

	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: August 1, 2025	Version: 12

- [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”.

[Back to Top](#)

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 (see Definitions) 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);

Exception: If the parent, guardian, or custodian is incarcerated or resides out-of-state, phone calls or virtual meetings 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 (see Definitions) 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 (see definitions) and approve:
 - a. Any updates to the Safety Plan and/or Plan of Safe Care, and
 - b. Any additional service referrals.

[Back to Top](#)

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).

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

- [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
- [Safety Plan \(SF 53243\)](#)
- [Six \(6\) Protective Factors and Tips to Highlight](#)

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](#)

[Back to Top](#)

LEGAL REFERENCES

- [IC 34-6-2-34.5: Domestic or Family Violence](#)

[Back to Top](#)

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 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 Six (6) Protective Factors and Tips to Highlight 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 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.

[Back to Top](#)