dollar amount and state the justification of need for:
 - a. Funding greater than the policy limit, and/or
 - b. Funding for expenses not referenced in policy.
2. Submit the referral to one (1) of the following workflow approvers:
 - a. FCM Supervisor, or
 - b. Local Office Director (LOD)/Division Manager (DM).

The workflow approver will:

1. Review the Financial Policy Exception justification;
2. Approve or deny the Financial Policy Exception, as appropriate; and

Note: The referral will proceed to the KidTraks Invoicing Unit for payment, upon Financial Policy Exception approval.

3. Notify the FCM via written correspondence (e.g., email) if the Financial Policy Exception is denied.

Request for Additional Funds (RAF) Form

An RAF form is completed when an item requested is greater than the policy limits and **above** \$1500.

The FCM will:

1. Complete the RAF form; and
2. Submit to the FCM Supervisor for approval or denial.

The FCM Supervisor will:

1. Review and respond to any RAF requests by either approving or denying the request; and
2. Submit the RAF decision to the LOD/DM.

The LOD or DM will:

1. Review and approve or deny the RAF; and
2. Send the RAF to the RM for final approval or denial.

The RM will:

1. Review the RAF and make a determination whether to approve the request;
2. Submit a copy of the RAF to the Regional Finance Manager (RFM) if approved; and
3. Notify the LOD/DM of the final determination via written correspondence.

The RFM will process the RAF form upon receipt from the RM.

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RELEVANT INFORMATION

Definitions

Concrete Needs

Concrete needs are goods and services that enable the kinship caregiver to provide for the family's care, well-being, safety, and stability, which may include, but is not limited to food, housing, clothing, healthcare, childcare, and mental health as well as services identified for stabilization within the first 30 days of the child's placement.

Emergent Needs

Emergent needs are goods and services needed to ensure the child's basic needs and safety are met to place the child in the unlicensed relative/kinship placement.

Forms and Tools

- [Application for Assistance, Food Stamps, Cash Assistance, Health Coverage](#)
- [Automated Direct Deposit Authorization Agreement \(SF 47551\)](#)
- Case Plan/Prevention Plan (SF 2956) - available in the case management system
- [Claim for Support of Children Payable from Family & Children Funds \(SF 28808\)](#)
- DCS Kinship Care email - DCS.Kinshipcare@dcs.in.gov
- DCS Education Services email - dcs.education@dcs.in.gov
- [Direct Deposit Authorization \(SF 51519\)](#)
- [Financial Assistance Options for Relative Caregivers Brochure](#)
- [Indiana Foster Care Website](#)
- [Inventory of Personal Items \(SF 54315\)](#)
- [Unlicensed Kinship Caregiver Stipend Frequently Asked Questions \(FAQ\)](#)
- [Kinship Indiana Support Services \(KISS\) Safety and Risk Measuring Tool](#)
- [Kinship Navigator Tip Sheet – available in DCS SharePoint](#)
- [Relative Home Environment Checklist \(SF 55106\)](#)
- [Relative Parent Travel Instructions](#)
- [Relative Parent Travel Invoice \(SF 54891\)](#)
- [Relative Placement Entry \(SF 57025\)](#)
- [Relative Resource Guide](#)
- [Request for Additional Funding \(SF 54870\)](#)
- [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

- [13.05 Conducting Background Checks for Unlicensed Placements](#)

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LEGAL REFERENCES

- [IC 31-9-2-107: “Relative”](#)
- [IC 31-9-2-131.7 “Unlicensed caregiver”](#)

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PRACTICE GUIDANCE- DCS POLICY 16.02

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.

Child Care Concerns

It may be appropriate to facilitate a Child and Family Team (CFT) Meeting to discuss any concerns regarding child care, which may include, but are not limited to:

1. Safety and/or well-being of the child;
2. Child care needs;
3. Location of child care;
4. Child care cost;
5. Alternate child care facilities;
6. Site visits completed by the Family Case Manager (FCM) to make an informed decision as to the appropriateness of the child care facility; and/or
7. Determining if a Family and Social Services Administration (FSSA) inspection report should be completed for the child care facility.

Funding Assistance

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 the life of the case, and the bed and bedding must go with the child should the child return home or be moved to a different placement.

Bed and bedding purchases include, but are not limited to:

1. Mattress and/or box spring;
2. Bed frame and/or rails;
3. Pillows; and
4. Bedding (e.g., blankets, sheets, comforter).

Child Care Allowance

Child Care Allowance funds are available up to \$18 per day or \$90 per week (total \$2340) per child (only if needed for work, school, or due to a medical requirement). Child care costs are paid for a child care center or home that is licensed, registered, or the appropriate background checks have been conducted (see policy 13.05 Conducting Background Checks for Unlicensed Placements). This funding is available for six (6) months. If the relative/kin becomes licensed or begins receiving Child Care Development Fund (CCDF) prior to six (6) months, the funding will end.

Note: DCS will only permit an Unlicensed Registered Child Care Ministry to be paid using Child Care allowance if the ministry accepts CCDF.

Educational Needs Funding

Educational Needs Funding is available to cover the cost of securing a High School Equivalency (HSE) diploma, tutoring, and summer school. This referral is made in KidTraks through Global Services. Contact the local DCS Educational Liaison (EL) for assistance with school related fees as many may be waived.

Note: When other funding is available for securing an HSE diploma, the other funding should be utilized prior to completing a Global Services referral.

Initial Clothing and Personal Item Allotment

An allotment of up to \$200 per child is available within 60 days of initial placement of the child with FCM approval. At times it may be necessary for the clothing to be purchased prior to DCS approval.

Note: Clothing may be purchased beyond the 60 days of initial placement in unique circumstances (e.g., sudden weight gain or loss, maternity clothing, or attempts to obtain clothing from previous placement without success).

If the unlicensed relative/kin receives a voucher from DCS, the unlicensed relative/kin has 30 days to utilize the voucher. Unlicensed relative/kin must present the receipts for all purchases. Clothing and personal items may include, but are not limited to:

1. Clothing (e.g., socks, coats, undergarments);
2. Shoes;
3. Toiletries and personal hygiene items;
4. Hair products;
5. Diapers and wipes; and
6. Infant formula and bottles.

Personal Allowance

Each child in an unlicensed relative/kinship placement is eligible to receive an annual Personal Allowance of up to \$300 starting on the 8th consecutive day of placement. 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:

1. Computer hardware and/or software;
2. School functions and activities (e.g., field trips, formal attire for special occasions, class pictures);
3. Driver's education (unless eligible for Emancipation Goods & Services Funds);
4. Application fees;
5. Extracurricular and co-curricular activities and associated fees (e.g., musical instruments and sporting equipment);
6. Electronic devices (e.g., e-readers, laptops, iPod, or gaming systems);
7. Activities for young children (e.g., preschool activities).

Note: Note: The following items are not permitted or reimbursable: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards, cash, checks, or money orders. An **exception** may be made to purchase a gaming system gift card or on-line gaming apps when the child has a gaming console or computer and the only option to purchase a game is through a gaming system or app gift card. An additional exception may be made to purchase cell phone minutes for a child that has a cell phone.

Respite Care

Respite care funds, if needed and approved by the Family Case Manager (FCM), are available for up to five (5) days each calendar year. The respite care must be provided by a licensed resource parent.

Special Occasion Allowance

DCS will pay an annual Special Occasion Allowance to unlicensed relative/kin for all children in out-of-home care. This allowance is up to \$50 for birthdays and up to \$50 for the winter holiday season. For the unlicensed relative/kin to receive reimbursement for these funds, the child must be in the unlicensed relative/kin's care on the child's birthday and on the date of the winter holiday. Allowable items that may be bought using the Special Occasion Allowance include, but are not limited to:

1. Toys;
2. Electronics (e.g., video games);
3. Salon services;
4. Clothing;
5. Jewelry;
6. Sporting equipment;
7. Birthday party; and
8. Event tickets for birthday or holidays.

Note: Items not allowable include 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. An **exception** may be made to purchase a gaming system gift card when the child has a gaming console and the only option to purchase a game is through a gaming system gift card.

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 RFM.

Travel Reimbursement

Travel will be reimbursed monthly beginning at mile one (1) for travel such as:

1. Travel between the unlicensed relative/kin home and the school if the child continues to attend the school they 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/Prevention Plan) and visits to facilitate the transition to another placement;
4. Travel for pre-placement visits between the relative/kin and the child, regardless of whether they are overnight visits, if the relative/kin is being considered as a placement resource;
5. 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 a child's inpatient episodes),
 - e. Occupational and physical therapy, and
 - f. Behavioral health counselor and therapist.
6. Travel to and from employment or for purposes of a job search for youth 14 years of age or older;
 7. 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.
 8. Other travel that is extraordinary and has been approved in writing (as consistent with the child's Case Plan/Prevention Plan) by the DCS LOD/DM prior to the travel taking place.

Unlicensed Kinship Stipend

A stipend of \$300 per month will be provided for each child placed in an unlicensed kinship home by DCS. \$150 will be provided by DCS if an unlicensed kinship home provides care for a child for less than 15 days. See the Unlicensed Kinship Caregiver Stipend Frequently Asked Questions (FAQ) for additional information.

Kinship and Other Relative Placement Options

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.

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); or

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.

Supporting Relative/Kin Caregivers

It is important for FCMs to support all relative/kin caregivers. FCMs should be mindful that relative/kin caregivers may not have planned to take placement of the child. This is especially true in emergency and/or after-hours placements. The FCM, KN, and Regional Foster Care Specialist (RFCS) should be patient and exercise empathy for the relative/kin caregivers and serve as a support to them by answering any questions and addressing any concerns they may have. It is the goal of DCS to have a child transition as smoothly as possible from their home into the relative/kin caregiver's home. The transition will be easier to achieve if the relative/kin feels supported and may focus primarily on the child.

The FCM, KN, and the RFCS are responsible for communicating all the support and clinical services that DCS may offer the relative/kin caregiver. Information regarding the foster care portal should be provided to the relative/kin caregiver to enable them to access community and financial resources. If the unlicensed relative/kin does not have access to internet, provide the Financial Assistance Options for Relative Caregivers Brochure, Relative Resource Guide, Prevent Child Abuse Helpline (1-800-244-53743), and 2-1-1.

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.



INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 16: Financial Services/Assistance
Section 03: Assistance for a Family of Origin's Basic Needs

Effective Date: March 1, 2023

Version: 4

- Procedure, Definitions, Forms and Tools, Related Policies, Legal References, Practice Guidance

POLICY OVERVIEW

This policy applies to a child's family of origin. See policy 16.01 Funding for Children in Out-of-Home Care and policy 16.02 Assistance for Unlicensed Relative and Kinship Placements.

The child's family is responsible for ensuring the child's basic needs are met. In the event a parent, guardian, or custodian needs support to meet their child's basic needs, financial assistance is available for children under the care and supervision of the Indiana Department of Child Services (DCS).

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PROCEDURE

Children and families who are eligible for financial assistance include those involved in:

- 1. Out-of-home Child in Need of Services (CHINS);
2. In-home CHINS;
3. Informal Adjustment (IA); or
4. An assessment and receiving DCS funded services.

DCS will provide the following assistance for eligible children and families in the event a parent, guardian, or custodian needs support to meet the child's basic needs:

- 1. One (1) month of rent and/or one (1) security deposit of up to \$750.

Note: Rent and security deposit assistance each have a cap of \$750 per family, per lifetime of the case. The LOD/DM may approve \$500 extra for rent and utilities and \$300 extra for miscellaneous expenses.

- 2. A one-time collective payment for gas, electric, water, and sewage utilities of up to \$1000 per family;

Note: An additional \$750 may be made available one (1) time for utility assistance.

- 3. Pest Control services of up to \$1200 per lifetime of the case;
4. Children's bed and bedding of up to \$400 per lifetime of the case, per child;
5. Parent, guardian, or custodian travel (e.g., gas card, bus tickets) up to \$70 per month;
6. Home appliance repairs and purchases (e.g., stove, refrigerator, dishwasher, heating, ventilation, and air conditioning (HVAC)); and
7. Concrete Goods and Services, including but not limited to:
a. Furniture (excluding children's bed and bedding outlined above);

- b. Food and groceries;
- c. Vehicle repairs, driver's license reinstatement fees, and other expenses related to parental travel not listed above;
- d. Recreational activities (e.g., fees, supplies, uniforms);
- e. Education (e.g., tuition, uniforms, book fees);
- f. Child Care;
- g. Telephone and cell phone; and
- h. Clothing and personal items.

Note: There are no restrictions on buying clothing for children in their own homes when emergencies arise.

The Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) to identify family and/or community resources in the event a parent, guardian, or custodian needs support to meet their child's basic needs (see Practice Guidance for a list of community resources);
2. Develop a plan as to how expenses will be paid in future months;
3. Document the following information in the case management system:
 - a. Any situation involving the child and family that requires additional financial support,
 - b. The reason why the financial assistance is needed, and
 - c. All efforts to locate community resources for alternative funding.
4. Obtain a copy of the signed lease if the family is seeking financial assistance for rent and/or security deposit; and

Note: The Rental Agreement may be used when a signed lease is unavailable.

5. Obtain a copy of the signed Security Deposit Agreement if the family is seeking financial assistance for a security deposit.

Financial Policy Exception

The FCM will complete the following steps for a Financial Policy Exception when an item requested is **greater than the policy limit but under \$1500**:

1. Complete Global Services referral for the requested dollar amount and state the justification of need for:
 - a. Funding greater than the policy limit, and/or
 - b. Funding for expenses not referenced in policy.
2. Submit the referral to one (1) of the workflow approvers (i.e., FCM Supervisor, Local Office Director [LOD], or Division Manager [DM]).

The workflow approver will:

1. Review the Financial Policy Exception justification;

Note: 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 Regional Manager (RM) will review all Financial Policy Exceptions regarding mortgage assistance.

2. Approve or deny, as appropriate; and

Note: The referral will proceed to the KidTraks invoicing unit for payment, upon Financial Policy Exception approval.

3. Notify the FCM via written correspondence if the Financial Policy Exception is denied.

Request for Additional Funding (RAF) form

A RAF form is completed when an item requested is **greater than the policy limit and above \$1500.**

The FCM will:

1. Complete the RAF form; and
2. Submit the RAF form to the FCM Supervisor for approval or denial.

The FCM Supervisor will:

1. Review and respond to any RAF requests by either approving or denying the request; and
2. Submit the RAF form decision to the LOD/DM

The LOD/DM will:

1. Review and approve or deny the RAF; and
2. Send the RAF to the Regional Manager (RM) for final approval or denial.

The RM will:

1. Review the RAF request and make a determination whether to approve the request;
2. Submit a copy of the RAF form to the Regional Finance Manager (RFM) if approved; and
3. Notify the LOD/DM of the final determination via written correspondence.

The RFM will process the RAF form, upon receipt from the RM.

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RELEVANT INFORMATION

Definitions

Security Deposit Agreement

The Security Deposit Agreement is an agreement between the landlord and DCS in which the landlord agrees that any refundable portion of the security deposit will be refunded to DCS when the tenant leaves.

Forms and Tools

- [4.G Tool: Community Resources and Prevention Services](#)
- [Request for Additional Funding \(SF 54870\)](#)
- [Rental Agreement](#)
- [Security Deposit Agreement](#)

Related Policies

- [16.01 Clothing Personal Items and Permitted Per Diem Expenses](#)
- [16.02 Assistance for Unlicensed Relative Placements](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 16.03

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.

Bed and Bedding

Bed and bedding purchases include, but are not limited to:

1. Mattress and/or box spring;
2. Bed rails and/or bedframe;
3. Pillows; and
4. Bedding (e.g., blankets, sheets, comforter).

Prior to Requesting Funding

Prior to requesting financial assistance to assist a family in meeting a child's basic needs, alternative funding from extended family members and community resources should be explored through contact with the following:

1. Trustee's Office;
2. Utility company (e.g., gas, electric, and water) directly to see about enrolling in a payment plan;
3. Local winter assistance and/or summer cooling programs if available in the area;
4. Energy Assistance Program (EAP);
5. Salvation Army and other charitable organizations;
6. Local churches and other faith-based organizations;
7. School system;
8. Medicaid Transportation; and
9. Community groups.

Rent and Security Deposit

The following documents are needed for DCS to provide additional funding for a family's rent and/ or security deposit:

1. Rent and security deposit assistance: A copy of the lease (or the Rental Agreement) and the Security Deposit Agreement;
2. Rent only assistance: A copy of the lease (or the Rental Agreement); or
3. Security deposit only assistance: A copy of the lease (or the Rental Agreement) and the Security Deposit Agreement.

Travel Expenses

Financial assistance for travel expenses should benefit the child and the family (e.g., visitation, mental health and medical appointments, education, and substance abuse treatment).

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 16: Financial Services/Assistance

Section 04: Individual Child Placement Referral (ICPR)

Effective Date: April 1, 2024

Version: 5

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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. Completion of a Referral (ICPR) enables the placement provider to accurately invoice DCS and Medicaid

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PROCEDURE

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);
4. Unlicensed Kinship or Relative home. See policy 8.48 Relative or Kinship Placements);
or
5. 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 facility 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 for approval when circumstances arise that may require a negotiated rate concerning contracted residential treatment and 1:1 staffing ratio.

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 Services Specialist 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 DCS Clinical Services Specialist;

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. Request an ESC extension from the Deputy Director of Child Welfare Services or designee. For the purposes of billing and tracking, once approved by the Deputy Director of Child Welfare Services or designee, the ESC extension will be granted through the end of the calendar year. The ESC facility must submit the ESC Extension in the Services Hub no later than day 15 and must only be sent for exceptional circumstances.

Note: An ESC facility stay is limited to 20 days (see policy 8.04 Emergency Shelter Care & Urgent Residential Treatment).

12. Create a new ICPR for a child in foster care, unlicensed kinship home, relative home, 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 LCPSA 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 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 Services Specialist 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 Services Specialist (CSS) 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 stays.
2. Create and/or modify the ICPR, as needed, to reflect any approved changes.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- CANS Assessment - available in the case management system
- Central Office Licensing Team email – fostercare.licensing@dcs.in.gov
- Clinical Services Specialist Contact Map-[Available in SharePoint](#)
- [DCS Services Hub](#)
- Emergency Shelter Care Extension Mailbox email: ESCExtensions@dcs.in.gov
- ICPR – available in KidTraks
- [Request for Additional Funding \(SF 54870\)](#)
- Residential Licensing Unit (RLU) email: residential.licensing@dcs.in.gov

Related Policies

- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [8.01 Selecting a Placement Option](#)
- [8.04 Emergency Shelter Care & Urgent Residential Treatment](#)
- [8.09 Placing a Child in Out-of-Home Care](#)
- [8.48 Relative or Kinship Placements](#)
- [8.50 Determining and Reviewing Category of Supervision](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 16.04

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 17: Residential Licensing

Section 01: Initial Licensing Process

Effective Date: October 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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.

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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) and provides guidance throughout the licensing process. A standardized list of documentation is required for submission by the applicant in consideration of licensure. This list is available from the RLU.

The RLU will:

1. Review the Residential Licensing Inquiry (SF 57093) form or request that the interested individual or agency completes the form during the initial contact;
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 the interested individual or agency attend the New Agency Orientation;

Note: To complete licensure, the New Agency Orientation must be completed.

4. Verify the interested individual or agency has an administrator that meets the requirements in the IAC;
5. Provide the 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 Group Home (GH), Child Caring Institution (CCI), or a Private Secure Facility (PSF) Indiana Code (IC) 31-27-3 or 31-27-5 (SF 45158);
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, after acceptance of the application, to become a DCS vendor:

- a. W-9 Request for Taxpayer Identification Number and Certification,
- b. Automated Direct Deposit Authorization Agreement using the W-9 and Direct Deposit Form Instructions and W-9 and Direct Deposit Form Q & A, 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 Initial Licensing Review. The list of relevant forms can be found on the Approximate Residential Licensing Application Steps form, available from the RLU. These forms will be reviewed during the on-site Initial Licensing Review and may include:
 - a. Residential Licensing – Child Caring Institution (CCI) Staffing (SF 57092),
 - b. Residential Licensing – Group Home (GH) Staffing (SF57091),
 - c. Residential Licensing – Private Secure Facility (PSF) Staffing (SF 57090).
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 may 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 forms 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 for Fingerprint-Based Checks for the purpose of residential licensing. See policy 13.15 Fingerprint-Based Checks;
16. Contact the Indiana Department of Homeland Security (IDHS) to request 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;

Note: Documentation of background checks will be reviewed during the on-site Initial Licensing Review.

19. Schedule and conduct the on-site Initial Licensing Review (see policy 17.02 Initial Licensing Review) for initial licensure upon verification of the following:
 - a. All required documentation and approvals have been uploaded to KidTraks, and
 - b. Notification by the applicant that the facility is operational except for perishables.
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;
21. Review with the applicant 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.

The COBCU will register the applicant for fingerprints upon request from RLU.

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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 \(SF 45158\)](#)
- Approximate Residential Licensing Application Steps – Available from the RLU
- [Automated Direct Deposit Authorization Agreement \(SF 47551\)](#)
- Central Office Background Check Unit (COBCU) email - cobcuinquiry@dcs.in.gov
- Checklist for Initial Licensure – Available from the RLU
- [Health Care Program – Child Caring Institutions, Private Secure Facilities, Group Homes, and Emergency Shelters \(SF 45879\)](#)
- [Information Systems Access and Use Agreement KidTraks User Agreement \(SF56798\)](#)
- [Nutrition Program – Child Caring Institutions, Private Secure Facilities, Group Homes, and Emergency Shelters \(SF 46683\)](#)
- [Residential Licensing – Child Caring Institution \(CCI\) Staffing \(SF 57092\)](#)
- [Residential Licensing – Group Home \(GH\) Staffing \(SF57091\)](#)
- [Residential Licensing – Private Secure Facility \(PSF\) Staffing \(SF 57090\)](#)
- Residential Licensing Unit (RLU) email- residential.licensing@dcs.IN.gov
- [Residential Licensing Inquiry \(SF 57093\)](#)

- [State Department of Health: DCS Residential Facility Compliance](#)
- [State Department of Health: Health Care Engineering Program](#)
- [State Department of Health - Health, Food, and Sanitation \(HFS\) Survey email - HFSsurvey@ISDH.IN.gov](#)
- [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](#)
- [13.15 Fingerprint-Based Checks](#)
- [17.02 Initial Licensing Review](#)
- [17.03 Verification of Qualified Residential Treatment Program \(QRTP\) Designation](#)
- [17.04 Rate Setting](#)

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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](#)

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PRACTICE GUIDANCE- DCS POLICY 17.01

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.

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 17: Residential Licensing

Section 02: Initial Licensing Review

Effective Date: October 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Licensing of residential facilities helps to protect the health, safety, and well-being of children served and ensures the youth receive appropriate treatment by having standardized requirements regarding care, programming, and qualifications of providers. The initial licensing 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.

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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). This review is the final walk-through of the facility conducted prior to license finalization.

The Licensing Specialist 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) have been uploaded to KidTraks and notification by the applicant that the facility is operational except for perishables. See policy 17.01 Initial Licensing;
2. Meet with the Administrator and other agency staff, as appropriate, to discuss the licensing process and on-site review;
3. Tour the facility, including the grounds, to inspect for concerns related to health, safety, and well-being of a youth, 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 Qualified Residential Treatment Program (QRTP) Designation;
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. 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 prior to leaving the facility;
8. Complete the Background Check Affidavit and submit it to the RLS Supervisor along with the Personnel Checklist;
9. Follow-up with the applicant regarding any citations, prior to leaving the facility or within 10 calendar days, if applicable;
10. Schedule an additional on-site licensing review, if needed, following notification from the applicant that the agency is in compliance; and
11. Conduct an additional on-site review, if needed.

The Licensing Specialist Supervisor will:

1. Guide and assist the Licensing Specialist, as needed, during the Initial Licensing Review; and
2. Ensure all required actions, including any deviation from best practice, are documented appropriately.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- Background Check Affidavit – Available from the Residential Licensing Unit (RLU)
- Indiana Administrative Code (IAC) Checklist for Residential Licensing – Available from the RLU
- Personnel Checklist – Available from the RLU
- Residential Licensing: Exit Report and Narrative – Available from the RLU
- Site Visit form – Available from the RLU

Related Policies

- [17.01 Initial Licensing Process](#)
- [17.03 Verification of QRTP Designation](#)

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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](#)

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PRACTICE GUIDANCE- DCS POLICY 17.02

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 17: Residential Licensing

Section 03: Verification of Qualified Residential Treatment Program (QRTP) Designation

Effective Date: October 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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 Indiana Department of Child Services (DCS) partners with residential treatment 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.

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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 the following requirements:

1. Have 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 children;
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 provide care:
 - a. Within the scope of their practice as defined by State law,
 - b. On-site according to the treatment model referred to above, and
 - c. Twenty-four (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 six (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 Licensing Specialist will:

1. Complete the QRTP Attestation Worksheet to verify a facility's compliance with program specific requirements. This tool will be completed:
 - a. During the initial licensing process for any facility pursuing a DCS contract. See policy 17.01 Initial Licensing Process,
 - 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, 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 Licensing Specialist Supervisor;
3. Complete and sign the Qualified Residential Treatment Program (QRTP) Designation Attestation form once the program has been designated as a QRTP; and
4. Ensure all communications, observations, and information gathered are documented appropriately in the case management system.

The Residential Clinical Services Specialist (CSS) will assist the Licensing Specialist with gathering and/or evaluating information gathered for completion of the QRTP Attestation Worksheet, as needed.

The Licensing Specialist Supervisor will:

1. Guide and assist the Licensing Specialist, 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; and
3. Ensure all communications, observations, and information gathered are appropriately documented in the case management system.

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 Licensing Specialist Supervisor and/or Legal Team, as needed; and
4. Sign the Qualified Residential Treatment Program (QRTP) Designation Attestation form once the program has been designated as a QRTP.

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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 Designation 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](#)
- [17.12 Re-Licensure](#)

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LEGAL REFERENCES

- [42 USC 672: Foster care maintenance payments program](#)


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PRACTICE GUIDANCE- DCS POLICY 17.03

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 17: Residential Licensing Section 04: Rate Setting	
	Effective Date: July 1, 2022	Version: 2

- [Procedure](#)
 - [Definitions](#)
- [Forms and Tools](#)
 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

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.

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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 additional information.

The Residential Licensing Specialist (RLS) will:

1. Verify the residential treatment service provider is established as a supplier (hereafter, the residential treatment service provider is referred to as a supplier); and
2. Ensure the Residential Licensing Unit (RLU) Manager is aware that the supplier's license is nearing finalization.

The RLU Manager will:

1. Notify the Rate Setting Program Manager and the Contract Specialist Supervisor that a new supplier is submitting information for a new license, if the supplier 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 supplier's license has been finalized and provide a copy of the supplier's license;
3. Send the completed Contract Request form to the Contract Specialist Supervisor;
4. Notify and provide a brief description of all programs to the DCS Resource Unit and the Field Operations, Juvenile Justice Initiatives and Services, and Child Welfare Services Deputy Directors once the supplier is fully contracted; and
5. Email the supplier advising that services may commence.

Note: The RLS, RLU Clinical Specialist, and RLS Supervisor should be copied on the email.

Upon notification that a supplier's license is nearing finalization, the Rate Setting Team will:

1. Contact the supplier to request a Cost Report;
2. Review the Cost Report once submitted by the supplier;

Note: DCS shall determine whether a cost is reasonable using reasonability tests through the application of our cost limits.

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 supplier;

Note: A supplier may request to have a review of the base rates. The request must be received within 30 days of the date the supplier received the Rate Letter. See Practice Guidance for additional information.

5. Verify the supplier has submitted required data through the Indiana Transparency Portal to finalize the rate; and

Note: If the supplier does not submit data timely this may have a negative impact on the supplier's contract.

6. Review the supplier's annual Cost Report.

Note: The supplier is required to submit a Cost Report by March 31st each year.

Upon notification that rate setting is needed for a supplier outside of Indiana, the Deputy CFO of Federal Financial Management will collaborate with the RLU Manager to ensure rates are set for the supplier.

Upon assignment of a contract, the Contract Specialist will:

1. Contact the supplier 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 supplier for signature;
6. Send the contract to the DCS Director or designee for signature after obtaining the supplier's signature;
7. Check the following clearances after receipt of system notification that the contract has been signed:
 - a. Secretary of State (SOS),
 - 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 supplier will receive an email from IDOA, including a link to the Indiana 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.

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RELEVANT INFORMATION

Definitions

Base Rate

A base rate is defined by 465 IAC 2-16-4 as including the following components:

1. Maintenance payment,
2. Administrative payment, and
3. Payment for costs that are not eligible for Title IV-E reimbursement, if such costs are related to licensing requirements as established by 465 IAC 2-9 through 465 IAC 2-13, as amended, or written agreement between the department and residential treatment service providers. Such costs shall include but are not limited to on-site nursing staff; or transportation to medical appointments for the child.

Cost Report

A cost report is defined by 465 IAC 2-16-5 as a report that DCS requires each residential treatment services provider to complete for each residential program that the residential treatment services provider operates. Each cost report shall include budgeted cost data.

Reasonability Test

For purposes of DCS, a reasonability test is an evaluation performed by the DCS Rate Setting Team and is based on what a reasonable person would pay in the same or similar circumstances for the same or similar item or service.

Forms and Tools

- Contract Request Form - Available from the Contract Specialist Supervisor
- Cost Report - Available in the case management system
- [DCS Placement Webpage](#)
- [Indiana Transparency Portal](#)
- Rate Letter - Available in the case management system
- [Residential Treatment Services Provider \(RTSP\) and Child Placing Agency \(CPA\) Rates Administrative Review Request \(SF 55061\)](#)

Related Policies

- [17.01 Initial Licensing Process](#)
- [17.07 Residential License Revocation](#)

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LEGAL REFERENCES

- [IC 31-27-7 Department Base Rates Review](#)
- [465 IAC 2-16 Rate Setting for Residential Treatment Services Providers](#)
- [465 IAC 2-16-4: "Base Rate" defined](#)
- [465 IAC 2-16-5: "Cost report" defined](#)

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PRACTICE GUIDANCE- DCS POLICY 17.04

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.

Base Rates Review

A supplier may request a review of the base rates approved by DCS if the supplier believes that an error or omission was made in the:

1. Cost report that the supplier submitted to DCS;
2. DCS' calculation of the base rate; or
3. DCS' determination of the reasonableness of a cost.

A request for review as described must be:

1. Submitted in writing to DCS via the Residential Treatment Services Provider (RTSP) and Child Placing Agency (CPA) Rates Administrative Review Request; and
2. Received by DCS not more than 30 days after the date on which DCS mailed a Rate Letter to the supplier.

A supplier making a request for review for an error or omission described above shall submit the request for review in the form and manner specified by DCS, including:

1. Identification of the current base rate and approved new base rate, as applicable to a specific program or service offered by the supplier;
2. An itemized statement of administrative and indirect costs that the supplier considers allowable under this chapter;
3. A clear, concise statement of the reasons for the requested change; and
4. A detailed statement supporting the requested change.

Note: DCS shall not accept or process an incomplete request for review. If a supplier submits a request for a base rate review and the supplier is currently undergoing revocation proceedings (see policy 17.07 Residential License Revocation), the DCS Rate Setting Team must be notified of the revocation proceedings. DCS shall not act upon the request for review when the revocation proceedings are pending.

Not more than 30 days after the date on which DCS receives a request for review submitted under this chapter, DCS shall conduct a review and:

1. Provide written notice and an explanation of DCS' decision to the supplier; and
2. Publish the notice and explanation of DCS' decision on the DCS Placement webpage.

The explanation of DCS' decision must include a detailed explanation of the following:

1. The specific portion of the disputed cost that is being approved or denied for reimbursement;
2. Explanation as to why the disputed cost being denied is unreasonable; and
3. The information DCS used to make its determination.

DCS may give special consideration to approval of the cost if the supplier proves that a cost was previously covered for any supplier or is associated with:

1. Accreditation;
2. Staff safety;

3. Child safety; or
4. A DCS requirement.

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 17: Residential Licensing

Section 05: Residential Licensing Waiver and Variance

Effective Date: October 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

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 facility's license. The waiver or variance must comply with the DCS Practice Model and not compromise the health, safety, or well-being of children receiving services.

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PROCEDURE

Upon receipt of the completed Application for Private Secure Facility, Child Caring Institution, or Group Home Waiver/Variance (Application) form from a residential facility, the Licensing Specialist will:

1. Review the Application form 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 Licensing Specialist Supervisor if additional guidance is needed and continue communication throughout the waiver/variance process;
4. Send the recommendation and the completed Application form to the Licensing Specialist Supervisor for review;
5. Send the Notice of Waiver/Variance Application – Approval or the Notice of Waiver/Variance Application – Denial (Notice) form, as appropriate, to the Licensing Specialist 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 appropriate signed Notice form to the residential facility upon receipt from the Licensing Specialist Supervisor; and
7. Upload a copy of the Application and the applicable Notice form to the facility's license within the case management system.

Note: To protect the child's confidentiality, child-specific, time-limited waiver and variance information will not be uploaded to the case management system.

The Licensing Specialist Supervisor will:

1. Review the Application form and recommendation from the Licensing Specialist to determine if the application will be approved or denied; and
2. Sign the applicable Notice form, upon approval or denial, and return to the Licensing Specialist.

Note: If deemed necessary, the Licensing Specialist Supervisor may send the Application and the Notice forms to the Residential Licensing Unit (RLU) Manager for final approval.

The RLU Manager will:

1. Discuss the Application form with the Deputy Director of Child Welfare Services or designee and/or the DCS legal team for additional consideration, as needed, upon receipt from the Licensing Specialist Supervisor; and
2. Approve or deny the Application and sign the Application form and return to the Licensing Specialist.

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.

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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

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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 Child Care Institutions [CCIs])

- [465 IAC 2-10-35: Waivers and variances](#) (Emergency Shelter Care Children's Homes and CCIs)
- [465 IAC 2-11-35: Waivers and variances](#) (Private Secure Facilities)
- [465 IAC 2-12-35: Waivers and variances](#) (Children's Homes and CCIs Defined as Group Homes)
- [465 IAC 2-13-35 Waivers and variances](#) (Children's Homes and CCIs Defined as Emergency Shelter Care Group Homes)

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PRACTICE GUIDANCE- DCS POLICY 17.05

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 17: Residential Licensing

Section 06: Residential Licensing Denials

Effective Date: November 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Child health, safety, and well-being are key factors when ensuring treatment continuity and quality of care. Indiana Administrative Code (IAC) specifies the requirements to operate a licensed residential facility. When the facility is unable to meet the requirements of the license, the facility's license may be denied.

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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) form 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 is 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 calendar 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.

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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](#)

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LEGAL REFERENCES

- [IC 31-27-3: Chapter 3. Regulation of Child Caring Institutions](#)
- [IC 31-27-3-5: Grounds for denial of license application; waiver](#)
- [IC 31-27-5: Chapter 5. Regulation of Group Homes](#)

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PRACTICE GUIDANCE- DCS POLICY 17.06

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 17: Residential Licensing Section 07: License Revocations	
Effective Date: January 1, 2023	Version: 2

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

In the interest of child safety and well-being, a residential facility's license may be revoked if the facility does not follow regulations as mandated by statute, administrative rules, and/or the Indiana Department of Child Services (DCS).

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PROCEDURE

DCS may revoke a residential facility's license if sufficient grounds exist. See IC 31-27-3-31, IC 31-27-3-32, and IC 31-27-5-31 for additional information regarding sufficient grounds that constitute reasons for revocation of a license.

DCS will not allow a licensee to voluntarily relinquish the residential facility license once the revocation process has begun unless approved by the Deputy Director of Child Welfare Services or designee.

DCS will not place children in a residential facility whose license is on probationary status, placement hold, pending revocation, or has been revoked.

The Residential Licensing Specialist (RLS) will:

1. Ensure the RLS Supervisor is aware of concerns regarding the facility's license;
2. Discuss the concerns with the facility and request documentation from the facility (e.g., facility records, incident reports) regarding the concerns;
3. Consult with the Residential Licensing Unit (RLU) regarding the concerns with the facility's license;
4. Consult with the DCS legal team and the Deputy Director of Child Welfare Services or designee. After considering the advice of the DCS legal team, make a collective decision with the RLS Supervisor, RLU Manager, and the Deputy Director of Child Welfare Services or designee regarding the facility's license;

Note: See policies 17.08 Referral Holds, 17.09 Termination of Residential Contract, and 17.13 Assessment for Negative Licensing Action for additional information regarding possible action that may be taken.

5. Complete the following upon a decision to revoke the facility's license:
 - a. Notify the DCS Contracts Unit in the legal division of the decision to revoke the facility's license;

- b. Draft a license revocation letter with support from the RLS Supervisor to notify the facility regarding the decision to revoke the facility's license. The letter should include:
 - i. Notice that the residential license is being revoked effective 30 calendar days from receipt of the letter;
 - ii. Reason for license revocation, including:
 - (a) Citation of any specific statute or rule for which the residential facility is not in compliance,
 - (b) General description of the circumstances constituting the noncompliance, and
 - (c) other grounds for revocation, if applicable.
 - iii. List of DCS youth placed at the facility;
 - iv. Appropriate timeframe for transition of DCS youth from the residential facility;
 - v. Steps and appropriate timeframe for transfer of child records (e.g., treatment plans, assessments, psychological reports, health/medical reports, educational records, discharge summaries);
 - vi. Request for the facility to provide their acknowledgment of the license revocation as stated in the revocation letter (e.g., certified letter, email read receipt);
 - vii. Notice of the right for the facility to request in writing an informal meeting with the Deputy Director of Child Welfare Services or designee within 10 business days of receipt of the letter;
 - viii. Notice of the right for the facility to request an Administrative Appeal Hearing within 30 calendar days of receipt of letter; and
 - ix. Notice of the civil and criminal penalties for operating a child care institution without a license.
 - c. Monitor the facility's progression throughout the revocation process,
 - d. Notify all Family Case Managers (FCMs)/Probation Officers (POs) with youth receiving treatment at the facility through DCS about the license revocation and request the FCM/PO notify the youth's parent, guardian, or custodian (if Termination of Parental Rights [TPR] has not occurred) of the subsequent transfer, and
 - e. Assist DCS local office staff with the transfer process as applicable (see policy 8.38 Placement Changes).
- 6. Staff with the RLS Supervisor throughout the license revocation process as needed; and
 - 7. Upload the following to the case management system:
 - a. Signed license revocation letter upon receipt from the Deputy Director of Child Welfare Services or designee,
 - b. Supporting documentation with evidence of the violations (e.g., inspection notes, photographs, email communications, assessments), and
 - c. Documentation regarding receipt of the license revocation letter (e.g., certified mail information, email receipt).

The RLS Supervisor will:

- 1. Ensure the RLU Manager is aware of the concerns with the facility's license and staff with the RLS and RLU Manager throughout the revocation process as needed;
- 2. Consult with the RLU, DCS Deputy Director of Child Welfare Services or designee, and DCS legal team. After considering the advice of the DCS legal team, make a collective decision with the RLS, RLU Manager, and the Deputy Director of Child Welfare Services or designee regarding the facility's license;
- 3. Assist the RLS in drafting the license revocation letter;

4. Submit the proposed license revocation letter to the RLU Manager for approval;
5. Monitor the facility's progression throughout the revocation process upon a decision to revoke the license as outlined in the license revocation letter (see above);
6. Assist the RLS with license revocation related tasks as needed and ensure all required tasks are completed; and
7. Close the facility's license in the case management system once all necessary actions for license revocation 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 with the facility's license;
2. Request DCS legal consultation to determine next steps;
3. Consult with the RLU, DCS Deputy Director of Child Welfare Services or designee, and DCS legal team. After considering the advice of the DCS legal team, make a collective decision with the RLS, the RLS Supervisor, and the Deputy Director of Child Welfare Services or designee regarding the facility's license;
4. Review and submit the proposed license revocation letter to the DCS Deputy Director of Child Welfare Services or designee for approval;
5. Inform the following DCS Deputy Directors of the license revocation, who will then ensure the appropriate DCS staff are notified:
 - a. Child Welfare Services,
 - b. Field Operations,
 - c. Juvenile Justice Initiatives and Support (JJIS), and
 - d. General Counsel.
6. Ensure the Indiana Department of Health (IDOH) and Indiana Department of Homeland Security (IDHS) (i.e., Indiana State Fire Marshal) are notified of the residential license revocation; and
7. Monitor and support the RLU throughout the license revocation process as needed.

The DCS Deputy Director of Child Welfare Services or designee will:

1. Review documentation regarding the concerns discovered with the facility's license and discuss next steps with the RLU Manager;
2. Participate in consultation with the RLU and DCS legal team. After considering the advice of the DCS legal team, make a collective decision with the RLS, RLS Supervisor, and RLU Manager regarding the facility's license;
3. Review and provide the license revocation letter to the DCS Director for final approval upon a decision to revoke the facility's license;
4. Sign and send the license revocation letter to the facility via email and certified mail upon approval from the DCS Director; and

Note: The Request for Administrative Hearing Residential License Denial or Revocation form must be attached to the license revocation letter when sent to the facility.

5. Ensure the RLU receives a copy of the signed license revocation letter.

The DCS legal team will:

1. Consult with the RLU and the Deputy Director of Child Welfare Services or designee and review documentation to advise whether sufficient grounds exist for license revocation;
2. Consult with the RLU and DCS Deputy Director of Child Welfare Services or designee to provide legal advice to guide and inform their decision regarding the facility's license;

3. Continue communication with the RLU throughout the revocation process; and
4. Provide legal advice for compliance with statutory and administrative processes and requirements.

Revocation Appeals

If the residential facility appeals the license revocation and requests an Administrative Appeal Hearing as provided in IC 31-27-3-20 and 465 IAC 3-3, DCS will ensure:

1. DCS Hearings and Appeals reviews the Request for Administrative Hearing Residential License Denial or Revocation form and the license revocation letter, and forward any complete and timely request to the Indiana Office of Administrative Law Proceedings (OALP);
2. An OALP 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 following of the date, time, and location of the scheduled hearing:
 - a. Assigned DCS attorney,
 - b. The facility seeking the appeal, and
 - c. Any attorney representing the facility for purposes of the appeal.
4. A DCS attorney will represent DCS during the hearing;
5. After the OALP ALJ issues Proposed Findings of Fact and Conclusions of Law, the DCS Final Agency Authority (FAA) will:
 - a. Automatically conduct an FAA review of the case and the OALP ALJ's Proposed Findings of Fact and Conclusions of Law, and
 - b. Issue a decision upholding, denying, or remanding the decision to revoke or deny the residential license.

Note: The DCS FAA's experience and training in the relevant subject matter may be considered. 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 unsuccessful in the appeal and the facility has not ceased operation, the RLU will notify the prosecuting attorney in the county where the facility is located and the Indiana Attorney General regarding the illegal operation.

If the licensee is successful on appeal, the RLU will ensure the license is effective in the case management system.

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RELEVANT INFORMATION

Definitions

Final Agency Authority

The final agency authority (also known as ultimate authority) is the director or the director's designee.

Forms and Tools

- [Request for Administrative Hearing Residential License Denial or Revocation \(SF 57115\)](#)

Related Policies

- [8.38 Placement Changes](#)
- [17.08 Referral Holds](#)
- [17.09 Termination of Residential Contract](#)
- [17.13 Assessment for Negative Licensing Action](#)

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LEGAL REFERENCES

- [IC 4-21.5-5 Judicial Review](#)
- [IC 31-9-2-16.7: "Child caring institution"](#)
- [IC 31-9-2-48.5: "Group home"](#)
- [IC 31-9-2-76.3: "Licensee"](#)
- [IC 31-9-2-115: "Secure private facility"](#)
- [IC 31-9-2-131.3: "Ultimate authority of the department"](#)
- [IC 31-27-3-1: License required for operation \(Child Caring Institutions \[CCI\]\)](#)
- [IC 31-27-3-20 Administrative hearings](#)
- [IC 31-27-3-27: Notice \(CCI\)](#)
- [IC 31-27-3-31: Grounds for revocation of license; waiver \(CCI\)](#)
- [IC 31-27-3-32 Compliance with rules; disciplinary sanctions; revocation of license](#)
- [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 \[GH\]\)](#)
- [IC 31-27-5-31: Grounds for revocation of license; waiver \(GH\)](#)
- [465 IAC 2-9 Child's Homes and Child Caring Institutions \(CCI\)](#)
- [465 IAC 2-9-15: "License" defined \(Children's Homes and CCI\)](#)
- [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](#)


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PRACTICE GUIDANCE- DCS POLICY 17.07

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.

N/A

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 17: Residential Licensing Section 08: Referral Holds	
	Effective Date: July 1, 2022	Version: 1

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Referrals from the Indiana Department of Child Services (DCS) to a residential facility may be placed on hold to ensure the safety and well-being of children if the facility does not follow guidelines as outlined by statute, administrative rules, contract (if applicable), and DCS.

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PROCEDURE

DCS may place a referral hold on a residential facility when a child safety, statutory noncompliance, code violation, or contract noncompliance issue is identified or discovered. The Residential Licensing Unit (RLU) will determine the timeframe for a referral hold and will provide notification of the timeframe to the facility.

Upon Discovery of an Issue that may Warrant a Referral Hold

The RLU will:

1. Review supporting documentation regarding the issue identified (e.g., audit findings and/or Preliminary Report of Alleged Institutional Child Abuse or Neglect [310A]) that may result in a referral hold;
2. Collaborate with the DCS Institutional Child Protective Services (ICPS) Unit, if necessary. See policy 4.30 Institutional Child Protective Services (ICPS) Unit Assessments for additional information; and
3. Determine whether a referral hold is the best course of action.

The Residential Licensing Specialist (RLS) will follow up with the facility to gather additional information as needed.

The RLS Supervisor will create the referral hold in the case management system upon the RLU coming to a joint decision.

The RLU Manager will:

1. Schedule and attend a meeting with the Deputy Director of Child Welfare Services (or designee) and the DCS legal team for final approval when a referral hold is being recommended;

Note: In extreme circumstances, removal of children currently placed with the residential facility may be discussed and pursued to ensure child safety.

2. Send a Notice of Referral Hold letter to the facility upon the decision to proceed with a referral hold and send the Plan of Correction (POC) request, including the timeframe for which the POC is due and the projected timeframe of the referral hold, within five (5) business days after the issuance of the Notice of Referral Hold letter; and

Note: The RLU Manager may work with the DCS legal team to send the Notice of Referral Hold letter and the POC to the residential facility.

3. Send a notification of the referral hold to the following Deputy Directors, including the reason for the referral hold and the start and anticipated end dates of the referral hold:
 - a. Child Welfare Services;
 - b. Field Operations; and
 - c. Juvenile Justice Initiatives and Support.

The Deputy Director of Child Welfare Services (or designee) will:

1. Meet with the RLU team members to review documentation; and
2. Make the determination to place a referral hold on the residential facility, if deemed appropriate.

The DCS legal team will meet with the RLU team members to review documentation provided by the RLU and provide legal guidance, upon request, regarding referral hold implementation.

Once a Referral Hold has been Implemented

The RLU will:

1. Consistently monitor the residential facility's progress through documentation review, visits to the facility (announced and unannounced), and increased contact with the facility (e.g., weekly meetings and facility reports) to determine if the facility has substantially satisfied the POC;
2. Develop a continued plan (e.g., extend referral hold, remove children from the residential facility, or termination of agency contract) if it is determined the facility needs ongoing evaluation of POC compliance. See policy 17.09 Termination of Residential Contract for additional guidance regarding termination of a facility's contract;
3. Review the POC, upon receipt from the facility, to determine if the POC is satisfactory. The Deputy Director of Child Welfare Services (or designee), DCS legal, and/or the Residential Clinical Specialist may be consulted for review; and
4. Maintain communication with the residential facility throughout the referral hold process to monitor and discuss progress regarding the residential facility's POC.

The RLS will:

1. Review the POC, upon receipt from the residential facility, and present the POC to the RLS Supervisor to determine if the POC is satisfactory;

Note: The Deputy Director of Child Welfare Services (or designee) and the DCS legal may be consulted for review.

2. Consistently monitor the residential facility's response through documentation review, visits to the facility (announced and unannounced), and increased contact with the facility (e.g., weekly meetings and facility reports); and
3. Staff with the RLS Supervisor throughout the referral hold process.

The RLS Supervisor will:

1. Staff with the RLS throughout the referral hold process and discuss progress regarding the residential facility's POC; and
2. End the referral hold in the case management system, upon the RLU coming to a joint decision.

The RLU Manager will:

1. Maintain communication with the Deputy Directors referenced above throughout the referral hold process and provide notification of the referral hold being lifted; and
2. Send the Notice to Lift Referral Hold letter to the facility when it is determined the residential facility has substantially satisfied the POC.

The Residential Clinical Specialist will meet with the RLU team members to:

1. Review documentation provided by the RLU; and
2. Provide support/ recommendations throughout the referral hold process.

The Deputy Director of Child Welfare Services (or designee) will meet with the RLU team members to discuss progress regarding the facility's POC and recommendations to lift the facility's referral hold.

The DCS Legal team will meet with the RLU team members to:

1. Review documentation provided by the RLU; and
2. Provide legal guidance, upon request, regarding:
 - a. Extending a referral hold,
 - b. Lifting a referral hold, and/or
 - c. Developing a continued plan if it is determined the residential facility needs ongoing evaluation of POC compliance.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Preliminary Report of Alleged Institutional Child Abuse or Neglect \(310A\) \(SF 49549\)](#)

Related Policies

- [4.30 Institutional Child Protection Services \(ICPS\) Unit Assessments](#)
- [17.09 Termination of Residential Contract](#)

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LEGAL REFERENCES

- [IC 31-27-3: Regulation of Child Caring Institutions](#)
- [IC 31-27-5: Regulation of Group Homes](#)
- [465 IAC 2-11-22: "Private secure facility" defined](#)
- [465 IAC 2-16-13: "Residential treatment services provider" defined](#)

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PRACTICE GUIDANCE- DCS POLICY 17.08

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 17: Residential Licensing

Section 09: Termination of Residential Contract

Effective Date: December 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) contracts with residential facilities to provide services to children involved with DCS and probation who need residential treatment. A residential facility may request to have its contract terminated by DCS, or, in the interest of child safety and well-being. A residential facility's contract with DCS may be terminated if the facility does not follow the terms and conditions detailed in the executed contract.

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PROCEDURE

Upon determining a residential facility failed to comply with material terms and conditions of the DCS contract, the process of contract termination may begin after the residential facility has been provided with 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: If the noncompliance issue involves endangering the life, health, or safety of any person, the contract may be terminated orally by the DCS Agency Director or designee followed by sending a written notification within three (3) business days.

Involuntary Termination of Residential Contract

Upon determination that the residential facility has failed to correct the identified noncompliance issue(s), the Licensing Specialist will:

1. Ensure the Licensing Specialist Supervisor is aware of the concerns regarding the residential facility's contract;
2. Work with other DCS Residential Licensing Unit (RLU) members to collect documentation regarding the concerns with the residential facility's contract;
3. Complete the following upon a decision to terminate the facility'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 children involved with DCS and probation and their records (e.g., monthly reports), if applicable. See policy 8.38 Placement Changes for additional guidance, and
 - c. Monitor the facility's progression throughout the contract termination process.
4. Staff with the Licensing Specialist Supervisor, as needed, throughout the contract termination process; and
5. Upload all communication and documentation regarding the contract termination in the case management system.

The Licensing Specialist Supervisor will:

1. Ensure the RLU Manager is aware of the identified noncompliance issue(s) regarding the facility's contract;
2. Participate in consultation with the RLU Manager, Deputy Director of Child Welfare Services or designee, and the DCS legal team and collectively make a recommendation regarding the facility's contract;
3. Complete the following upon a decision to terminate the facility's contract:
 - a. Work with the RLU to develop a plan for next steps,
 - b. Draft the Notice of Default or Notice of Termination, when necessary,
 - c. Monitor the facility's completion of required actions, as outlined in the Notice of Default and Notice of Termination of Contract, if necessary, and
 - d. Monitor and assist the Licensing Specialist with any needs related to the contract termination;
4. Participate in discussion with the RLU Manager, the DCS Deputy Director of Child Welfare Services or designee, and the Deputy Director of Purchasing and Pricing or designee to determine if DCS will complete a final facility audit; and
5. Staff with the RLU Manager throughout the contract termination process, as needed.

The RLU Manager will:

1. Provide notification to the DCS Deputy Director of Child Welfare Services or designee regarding the identified noncompliance issue(s) discovered and continue communication throughout the contract termination process;
2. Request DCS legal consultation to determine next steps;
3. Participate in consultation with the Licensing Specialist Supervisor, Deputy Director of Child Welfare Services or designee, and DCS legal team to collectively make a recommendation regarding the facility's contract;
4. Participate in discussion with the Licensing Specialist Supervisor, DCS Deputy Director of Child Welfare Services or designee, and the Deputy Director of Purchasing and Pricing or designee to determine if DCS will complete a final facility audit;
5. Complete the following upon a decision to terminate the facility'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 facility will be doing with the records associated with the terminating contract,
 - b. Inform the following DCS Deputy Directors of the decision to terminate the facility's contract to begin the notification process, and determine who will notify the appropriate DCS staff:
 - 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.
6. Monitor and support the RLU, as needed, throughout the contract termination process.

Note: If the residential license is relinquished by the facility, 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 facility's contract and discuss next steps with the RLU;
2. Participate in consultation with the Licensing Specialist Supervisor, RLU Manager, and DCS legal team and collectively make a recommendation regarding the facility's contract;
3. Participate in discussion with the RLU Manager or designee, Deputy Director of Purchasing and Pricing or designee, and the Licensing Specialist Supervisor to determine if DCS will complete a final facility audit;
4. Provide the Notice of Termination of Contract to the DCS Director for final approval and signature upon a decision to terminate the facility's residential contract; and
5. Ensure the RLU and the DCS Contracts Division receive a copy of the Notice of Termination of Contract.

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. Participate in consultation with the Licensing Specialist Supervisor, RLU Manager, and Deputy Director of Child Welfare Services or designee and collectively make a recommendation regarding the facility's contract;;
3. Send a Notice of Default upon a decision to terminate the facility's contract. This notice should include the following:
 - a. Findings,
 - b. Required action by the facility and request for supporting documentation,
 - c. Timeframe for facility's response, and
 - d. DCS contact information to send supporting documentation.
4. Continue communication with the facility and the RLU throughout the cure of breach process;
5. Review the response with the RLU and the Deputy Director of Child Welfare Services or designee upon receipt of a response from the facility and determine if the action taken by the facility is satisfactory:
 - a. The DCS legal team will allow for additional time, request further corrective action, or continue with the contract termination process and send a Notice of Termination of Contract to the facility if the action is not deemed satisfactory, or
 - b. The breach will be cured and the contract will remain in effect with or without further supervision from the RLU if the action taken by the facility is deemed satisfactory.

The DCS Director will:

1. Review the Notice of Termination of Contract;
2. Provide final approval by signing the Notice of Termination of Contract to terminate the facility's residential contract; and
3. Provide the signed Notice of Termination of Contract to the DCS legal team.

Facility Requests to Terminate Residential Contract

Upon notification or receipt of a request to terminate the contract from the facility, the process of determining whether to allow for the termination of the contract will begin.

The Licensing Specialist will:

1. Ensure the Licensing Specialist Supervisor and RLU Manager are aware of the facility's request to terminate its contract;

2. Review the facility's request to determine steps the facility 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 the request for termination is granted;
3. Staff with the Licensing Specialist Supervisor, as needed, throughout the contract termination evaluation process; and
4. Upload all communication and documentation regarding the contract termination in the case management system.

The Licensing Specialist Supervisor will:

1. Staff with the Licensing Specialist, as needed, throughout the contract termination evaluation process;
2. Participate in consultation with the DCS legal team, Deputy Director of Child Welfare Services or designee, and RLU Manager to determine next steps, which may include:
 - a. Monitoring the facility's progression throughout the contract termination evaluation process, and
 - b. Assisting the Licensing Specialist with any needs related to the contract termination if the 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 facility 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 facility's request to terminate its contract and continue communication with the legal team throughout the evaluation process;
2. Participate in consultation with the DCS legal team, Deputy Director of Child Welfare Services or designee, and Licensing Specialist Supervisor to determine next steps, which may include:
 - a. Monitoring the facility's progression throughout the contract termination evaluation process, and
 - b. Assisting the Licensing Specialist with any needs related to the contract termination if the request to terminate was granted by DCS.
3. Notify the Assistant Deputy Director of Purchasing and Pricing or designee of the date the contract will terminate, whether a final facility audit will need to be conducted, and what the facility will be doing with the records associated with the terminating contract;
4. Inform the following DCS Deputy Directors of the facility'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.
5. Consult with field staff and the facility, as needed throughout the contract termination process;
6. 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 Licensing Specialist Supervisor to determine if DCS will complete a final facility audit; and

7. Monitor and support the RLU, as needed, throughout the contract termination evaluation process.

Note: If the residential license is relinquished by the facility, IDOH and IDHS (i.e., fire marshal) must be notified.

The DCS Deputy Director of Child Welfare Services or designee will:

1. Review documentation regarding the facility'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 facility's voluntary contract termination request; and
4. Participate in discussion with the RLU to determine if DCS will complete a final facility audit.

The DCS legal team will:

1. Review the facility's written request for contract termination and work with the RLU and DCS Deputy Director of Child Welfare Services or designee to determine next steps;
2. Provide a response to the facility, which includes:
 - a. Reason for termination of contract,
 - b. Date contract termination becomes effective,
 - c. Notification that the facility 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 final facility audit, as deemed necessary.
3. Review a residential contract request from a facility that has previously requested to terminate its contract early and determine if the facility should receive a new residential contract.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- Notice of Default of Contract – Available from the RLU
- Notice of Termination of Contract – Available from the RLU

Related Policies

- [8.38 Placement Changes](#)
- [17.07 Residential License Revocation](#)

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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](#)

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PRACTICE GUIDANCE- DCS POLICY 17.09

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 17: Residential Licensing

Section 10: Root Cause Analysis

Effective Date: November 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

When a sentinel event or near miss occurrence takes place in an Indiana Department of Child Services (DCS) licensed residential facility, it is imperative the facility gains a clear understanding of what occurred and why. To improve child safety and outcomes, the facility must complete a root cause analysis to develop, implement, and adjust systems, programs, policies, and practices to address identified issues and prevent reoccurrence. A root cause analysis must be completed with all sentinel events and may be requested to be completed due to a near miss occurrence depending on the severity.

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PROCEDURE

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 Licensing Specialist will:

1. Notify the Residential Licensing Unit (RLU) Manager upon learning about the possible occurrence of a sentinel event or near miss ;
2. Participate in discussions with the RLU Manager and Residential Clinical Services Specialist (CSS) to determine whether a root cause analysis will be required;
3. Contact the licensed residential facility to schedule a date for completion upon a decision to require a root cause analysis;
4. Provide guidance to the licensed residential facility, as needed, throughout the root cause analysis process;
5. Provide the completed root cause analysis to the RLU Manager and Residential CSS upon receipt from the facility;
6. Collaborate with the RLU Manager and Residential CSS 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 in the case

- management system; 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 Residential CSS will:

1. Participate in discussions with the Licensing Specialist and RLU Manager regarding the sentinel event or near miss occurrence, and make a recommendation regarding whether requirement of a root cause analysis is appropriate;
2. Review the completed root cause analysis, if applicable, 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 Licensing Specialist and RLU Manager 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 RLU Manager will:

1. Facilitate discussions with the Licensing Specialist and Residential CSS to determine whether a root cause analysis will be required;
2. Assist and provide guidance to the Licensing Specialist and Residential CSS, as needed, with the completion of all requirements; and
3. Ensure all decisions and actions taken, including any deviation from best practice, are documented appropriately in the case management system.

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RELEVANT INFORMATION

Definitions

Near Miss Occurrence

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 unanticipated event in an Emergency Shelter or Child Caring Institution that results in the death or serious physical or psychological injury to a child, not related to the natural course of the child's illness.

Forms and Tools

- [Framework for Root Cause Analysis and Corrective Actions](#)

Related Policies

- [17.11 Annual Review for Licensed and/or Contracted Agencies](#)

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LEGAL REFERENCES

N/A

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PRACTICE GUIDANCE- DCS POLICY 17.10

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.

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 17: Residential Licensing Section 11: Annual Review for Licensed and/or Contracted Agencies	
Effective Date: July 1, 2022	Version: 1

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Department of Child Services (DCS) conducts an annual review of residential facilities that are licensed and/or contracted with the state of Indiana to ensure compliance with the Indiana Administrative Code (IAC), Indiana Code (IC), and DCS policies and contracts. The ability to ensure optimal child health, safety, and well-being are key factors when reviewing a residential facility's level of compliance.

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PROCEDURE

The DCS Residential Licensing Unit (RLU) will conduct an annual review of each licensed and/or contracted residential facility which consists of both a programmatic and clinical portion.

Note: The clinical portion of the annual review applies only to a licensed residential facility which is contracted with DCS.

Prior to the Review

The Residential Licensing Specialist (RLS) will:

1. Email the agency (with read receipt) the following scheduling letters approximately 90 calendar days prior to the scheduled review:
 - a. Notice of Background Check Review, and
 - b. Notice of Annual Contracted Residential Review, or
 - c. Notice of Non-Contracted Residential Review, or
 - d. Notice of Comprehensive Contracted Residential Review.
2. Review required documents in the case management system to determine if additional documentation is needed.

Note: See the Vendor Profile Attachments Provider Quick Start Guide for more information and guidance for the agency regarding uploading attachments to the case management system.

3. Within one (1) week of scheduled review, assess the employee and resident lists provided by the agency, choose file sampling based on size of agency and number of sites, and notify agency of file sample;
4. Review the previous year's license review documents; and
5. Discuss any specific concerns and/or needs with the RLS Supervisor or other members of RLU, as needed.

During the Review

The RLS will:

1. Meet with the agency administrator or designee to review documents and discuss the review process, as needed;
2. Start a file review by completing the following:
 - a. Check approval by the Indiana Department of Health (IDOH), Fire Marshall, Health Program, Food/Nutrition Program, and Sanitation, and
 - b. Check the facility's waivers and/or variances. See policy 17.05 Residential Licensing Waiver and Variance for additional information.
3. Conduct a building and grounds tour and observe agency programming;
4. Complete interviews with agency staff, residents, and/or other identified stakeholders (e.g., Court Appointed Special Advocate [CASA] or Guardian Ad Litem [GAL]; placing agency; and/or parent, guardian, or custodian);
5. Complete a review of agency files;
6. Follow-up with any outstanding questions and ensure completion of the following documents:
 - a. Background Check Review Form(s),
 - b. Background Check Review Summary, and
 - c. Relevant staffing form(s):
 - i. Residential Licensing – Private Secure Facility (PSF) Staffing;
 - ii. Residential Licensing – Group Home (GH) Staffing; and/or
 - iii. Residential Licensing – Child Caring Institution (CCI) Staffing.
7. Discuss the outcome and any questions/concerns with the other RLU members and collect team member's notes, if applicable;
8. Document findings and complete scoring on the appropriate Review Tool (i.e., contracted, non-contracted, Emergency Shelter Care [ESC] only, annual, or comprehensive); and

Note: For facilities who are designated as Qualified Residential Treatment Programs (QRTPs), the RLU will assess compliance to QRTP standards.

9. Conduct an Exit Meeting with facility leadership to discuss the scoring of the review and any strengths or concerns (including a Plan of Correction [POC], if applicable).

For a Review with POC Findings

Refer to policy 17.13 Review for Licensing Action for additional required steps.

For a Review without POC Findings

The RLS will complete all steps above and:

1. Complete all applicable items on the Review Tool using all notes;
2. Complete Background Check Review Form(s) and Background Check Review Summary;
3. Send the following to the RLS Supervisor:
 - a. Completed Review Tool,
 - b. Background Check Review Form(s), and
 - c. Background Check Review Summary.
4. Upon RLS Supervisor approval, send the completed Review Tool and completion email to the facility; and
5. Upload review documentation to the case management system.

The RLS Supervisor will:

1. Guide and support the RLS throughout the Annual Licensing Review, as needed;
2. Review all applicable documents sent from the RLS; and
3. Sign the applicable documents and return the documents to the RLS, upon approval.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- Annual Review Tool – Available from RLU
- Background Check Review Form – Available from RLU
- Background Check Review Summary – Available from RLU
- Completion Letter – Available from RLU
- Comprehensive Review Tool – Available from RLU
- Contracted Agency Review Tool – Available from RLU
- ESC Only Review Tool – Available from RLU
- Non-contracted Agency Review Tool – Available from RLU
- Notice of Annual Contracted Residential Review – Available from RLU
- Notice of Non-Contracted Residential Review – Available from RLU
- Notice of Comprehensive Contracted Residential Review – Available from RLU
- Notice of Background Check Review – Available from RLU
- [Residential Licensing – Child Caring Institution \(CCI\) Staffing \(SF57092\)](#)
- [Residential Licensing – Group Home \(GH\) Staffing \(SF57091\)](#)
- [Residential Licensing – Private Secure Facility \(PSF\) Staffing \(SF57090\)](#)
- [Vendor Profile Attachments Provider Quick Start Guide](#)

Related Policies

- [17.05 Residential Licensing Waiver and Variance](#)
- [17.13 Review for Licensing Action](#)

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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](#)
- [42 USC 671 State plan for Foster Care and Adoption Assistance](#)

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PRACTICE GUIDANCE – DCS POLICY 17.11

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 17: Residential Licensing

Section 12: Relicensure Application Process

Effective Date: July 1, 2022

Version: 1

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

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. Relicensure is conducted to ensure the applicant continues to meet all regulations and requirements and continues 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.

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PROCEDURE

DCS requires relicensure of all licensed residential facilities every four (4) years. The DCS Residential Licensing Unit (RLU) requires an applicant seeking relicensure as a Child Caring Institution (CCI), Private Secure Facility (PSF), or Group Home (GH) to submit a standardized list of documentation. In addition, qualified background checks must be completed prior to the date of license expiration for all employees, contractors, and volunteers who work at the facility under the license. The RLU will also consider results of an annual on-site review. However, this on-site review may not occur at the same time as relicensure. See policy 17.11 Annual Licensing Review for additional information regarding the annual on-site review as well as policies 13.01 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agencies and 13.02 Evaluation Background Checks for Licensed Residential Facilities and Child Placing Agencies for additional information.

Note: If the need for a Plan of Correction (POC) arises during the relicensure process, see policy 17.13 Review for Licensing Action for further guidance.

The Residential Licensing Specialist (RLS) will:

1. Email the facility (with read receipt) notice of relicensure one (1) year prior to the date on which the facility's license expires. The following forms and information should be included with the notice:
 - a. 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 (hereafter referred to as "Application"),
 - b. Application for Private Secure Facility, Child Caring Institution, or Group Home Waiver/Variance. See policy 17.05 Waivers and Variances for additional information, and
 - c. Information regarding the need to upload the completed Application and any required documentation which has changed since the Initial Licensing Process or the most recent Relicensure to KidTraks. The facility may access a list of required

documentation via KidTraks. See policy 17.01 Initial Licensing Process for additional Information regarding the initial licensing process.

Note: All required documents should be uploaded to KidTraks six (6) months prior to the date of the facility's license expiration.

2. Review the application in KidTraks and utilize the Relicensure Application Review Checklist to verify that all required documents are uploaded to KidTraks;
3. Notify the facility if the Application is deficient and/or any facility policies fail to meet requirements as outlined by Indiana Administrative Code (IAC), and ask the facility to make corrections and re-upload the corrections to KidTraks;
4. Complete the Qualified Residential Treatment Program (QRTP) verification process if the facility is contracted and has QRTP designation. See policy 17.03 Verification of QRTP Designation for further guidance;
5. Upload the completed Application to the case management system upon receipt;
6. Email the RLS recommendation to the RLS Supervisor and attach the Relicensure Application Review Checklist following verification the documentation is complete; and
7. Send a Portable Document Format (PDF) of the license to the facility with instructions for displaying the license in a common location following approval of the relicensure.

The RLS Supervisor will:

1. Guide and assist the RLS as needed throughout the relicensure process;
2. Review the Application, the Relicensure Application Review Checklist, and the RLS recommendation and submit to the Residential Licensing Unit (RLU) Manager for approval or denial;
3. Complete approval of the relicensure in the case management system if the RLU Manager approves the relicensure;
4. Notify the RLS of the decision regarding relicensure; and
5. Ensure a PDF of the license is sent to the facility.

The RLU Manager will:

1. Review the Application, the Relicensure Application Review Checklist, and the RLS recommendation upon receipt from the RLS Supervisor;
2. Decide regarding the facility's relicensure; and
3. Notify the RLS Supervisor of the decision via email.

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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 \(SF 45158\)](#)
- [Application for Private Secure Facility, Child Caring Institution, or Group Home Waiver/Variance \(SF 57073\)](#)
- Background Check Sheet – Available from RLU

- Relicensure Application Review Checklist – Available from RLU
- [Residential Licensing – Child Caring Institution \(CCI\) Staffing \(SF 57092\)](#)
- [Residential Licensing – Group Home \(GH\) Staffing \(SF 57091\)](#)
- [Residential Licensing – Private Secure Facility \(PSF\) Staffing \(SF 57090\)](#)

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](#)
- [17.05 Waivers and Variances](#)
- [17.13 Review for Licensing Action](#)

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LEGAL REFERENCES

- [IC 31-27-3 Regulation of Child Caring Institutions](#)
- [IC 31-27-5 Regulation of Group Homes](#)
- [IC 31-27-6 Regulation of Child Placing Agencies](#)
- [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](#)


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PRACTICE GUIDANCE – DCS POLICY 17.12

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 17: Residential Licensing Section 13: Review for Licensing Action	
	Effective Date: July 1, 2022	Version: 1

- [Procedure](#)
- [Definitions](#)
- [Forms and Tools](#)
- [Related Policies](#)
- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) Residential Licensing Unit (RLU) conducts a review of concerns for the safety of children receiving treatment from a licensed residential facility and/ or any facility noncompliance with Indiana Code (IC), Indiana Administrative Code (IAC), DCS Policies, and/or the facility's contract, if applicable. This review may be in addition to regularly scheduled annual and relicensure reviews. The review may result in the requirement for a Plan of Correction (POC) which is intended to ensure the safety of youth receiving treatment at the facility.

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PROCEDURE

The DCS RLU may receive information regarding concerns for a licensed and/or contracted residential facility from sources including, but not limited to:

1. Annual or Relicensure Review. See policies 17.11 Annual Licensing Review and 17.12 Relicensure for additional information;
2. Background Check Review;
3. Institutional Child Protective Services (ICPS) unit investigations. See policy 4.30 Institutional Child Protection Services (ICPS) Unit Investigations for additional information;
4. Preliminary Report of Alleged Institutional Child Abuse or Neglect (310A), which has been screened out. See policy 3.06 Recommending Child Abuse and/or Neglect Reports for Screen-Out for additional information;
5. Complaint from another agency (e.g., child placing agency, Indiana Department of Health [IDOH], or the Court);
6. Incident Reports, including critical incidents (See Relevant Information for definitions);
or
7. Root Cause Analysis. See policy 17.10 Root Cause Analysis and Relevant Information for additional information.

The DCS RLU will require a licensed residential facility to submit a POC for issues of noncompliance with IC, IAC, and/or DCS Policies which are found to be an immediate threat, potential risk, or which directly or indirectly impact children. The POC will be required within the following timeframes:

1. Ten (10) calendar days from the date of notification to the facility for any issues arising from:
 - a. Background Checks,
 - b. Potential Risk Rating or occurrence from any review,
 - c. ICPS Unit Investigation resulting in designation of a high risk which has a significant

impact on the health, safety, or well-being of a child, or
d. Root Cause Analysis.

2. Thirty (30) calendar days from the date of notification to the facility for any issues arising from:
 - a. Non-Immediate Risk Rating or occurrence from any review, or
 - b. ICPS Unit Investigation resulting in designation of a non-immediate risk which does not have a significant impact on the health, safety, or well-being of a child.

The Residential Licensing Specialist (RLS) will:

1. Review all concerns regarding a licensed residential facility, following observation or receipt from any source;
2. Discuss concerns with the RLS Supervisor to determine if a POC is appropriate and the timeframe in which the POC must be submitted;
3. Complete the POC Request form. The form should include:
 - a. Information including the noncompliance issue,
 - b. Date the POC is due, and
 - c. Required POC components.
4. Send the completed POC Request form to the residential facility;
5. Review the POC upon receipt from the residential facility to ensure it fully addresses the identified noncompliance;
6. Staff with the RLS Supervisor and obtain approval for the POC;

Note: If the POC is not approved, contact the facility's administrator to request revisions within an agreed upon timeframe.

7. Upon approval of the RLS Supervisor, provide the signed POC Request form to the facility's administrator; and
8. Upload all review documentation to the case management system.

The RLS Supervisor will:

1. Discuss any concern regarding a licensed and/or contracted residential facility with the RLS;
2. Guide and assist the RLS in completing all required duties, as needed;
3. Make a final determination regarding any POC submitted by a facility; and
4. Once a POC is determined to be approved, sign the POC Request form and return it to the RLS.

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RELEVANT INFORMATION

Definitions

Assault: Resident on Resident

Any action initiated by a youth upon another youth (also referred to as a resident) in which there was physical contact with an apparent intent to harm the other youth.

Assault: Resident on Staff

Any action initiated by a youth upon a staff member in which there was physical contact **with apparent intent to harm the staff member**.

Attempted Suicide

Any action initiated by a youth to harm themselves with the intent of committing suicide.

Discharge Against Placing Agency Recommendation

Any instance where a youth is removed from the facility against the Placing Agency's recommendations.

Elopement

Any instance in which a youth **leaves the facility property** (including transport vehicles) and is **without staff supervision** (for any length of time) without permission.

Inappropriate Sexual Behavior

Any confirmed sexual behavior by a youth or staff member, involving another youth, consensual or otherwise same or opposite sex.

Medication Error

Any event that may cause or lead to inappropriate or inaccurate medication use. Medication errors may include the following: incorrect medication, incorrect youth, incorrect dosage, administration errors, incorrect time, omission (confirmed or suspected due to missing documentation), a youth with a known allergy to ordered medication, failure to document a medication refused by a youth, or transcription error.

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).

Physical Illness

Any **serious** physical illness is any illness that requires outside medical intervention. This definition does not include common childhood illnesses, such as colds, flu, diarrhea, vomiting, etc. This definition does include symptoms like serious allergic reactions, seizures, persistent diarrhea or vomiting, failure to gain weight, infectious conditions (e.g., Pink Eye), or other conditions that precipitate referral to a medical provider.

PRN (As Needed) Order for Psychotropic Medication

Any instance when a youth is given a psychotropic medication on an as needed basis, per the contractual requirements.

Restraint

A special treatment, procedure, or intervention in an emergency situation that uses physical, personal, or mechanical measures to limit or restrict movement of a youth **for any length of time**. A restraint is **used only as a last resort** when there is imminent risk of a youth physically harming themselves or others and **after** all nonphysical interventions have failed, or when safety issues demand an immediate physical response (e.g., Youth running into a busy street).

This definition does not apply to common physical interactions with a youth that are brief; and intent on redirection or hands-on intervention to cease fighting; or holding a youth's hand to safely escort away from a scene of disruption.

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.

Seclusion

A special treatment procedure or intervention that confines a youth to a safe, monitored room or area from which a youth is physically prevented from leaving, in order to prevent injury to self or others.

Self-Inflicted Injury

Any action initiated by a youth to harm themselves which results in injury, regardless of severity, but without the intent to commit suicide.

Sentinel Event

A sentinel event is any unanticipated event in an Emergency Shelter or Child Caring Institution that results in the death or serious physical or psychological injury to a child, not related to the natural course of the child's illness.

Stat Order (On an Emergency Basis) for Psychotropic Medication

Any instance when a youth is given a psychotropic medication on an emergency basis, ordered for one-time administration, as per the facility's contractual requirements.

Suicide

Any action initiated by a youth resulting in self-inflicted death.

Forms and Tools

- POC Request – Available from RLU
- [Preliminary Report of Alleged Institutional Child Abuse or Neglect \(310A\) \(SF 49549\)](#)

Related Policies

- [3.06 Recommending Child Abuse and/or Neglect Reports for Screen-Out](#)
- [4.30 Conducting Institutional Investigations by the ICPS Unit](#)
- [17.10 Root Cause Analysis](#)
- [17.11 Annual Review for Licensed and/or Contracted Agencies](#)
- [17.12 Relicensure Application Process](#)

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LEGAL REFERENCES

- [IC 31-27-5 Regulation of Group Homes](#)
- [IC 31-27-6 Regulation of Child Placing Agencies](#)
- [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](#)

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PRACTICE GUIDANCE – DCS POLICY 17.13

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 17: Residential Licensing

Section 14: Institutional Reports

Effective Date: July 1, 2022

Version: 1

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

For the investigation of institutional reports to determine if Child Abuse and/or Neglect (CA/N) of a child occurred, see policy 4.30 Conducting Institutional Investigations by the Institutional Child Protection Services (ICPS) Unit.

All institutional reports concerning an Indiana Department of Child Services (DCS) licensed residential facility are reviewed by the DCS Residential Licensing Unit (RLU) to determine possible licensing and contractual noncompliance within the facility.

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PROCEDURE

The DCS RLU receives each Preliminary Report of Alleged Institutional Child Abuse or Neglect (310A) that is associated with a DCS licensed residential facility, including any report that is screened out. See Practice Guidance for additional information regarding the differences in roles between the RLU and the Institutional Child Protection Services (ICPS) Unit.

Upon receipt of a 310A, the Licensing Specialist will:

1. Review the 310A to determine for possible licensing noncompliance (e.g., staff actions that result in injury to a child, environmental safety risks, staffing ratios);
2. Discuss with the Licensing Specialist Supervisor, as necessary;
3. Contact the ICPS Family Case Manager (FCM), if the 310A is screened in, to determine the status of the investigation;

Note: For screened in investigations, the Licensing Specialist and the ICPS FCM work together. For screened out reports, the Licensing Specialist works independently.

4. Request additional information from the facility (i.e., documentation specific to the incident), if applicable;
5. Discuss the 310A and any information gathered by the Licensing Specialist, including information gathered during an investigation of child abuse and/or neglect (CA/N) by the ICPS FCM, if appropriate, with the RLU Supervisor to determine next steps;
6. Staff the 310A and any information gathered by the Licensing Specialist with the DCS legal team, Residential Clinical Consultant, RLU Supervisor, and/or the RLU Manager, as necessary, to make a final determination;
7. Inform the facility of the RLU findings and steps to be taken by the facility, if applicable. See policy 17.13 Review for Licensing Action for additional guidance; and
8. Document all information gathered and actions taken in the case management system.

Upon receipt of a 310A, the RLU Supervisor will:

1. Review the 310A with the Licensing Specialist and provide guidance throughout the investigation, as needed; and
2. Staff the 310A and any information gathered by the Licensing Specialist with the DCS legal team, RLU Clinical Services Specialist (CSS), and/or the RLU Manager to make a final determination, as needed.

The DCS legal team, CSS, and/or the RLU Manager will staff with the Licensing Specialist to provide additional guidance, as needed.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Preliminary Report of Alleged Institutional Child Abuse or Neglect \(310A\) \(SF 49549\)](#)

Related Policies

- [4.30 Conducting Institutional Investigations by the ICPS Unit](#)

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LEGAL REFERENCES

- [IC 31-27-2-6: Investigation of complaints](#)
- [IC 31-27-3-29: Investigations of noncompliance; injunction, corrective action plans, removal of children, informal meetings](#)

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PRACTICE GUIDANCE – DCS POLICY 17.14

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.

Roles of RLU and ICPS

The roles of the RLU and the ICPS Unit are different. The RLU determines if a licensing or noncompliance issue has occurred; while the ICPS Unit determines if CA/N has occurred. Even when an ICPS report is screened out or the assessment is unsubstantiated, the RLU remains responsible for assessing the evidence specific to the facility's license and/or noncompliance with their contract.

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INDIANA DEPARTMENT OF CHILD SERVICES	
CHILD WELFARE POLICY	
Chapter 17: Residential Licensing	
Section 15: Visits to DCS-Licensed Residential Facilities	
Effective Date: February 1, 2023	Version: 1

- [Procedure](#)
- [Forms and Tools](#)
- [Legal References](#)
- [Definitions](#)
- [Related Policies](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The Indiana Department of Child Services (DCS) Residential Licensing Unit (RLU) conducts announced and unannounced on-site visits at all licensed residential facilities to ensure the safety of children receiving residential treatment and to monitor compliance with applicable standards, statutes, and rules.

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PROCEDURE

The RLU will conduct announced and unannounced on-site visits at all residential facilities licensed to operate as one (1) of the following:

1. Child Care Institution (CCI) under 465 IAC 2-9;
2. CCI defined as Emergency Shelter Care under 465 IAC 2-10;
3. Private Secure (PS) Care Institution under 465 IAC 2-11;
4. Group Home (GH) under 465 IAC 2-12; or
5. Emergency Shelter Care GH under 465 IAC 2-13.

The RLU will conduct announced on-site visits at all licensed residential facilities on an ongoing basis, including during annual reviews (see policy 17.11 Annual Review for Licensed and/or Contracted Agencies). The RLU will also conduct unannounced on-site visits at all licensed residential facilities **at least one (1) time each quarter**.

Exception: On-site visits may be increased to **at least one (1) time each month** if the RLU determines a need exists for increased visits based on observations and reported concerns. The duration of monthly on-site visits will be determined by the RLU. The DCS RLU will conduct unannounced on-site visits **at least one (1) time each week** at any licensed residential facility currently on a referral hold until the referral hold is lifted (see policy 17.08 Referral Holds).

In accordance with IC 31-27-2-5, the Residential Licensing Specialist (RLS) will observe all areas of the residential facility and its campus that DCS deems necessary, in its sole discretion, to ensure child safety and monitor compliance with all licensing standards and requirements and may include:

1. A tour of the building and grounds (e.g., children’s bedroom, living space, playground);
2. Observation of facility programming;
3. Review of records (e.g., incident reports, environment of care [EOC] documentation, child and personnel records);

4. Interviews with children and/or personnel (see Practice Guidance);
5. Photographing observed areas of the facility and grounds; and

Note: The RLS will take photographs at a residential facility during an on-site visit to document noncompliance and/or safety hazards (e.g., broken furniture, exposed wiring) and/or any positive features of the facility (e.g., safety features, improvements to the environment), if applicable.

6. Report any new allegations of Child Abuse or Neglect (CA/N) to the DCS Child Abuse Hotline (Hotline) and make any other notifications as needed (e.g., Indiana Department of Health (IDOH), Indiana Department of Homeland Security (IDHS) [Fire Marshal]); and

Note: The RLS will remain at the facility until any immediate safety concerns related to the health and wellbeing of children have been remedied, safety is ensured, or a plan has been made to ensure safety.

7. Review of findings with the facility personnel.

After the on-site visit, the RLS will:

1. Complete the Residential Licensing Visit form and provide the form and any photographs taken during the visit to the RLS Supervisor by uploading the information to the case management system within three (3) business days of the visit; and
2. Discuss any noncompliance with the RLS Supervisor.

The RLS Supervisor will:

1. Review all submitted information from the visit with the RLS; and
2. Determine whether additional action is needed regarding noncompliance (see policies 17.07 License Revocation, 17.08 Referral Holds, 17.09 Termination of Residential Contract, and 17.13 Review for Licensing Action for additional information).

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RELEVANT INFORMATION

Definitions

Referral Hold

A referral hold is a process by which an agency may not accept any new referrals from DCS until all identified noncompliance is corrected, including but not limited to child safety, statutory noncompliance, code violation, and/or contract noncompliance.

Forms and Tools

- Residential Licensing Visit Form – Available from the RLU
- [DCS Residential Treatment Services Provider Contract](#)

Related Policies

- [17.07 License Revocation](#)
- [17.08 Referral Holds](#)
- [17.09 Termination of Residential Contract](#)
- [17.11 Annual Review for Licensed and/or Contracted Agencies](#)
- [17.13 Review for Licensing Action](#)

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LEGAL REFERENCES

- [IC 31-27-2-5 Monitoring of licensed entities](#)
- [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](#)

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PRACTICE GUIDANCE- DCS POLICY 17.15

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.


Residential Licensing Interviews

Interviews during a residential licensing visit should take place in a location of the facility that provides privacy for the child or personnel being interviewed. Prior to conducting the interview, the Residential Licensing Specialist (RLS) should explain the purpose of the interview.

Interviews with children and personnel are conducted one-on-one by the RLS and are focused on the child's treatment at the facility and may include questions about the following:

1. Child's safety;
2. Treatment components (e.g., therapy, case management);
3. Daily programming;
4. Child and personnel interactions;
5. Environment of care;
6. Family involvement/engagement;
7. Education;
8. Recreational/social activities; and/or
9. Health and well-being.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 18: Licensing of Child Placing Agencies	
	Section 01: Initial Licensing Process	
	Effective Date: August 1, 2022	Version: 1

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The initial licensing process prepares an applicant to fulfill all regulations and requirements for a Licensed Child Placing Agency (LCPA), 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 about the ways in which the agency will provide foster care services and/or adoption related services.

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PROCEDURE

The DCS LCPA Licensing Unit partners with an agency seeking licensure as an LCPA to provide guidance throughout the licensing process. A standardized list of documentation is required for submission by the applicant for consideration of licensure.

The Licensing Specialist will:

1. Review the LCPA Licensing Inquiry form or request completion of the form during initial contact with the interested individual or agency;
2. Conduct pre-screening with the interested individual or agency to discuss the licensing process and requirements, gather additional information, and advise of next steps;
3. Verify the interested individual or agency has an executive director who meets IAC requirements;

Note: Verification is completed through a review of the applicant's original school transcripts and resume. See IAC 465 2-2-6 for more information regarding personnel qualifications.

4. Provide the schedule and registration details for the LCPA New Agency Training to the interested individual or agency;

Note: In order to complete initial licensure, the applicant is required to attend the LCPA New Agency Training provided by the LCPA Licensing Unit.

5. Email the LCPA New Agency Training Evaluation Form and certificate of attendance to the applicant following attendance to the LCPA New Agency Training;

6. Email the applicant the Application for a License to Operate a Child Placing Agency (LCPA) within five (5) business days of receiving the training evaluation form;
7. Review the Application for a License to Operate a Child Placing Agency (LCPA) completed by the applicant for accuracy and provide the application form to the LCPA Licensing Manager for approval;

Note: The Application for a License to Operate a Child Placing Agency (LCPA) must be completed accurately by the applicant and accepted by DCS in order to proceed with the initial licensing process. The LCPA Licensing Unit should maintain regular contact with the applicant until the form is accepted. The pending application form is valid for 12 months and a new application must be completed if not accepted by DCS.

8. Upload qualifications of the Executive Director and approved Application for a License to Operate a Child Placing Agency (LCPA) into the case management system;
9. Provide the applicant the LCPA Initial Licensure Application Review Checklist, LCPA Staffing Form, and Master Employee List Template once the Application for a License to Operate a Child Placing Agency (LCPA) is accepted;

Note: LCPAs who seek to provide foster care services to DCS and/or probation involved youth must be contracted with DCS.

10. Ensure that the applicant provides all documentation listed on the LCPA Initial Licensure Application Review Checklist for the selected service type:
 - a. LCPA Initial Licensure Application Review Checklist – Foster Care (FC) Services Only,
 - b. LCPA Initial Licensure Application Review Checklist – Adoption Services Only, or
 - c. LCPA Initial Licensure Application Review Checklist – FC and Adoption Services.
11. Provide the applicant the required documentation to become a DCS vendor once the Application for a License to Operate a Child Placing Agency (LCPA) is accepted:
 - a. W-9 Request for Taxpayer Identification Number and Certification,
 - b. Automated Direct Deposit Authorization Agreement,
 - c. Information Systems Access and Use Agreement KidTraks User Agreement, and
 - d. Vendor Profile Attachments Provider Instructions and Provider Quick Start Guide.

Note: The documentation required for initial licensure must be provided to DCS by uploading materials to KidTraks, and the applicant must be established as a DCS vendor to access KidTraks. Once given KidTraks access, the applicant is able to upload all documentation listed on LCPA Initial Licensure Application Review Checklist using the Vendor Profile Attachments Provider Instructions and Provider Quick Start Guide.

12. Contact the DCS Central Office Background Check Unit (COBCU) to request the applicant be registered for fingerprints;
13. Support the applicant, as needed, in gathering and uploading the required documentation for initial licensure to KidTraks;
14. Begin review of all required initial licensing application documentation upon notification from the applicant that all required documentation has been submitted;
15. Complete review of initial licensing application documentation using the LCPA Initial Licensure Application Review Checklist. Maintain communication with the applicant regarding any requirements which have not been met and a plan for any needed follow-up;

16. Provide information regarding the rate setting process, if the applicant wishes to pursue a DCS contract to provide LCPA services, which allows services to be provided to DCS and probation involved families. See policy 18.12 Rate Setting for additional guidance;
17. Notify the applicant to obtain background checks for the Executive Director and any employees. See policies 13.01 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agencies, 13.02 Evaluating Background Checks for Licensed Residential Agencies and Child Placing Agencies, and 13.15 Fingerprint-Based Checks for additional guidance;

Note: Documentation of background checks will be reviewed during the Initial Site Review.

18. Schedule and conduct the Initial Site Review within 30 calendar days of approving all required initial licensing documentation and notification by the applicant that the agency is ready to begin operation;

Note: The LCPA Licensing Unit will conduct an Initial Site Review of each office location using the Initial Site Review Checklist and notify the applicant of the findings. See policy 18.02 Initial Site Review and 465 IAC 2-2-7 for more information regarding requirements for LCPA office space and equipment.

19. Provide all findings once the LCPA Initial Licensure Application Review Checklist and Site Review are completed, including a final recommendation for licensure, to the LCPA Licensing Manager. Recommendations for initial licensure may include:
 - a. Approve,
 - b. Deny, or
 - c. Incomplete.

Note: IC 31-27-6-4 requires the return of incomplete applications. The return of an incomplete application is without prejudice (i.e., the applicant may reapply). If the application is denied, see policy 18.04 Licensing Denials for additional guidance.

20. Upload LCPA Initial Licensure Application Review Checklist and Initial Site Review Checklist into the case management system; and
21. Consult with the LCPA Licensing Manager as needed.

The LCPA Licensing Manager will:

1. Guide, support, and consult with the Licensing Specialist through the initial licensing process, as needed;
2. Create agency resource in the case management system;
3. Review all applicable documents;
4. Review the final recommendation;
5. Make a final determination based on all findings during the initial licensing process;
6. Update the case management system based on the final determination regarding licensure.
7. Notify the Licensing Specialist of the decision to license;
8. Approve the license in the case management system once all requirements are met;
9. Email a PDF of the license to the LCPA Executive Director upon approval of the license; and
10. Notify the DCS Foster Care Team of the new LCPA, if the agency is becoming contracted with DCS to provide foster care services.

Note: The LCPA may begin providing services once it is licensed. The license is valid for four (4) years from its start date and must be relicensed to remain in operation.

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RELEVANT INFORMATION

Definitions

Child placing agency or "CPA"

As defined in IC 31-9-2-17.5 for the purposes of IC 31-27, a CPA means a person that provides child welfare services to children and families, including: (1) home studies, investigation, and recommendation of families for the purpose of placing, arranging, or causing the placement of children for adoption, foster care, or residential care; and (2) supervision of those placements.

Forms and Tools

- [Application for a License to Operate a Child Placing Agency \(LCPA\) \(SF 47106\)](#)
- [Automated Direct Deposit Authorization Agreement \(SF 47551\)](#)
- [Information Systems Access and Use Agreement KidTraks User Agreement \(SF 56798\)](#)
- LCPA Initial Licensure Application Review Checklist – Available from LCPA Licensing Unit
- LCPA New Agency Training Evaluation Form – Available from LCPA Licensing Unit
- LCPA Staffing Form – Available upon request from LCPA Licensing Unit
- [Licensed Child Placing Agency \(LCPA\) Licensing Inquiry \(SF 57094\)](#)
- Master Employee List Template/ Background Check Review Form – Available from LCPA Licensing Unit
- LCPA Licensing email - LcpaLicensing.Dcs@dcs.IN.gov
- [Vendor Profile Attachments Provider Instructions](#)
- [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](#)
- [13.15 Fingerprint-Based Checks](#)
- [18.02 Initial Site Review](#)
- [18.04 Licensing Denials](#)
- 18.12 Rate Setting – Coming Soon

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LEGAL REFERENCES

- [IC 31-9-2-17.5 Child placing agency](#)
- [IC 31-27-6 Regulation of Child Placing Agencies](#)
- [465 IAC 2-2 Licensing of Child Placing Agencies](#)

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PRACTICE GUIDANCE- DCS POLICY 18.01

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.

N/A

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INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY

Chapter 18: Licensing of Child Placing Agencies

Section 02: Initial Site Review

Effective Date: August 1, 2022

Version: 1

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

The process to become a Licensed Child Placing Agency (LCPA) helps to protect the health, safety, treatment, and general well-being of youth served. The initial site review is conducted prior to the decision to issue or deny a license to ensure the child placing agency (CPA) 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.

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PROCEDURE

The DCS LCPA Licensing Unit will conduct an initial site review to ensure an agency seeking licensure as an LCPA is compliant with 465 IAC 2-1.5 and 465 IAC 2-2.

The Licensing Specialist will:

1. Schedule the initial site review after:
 - a. Receiving notification from the applicant that the agency is ready to begin operations, and
 - b. Completing the LCPA Initial Licensure Application Review Checklist. See policy 18.01 Initial Licensing Process for additional information.
2. Confirm the date of the initial site review and send notification to the applicant along with the Master Employee List Template and the LCPA Site Review Tool;
3. Conduct the scheduled initial site review using the LCPA Site Review Tool and Master Employee List Template;

Note: The initial site review will include a tour of each office location to ensure adherence with all IAC regulations (See 465 IAC 2-2-7 Office Space and Equipment for additional information); review of personnel files; inspection of employee background checks; and discussion of findings.

4. Complete the LCPA Site Review Tool 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 with personnel,
 - d. Applicant's overall preparation for licensure, and

- e. Any citations, including references to relevant codes.
5. Discuss findings, next steps, and the licensing recommendation with the applicant and obtain agency signatures on the LCPA Site Review Tool;
6. Complete the Background Check Review Summary and submit it to the LCPA Licensing Manager along with the LCPA Site Review Tool and Master Employee List Template;
7. Follow-up with the applicant regarding any citations, including an additional site review, if needed; and
8. Ensure all required actions are documented appropriately.

The LCPA Licensing Manager will:

1. Guide and assist the Licensing Specialist, as needed, during the site review;
2. Review all applicable documents sent from the Licensing Specialist; and
3. Ensure all required actions, including any deviation from best practice, are documented appropriately.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- Background Check Review Summary – Available from LCPA Licensing Unit
- LCPA Initial Licensure Application Review Checklist – Available from LCPA Licensing Unit
- LCPA Site Review Tool – Available from LCPA Licensing Unit
- Master Employee List Template – Available via KidTraks

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](#)
- [13.15 Fingerprint-Based Checks](#)
- [18.01 Initial Licensing Process](#)

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LEGAL REFERENCES

- [IC 31-27-6 Regulation of Child Placing Agencies](#)
- [465 IAC 2-1.5 Licensing of Foster Family Homes for Children](#)
- [465 IAC 2-2 Licensing of Child Placing Agencies](#)

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PRACTICE GUIDANCE- DCS POLICY 18.02

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 18: Child Placing Agency Licensing

Section 04: Licensing Denials

Effective Date: August 1, 2022

Version: 1

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

Child health, safety, and well-being are key factors when reviewing a Child Placing Agency's (CPA) application for licensure. Indiana Administrative Code (IAC) specifies the requirements to operate a Licensed Child Placing Agency (LCPA). When the agency is unable to meet the requirements of the license, the agency's license may be denied.

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PROCEDURE

The Indiana Department of Child Services (DCS) has the authority to deny an applicant's initial and/or renewed license to operate a CPA. Upon receipt of the submitted Application for Licensure to Operate a Child Placing Agency (Application), the DCS LCPA Licensing Unit will:

1. Follow the initial licensing process, as outlined in policy 18.01 Child Placing Agency Initial Licensing Process;
2. Consult with the DCS attorney advising on licensing and/or the Deputy Director of Child Welfare Services, as necessary, to determine if the applicant meets the requirements for licensure;
3. Make a determination to deny an applicant's license when the applicant fails to meet the requirements of the license, as outlined in IC 31-27-6-3; and
4. Send a Child Placing Agency 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: Upon written request by the applicant, an administrative hearing concerning the denial of the license will be held by the Office of Administrative Law Proceedings (OALP). The applicant must make the request to DCS Hearing and Appeals no later than 30 calendar days after receipt of the written denial letter.

The DCS attorney advising on licensing and the Deputy Director of Child Welfare Services will provide consultation to the LCPA Licensing Unit, upon request.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- [Application for a License to Operate a Child Placing Agency \(LCPA\) \(SF 47106\)](#)
- [Request for Administrative Hearing – Residential License Denial or Revocation \(SF 57115\)](#)

Related Policies

- [18.01 Initial Licensing Process](#)

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LEGAL REFERENCES

- [IC 31-27-6-3: Grounds for denial of license application; waiver](#)
- [IC 31-27-6-8: Denial of license](#)
- [465 IAC 3-3-3 \(j\): Request for hearing](#)

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PRACTICE GUIDANCE – DCS POLICY 18.04

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 18: Licensing of Child Placing Agencies

Section 05: License Revocations

Effective Date: January 1, 2023

Version: 2

- [Procedure](#)
- [Definitions](#)

- [Forms and Tools](#)
- [Related Policies](#)

- [Legal References](#)
- [Practice Guidance](#)

POLICY OVERVIEW

In the interest of child safety and well-being, a Child Placing Agency's (CPA) license may be revoked if the CPA does not follow regulations as mandated by statute, administrative rules, and/or the Indiana Department of Child Services (DCS).

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PROCEDURE

DCS may revoke a CPA's license if sufficient grounds exist. See IC 31-27-6-28 and IC 31-27-6-29 for additional information regarding sufficient grounds for revocation of a license.

The Licensing Specialist will:

1. Ensure the Licensed Child Placing Agency (LCPA) Licensing Manager is aware of concerns regarding the CPA's license;
2. Discuss the concerns with the CPA and request documentation from the CPA regarding the concerns (e.g., agency records, incident reports);
3. Consult with LCPA Licensing Unit regarding the concerns with the CPA's license;
4. Consult with the DCS legal team and the Deputy Director of Child Welfare Services or designee. After considering the advice of the DCS legal team, make a collective decision with the LCPA Licensing Manager and the Deputy Director of Child Welfare Services or designee regarding the CPA's license;

Note: See policies 18.06 Referral Holds, 18.07 Contract Termination, and 18.15 Review for Licensing Action for additional information regarding possible action that may be taken.

5. Complete the following upon a decision to revoke the CPA's license:
 - a. Notify the DCS Contracts Unit in the legal division of the decision to revoke the LCPA's license;
 - b. Draft a license revocation letter with support from the LCPA Licensing Manager to notify the CPA regarding the decision to revoke the CPA's license. The letter should include:
 - i. Notice that the CPA license is being revoked effective 30 calendar days from receipt of the letter;
 - ii. Reason for license revocation, including:
 - (a) Citation of any specific statute or rule for which the CPA is not in compliance,
 - (b) General description of the circumstances constituting the noncompliance, and

- (c) Other grounds for revocation, if applicable.
- iii. List of DCS children and/or probation youth placed in homes licensed through the CPA;
- iv. Appropriate timeframe for transition of:
 - (a) Children from the foster home licenses,
 - (b) Foster home license applications, and/or
 - (c) Ongoing adoption processes.
- v. Steps and appropriate timeframe for transfer of CPA records;
- vi. Request for the CPA to provide their acknowledgment of the license revocation as stated in the revocation letter (e.g., certified letter, email read receipt);
- vii. Notice of the right for the CPA to request in writing an informal meeting with the Deputy Director of Child Welfare Services or designee within 10 business days of receipt of the letter;
- viii. Notice of the right for the CPA to request an Administrative Appeal Hearing within 30 calendar days of receipt of letter; and
- ix. Notice of the civil and criminal penalties for operating a CPA without a license.
- c. Monitor the CPA's progression throughout the revocation process,
- d. Notify all Family Case Managers (FCMs) and/or Probation Officers (POs) with children placed with the CPA through DCS about the license revocation and request the FCM/PO notify the child's parent, guardian, or custodian (if Termination of Parental Rights [TPR] has not occurred) of the subsequent transfer, and
- e. Assist the DCS Foster Care Unit and other LCPAs with the transfer process as applicable (see policy 8.38 Placement Changes).
- 6. Staff with the LCPA Licensing Manager throughout the license revocation process as needed; and
- 7. Upload the following to the case management system:
 - a. Signed license revocation letter upon receipt from the Deputy Director of Child Welfare Services or designee,
 - b. Supporting documentation with evidence of the violations (e.g., inspection notes, photographs, email communication, assessments), and
 - c. Documentation regarding receipt of the license revocation letter (e.g., certified mail information, email receipt).

The LCPA Licensing Manager will:

1. Staff with the Licensing Specialist throughout the revocation process as needed;
2. Provide notification to the DCS Deputy Director of Child Welfare Services or designee and the DCS Central Office Foster Care Unit regarding the concerns discovered with the CPA's license;
3. Request DCS legal consultation to determine next steps;
4. Consult with the DCS Deputy Director of Child Welfare Services or designee and DCS legal team. After considering the advice of the DCS legal team, make a collective decision with the Licensing Specialist and Deputy Director of Child Welfare Services or designee regarding the CPA's license;
5. Assist the Licensing Specialist in drafting the license revocation letter;
6. Review and submit the proposed license revocation letter to the DCS Deputy Director of Child Welfare Services or designee for approval;

7. Monitor the CPA's progression throughout the revocation process upon a decision to revoke the CPA's license as outlined in the license revocation letter (see above);
8. Assist the Licensing Specialist with license revocation related tasks as needed and ensure all required tasks are completed; and
9. Close the CPA's license in the case management system once all necessary actions for license revocation have been completed.
10. Inform the following DCS Deputy Directors of the license revocation, who will then ensure the appropriate DCS staff are notified:
 - a. Child Welfare Services,
 - b. Field Operations,
 - c. Juvenile Justice Initiatives and Support (JJIS), and
 - d. General Counsel.
11. Monitor and support the LCPA Licensing Unit throughout the license revocation process as needed.

The DCS Deputy Director of Child Welfare Services or designee will:

1. Review documentation regarding the concerns discovered with the CPA's license and discuss next steps with the LCPA Licensing Manager;
2. Participate in consultation with the LCPA Licensing Unit and DCS legal team. After considering the advice of the DCS legal team, make a collective decision with the Licensing Specialist and LCPA Licensing Manager regarding the CPA's license;
3. Review and provide the license revocation letter (outlined above) to the DCS Director for final approval upon a decision to revoke the CPA's license;
4. Sign and send the license revocation letter to the CPA via email and certified mail upon approval from the DCS Director; and

Note: The Request for Administrative Hearing Residential License Denial or Revocation form must be attached to the license revocation letter when sent to the CPA.

5. Ensure the LCPA Licensing Unit receives a copy of the signed license revocation letter.

The DCS legal team will:

1. Consult with the LCPA Licensing Unit and the Deputy Director of Child Welfare Services or designee and review documentation to advise whether sufficient grounds exist for license revocation;
2. Consult with the LCPA Licensing Unit and DCS Deputy Director of Child Welfare Services or designee to provide legal advice to guide and inform their decision regarding the CPA's license;
3. Continue communication with the LCPA Licensing Unit throughout the revocation process; and
4. Provide legal advice for compliance with statutory and administrative processes and requirements.

Revocation Appeals

If the CPA appeals the license revocation and requests an Administrative Appeal Hearing as provided in IC 31-27-6-17 and 465 IAC 3-3, DCS will ensure:

1. DCS Hearings and Appeals will review the Request for Administrative Hearing Residential License Denial or Revocation form and the license revocation letter, and forward any complete and timely request to the Indiana Office of Administrative Law Proceedings (OALP);

2. An OALP 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 following of the date, time, and location of the scheduled hearing:
 - a. Assigned DCS attorney,
 - b. The CPA seeking the appeal, and
 - c. Any attorney representing the CPA for purposes of the appeal.
4. A DCS attorney will represent DCS during the hearing;
5. After the OALP ALJ issues Proposed Findings of Fact and Conclusions of Law, the DCS Final Agency Authority (FAA) will:
 - a. Automatically conduct an FAA review of the case and the OALP ALJ's Proposed Findings of Fact and Conclusions of Law, and
 - b. Issue a decision upholding, denying, or remanding the decision to revoke or deny CPA's license.

Note: The DCS FAA's experience and training in the relevant subject matter may be considered. 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 unsuccessful in the appeal and the CPA has not ceased operation, the LCPA Licensing Unit will notify the prosecuting attorney in the county where the CPA is located and the Indiana Attorney General regarding the illegal operation.

If the licensee is successful on appeal, the LCPA Licensing Unit will ensure the license is effective in the case management system.

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RELEVANT INFORMATION

Definitions

Final Agency Authority

The final agency authority (also known as ultimate authority) is the director or the director's designee.

Forms and Tools

- [Request for Administrative Hearing Residential License Denial or Revocation \(SF 57115\)](#)

Related Policies

- [18.06 Referral Holds](#)
- 18.07 Contract Termination – Coming Soon
- 18.15 Review for Licensing Action – Coming Soon

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LEGAL REFERENCES

- [IC 31-9-2-131.3: "Ultimate authority of the department"](#)
- [IC 31-27-6-17: Administrative hearings](#)
- [IC 31-27-6-24: Notice](#)
- [IC 31-27-6-28: Grounds for revocation of license; waiver](#)
- [IC 31-27-6-29: Compliance with rules; disciplinary sanctions; revocation of license](#)
- [465 IAC 2-2-1: Definition of child placing agency or business of placing children](#)
- [465 IAC 3-3-3: Request for hearing](#)


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PRACTICE GUIDANCE – DCS POLICY 18.05

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 18: Licensing of Child Placing Agencies Section 06: Referral Holds	
	Effective Date: August 1, 2022	Version: 1

- [Procedure](#)
 - [Definitions](#)
- [Forms and Tools](#)
 - [Related Policies](#)
- [Legal References](#)
 - [Practice Guidance](#)

POLICY OVERVIEW

Placement referrals from the Indiana Department of Child Services (DCS) to a Licensed Child Placing Agency (LCPA) may be placed on hold to ensure the safety and well-being of children if the LCPA does not adhere to the guidelines outlined by Indiana Code (IC), Indiana Administrative Code (IAC), DCS policy, and/or the DCS contract.

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PROCEDURE

DCS may implement a referral hold on a LCPA when an issue is discovered with child safety, statutory noncompliance, DCS policy, and/or DCS contract noncompliance.

Upon Discovery of an Issue that may Warrant a Referral Hold

The LCPA Licensing Unit will:

1. Review supporting documentation regarding the issue identified (e.g., audit findings or documentation that support complaints) and prior agency history;
2. Collaborate with the DCS Foster Care Unit, the DCS legal team, and the DCS Institutional Child Protective Services (ICPS) Unit (see policy 4.30 Institutional Child Protective Services [ICPS] Unit Assessments for additional guidance regarding a potential risk to the health and safety of a youth while in the care of an institution); and
3. Determine if a referral hold is the best course of action.

The Licensing Specialist will follow up with the LCPA to gather additional information, as needed, during the referral hold process.

The LCPA Licensing Manager will:

1. Create the referral hold in the case management system, upon the LCPA Licensing Unit coming to a joint decision;
2. Schedule and attend a meeting with the Deputy Director of Child Welfare Services (or designee) and the DCS attorney advising on licensing for final approval when a referral hold is being recommended;
3. Send a Notice of Referral Hold letter to the agency, upon the decision to proceed with a referral hold and send the Plan of Correction (POC) request, including the timeframe for which the POC is due, within five (5) business days after the issuance of the Notice of Referral Hold Letter; and

Note: The LCPA Licensing Manager may work with the DCS attorney advising on licensing to send the Notice of Referral Hold letter and the POC to the agency.

4. Send a notification of the referral hold to the following Deputy Directors, including the reason for the referral hold and the start and anticipated end date of the hold:
 - a. Child Welfare Services,
 - b. Field Operations, and
 - c. Juvenile Justice Initiatives and Support.

The Deputy Director of Child Welfare Services (or designee) will meet with LCPA Licensing Unit team members to review documentation and to make the determination to place a referral hold on the agency, if deemed appropriate.

The DCS attorney advising on licensing will meet with the LCPA Licensing Unit to review documentation provided by the LCPA Licensing Unit and provide legal guidance, upon request, regarding referral hold implementation.

Once a Referral Hold has been Implemented

The LCPA Licensing Unit will:

1. Review the agency's progress regarding the POC to determine if the agency has substantially satisfied the POC;
2. Work with the agency to remedy any issue identified to prevent future noncompliance and to ensure child safety; and
3. Develop a continued plan if it is determined the agency needs ongoing evaluation of POC compliance. See Practice Guidance for additional information.

The Licensing Specialist will:

1. Review the POC, upon receipt from the agency, and present the POC to the LCPA Licensing Manager to determine if the POC is satisfactory;

Note: The Deputy Director of Child Welfare Services (or designee) and the DCS attorney advising on licensing may be consulted for review.

2. Monitor the agency's response through documentation review, visits to the agency (announced and unannounced), and increased contact with the agency (e.g., weekly meetings and agency reports); and
3. Staff with the LCPA Licensing Manager throughout the referral hold process.

The LCPA Licensing Manager will:

1. Staff with the Licensing Specialist throughout the referral hold process and discuss progress regarding the agency's POC; and
2. End the referral hold in the case management system, upon the LCPA Licensing Unit coming to a joint decision.
3. Maintain communication with the Deputy Directors referenced above throughout the referral hold process and provide notification of the referral hold being lifted; and
4. Send the Notice to Lift Referral Hold letter to the agency when it is determined the agency has substantially satisfied the POC.

The Deputy Director of Child Welfare Services (or designee) will meet with the LCPA Licensing Unit to discuss progress regarding the agency's POC and recommendations to lift the agency's referral hold.

The DCS attorney advising on licensing will meet with the LCPA Licensing Unit team members to:

1. Review documentation provided by the LCPA Licensing Unit; and
2. Provide legal guidance, upon request, regarding:
 - a. Extending a referral hold,
 - b. Lifting a referral hold, and/or
 - c. Developing a continued plan if it is determined the agency needs ongoing evaluation of POC compliance.

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RELEVANT INFORMATION

Definitions

N/A

Forms and Tools

- POC Worksheet – Available from LCPA Licensing Unit

Related Policies

- [4.30 Institutional Child Protection Services \(ICPS\) Unit Assessments](#)
- 18.XX Contract Termination – Coming Soon

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LEGAL REFERENCES

- [IC 31-27-6: Regulation of Child Placing Agencies](#)
- [465 IAC 2-2-1: Definition of child-placing agency or business of placing children](#)

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PRACTICE GUIDANCE- DCS POLICY 18.06

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.

Referral Holds and Next Steps

Upon continued noncompliance, several considerations will be taken to determine next steps (e.g., extend referral hold, remove children from the agency, or termination of agency contract) with the identified agency. There is not a limit to the amount of referral holds that may be placed on an agency and each referral hold will be handled on a case-by-case basis.

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	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 18: Licensing of Child Placing Agencies Section 12: Rate Setting	
	Effective Date: November 1, 2022	Version: 1

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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 Licensed Child Placing Agency (LCPA). The rate setting process also establishes the reimbursement rate that Indiana may claim from the federal government.

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PROCEDURE

A Child Placing Agency (CPA) in Indiana must be licensed by DCS, in accordance with state law, for DCS to recommend placement of a child or for DCS to pay the cost of the placement. See policy 18.01 Initial Licensing Process for information regarding the licensing process.

The Licensing Specialist will:

1. Verify the LCPA is established as a supplier (hereafter, the LCPA is referred to as a supplier); and
2. Ensure the LCPA Licensing Manager is aware that the supplier's license is nearing finalization.

The LCPA Licensing Manager will:

1. Notify the Rate Setting Program Manager and the DCS Contract Specialist Supervisor that a new supplier is submitting information for a new license if the supplier 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 supplier's license has been finalized and provide the Rate Setting Program Manager with a copy of the supplier's license;
3. Complete and send the completed Contract Request Form to the Contract Specialist Supervisor;
4. Notify the DCS Resource Unit and the Deputy Directors of Field Operations, Juvenile Justice Initiatives and Support, and Child Welfare Services once the supplier is fully contracted and provide a brief description of all programs; and
5. Email the supplier advising that services may commence.

Note: The Licensing Specialist should be copied on the email.

Upon notification that a supplier's license is nearing finalization, the Rate Setting Program Manager will:

1. Contact the supplier to request a Cost Report;
2. Review the Cost Report once submitted by the supplier;

Note: DCS shall determine whether a cost is reasonable using reasonability tests through the application of DCS' cost limits.

3. Notify the DCS Contracting Unit that rates are set for a new program or license;
4. Send the Notice of Approved Rate and Right to Administrative Review Letter and a copy of the Cost Report to the supplier;

Note: A supplier may request a review of the base rates. The request must be submitted in writing to DCS via the Residential Treatment Services Provider (RTSP) and Child Placing Agency (CPA) Rates Administrative Review Request form within 30 calendar days from the date the supplier received the Notice of Approved Rate and Right to Administrative Review Letter. If the supplier is unsuccessful in their Administrative Review, the supplier will receive information about how to administratively appeal this determination. An administrative appeal must be submitted within 15 calendar days of receiving the Administrative Review decision following all instructions listed on the Request for Administrative Appeal Hearing Residential Treatment Services Provider (RTSP) / Child Placing Agency (CPA) Rates form. See Practice Guidance for additional information.

5. Verify the supplier has submitted required data through the Indiana Transparency Portal (ITP) to finalize the rate; and

Note: If the supplier does not submit data timely this may have a negative impact on the supplier's contract.

6. Review the supplier's annual Cost Report.

Note: The supplier is required to submit a Cost Report by March 31st each year.

Upon notification that rate setting is needed for a supplier outside of Indiana, the Deputy CFO of Federal Financial Management will collaborate with the Assistant Deputy of Juvenile Justice Initiatives and Services to ensure rates are set for the supplier.

Once the rates are set for the provider, the Division Manager of Purchasing, Contracts, Audits, and Fraud Investigation will submit a special procurement to the Indiana Department of Administration (IDOA) to receive approval to enter into a contract with the provider. Once approval has been received from IDOA, the LCPA Licensing Unit will submit a completed Contract Request Form to the Contract Specialist Supervisor.

Upon receipt of the Contract Request Form from LCPA Licensing Unit, the Contract Specialist Supervisor will:

1. Assign the contract to a Contract Specialist; and
2. Guide and assist the Contract Specialist, as needed, throughout the processing of the contract up to and including the approval process.

Upon receipt of a contract assignment, the Contract Specialist will:

1. Contact the supplier if all necessary paperwork has not been submitted;
2. Begin processing the contract template in the Supplier Contract Management (SCM) system;
3. Create a contract in the case management system;
4. Send the processed contract template to either a Staff Attorney or the Division Director of Contracts to draft the contract;
5. Send the contract to the supplier for signature;
6. Send the contract to the DCS Director or designee for signature after obtaining the supplier's signature;
7. Check the following clearances before routing for state approvals:
 - a. Secretary of State (SOS),
 - 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 Supplier Contract Management (SCM) to receive all the necessary state approvals (e.g., IDOA, State Budget Agency, Office of Attorney General); and
9. Notify LCPA Licensing Unit when the contract is fully executed.

Note: Once the contract is fully executed, the supplier will receive an email from IDOA, including a link to the ITP for accessing the contract.

A Staff Attorney or the Division Director of Contracts will collaborate with the Contract Specialist to finalize the execution of the contract.

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RELEVANT INFORMATION

Definitions

Base Rate

IC 31-27-7 uses the same definition for base rate concerning CPAs as outlined for residential treatment service providers in 465 IAC 2-16-4 which includes the following components:

1. Maintenance payment;
2. Administrative payment; and
3. Payment for costs that are not eligible for Title IV-E reimbursement, if such costs are related to licensing requirements as established by 465 IAC 2-9 through 465 IAC 2-13, as amended, or written agreement between the department and residential treatment service providers. Such costs shall include but are not limited to on-site nursing staff; or transportation to medical appointments for the child.

Cost Report

A cost report is defined by 465 IAC 2-17-6 as "a report that DCS requires each CPA to complete for each foster care program that the CPA operates or supervises". Each cost report shall include budgeted cost data.

Reasonability Test

For purposes of DCS, a reasonability test is an evaluation performed by the DCS Rate Setting Team and is based on what a reasonable person would pay in the same or similar circumstances for the same or similar item or service.

Forms and Tools

- Contract Request Form - available from the Contract Specialist Supervisor
- Cost Report - available in the Case Management System
- [DCS Placement Webpage](#)
- [Indiana Transparency Portal \(ITP\)](#)
- Notice of Approved Rate and Right to Administrative Review Letter - available in the Case Management System
- [Request for Administrative Appeal Hearing Residential Treatment Services Provider "RTSP"/Child Placing Agency "CPA" Rates \(SF 55062\)](#)
- [Residential Treatment Services Provider \(RTSP\) and Child Placing Agency \(CPA\) Rates Administrative Review Request \(SF 55061\)](#)

Related Policies

- [18.01 Initial Licensing Process](#)
- [18.05 License Revocation](#)

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LEGAL REFERENCES

- [IC 31-27-7 Department Base Rates Review](#)
- [465 IAC 2-17 Rate Setting for Child Placing Agencies](#)

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PRACTICE GUIDANCE- DCS POLICY 18.12

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.

Base Rates Review

A supplier may request a review of the base rates approved by DCS if the supplier believes that an error or omission was made in the:

1. Cost report that the supplier submitted to DCS;
2. DCS' calculation of the base rate; or
3. DCS' determination of the reasonableness of a cost.

A supplier making a request for review for an error or omission described above shall submit the request for review in the form and manner specified by DCS, including:

1. Identification of the current base rate and approved new base rate, as applicable to a specific program or service offered by the supplier;
2. An itemized statement of administrative and indirect costs that the supplier considers allowable under this chapter;
3. A clear, concise statement of the reasons for the requested change; and
4. A detailed statement supporting the requested change.

Note: DCS shall not accept or process an incomplete request for review. If a supplier submits a request for a base rate review and the supplier is currently undergoing revocation proceedings (see policy 18.05 License Revocation), the DCS Rate Setting Team must be notified of the revocation proceedings. DCS shall not act upon the request for review when the revocation proceedings are pending.

Not more than 30 days after the date on which DCS receives a request for review submitted under this chapter, DCS shall conduct a review and provide written notice and an explanation of DCS' decision to the supplier.

DCS may give special consideration to approval of the cost if the supplier proves that a cost was previously covered for any supplier or is associated with:

1. Accreditation;
2. Staff safety;
3. Child safety; or
4. A DCS requirement.

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