

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 7: In-Home Services	Effective Date: March 1, 2019
	Section 3: Minimum Contact	Version: 8

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.

DCS will ensure sufficient time is allowed to observe the parent-child relationship during monthly visits. All safety concerns identified must be reported to the Family Case Manager (FCM) Supervisor immediately and the [Safety Plan \(SF53243\)](#) must be updated as needed. Issues involving child safety must be immediately addressed.

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 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 further guidance.

DCS will maintain contact with the noncustodial parent 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 it is not in the child’s best interest.

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 to the FCM Supervisor 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 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 [Practice Guidance](#) 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 he or she may have regarding:
 - a. Safety in the home and other locations 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
6. Photograph the child.

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

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

1. Utilize the [Face-to-Face Contact \(SF53557\)](#) to gather information and discuss any updates with the family;
2. Evaluate the parent-child relationship;

Note: Visits must be scheduled to allow observation of the parent-child relationship.

3. Assess family progress, 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 and address any identified issues and update the [Safety Plan \(SF53243\)](#) 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; new information gained, including but not limited to the assessment of safety, risk, stability, well-being (including physical and mental health, medical care, and educational status), and permanency; photographs taken; the completed [Face-to-Face Contact \(SF53557\)](#), the updated [Safety Plan \(SF53243\)](#) (if applicable), and any other documents obtained within three (3) business days. For more details, see policy, [7.5 Meaningful Contacts](#); and
2. Discuss any safety concerns and the need for any additional referrals with the FCM Supervisor and complete referrals in KidTraks, as needed, to address identified service needs for the child and/or parent, guardian, or custodian. See policy [5.10 Family Services](#) for further guidance.

Contact with Siblings

The FCM will develop a [Visitation Plan](#) with the family to ensure that 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 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 \(SF53243\)](#), as determined by the CFT Meeting process.

Safety, Stability, Well-Being, and Permanency Questions

When completing a face-to-face contact, the FCM should consider the following specific questions in the areas of Safety, Stability, Well-being (including physical and mental health, medical, and educational status), and Permanency:

1. **Safety** – Is the child free of abuse, neglect, and exploitation by others in his or her place of residence and other daily settings? Is the child's environment free from potentially harmful objects (e.g., sanitation, pests/pest control, medication, and general home maintenance items, such as running water and functioning toilets)? Is the child's care or supervision currently compromised by a pattern of domestic violence in the home? Are there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child free from harm? Have all CFT members been afforded the opportunity to provide input into the development of a Safety Plan?
2. **Stability** – Does the child have consistent routines, relationships, etc.? Has the child experienced a change in placement? Is the current placement meeting the child's needs? Has the child experienced changes in his or her school setting? Is there a shared understanding of the long-term view for the child?
3. **Well-being (including mental and physical health, medical, and educational care)** – Does the child display age-appropriate emotional development, coping skills, and self-control, which allows him or her to adjust to changes and maintain adequate levels of behavioral functioning in daily settings and activities with others? Does the child express a sense of belonging and demonstrate an attachment to family and friends? Is the child

achieving at a grade level appropriate for his or her age? Is the child able to attend both school and other social functions? Are there any concerns regarding personal hygiene practices (e.g., bathing, dental hygiene, hair care, and hand washing)? Consider the following questions when assessing the child's **health and medical status**:

- a. Is the child achieving key physical (e.g., growth – height, weight, and head circumference) **and** developmental milestones?
- b. Is the child achieving his or her optimal or best attainable health status?
- c. Does the parent have the capacity and supports necessary to address any identified special medical needs (e.g., medication, medical equipment, compliance with physician and/or specialist appointments, and emergency procedures)?

Note: If the child is on a special diet, ensure there is appropriate food and/or supplement available.

- d. What is the child's physical condition (this includes visualization of the child's skin, teeth, hair, etc.)?
- e. What is the child's mobility status (e.g., mobile, limited mobility, or assisted mobility)?

Note: If the child is immobile or has limited mobility, the child must be positioned or repositioned in order to observe and assess the child's entire body. Lighting may need to be adjusted and blankets removed in order to adequately visualize the child's physical condition.

- f. How does the child adapt to changes that affect his or her life?

4. **Permanency** – Safety, stability, sufficient caregiver functioning, and sustainability of relationships to adulthood are simultaneous conditions of permanency for a child or youth. Are the child's daily living and educational environments stable and free from risk of disruption? Have there been changes to the composition of the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the past year? Are all CFT members aware of the child's permanency plan? Does the child's permanency plan include relationships which will endure lifelong? Is there a second permanency plan in place for the child, if concurrent planning? Is the pace of achieving safe, sustainable case closure consistent with the following **guidelines**?¹
 - a. Reunification: 12 months
 - b. Guardianship: 18 months
 - c. Adoption: 24 months

Note: Permanency may be achieved in more or less time than the guidelines listed above due to circumstances of the individual case.

Each of the areas above must be included and easily identified within the FCM's documentation of the contact in the case management system.

Choose an Appropriate Setting

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

Changes in a Parent's Personal Circumstances

Following each contact with the parent, guardian, or custodian, note any changes regarding the parent, guardian, or custodian's income, employment status, place of residence, and diagnosis of physical and/or mental illness. Document these changes in the case management system.

Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline

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

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

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

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed [310](#) 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. [Safety Plan \(SF53243\)](#)
3. [In-Home Risk and Safety Reassessment](#) – Available in the case management system
4. [Preliminary Report of Alleged Child Abuse and Neglect \(310\) \(SF114\)](#)
5. [Visitation Plan](#) – Available in the case management system

RELATED INFORMATION

Regular Contact is Paramount

Regular face-to-face contact with the parent, guardian, or custodian and the child who has been identified at imminent risk of placement is the most effective way that DCS can:

1. Promote timely implementation of Case Plans or IAs for children and families served by DCS; and
2. Monitor progress and revise service plans as needed.

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

1. Assess the child's safety, well-being (including mental and physical health and medical care), 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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