

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> November 1, 2017
	<b>Section 10:</b> Minimum Contact	<b>Version:</b> 9

<b>STATEMENTS OF PURPOSE</b>
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The Indiana Department of Child Services (DCS) will have **monthly** face-to-face contact, with every child under DCS care and supervision, including time alone with the child, regardless of placement type (see [Practice Guidance](#)). Face-to-face contact may alternate monthly between the placement home and other locations (e.g., school, relative’s home, or day care center). A photograph of the child will be taken during each face-to-face contact.

During critical case junctures involving the child or resource parent(s) (e.g., Trial Home Visits [THV], potential placement disruptions, new child abuse and/or neglect [CA/N] allegations, potential runaway situations, pregnancy of the child, and/or lack of parental contact), face-to-face contact with the child; parent, guardian, or custodian; and resource parent(s) must be made weekly by the assigned Family Case Manager (FCM). DCS will monitor and evaluate the situation and may convene a Child and Family Team (CFT) Meeting and/or a case conference, to assess whether the situation warrants continued weekly face-to-face contacts. For more details, see separate policy, [5.7 Child and Family Team Meetings](#).

DCS will have face-to-face contact with the resource parent(s), at a minimum, every other month as part of an assessment of the child’s well-being and the needs of the resource parent(s) in caring for the child. In addition, DCS will communicate (e.g., face-to-face, telephone, or e-mail) with the resource parent(s) after scheduled visitations to discuss the visitation activities and to assess the child’s reaction and emotions observed following the visitation. It is essential that DCS communicates and partners with the resource parent(s) to discuss the child’s progress and reunification timeline. Information gathered should also be discussed at the next CFT Meeting.

**Note:** The service needs of the resource parent(s) and/or child may warrant additional contact during the month.

For children placed out-of-state through the Interstate Compact on the Placement of Children (ICPC), DCS must have face-to-face contact once every four (4) months (see [Practice Guidance](#) for best practice). DCS must make a formal request through the receiving state utilizing the [Interstate Compact on the Placement of Children Request/100A \(SF106\)](#), for the receiving state to have face-to-face contact with the child in the off months. DCS should notify the receiving ICPC worker of the intent to make face-to-face contact with the child. For more details, see separate policy, [9.8 Minimum Contact for DCS ICPC Placements](#).

**[REVISED]** 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 to the FCM Supervisor immediately. Issues involving child safety must be immediately addressed. **See Procedure for additional information.**

DCS will make face-to-face contact with the parent, guardian, or custodian at least monthly. During every contact with the parent, guardian, or custodian, the presence of domestic violence should be assessed through questioning and observation.

**Note:** The service needs of the parent, guardian, or custodian may warrant additional contact during the month.

All face-to-face contacts, observations, findings, and implemented safety provisions should be documented in the Management Gateway for Indiana's Kids (MaGIK) Case Record within three (3) business days.

#### Code References

N/A

### **PROCEDURE**

#### **Contact with the Child**

The FCM will have face-to-face contact with each child in out-of-home care and complete the [Face-to-Face Contact Form \(SF53557\)](#) at least monthly. 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, educational status, and progress toward successful adulthood transition). See separate policies, [11.1 Older Youth Services \(OYS\)](#), [11.6 Transition Plan for Successful Adulthood](#), and [8.43 Meaningful Contacts](#) for additional guidance and [Practice Guidance](#) for specific questions to consider;

**[NEW] [NOTE]** Any new allegations of Child Abuse and/or Neglect (CAN) must be reported to the DCS Child Abuse Hotline (Hotline), per State reporting statutes, and may not be handled as part of the case. See separate policy, [4.38 Assessment Initiation](#) for further guidance.

2. Evaluate the child for:
  - a. Any visible injuries,
  - b. Appearance of illness, and/or
  - 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:
  - 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,
  - d. Visitation (e.g., parents and siblings), and
  - e. The child's interests (e.g., friends, hobbies, and extracurricular activities).
5. Gather any additional information necessary to complete the Child and Adolescent Needs and Strengths (CANS) Assessment. See separate policy, [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) for additional guidance; and
6. Photograph the child.

#### **Contact with the Resource Parent(s)**

The FCM will have face-to-face contact with the resource parent(s) at a minimum of every other month. During each face-to-face contact with the resource parent(s), the FCM will:

1. Utilize the [Face-to-Face Contact \(SF53557\)](#) form to gather information and discuss any updates with the resource parent(s);
2. Observe the overall condition of the home or facility including, but not limited to, the child's bedroom and discuss any areas of concern with the resource parent(s);
3. Discuss the child's overall progress including, but not limited to, behavioral management and school adjustment;
4. Assess the needs of the resource parent(s) in caring for the child, including but not limited to financial needs and licensure (see separate policies, [16.1 Clothing, Personal Items, and Permitted Per Diem Expenses](#), and [16.2 Assistance for Unlicensed Relative Placements](#));
5. Ensure the resource parent(s) is aware of scheduled hearings regarding the child;
6. Assist the resource parent(s) with problem-solving and accessing community resources as needed;
7. Assess for safety concerns and address any identified issues and initiate emergency removal if the child is in immediate danger;

**Note:** Seek supervisory approval if the child is in immediate danger.

8. Gather any additional information necessary to complete the CANS Assessment. See separate policy, [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) for additional guidance; and

#### **Contact with Children in Out-of-State Placement**

The FCM will have face-to-face contact (and complete the [Face-to-Face Contact \[SF53557\]](#) form), including time alone, with each child placed out-of-state through the ICPC once every four (4) months (see [Practice Guidance](#) for best practice). The FCM will also have face-to-face contact with the resource parent(s) and follow the steps outlined above during each face-to-face contact. The FCM will utilize the [Interstate Compact on the Placement of Children Request \(SF106\)](#) 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 ICPC worker of the intent to make face-to-face contact with the child. For more details, see separate policy, [9.8 Minimum Contact for DCS ICPC Placements](#).

**Note:** The receiving state will not provide supervision for a residential placement.

#### **Contact with the Child's Parent, Guardian, or Custodian**

The FCM will have face-to-face contact with the child's parent, guardian, or custodian and complete the [Face-to-Face Contact \(SF53557\)](#) form at least monthly. At each face-to-face contact, the FCM will:

1. Assess the family's progress;
2. Discuss services the family needs and/or is receiving;
3. Update the parent, guardian, or custodian on the child's services, needs, and progress toward his or her case plan goals;
4. Gather any additional information needed to complete the CANS Assessment. See separate policy, [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) for additional guidance; and
5. Provide assistance to the family to promote the safety, stability, well-being, and permanency of the child.

Following each face-to-face contact with the child; parent, guardian, or custodian; and/or resource parent(s), the FCM will:

1. Clearly and accurately document in MaGIK 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, educational status, and progress

toward successful adulthood transition), and permanency; photographs taken; the completed [Face-to-Face Contact \(SF53557\)](#) form; and any documents obtained within three (3) business days. For more details, see separate policies, [8.20 Educational Services](#), [8.27 Maintaining Health Records - Medical Passport](#), [8.43 Meaningful Contacts](#), [11.1 Older Youth Services](#), and [11.6 Transition Plan for Successful Adulthood](#).

2. Discuss 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(s);
3. Contact the licensing worker<sup>1</sup> to share relevant information, and collaborate to maintain the placement and retain the resource parent(s); and
4. Send the receiving state a request for an [ICPC Supervision Report \(SF54335\)](#) of each face-to-face contact for ICPC cases, and document in MaGIK the reports of FCM face-to-face contact and those completed by the receiving state. For more details, see separate policy, [9.9 Placement Updates and Supervision Reports](#).

## PRACTICE GUIDANCE

### **Contact with Children in Out-of-Home Placement**

The FCM must have face-to face contact with the child during 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. For example, if the FCM has face-to face contact with the child at the beginning of the month the FCM should have face-to-face contact with the child at the beginning of each subsequent month.

**Note:** After initial placement of the child with the placement resource, the FCM must have face-to-face contact with the child and placement resource within three (3) business days of the initial placement.

### **Contact with Children in Out-of-State Placement**

It is best practice for the FCM to have a “virtual face-to-face contact” (e.g., web chat or face-time) with a child placed out-of-state during each month that an actual face-to-face contact does not occur. This “virtual face-to-face contact” would be in addition to an actual face-to-face contact by the receiving state.

### **Safety, Stability, Well-Being, and Permanency Questions<sup>2</sup>**

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 care, educational status, and progress toward successful adulthood transition), 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

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<sup>1</sup> The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

<sup>2</sup> Quality Service Review Protocol for Use by Certified Reviewers. “A Reusable Guide for a Child/Family-Based Review of Locally Coordinated Children’s Services,” August 2015.

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 care, educational status, and progress toward successful adulthood transition)** – 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? How is the youth (age 14 and older) working toward independence and achieving transition plan goals? 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 see and assess the child’s entire body. Lighting may need to be adjusted and blankets removed in order to adequately visualize the child’s skin 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**?<sup>3</sup>
  - a. Reunification: 12 months
  - b. Guardianship: 18 months

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<sup>3</sup>Quality Service Review Protocol for Use by Certified Reviewers. “A Reusable Guide for a Child/Family-Based Review of Locally Coordinated Children’s Services,” August 2015.

- 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 face-to-face contact in MaGIK.**

### **Choose an Appropriate Setting**

The FCM should choose a setting 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 and/or resource parent(s) note any changes regarding the parent, guardian, or custodian and/or resource parent(s)'s income, employment status, place of residence, and diagnosis of physical and/or mental illness. Document these changes in MaGIK and contact the licensing worker to ensure he or she is aware of any changes regarding the resource parent(s).

## **FORMS AND TOOLS**

1. [Face-to-Face Contact \(SF53557\)](#)
2. [Interstate Compact on the Placement of Children Request \(SF106\)](#)
3. [ICPC Supervision Report \(SF54335\)](#) – Available in MaGIK
4. [Visitation Plan](#) – Available in MaGIK
5. [Case Plan \(SF956\)](#) – Available in MaGIK
6. [Family Support/Community Services/Safety Plan \(SF532243\)](#)

## **RELATED INFORMATION**

### **Regular Contact is Paramount**

Regular face-to-face contact with the resource parent(s); the parent, guardian, or custodian; and the child is the most effective way DCS can:

1. Promote timely implementation of [Case Plans \(SF2956\)](#) 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, stability, permanency, and well-being (including mental and physical health, medical care, educational status, and progress toward successful adulthood transition);
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(s);
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 families.

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

The Administration for Children and Families has established monthly face-to-face contact standards because it believes that one 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. Each face-to-face contact must include contact with the child alone and an assessment of the needs of the resource parent(s) 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.

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