

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Section 10: Minimum Contact	
	Effective Date: July 3, 2024	Version: 18

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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 (see Definitions), 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 (see Definitions), 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 (see Definitions) 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.

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

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](#)

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](#)

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 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.

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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