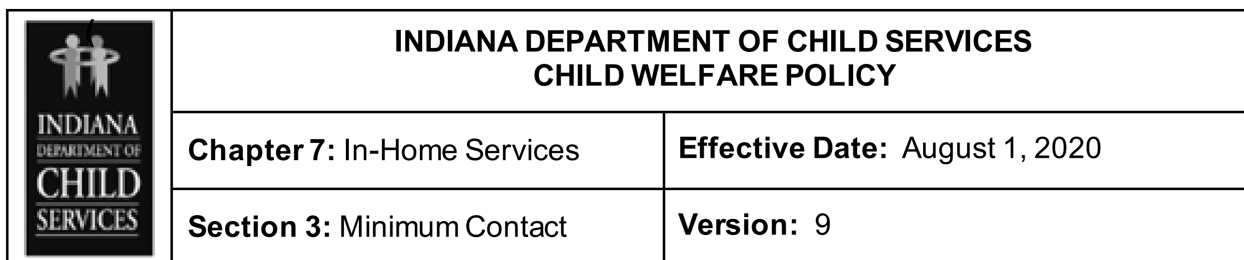

INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 7: In-Home Services	**Effective Date:** August 1, 2020
Section 3: Minimum Contact	**Version:** 9

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STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will have **monthly** face-to-face contact in accordance with the Minimum Service Level Contact Standards, with every child under DCS care and supervision who is identified as "at imminent risk of placement". Face-to-face contact must include time spent alone with the child, and a photograph of the child will be taken during each face-to-face contact.

DCS will have **monthly** face-to-face contact, in accordance with the Minimum Service Level Contact Standards, with each parent, guardian, or custodian of the child. The presence of domestic violence should be assessed through questioning and observation during every contact.

> **Exception:** If the parent, guardian, or custodian is incarcerated or resides out-of-state, virtual face-to-face contact (i.e., using virtual technology) may be considered, if available.

DCS will ensure sufficient time is allowed to observe the parent-child relationship during monthly visits. The Safety Plan (SF53243) and/or Plan of Safe Care (SF56565) must be updated as needed. All safety concerns identified must be reported immediately and any issues involving child safety must be immediately addressed. See policy 5.21 Safety Planning for more information.

> **Note:** DCS will ensure any new allegations of Child Abuse and/or Neglect (CA/N) are reported to the DCS Child Abuse Hotline (Hotline). See Practice Guidance for additional information.

DCS will initiate an emergency removal if the child is in immediate danger. See policy 4.28 Involuntary Removals for further guidance.

DCS will make contact with the child and family within 24 hours of receiving notice of a critical episode involving the child and/or family (e.g., potential risk of removal, new CA/N allegations, potential runaway situations, pregnancy of the child, or lack of parental contact). DCS will monitor and evaluate the situation and convene the Child and Family Team (CFT) and/or a Case Plan Conference to assess whether the situation warrants additional services or supports for the family. See policies 5.7 Child and Family Team Meetings and 4.18 Initial Safety Assessment for additional guidance.

DCS will maintain contact with the noncustodial parent (including incarcerated parents) and will ensure he or she is afforded the opportunity to visit with the child and maintain involvement in the child's life, unless the court has ruled that this is not in the child's best interest. See policy 5.4 Noncustodial Parents for more information.

Contacts, observations, assessments, photographs taken, and any new information gathered will be documented in the case management system. All safety concerns identified must be reported immediately. Issues involving child safety must always be immediately addressed.

Code References
IC 34-6-2-34.5: Domestic or Family Violence

PROCEDURE

Determining Minimum Contact
The Family Case Manager (FCM) will:

1. Determine the Minimum Service Level Contact based upon the recommendation from the In-Home Risk and Safety Reassessment; and
2. Discuss with the FCM Supervisor the delegation of some face-to-face contacts to a service provider for moderate, high, or very high service level cases, and create or modify any referrals needed for this purpose. See Practice Guidance for additional information.

Contact with the Child
During each face-to-face contact with the child, the FCM will:

1. Assess the child's safety, stability, permanency, and well-being (including mental and physical health, medical care, and educational status). See policy 7.5 Meaningful Contacts for additional guidance and 5.C Tool: Face-to-Face Contact Guide for specific questions to consider;

   Note: Any new allegations of CA/N must be reported to the DCS Hotline, per State reporting statutes, and may not be handled as part of the case. See Practice Guidance for additional information.

2. Evaluate the child for:
   a. Any visible injuries,
   b. Appearance of illness, and
   c. Appearance of emotional distress (e.g., withdrawn, angry, or scared);

3. Allow sufficient time alone with the child in a setting that provides the child an opportunity to speak freely and/or express his or her thoughts and feelings;
4. Discuss, in an age and developmentally appropriate manner, any positive or negative feelings the child may have regarding the following:
   a. Safety in the home and other locations where the child spends time,
   b. Relationships with members of the household and others the child has regular contact with,
   c. Any incidents that have occurred,
   d. Services currently being offered or needed, and
   e. The child's interests (e.g., friends, hobbies, and extracurricular activities);

5. Complete the Face-to-Face Contact (SF53557) and **ensure Safety, Stability, Permanency, and Well-Being of each child is considered and documented**;

   Note: Each child should be assessed individually. The 5.C Tool: Face to Face Contact Guide may be utilized to assist in completing the Face-to-Face Contact (SF53557);

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6. Photograph the child.

Contact with the Child and/or Parent, Guardian, or Custodian

During each face-to face contact with the child, parent, guardian, or custodian, the FCM will:

1. Complete the Face-to-Face Contact (SF53557) and **ensure Safety, Stability, Permanency, and Well-Being of each child is considered and documented**;

   Note: If the parent, guardian, or custodian is incarcerated or resides out-of-state, the Face-to-Face Contact (SF53557) is still required during the virtual face-to-face contact.

2. Evaluate the parent-child relationship;

   Note: Visits must be scheduled to allow time to observe the parent-child relationship.

3. Assess family progress toward meeting goals, discuss services the family needs or is receiving, and provide assistance and support to the family as needed;
4. Observe the overall condition of the home and discuss any areas of concern with the family;
5. Assess for safety concerns, address any identified issues, and update the Safety Plan (SF53243) and/or Plan of Safe Care (SF56565) as needed.

   Note: Any new allegations of CA/N must be reported to the DCS Hotline, per State reporting statutes, and may not be handled as part of the case (see Practice Guidance for additional information). Seek supervisory approval to initiate emergency removal if the child is in immediate danger. See policy 4.28 Involuntary Removals for further guidance.

6. Discuss the child's overall progress, including, but not limited to, behavioral management and school adjustment;
7. Assist the family with problem-solving and accessing community resources as needed;
8. Review progress on the concerns that brought the family to the attention of DCS; and
9. Collaborate with the child and/or parent, guardian, or custodian to prepare for the next CFT meeting.

Following each face-to-face contact with the child and/or parent, guardian, or custodian, the FCM will:

1. Clearly and accurately document in the case management system the face-to-face contact within three (3) business days. This should include, but is not limited to: new information gained; assessment of safety, risk, stability, permanency, and well-being (including physical and mental health, medical care, and educational status); photographs taken; the completed Face-to-Face Contact (SF53557) form; the updated Safety Plan (SF53243) and/or Plan of Safe Care (SF56565) (if applicable); and any other documents obtained. For more details, see policy 7.5 Meaningful Contacts; and
2. Discuss any safety concerns and the need for any additional referrals with the FCM Supervisor and complete referrals in KidTraks, as needed, to address identified service needs for the child and/or parent, guardian, or custodian. See policy 5.10 Family Services for further guidance.

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Contact with Siblings
The FCM will develop a Visitation Plan with the family to ensure contact with any sibling outside of the home is maintained and strengthened. See policy 8.12 Developing the Visitation Plan for further guidance.

The FCM Supervisor will:
1. Ensure face-to-face contact with each child and parent, guardian, or custodian is completed and entered in the case management system as required; and
2. Review the case during regular clinical supervision and approve any updates to the Safety Plan (SF53243) and/or Plan of Safe Care (SF56565) and any additional service referrals.

PRACTICE GUIDANCE

Minimum Service Level Contact Standards
1. Low service level case - DCS will have a minimum of one (1) face-to-face contact per month with the child and each parent, guardian, or custodian. This visit must be in the home;
2. Moderate service level case - DCS will have a minimum of two (2) face-to-face contacts per month with the child and each parent, guardian, or custodian. At least one (1) of these contacts must occur in the home. One (1) of the two (2) contacts may be designated to a service provider;
3. High service level case - DCS will have a minimum of three (3) face-to-face contacts per month with the child and each parent, guardian, or custodian. At least one (1) of these contacts must occur in the home. Two (2) of the three (3) contacts may be designated to a service provider; and
4. Very high service level case - DCS will have a minimum of four (4) face-to-face contacts per month with the child and each parent, guardian, or custodian. At least two (2) of these contacts must occur in the home. Three (3) of the four (4) contacts may be designated to a service provider.

   Note: A court order for more frequent face-to-face contact with the child and/or parent, guardian, or custodian supersedes the above Minimum Service Level Contact Standards.

Face-to-Face Contacts and Monitoring of Plans
While monthly face-to-face contacts conform to DCS policies, best practice would indicate a need to see the child on a more frequent basis early on to ensure monitoring of the progress and adherence to the terms of the Informal Adjustment (IA) or In-Home CHINS, which would include terms of the Safety Plan (SF53243)**Error! Hyperlink reference not valid.** and/or Plan of Safe Care (SF56565) as determined by the CFT Meeting process. See policy 5.21 Safety Planning for more information.

Choose an Appropriate Setting
The FCM should choose a setting for the visit that allows time alone with the child and allows the child to express his or her feelings freely.

Changes in a Parent's Personal Circumstances
Within three (3) business days of each contact with the parent, guardian, or custodian, document in the case management system any changes regarding the parent, guardian, or

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custodian's income, employment status, place of residence, and diagnosis of physical and/or mental illness.

Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline
When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with **all** alleged child victims. See policy 4.38 Assessment Initiation for additional information regarding initiation.

> **Note:** If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the DCS Hotline immediately.

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See policy 4.36 Linking Child Abuse or Neglect (CA/N) Reports to Open Assessments for more information regarding the receipt of an additional Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114) during an open assessment.

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed 310, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The 310 or equivalent information may be submitted via email to: DCSHotlineReports@dcs.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

FORMS

1. Face-to-Face Contact (SF53557)
2. 5.C Tool: Face-to-Face Contact Guide
3. Safety Plan (SF53243)
4. In-Home Risk and Safety Reassessment – Available in the case management system
5. Preliminary Report of Alleged Child Abuse and Neglect (310) (SF114)
6. Visitation Plan – Available in the case management system
7. Plan of Safe Care (SF56565)

RELATED INFORMATION

Regular Contact is Paramount
Regular face-to-face contact with the parent, guardian, or custodian and the child who has been identified at imminent risk of placement is the most effective way that DCS can:
1. Promote timely implementation of Case Plans or IAs for children and families served by DCS; and
2. Monitor progress and revise service plans as needed.

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Regular face-to-face contact with the child allows the FCM to:

1. Assess the child's safety, well-being (including mental and physical health, medical care, and educational status), stability, and permanency status;
2. Develop and maintain a trusting and supportive relationship with the child; and
3. Assess the child's underlying needs and related behaviors, as well as, progress in services.

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

Clinical Supervision

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

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

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