	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE POLICY**	
	Chapter 8: Out-of-Home Services	**Effective Date:** March 1, 2019
	Section 10: Minimum Contact	**Version:** 11

STATEMENTS OF PURPOSE

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 case junctures involving the child or resource parent (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 must be made weekly. 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 policy 5.7 Child and Family Team Meetings.

DCS will have face-to-face contact with the resource parent, at a minimum, every other month as part of an assessment of the child's well-being and the needs of the resource parent in caring for the child. 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 to assess the child's reaction and emotions observed following the visitation. It is essential that DCS communicates and partners with the resource parent 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 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 (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.

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 and the Safety Plan (SF53243) must be updated as needed. Issues involving child safety must be immediately addressed.

> **Note:** DCS will ensure that any new allegations of CA/N are reported to the DCS Child Abuse Hotline (Hotline). See Practice Guidance 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 case management system 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 (SF53557) form 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 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;

   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. See Practice Guidance for additional information.

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 policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional guidance; and
6. Photograph the child.

Contact with the Resource Parent

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

1. Utilize the Face-to-Face Contact (SF53557) form to gather information and discuss any updates with the resource parent;
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;
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 in caring for the child, including but not limited to financial needs and licensure (see policies, 16.1 Clothing, Personal Items, and Permitted Per Diem Expenses, and 16.2 Assistance for Unlicensed Relative Placements);
5. Ensure the resource parent is aware of scheduled hearings regarding the child;
6. Assist the resource parent with problem-solving and accessing community resources as needed;
7. Assess for safety concerns, address any identified issues, and update the Safety Plan (SF53243) as needed.

   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 (see Practice Guidance for additional information). 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 separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional guidance.

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 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 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 the case management system the face-to-face contact within three (3) business days. This includes, but is not limited to: new information gained about the assessment of safety, risk, stability, permanency, and well-being (including physical and mental health, medical care, educational status, and progress toward successful adulthood transition); photographs taken; the completed Face-to-Face Contact (SF53557) form; the updated Safety Plan (SF53243) (if applicable); and any other documents obtained. For more details, see 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 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 separate policy, 5.10 Family Services for further guidance;
3. Contact the licensing worker[1] to share relevant information, and collaborate to maintain the placement and retain the resource parent; 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 the case management system 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.

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 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

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 a face-to-face contact does not occur. This "virtual face-to-face contact" would be in addition to face-to-face contact by the receiving state.

[1] The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

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 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 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**?[2]

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 face-to-face contact in the case management system.

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 note any changes regarding the parent, guardian, or custodian's and/or resource parent's income, employment status, place of residence, and diagnosis of physical and/or mental illness. Document these changes in the case management system and contact the licensing worker to ensure he or she is aware of any changes regarding the resource parent.

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 separate 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 separate 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 form, 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 AND TOOLS

1. Face-to-Face Contact (SF53557)
2. Interstate Compact on the Placement of Children Request (SF106)
3. ICPC Supervision Report (SF54335)
4. Case Plan (SF956) – Available in the case management system
5. Safety Plan (SF53243)
6. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114)
7. Child and Adolescent Strengths and Needs (CANS) Assessment – Available in the case management system

RELATED INFORMATION

Regular Contact is Paramount

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

1. Promote timely implementation of the Case Plan (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;
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; 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 (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. 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.

Case Junctures

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, 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; or
9. Education.

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 the practice that directly impacts outcomes for families.