INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL**	
	Chapter 7: In-Home Services	**Effective Date:** November 1, 2016
	Section 3: Minimum Contact	**Version:** 4

POLICY

[REVISED] The Indiana Department of Child Services (DCS) will have **monthly** face-to-face contact, in accordance with the Minimum Service Level Contact Standards, with every child under DCS care and supervision who is identified as "at imminent risk of placement". Face-to-face contact must include time spent alone with the child, and a photograph of the child will be taken during each face-to-face contact.

[REVISED] DCS will have **monthly** face-to-face contact, in accordance with the Minimum Service Level Contact Standards, with each parent, guardian, or custodian of the child. The presence of domestic violence should be assessed through questioning and observation during every contact.

[REVISED] DCS will ensure that sufficient time and opportunity is allowed during monthly visits to observe and evaluate the parent-child relationship.

[REVISED] DCS will make contact with the child and family within 24 hours of receiving notice of a critical episode involving the child and/or family (e.g., potential risk of removal, new child abuse and/or neglect [CA/N] allegations, potential runaway situations, pregnancy of the child, or lack of parental contact). The assigned Family Case Manager (FCM) will monitor and evaluate the situation and convene the Child and Family Team (CFT) and/or a case conference to assess whether the situation warrants additional services or supports for the family (see separate policies, 5.7 Child and Family Team Meetings and 4.18 Initial Safety Assessment).

DCS will initiate an emergency removal if the child is in immediate danger. See separate policy, 4.28 Involuntary Removals, for further guidance.

DCS will maintain contact with the noncustodial parent and will ensure he or she is afforded the opportunity to visit with the child and maintain involvement in the child's life, unless the court has ruled that this is not in the child's best interest.

[NEW] Contacts, observations, assessments, photographs taken, and any new information gathered will be documented in the Management Gateway for Indiana Kids (MaGIK). All safety concerns identified must be reported to the FCM Supervisor immediately. Issues involving child safety must always be immediately addressed.

Code References
IC 34-6-2-34.5 Domestic or family violence

PROCEDURE

[NEW] Determining Minimum Contact

The FCM will:

1. Determine the Minimum Service Level Contact based upon the recommendation from the SDM® Family Risk Reassessment For In-Home Cases;
2. For moderate, high, and very high service level cases, discuss with the FCM Supervisor the delegation of some face-to-face contacts to a service provider and create or modify any referrals needed for this purpose. See Practice Guidance for additional information.

Contact with the Child

[REVISED] During each face-to-face contact with the child, FCM will:

1. Assess the child's safety, stability, permanency, and well-being (including mental and physical health, medical care, and educational status). See separate policy, 7.5 Meaningful Visits for additional guidance and Practice Guidance for specific questions to consider;
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 he or she may have regarding:
   a. Safety in the home and other locations 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);
5. Complete the Face-to-Face Contact Checklist (SF53557); and
6. Photograph the child.

Contact with the Child and/or Parent, Guardian, or Custodian

During each face-to face contact with the child and/or parent, guardian, or custodian, the FCM will;

1. Utilize the Face-to-Face Contact Checklist (SF53557) to gather information and discuss any updates with the family;
2. **[NEW]** Evaluate the parent-child relationship;

   Note: Visits must be scheduled to allow observation of the parent-child relationship.

3. Assess family progress, discuss services the family needs or is receiving, and provide assistance and support to the family as needed;
4. Observe the overall condition of the home and discuss any areas of concern with the family;
5. Discuss the child's overall progress including behavioral management, school adjustment, etc.;
6. Assist the family with problem-solving and accessing community resources as needed;
7. Review progress on the concerns that brought the family to the attention of DCS; and

8. **[NEW]** Collaborate with the child and/or parent, guardian, or custodian to prepare for the next CFT meeting.

[NEW] Following each contact with the child and/or parent, guardian, or custodian, the FCM will:

1. Document the visit, Face-to-Face Contact Checklist (SF53557) photographs taken, and any new information gained in MaGIK within one (1) business day; and
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 and/or parent, guardian, or custodian.

Contact with Siblings, if Applicable

The FCM will develop a visitation plan to ensure that sibling contact is maintained and strengthened. See separate policy, 8.12 Developing the Visitation Plan for further guidance.

PRACTICE GUIDANCE

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.

Face-to-Face Contacts and Monitoring of Plans

While monthly face-to-face contacts conform to DCS policies, best practice would indicate a need to see the child on a more frequent basis early on to ensure monitoring and adherence of a Family Support/Community Services/Safety Plan (SF53243), for example, as determined by the CFT Meeting process.

[NEW] Safety, Stability, Well-Being, and Permanency Questions[1]

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, and educational status), 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, and educational care) –** 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? 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 observe and assess the child's entire body. Lighting may need to be adjusted and blankets removed in order to adequately visualize the child's physical condition.

    f. How does the child adapt to changes that affect his or her life?

[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.

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 concurrent and/or alternate plan in place for the child? 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 contact in MaGIK.

FORMS

1. Face-to-Face Contact Checklist (SF53557)
2. Family Support/Community Services/Safety Plan (SF53243)
3. SDM® Family Risk Reassessment For In-Home Cases – Available in MaGIK Forms

RELATED INFORMATION

Regular Contact is Paramount

Regular face-to-face contact with the parent, guardian, or custodian and the child who has been identified at imminent risk of placement is the most effective way that DCS can:

1. Promote timely implementation of Case Plans or IAs 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 health, safety, well-being (including mental and physical health and medical care), and permanency status;
2. Develop and maintain a trusting and supportive relationship with the child; and
3. Assess the child's underlying needs and related behaviors, as well as, progress in services.

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

Choose an Appropriate Setting

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

[2] 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.

[NEW] Changes in a Parent's Personal Circumstances

Following each contact with the parent, guardian, custodian, and/or resource parent(s) note any changes regarding the parent, guardian, 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).