

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Services	Effective Date: October 1, 2015
	Section 10: Minimum Contact	Version: 6

POLICY

The Indiana Department of Child Services (DCS) will have **monthly** face-to-face contact with all children under DCS care and supervision regardless of placement type (see Practice Guidance). Contact may occur on a monthly, alternating cycle, between the placement home, and other locations (e.g., school, relative’s home, or day care center).

During critical episodes 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), contact with the child, parent, guardian, custodian, and/or resource parent(s) must be made weekly by the assigned Family Case Manager (FCM). The FCM will monitor and evaluate the situation. The FCM may convene a Child and Family Team (CFT) Meeting, to assess whether the situation warrants continued weekly visits. 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. DCS will communicate (e.g., face-to-face, telephone, or e-mail) with the resource parent(s) after scheduled visitations to determine the post-visitation reaction, activities, and emotions of the child. It is essential that DCS communicates and partners with the resource parent(s) to discuss the progress and any concerns or comments about the reunification timeline. This information should also be discussed at the next CFT Meeting.

[REVISED] 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 state utilizing the [Interstate Compact on the Placement of Children Request/100A \(SF 106\)](#), for the receiving state to visit the child in the off months. The FCM should notify the receiving interstate worker of the intent to visit. For more details, see separate policy [9.8 Minimum Contact for DCS ICPC Placements](#).

DCS will ensure that sufficient time and opportunity is given to observe and evaluate the parent-child relationship during parent-child visits for as often as necessary at least one (1) month prior to reunification. This observation will be documented in the Management Gateway for Indiana’s Kids (MaGIK). All safety concerns identified must be reported to the FCM Supervisor immediately. Child safety must always be immediately addressed.

DCS will make 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.

Code References

N/A

PROCEDURE

Contact with the Child

The FCM will visit with each child in out-of-home care at least monthly. At each visit with the child, the FCM will:

1. **[REVISED]** Assess the child's safety, stability, well-being (including health and medical status), and permanency. See separate policy [8.43 Meaningful Visits](#) for additional guidance and Related Information for specific questions to consider. Does the child:
 - a. Have any visible injuries,
 - b. Appear to be ill, and/or
 - c. Appear to be emotionally unhealthy (withdrawn, angry, scared, etc.).
2. Choose a setting that affords the child an opportunity to speak freely and to discuss the following:
 - a. Any positive or negative feelings the child may have about the placement (e.g. the resource family members, other people who visit the home, etc.), and
 - b. The child's interests (e.g., friends, hobbies, extracurricular activities, etc.).

Contact with the Resource Parent(s)

The FCM will visit with the resource parent(s) at a minimum of every other month. At each visit with the resource parent(s), the FCM will:

1. Utilize the [Visitation Checklist \(SF 53557\)](#) form to gather information and discuss any updates with the resource parent(s);
2. Observe the overall condition of the home or facility, and discuss any areas of concern with the resource parent(s);
3. Discuss the child's overall progress including behavioral management, school adjustment, etc;
4. Assist the resource parent(s) with problem-solving and accessing community resources as needed; and
5. Initiate an emergency removal if the child is in immediate danger. For more details, see separate policy [4.28 Involuntary Removals](#).

Following each visit with the child and/or resource parent(s), the FCM will:

1. Document the visit and any new information gained (e.g., health, educational services, etc.) in MaGIK within one (1) business day. For more details, see separate policies [8.27 Maintaining Health Records - Medical Passport](#) and [8.20 Educational Services](#); and
2. For ICPC cases, send the receiving state an [ICPC Supervision Report \(SF 54335\)](#) of each visit made, and document in MaGIK both the reports of FCM visits and reports of visits by the receiving state. For more details, see separate policy [9.9 Placement Updates and Supervision Reports](#).

[NEW] Contact with Children in Out-of-State Placement

The FCM will have face-to-face contact with each child placed out-of-state through the ICPC once every four (4) months. See Practice Guidance for best practice. The FCM will make a formal request, through the state utilizing the [Interstate Compact on the Placement of Children Request/100A \(SF 106\)](#), for the receiving state to visit the child in the off months. The FCM

should notify the receiving interstate worker of the intent to visit. For more details, see separate policy [9.8 Minimum Contact for DCS ICPC Placements](#).

Contact with the Child’s Parent, Guardian, or Custodian

The FCM will at each visit, assess family progress, discuss services the family needs or is receiving, and provide assistance to the family as needed.

PRACTICE GUIDANCE

[NEW] Contact With Children in Out-of-Home Placement

FCM visits must occur each calendar month whether or not it has been less than 30 days since the last visit. FCMs should attempt to keep the visits around the same time each month when possible. For example, if the visit with the child is at the beginning of the month the FCM should visit the child at the beginning of each subsequent month.

[NEW] Contact With Children in Out-of-State Placement

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

[NEW] Safety, Stability, Well-Being, and Permanency Questions

When completing a visit, the FCM should consider the following list of specific questions in the areas of Safety, Stability, Well-being (including health and medical status), and Permanency¹:

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 – running water, functioning toilets, etc)? Is the child’s care or supervision currently compromised by the parent’s pattern of domestic violence? Are there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child(ren) free from harm? Have all CFT members been afforded the opportunity to provide input into the development of a Safety Plan, if applicable?
2. **Stability** – Does the child have consistent routines, relationships, etc.? 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 health and medical status)** – 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 free/able to attend both school and other social functions? What are the personal hygiene practices? Considering 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. If there are identified special medical needs for the child, does the parent have the capacity and supports necessary to address these needs (e.g., medication, medical

¹ 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.

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 (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.

4. **Permanency** – Safety, stability and sufficient caregiver functioning are simultaneous conditions of permanency for a child or youth. Is the child's daily living and learning stable and free from risk of disruption? Was there a change in adults residing in the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the past year?

Each of the areas above must be included and easily identified within the FCM's documentation of the visit in MaGIK.

FORMS AND TOOLS

1. [Visitation Checklist \(SF 53557\)](#)
2. [Interstate Compact on the Placement of Children Request \(SF 106\)](#)
3. [ICPC Supervision Report \(SF 54335\)](#) – Available in MaGIK
4. [Visitation Plan](#) – Available in MaGIK
5. [Case Plan \(SF 956\)](#) – Available in MaGIK
6. [Family Support/Community Services/Safety Plan \(SF 532243\)](#)

RELATED INFORMATION

Regular Contact is Paramount

Regular contact with the resource parent(s), the parent, guardian, custodian, and the child is the most effective way that DCS can:

1. Promote timely implementation of [Case Plans \(SF 2956\)](#) for children and families served by DCS; and
2. Monitor progress and revise service plans as needed.

Regular contact with the child allows the FCM to:

1. Assess the child's health, safety, well-being, and permanency status;
2. Develop and maintain a trusting and supportive relationship with the child;
3. Assess the child's 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); and
5. Help the child prepare for family reunification, or another permanent living situation, if family reunification has been ruled out
6. **[REVISED]** Spend time with and build relationships with families.

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

The Federal Government has established monthly 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 FCM visits occur with all children under DCS supervision. This visit will occur each calendar month whether or not it has been less than 30 days since the last visit.

Choose an Appropriate Setting

The FCM should choose a setting that allows the child to express freely his or her feelings.

Changes in a Parent's Personal Circumstances

During contact with the family, changes noted regarding a parent's income, employment status, place of residence, diagnosis of physical, and/or mental illness should be documented in MaGIK.

Archived 10/31/2016