

**SERVICE STANDARD**  
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**FATHER ENGAGEMENT**

**I. Service Description**

- A. The Indiana Department of Child Services (DCS) intends to contract with providers throughout the state to implement fatherhood programming to provide assistance and support to fathers whose children are involved with DCS.
- B. Providers will work actively with DCS employees to successfully engage fathers in services that will improve safety, stability, well-being, and permanency for their children.
- C. Providers will assist fathers in strengthening the relationship with their children and promoting positive relationships between the families, the local DCS Family Case Managers, and others involved in their children's care.

**II. Service Delivery**

- A. The direct worker shall make efforts to make periodic visits to DCS offices to network with FCMs and attend Child and Family Team Meetings (CFTMs) when requested.
- B. The provider will secure and maintain a working relationship with the Family Case Manager and the other relevant DCS staff to provide a liaison between the fathers and DCS.
- C. When Family Case Managers have exhausted all known diligent search efforts and inquiries, providers will assist in locating and engaging fathers (including those who may be incarcerated or who live out of state).
- D. The provider will actively engage referred fathers with the goal of increasing their involvement in the DCS case.
- E. The provider will conduct intake interviews, and collect demographic, and other outcome data for reporting purposes.
  - 1. Services must include ongoing monitoring of father/parental progress.
- F. The provider will work collaboratively with DCS, other contracted providers, community organizations, and individuals to develop, maintain, and provide appropriate programming for fathers whose children are involved in the child welfare system.

- G. The provider will possess a clear understanding of male learning styles and male help seeking behaviors.
- H. The provider will practice effective techniques for father engagement through a non-judgmental, holistic viewpoint regarding father/child relationship, focusing on the child in the context of the family.
- I. The provider will refer participants, when indicated, to community resources and other organizations.
- J. The provider will promote community awareness regarding the value of engaging fathers of children involved in the child welfare process, through presentation and written materials.
- K. The provider will develop a working relationship with local child support enforcement offices and staff members in order to be of mutual assistance in helping obtain appropriate financial support of children.
- L. Services will be provided at times convenient for or necessary to meet the family's needs, not according to a specified work week schedule.
- M. Services will be provided in-home, in the community environment, in the DCS office, and/or the provider's office.
- N. Services will be based on the families established DCS Case Plan/Disposition or Informal Adjustment, while taking into consideration the recommendation of the Child and Family Team, as applicable.
- O. Services will be conducted with behavior and language that demonstrates respect for socio-cultural values, personal goals, lifestyle choices, and complex family interactions and be delivered in a neutral, valued, and culturally competent manner.
- P. The provider will coordinate and provide Fatherhood Programming utilizing a DCS approved educational curricula such as *Bringing Back the Dads*, *24/7 Dads*, *Inside Out Dads* and *Bridges out of Poverty*.
  - 1. Any other curricula must have prior approval from DCS Central Office prior to use.
- Q. The Programming can be provided through the use of group or one-on-one sessions.
- R. All curricula must include child support enforcement education and financial responsibility education.
- S. The Fatherhood Programming and other individual work with the father may provide any combination of the following kinds of services:
  - 1. Information regarding the CHINS legal process including court procedures, parental participation requirements, court ordered services, visitation with the children, reimbursement of cost for services, and other aspects related to the legal process;

2. The expectations of the family related to participation in court ordered services and visitation with the children, attendance at court, appropriate dress for court, and other aspects related to the legal process;
3. Information regarding the parent's rights and the CHINS proceedings, the length of time the children may be in care prior to a permanency procedure, termination of parental rights, and family and team meetings procedures;
4. Role of the Court Appointed Special Advocate or Guardian Ad Litem;
5. An informal environment for fathers to discuss issues that brought them to the attention of DCS and develop suggestions that may assist in resolving these issues as a group;
6. Educational programs using speakers recruited from the local professional community to assist and educate fathers in areas such as:
  - a) Abuse and neglect;
  - b) Increasing parenting skills;
  - c) Substance abuse;
  - d) Anger management;
  - e) Advocacy with public agencies including the children's schools;
  - f) Issues of interest to the parents related to their needs and the needs of their children
  - g) Coaching and information to develop attitudes and social skills needed for improved family relations and personal responsibility;
  - h) After consultation with the Family Case Manager, providers will make concerted, organized, and systematic efforts to connect children with their incarcerated father (if applicable), through video conferencing, face-to-face contact, correspondence and by telephone, unless the court has determined that visiting would put the child in danger; and
  - i) Supports fathers and parental relatives in court and Child and Family Team Meetings by providing transportation and/or transportation voucher when appropriate.

T. Supervised visitation

1. Supervised visits will be billed separately from other services within the standard and will consist of work within the scope of this service standard.
2. The Individual and Monthly Visitation Reports must be used to document the supervised visitation portion of the services provided.
3. The Monthly Progress Report will be used to document other services provided within this service standard.
4. Further instructions on how to facilitate, document, and bill for visitation is outlined in the Visitation Facilitation Service Standards:
  - a) Section II (Service Delivery Referral Process)

- b) Service VII (Billable Units)
- c) Section XI (Training)

### **III. Target Population**

- A. Services must be restricted to the following eligibility categories:
  - 1. Fathers of children who have substantiated cases of abuse and/or neglect and will likely develop into an open Informal Adjustment (IA) or CHINS status.
  - 2. Fathers of children which have an IA or the children have the status of CHINS.

### **IV. Goals and Outcomes**

- A. Goal #1: Timely initiation of services with the fathers.
  - 1. Outcome Measure: 95% of all incarcerated fathers referred with a valid contact and/or address will receive a telephone call or a drop by contact attempt within 5 (five) business days of the referral.
  - 2. Outcome Measure: 75% of all fathers will have face-to-face contact within 10 (ten) business days of the referral.
- B. Goal #2: Timely receipt of electronic outcome reports.
  - 1. Outcome Measure: 100% of reports will be received timely.
    - a) An approved data sharing process, documenting services for each referred father, will be electronically forwarded to DCS Central Office designated email address: [Researchevaluation@dcs.in.gov](mailto:Researchevaluation@dcs.in.gov).
- C. Goal #3: Engage fathers in services that will reduce barriers to safety, stability, well-being, and permanency for their children.
  - 1. Outcome Measure: 60% of all fathers referred will become actively engaged in the DCS open case as evidenced by visitation with their children, participation in CFTM, and the DCS Case Plan.
  - 2. Outcome Measure: 100% of all referred fathers who received a face-to-face contact will have a paternal genogram created and sent to the FCM within 30 (thirty) days of the first face-to-face contact.
    - a) Genograms will be created using guidance found at [http://www.in.gov/dcs/files/Family\\_Network\\_Diagram.pdf](http://www.in.gov/dcs/files/Family_Network_Diagram.pdf)

- D. Goal #4: Coordinate efforts between the Department of Corrections and/or local detention facilities, child welfare agencies, and the courts to ensure incarcerated fathers are notified of court proceedings regarding the care and custody of their child (ren) when appropriate.
1. Outcome Measure: 60% of incarcerated fathers will become actively engaged in the DCS open case as evidenced by contact with their children via email, visitation, phone, or video communication.
- E. Goal #5: DCS/Probation and clients will report satisfaction with services.
1. Outcome Measure: DCS/Probation satisfaction will be rated 4 and above on the Service Satisfaction Report.
  2. 90% of clients will rate the services “Satisfactory” or above on satisfaction survey developed by the service provider, unless one is distributed by DCS/Probation to providers for their use with clients.

## **V. Minimum Qualifications**

### **A. Direct Worker**

1. Direct workers under this standard must meet one of the following minimum qualifications:
  - a) Bachelor’s degree in Psychology or Sociology, or Social Work
  - b) Master’s degree in Psychology, Sociology, Social Work; OR
  - c) Bachelor’s or Master’s degree in a directly related human services field. The individual must also:
    - (1) Complete a minimum of 39 semester/58 quarter hours in the following coursework:
      - (a) Human Growth and Development
      - (b) Social and Cultural Foundations
      - (c) Lifestyle and Career Development
      - (d) Sexuality
      - (e) Gender and Sexual Orientation
      - (f) Ethnicity, Race, Status, and Culture
      - (g) Psychology
      - (h) Sociology
      - (i) Social Work
      - (j) Criminology
      - (k) Ethics and Philosophy
      - (l) Physical and Behavioral Health
      - (m) Family Relationships
      - (n) Advocacy and Mediation
      - (o) Case Management
      - (p) Resources and Systems

- (q) Social Policy
  - (r) Community Planning and Relations
  - (s) Crisis Intervention
  - (t) Substance Use
  - (u) Counseling and Guidance
  - (v) Educational Studies
- (2) The individual must complete the Human Service Related Degree Course Worksheet.
- (a) For auditing purposes, the worksheet should be completed and placed in the individual's personnel file.
  - (b) Transcripts must be attached to the worksheet.
- (3) Coursework must be completed at a satisfactory level, no less than a C- for any quarter or semester grade in applicable coursework.
- d) Other non-Human Service related Bachelor's degrees will be accepted:
- (1) Minimum of two years-experience
    - (a) Providing a service to families that need assistance in the protection and care of their children and/or providing skills training, development, and habilitation.
      - (i) Experience gained by an employee in which the employee was not qualified to complete the work at the current or previous employer does not count toward the required two (2) year experience in combination with a Bachelor's degree.
2. The individual must possess a valid driver's license and the ability to use a private car to transport self and others, and must comply with the state policy concerning minimum car insurance coverage.
3. In addition to the above:
- a) Knowledge of child abuse and neglect, and child and adult development
  - b) Knowledge of community resources and ability to work as a team member
  - c) Belief in helping clients change their circumstances, not just adapt to them
  - d) Belief in adoption as a viable means to build families
  - e) Understanding regarding issues that are specific and unique to adoptions such as loss, mismatched expectations and flexibility,

loss of familiar surroundings, customs and traditions of the child's culture, entitlement, gratification delaying, flexible parental roles, and humor.

**B. Supervisor**

4. Supervisors under this standard must meet one of the following minimum qualifications:
  - a) Master's or Doctorate degree in Social Work, Psychology, or directly related human services field from an accredited college and completion of DCS Supervision Qualification Training requirements specified for Masters level supervisors.
  - b) Master's Degree in Social Work, Psychology, Marriage and Family Therapy, or related human services field, and two (2) years related clinical experience with a clinical license issued by the Indiana Social Worker, Marriage and Family Therapist, or Mental Health Counselor Board
  - c) A Bachelor's Degree in Social Work, Psychology, or directly related human services field from an accredited college with five years-experience delivering home based child welfare or home based probation services with one year experience under the DCS Home Based Casework Service Standards (Community Partners, Father Engagement, or Home Based Family Centered Casework) and completion of DCS Supervisor Qualification Training requirements specified for Bachelor's level supervisors.

- (1) The individual must have a minimum of 6 months of experience with the current agency or must have provided supervision under the service standard for at least 1 year at a different agency.
  - (2) All staff who are supervised by a bachelor's level supervisor must have clinical consultation a minimum of quarterly.
    - (a) This supervision can be provided in a group format.
    - (b) Supervisors should be present during clinical consultation, as this time can apply towards the minimum staffing requirements required for supervision.
5. Supervision Training Criteria:
  - a) All providers providing supervision must adhere to the DCS Supervisor Qualification Training.
  - b) The DCS Supervisor Qualification Training outlines a training criteria.
  - c) These trainings can be completed by the agencies own training program if it meets the competencies or utilizes DCS resources to train staff.
  - d) The link for the DCS Supervisor Qualification Training can be found at <http://www.in.gov/dcs/3493.htm>
6. Supervision:
  - a) Supervisors must respond to the ongoing individual needs of staff by providing them with the appropriate combination of training and supervision.
  - b) The frequency and intensity of training and supervision are to be consistent with "best practices" and comply with the requirements of each provider's accreditation body.
  - c) Supervision should include individual, group, and direct observation modalities and can utilize teleconference technologies.
  - d) Under no circumstance is one-on-one supervision to be less than one (1) hour of supervision per 25 hours of face-to-face direct client services provided, nor occur less than every two (2) weeks.
7. Shadowing:
  - a) All agencies must have policies that require regular shadowing (by supervisor) of all staff at established intervals based on staff experience and need.
  - b) Shadowing must be provided in accordance with the policy.
  - c) The agency must provide clear documentation that shadowing has occurred.



**B. Clinical Consultation**

1. Applicable when the supervisor meets the requirements at a Bachelor's Degree level, as described above. The individual providing Clinical Consultation under this standard must meet one of the following minimum qualifications:
  - a) Master's Degree in Social Work, Psychology, Marriage and Family Therapy, or related human services field, and two (2) years related clinical experience with a clinical license issued by the Indiana Social Worker, Marriage and Family Therapist, or Mental Health Counselor Board
  - b) All staff who are supervised by a Bachelor's level supervisor must have a minimum of quarterly clinical supervision.
    - (1) The consultation can be provided in a group or individual setting.
    - (2) Bachelor's level Supervisor should be present during clinical consultation with direct staff.
    - (3) This time is applicable to minimum supervision requirements only if conducted one-on-one with staff.

**VI. Billing Units**

**A. Face to Face**

1. Includes client specific face-to-face contact with the identified client/family during which services as defined in the applicable Service Standard are performed.
2. Includes Child and Family Team Meetings or case conferences initiated or approved by DCS for the purposes of goal directed communication regarding the services to be provided to the client/family.
  - a) Members of the client family are to be defined in consultation with the family and approved by DCS. This may include persons not legally defined as part of the family.
3. Includes no more than five (5) hours of time spent locating fathers including making telephone calls, attempted face-to-face contacts, collateral contacts, or completing online searches.

4. Includes crisis intervention via telephone with the identified client family.
  - a) Best practice would include a follow up face to face visit with the client family.
  - b) Crisis over the phone is for extraordinary circumstances and should not be the mode to which ongoing services are provided.
5. Billing for additional collateral contacts can be approved by DCS when attempting to locate and/or engage an incarcerated client or client living out of state.
6. Not included are routine report writing and scheduling of appointments, collateral contacts, travel time, and no shows.
  - a) These activities are built into the cost of the face-to-face rate and shall be billed separately.

B. Group

1. A minimum of three (3) fathers from at least 2 different referral sources must be in attendance in order to bill for group.
2. Services include group goal direct work with clients.
3. To be billed per group hour.

C. Supervised Visitation

1. Time spent supervising visits will be billed separately from other services within this standard and will consist of work within the scope of this service standard.
2. The rate will be the same as the face-to-face rate, but will include only time spent face-to-face supervising the visit.
3. Any other billable time as defined in the face-to-face rate should be billed under the face-to-face rate.
4. Services may be billed in 15 minute increments; partial units are rounded to the nearest quarter hour using the following guidelines:
  - a) 0 to 7 minutes – do not bill (0.00 hour)
  - b) 8 to 22 minutes- 1 fifteen minute unit (0.25 hour)
  - c) 23 to 37 minutes – 2 fifteen minute units (0.50 hour)
  - d) 38 to 52 minutes- 3 fifteen minute units (0.75 hour)
  - e) 53 to 60 minutes- 4 fifteen minute units (1.00 hour)
5. When DCS requests the provider to check in intermittently - at least once per hour - , the provider can bill in increments of 30 minutes for each check-in, provided that the total amount of time billed should not exceed the total length of the visit.

#### D. Interpretation, Translation, and Sign Language Services

1. The location of and cost of Interpretation, Translation, and Sign Language Services are the responsibility of the Service Provider.
2. If the service is needed in the delivery of services referred, DCS will reimburse the Provider for the cost of the Interpretation, Translation, or Sign Language service at the actual cost of the service to the provider.
3. The referral from DCS must include the request for Interpretation services and the agencies' invoice for this service must be provided when billing DCS for the service. Providers can use DCS contracted agencies and request that they be given the DCS contracted rate but this is not required.
4. The Service Provider Agency is free to use an agency or persons of their choosing as long as the service is provided in an accurate and competent manner and billed at a fair market rate.
5. Certification of the Interpreter is not required; however, the interpreter should have passed a proficiency test in both the spoken and the written language in which they are interpreting.

#### E. Court

1. The provider of this service may be requested to testify in court.
2. A Court Appearance is defined as appearing for a court hearing after receiving a written or email request or subpoena from DCS to appear in court, and can be billed per appearance.
3. If the provider appeared in court two different days, they could bill for 2 court appearances.
  - a) Maximum of 1 court appearance per day.
4. The Rate of the Court Appearance includes all cost associated with the court appearance, therefore additional costs associated with the appearance cannot be billed separately.

#### F. Reports

1. If the services provided are not funded by DCS, the "Report" hourly rate will be paid.
2. A referral for "Reports" must be issued by DCS in order to bill.

#### G. Incarcerated Father Communication Services

1. To enhance communication with DOC incarcerated fathers.
2. Services include:
  - a) Email communication
  - b) Inbound video grams
  - c) Video visits

3. Agencies will partner with the current DOC's incarcerated father communications service provider and will be reimbursed at actual cost.
4. Incarcerated father communication will be approved during a CFTM, and CFTM minutes must authorize the request, along with the appropriate level of communication.

## **VII. Case Record Documentation**

- A. Case record documentation for service eligibility must include:
  1. A completed, and dated DCS/Probation referral form authorizing services
  2. Copy of DCS/Probation Case Plan, Informal Adjustment documentation, or documentation of requests for these documents from referral source
  3. Safety issues and Safety Plan documentation
  4. Documentation of Termination/Transition/Discharge Plans
  5. Treatment/Service Plan
    - a) Must incorporate DCS Case Plan goals and child safety goals
    - b) Must be Specific, Measurable, Attainable, Relevant, and Time Sensitive goal language
  6. Monthly reports are due to the 10th day of each month following the month of service. Case documentation shall show when report is sent.
    - a) The monthly report will include the following:
      - (1) Summary of services;
      - (2) Father's involvement with the child(ren);
      - (3) Father's parental progression as evidence by visitation supervision and unsupervised visitation with child(ren);
      - (4) Participation in Child and Family Team Meetings;
      - (5) Father's involvement in the DCS Case Plan;
      - (6) Established paternity and if the father is paying child support
      - (7) Engagement in fatherhood curriculum and/or successfully/unsuccessful completion of referral sources will be provided to the referring FCM monthly.
    - b) Provider recommendations to modify the service/treatment plan
    - c) Discuss overall progress related to treatment plan goals including specific examples to illustrate progress

7. Progress/Case Notes must document:
  - a) Date
  - b) Start time
  - c) End time
  - d) Participants
  - e) Individual providing service
  - f) Location
8. When applicable, Progress/Case notes may also include:
  - a) Service/Treatment plan goal addressed (if applicable)
  - b) Description of Intervention/Activity used towards treatment plan goal
  - c) Progress related to treatment plan goal including demonstration of learned skills
  - d) Barriers: lack of progress related to goals
  - e) Clinical impressions regarding diagnosis and or symptoms (if applicable)
  - f) Collaboration with other professionals
  - g) Consultations/Supervision staffing
  - h) Crisis interventions/emergencies
  - i) Attempts of contact with clients, FCMs, resource parents, other professionals, etc.
  - j) Communication with client, significant others, other professionals, school, resource parents, etc.
  - k) Summary of Child and Family Team Meetings, case conferences, staffing
9. Supervision Notes must include:
  - a) Date and time of supervision
  - b) Individuals present
  - c) Summary of supervision discussion including presenting issues and guidance given
10. Child and Family Team Meeting minutes authorizing usage of JPAY
11. Paternal genogram and documentation of when it was sent to referral source.

## **VIII. Service Access**

- A. All services must be accessed and pre-approved through a referral form from the referring DCS staff.
- B. In the event a service provider receives verbal or email authorization to provide services from DCS/Probation an approved referral will still be required.
- C. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS.
- D. Providers must initiate a re-authorization for services to continue beyond the approved period.

## **IX. Adherence to the DCS Practice Model**

- A. Services must be provided according to the Indiana Practice Model, providers will build trust-based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect.
- B. Providers will use the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

## **X. Interpretation, Translation, and Sign Language Services**

- A. All Services provided on behalf of the Department of Child Services must include Interpretation, Translation, or Sign Language for families who are non-English language speakers or who are hearing-impaired.
- B. Interpretation is done by an Interpreter who is fluent in English and the non-English language and is the spoken exchange from one language to another.
- C. Certification of the interpreter is not required; however, the interpreter should have passed a proficiency test in both the spoken and the written language in which they are interpreting.
- D. Interpreters can assist in translating a document for a non-English speaking client on an individual basis, (i.e., An interpreter may be able to explain what a document says to the non-English speaking client).
- E. Sign Language should be done in the language familiar to the family.
- F. These services must be provided by a non-family member of the client, be conducted with respect for the socio-cultural values, life style choices, and complex family interactions of the clients, and be delivered in a neutral-valued culturally-competent manner.

- G. The Interpreters are to be competent in both English and the non-English Language (and dialect) that is being requested and are to refrain from adding or deleting any of the information given or received during an interpretation session.
- H. No side comments or conversations between the Interpreters and the clients should occur.

## **XI. Trauma Informed Care**

- A. Provider must develop a core competency in Trauma Informed Care as defined by the National Center for Trauma Informed Care—SAMHSA (<http://www.samhsa.gov/nctic/>):
  - 1. Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.
  - 2. NCTIC facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. In all of these environments, NCTIC seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"
  - 3. When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services.
  - 4. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization
- B. Trauma Specific Interventions: (modified from the SAMHSA definition)
  - 1. The services will be delivered in such a way that the clients/families feel respected, informed, connected, and hopeful regarding their own future.
  - 2. The provider must demonstrate an understanding, through the services provided, of the interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)
  - 3. The provider will work in a collaborative way with child/family, extended family and friends, and other human services agencies in a manner that will empower child/family.

## **XII. Training**

- A. Service provider employees are required to complete general training competencies at various levels.
- B. Levels are labeled in Modules (I-IV), and requirements for each employee are based on the employee's level of work with DCS clients.
- C. Training requirements, documents, and resources are outlined at:  
<http://www.in.gov/dcs/3493.htm>
  - 1. Review the **Resource Guide for Training Requirements** to understand Training Modules, expectations, and Agency responsibility.
  - 2. Review **Training Competencies, Curricula, and Resources** to learn more about the training topics.
  - 3. Review the **Training Requirement Checklist** and **Shadowing Checklist** for expectations within each module.

## **XIII. Cultural and Religious Competence**

- A. Provider must respect the culture of the children and families with which it provides services.
- B. All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences.
- C. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender or questioning children/youth.
  - 1. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook.
  - 2. Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth.
  - 3. The guidebook can be found at:  
<http://www.in.gov/dcs/files/GuidebookforBestPracticeswithLGBTQYouth.pdf>
- D. Efforts must be made to employ or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist.
- E. Contractor must have a plan for developing and maintaining the cultural competence of their programs, including the recruitment, development, and training of staff, volunteers, and others as appropriate to the program or service type; treatment approaches and models; and the use of appropriate community resources and informal networks that support cultural connections.



#### **XIV. Child Safety**

- A. Services must be provided in accordance with the Principles of Child Welfare Services.
- B. All services (even individual services) are provided through the lens of child safety.
  - 1. As part of service provision, it is the responsibility of the service provider to understand the child safety concerns and protective factors that exist within the family.
  - 2. Continual assessment of child safety and communication with the Local DCS Office is required. It is the responsibility of the service provider to report any safety concerns, per state statute, IC 31-33-5-1.
- C. All service plans should include goals that address issues of child safety and the family's protective factors. The monthly reports must outline progress towards goals identified in the service plans.