State of Indiana

Department of Child Services
Ombudsman Bureau

2019 Annual Report

Mission

The DCS Ombudsman Bureau effectively responds to complaints concerning DCS actions or omissions by providing problem resolution services and independent case reviews. The Bureau also provides recommendations to improve DCS service delivery and promote public confidence.

Guiding Principles

- A healthy family and supportive community serve the best interest of every child.
- Independence and impartiality characterize all Bureau practices and procedures.
- All Bureau operations reflect respect for parents' interest in being good parents and DCS professional's interest in implementing best practice.

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STATE OF INDIANA

Eric J. Holcomb, Governor

DEPARTMENT OF ADMINSTRATION
Department of Child Services Ombudsman Bureau

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The Honorable Eric J. Holcomb, Governor
The Honorable Speaker and President Pro Tempore
Lesley A. Crane, Commissioner, Indiana Department of Administration
Terry Stigdon, Director, Indiana Department of Child Services

In accordance with my statutory responsibility as the Department of Child Services Ombudsman, I am pleased to submit the 2019 Annual Report for the Indiana Department of Child Services Ombudsman Bureau.

This report provides an overview of the activities of the office from January 1, 2019 to December 31, 2019 and includes information regarding program administration, case activity and outcomes. Included as well is an analysis of the complaints received, recommendations provided to the Department of Child Services and the agencies responses to the Department of Child Services Ombudsman Bureau.

I would like to express my appreciation for the leadership and support of Governor Holcomb, Director Stigdon, Commissioner Crane and the Indiana State Legislature. Appreciation is also extended to the staff of the Department of Child Services and their diligent efforts to support the mission of the Department of Child Services Ombudsman Bureau in 2019. Their commitment to Indiana's families and children and their willingness to work to strengthen the delivery of child welfare services in the State of Indiana is acknowledged and appreciated! It is such support that has enabled the DCS Ombudsman Bureau to grow and improve since its inception. I am truly honored to serve the citizens of Indiana as the Department of Child Services Ombudsman.

Respectfully,

Alfreda D. Singleton-Smith

Alfreda D. Singleton-Smith, MSW LSW

Director, DCS Ombudsman Bureau

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Executive Summary

Introduction

The DCS Ombudsman Bureau continued to experience substantial program growth in 2019. The agency's efforts focused on ensuring the continued stability of the agency's goals of:

- effectively responding to constituent complaints in a timely manner;
- enhancing and developing program practices and guidelines;
- increasing the number of constituent responses;
- and, expanding outreach initiatives.

Authority

The Department of Child Services (DCS) Ombudsman Bureau was established in 2009 by the Indiana Legislature to provide DCS oversight. IC 4-13-19 gives the Department of Child Services Ombudsman the authority "to receive, investigate, and attempt to resolve a complaint alleging that the Department of Child Services, by an action or omission occurring on or after January 11, 2005, failed to protect the physical or mental health or safety of any child or failed to follow specific laws, rules, or written policies." The law also provides the DCS Ombudsman Bureau the authority to evaluate the effectiveness of policies and procedures in general and provide recommendations.

Activity Overview

During 2019, the primary activity of the office was to respond to complaints, determine findings, provide case specific and systemic recommendations, and monitor DCS responses. When case findings were determined to have systemic implications, policies and procedures were reviewed and general recommendations were provided. This year the DCS Ombudsman Bureau responded to 988 Information and Referral (I & R) inquiries, conducted 210 Assists, opened 152 Cases and closed 168 Cases. A total number of 176 cases were reviewed during 2019. Two investigations were completed in 2019.

Administration

Location: The DCS Ombudsman Bureau is an independent state agency housed in the Indiana Department of Administration (IDOA). IDOA provides office space, furnishings, equipment, and utilities.

Staff/Resources: The DCS Ombudsman Bureau consists of the Director and three full-time Assistant Ombudsmen. (Attachment A – Staff Biographies) Legal consultation is provided as needed by IDOA General Counsel and/or Deputy Attorney General. Technical assistance is provided by the IDOA MIS Director. The DCS Ombudsman Bureau experienced no staff turnover in 2019.

In late 2016, the Director of the DCS Ombudsman Bureau began steps to increase the Assistant Ombudsman's job title and salary to attract and retain skilled talent to the DCS Ombudsman

Bureau, while enhancing current program service delivery. As a result of this endeavor, the Assistant Ombudsman's class title of Administrative Assistant was adjusted in the first quarter of 2017 to Program Director 2. This change also included a 4.5 percent annual salary increase.

Continued program growth in 2018 presented opportunities for the growth of service delivery to those constituents impacted by DCS involvement. In preparation for the 2019 budget year, the DCS Ombudsman Bureau worked with Indiana Department of Administration staff to submit a budget justification in the fall of 2018 proposing a staffing increase of one Full Time Equivalent (FTE) Assistant Ombudsman. The position was necessary to support the DCS Ombudsman Bureau's goal of timely response to ever increasing constituent needs. **The staff increase was approved during the 2019 Legislative session, and one FTE Assistant Ombudsman position was added to the DCS Ombudsman Bureau in October 2019 bringing the total to three.**

Budget: The DCS Ombudsman Bureau was appropriated $304,295 in the 2019 - 2020 fiscal year which is allocated from the general fund. Most of the expenditures are for personnel, with the remainder devoted to supportive services, outreach, and supplies.

Program Development

Policies and Procedures: The *Procedures and Practices Guidelines* for the DCS Ombudsman Bureau is posted on the agency's website. The manual continues to be a viable resource for sharing information regarding the policies and practices of the DCS Ombudsman Bureau. The manual serves as an important mechanism for guiding the operations of the bureau pursuant to statute (Indiana Code (IC) 4-13-19) and informing constituents of the agency's policies and practices.

Website Enhancements: The DCS Ombudsman Bureau continues to monitor the website to ensure that it is functioning properly, and that information provided remains relevant to meet the needs of Indiana constituents. The DCS Ombudsman Bureau's information is also linked to the Indiana DCS website (www.dcs.in.gov). An Ombudsman website launched in 2016 by the State of Indiana provided an additional opportunity for constituents to access ombudsman services and support across the state (www.Ombudsman.in.gov). Information regarding the DCS Ombudsman Bureau can be found on this page.

Tracking and Reporting: This office continues to compile quarterly reports to document complaint/case activity each quarter and to track responses to recommendations. The information from the quarterly reports is used to compile basic information for the Annual Report. The DCS Ombudsman Bureau has also begun the process of identifying an electronic case management and data tracking system to support the agency's continually increasing growth.

Outreach: In an effort to increase public awareness of the office pursuant to IC 4-13-19-5 (a) (5), the DCS Ombudsman Bureau developed several strategies. Educational presentations

continue to be available to the public and can be requested via the website, DCS Ombudsman Bureau email, or staff. The DCS Ombudsman Bureau staff presented workshops, and provided information regarding the DCS Ombudsman Bureau's 2018 Annual Report and practices to the Indiana University School of Social Work, the DCS Resource and Adoptive Parent Training (RAPT) Conference, and informational interviews and shadowing opportunities with DCS staff, students and employees from various colleges, agencies, and community stakeholders. Additionally, as a member of the United States Ombudsman Association (USOA) the DCS Ombudsman Bureau participated in national ombudsman best practices member sponsored surveys/queries. The bureau has also provided information and support to new child welfare Ombudsman programs in other states.

DCS Ombudsman Bureau brochures and posters are available to all local DCS offices, and the public. The DCS Ombudsman Bureau Director serves as a statutory member of Indiana's Statewide Child Fatality Review Team, a multidisciplinary team charged with reviewing child fatalities. The DCS Ombudsman Bureau will continue to develop strategies designed to reach constituents, specifically those individuals that are least likely to access DCS Ombudsman Bureau services. These include but are not limited to parents, grandparents and other relatives, and service providers.

Training: The DCS Ombudsman Bureau continues to participate in educational programs specific to the ombudsman role and child welfare practice. The agency is a member of the United States Ombudsman Association (USOA). The USOA provides opportunity for consultation, support, and education to all members. The DCS Ombudsman Bureau staff also participates in trainings at conferences hosted by DCS, Indiana Youth Institute, Indiana Association of Resources and Child Advocacy (IARCA), Indiana Statewide Child Fatality Review Committee, Kids Count Indiana, Resource and Adoptive Parent Training (RAPT) Conferences, Marion County DCS Trauma Informed Care Symposium, and a variety of webinars, books, and articles with information of interest to the agency.

Metrics: The DCS Ombudsman Bureau continues to track the turnaround time for responses to complaints, completions of reviews, and investigations. The metrics indicate that the DCS Ombudsman Bureau continues to exceed the goals established for best practice related to response to constituents in 2019 as defined below.

Identified Task	**Goal**	**2017 Metric (Average)**	**2018 Metric (Average)**	**2019 Metric (Average)**
Days from Inquiry to Response	1 day	.26 day	.75 day	.50 day
Days Case Remains Open	30-60 days	45.86 days	33.25 days	31 days
Days Investigation Open	60-90 days	131.65 days	79.67 days	66 days

Collaboration with DCS

Communication: The Director of the DCS Ombudsman Bureau meets with DCS leadership to discuss individual complaints, investigations, agency policies, programs, practice, and recommendations, as needed. All specific case reviews and/or investigations are initiated by contacting the Local Office Director, and Regional Manager and/or other involved DCS department(s) who ensures the DCS Ombudsman Bureau is provided all requested information and/or facilitates staff interviews.

Information Access: DCS has provided the DCS Ombudsman Bureau with access to all records on the MaGIK Casebook and MaGIK Intake systems, in addition to the DCS reports available on the DCS intranet. The DCS Ombudsman Bureau also reviews case files and interviews DCS staff as necessary.

Fatalities/Near Fatalities: To ensure this office is aware of child fatalities/near fatalities with DCS history, the DCS Hotline forwards all such reports to the DCS Ombudsman Bureau to track and/or assess for further review. In addition, the DCS Ombudsman Bureau participates in the Peer Review process on the cases that meet the criteria. The DCS Ombudsman Bureau continued to participate in Peer Reviews during 2019 and was able to provide feedback regarding system strengths and opportunities. DCS began the process of implementing the Safe Systems Improvement Tool (SSIT) in late 2019 as a means of improving the existing Peer Review process. According to the Praed Foundation, "the SSIT is designed to record the output of the peer review analysis. The purpose of the instrument is to support a culture of safety, improvement, and resilience – looking behind "human error" and fostering rich understanding of the complex interdependencies and system interactions that often underly common casework problems." Implementation of the SSIT has significantly changed the current Peer Review process including the level of DCS leadership and DCS Ombudsman Bureau involvement. The DCS Ombudsman Bureau will be closely monitoring SSIT use and outcomes in 2020.

Other: The DCS Ombudsman Bureau is unable to draw any conclusions about the general status of children in Indiana pursuant to IC 4-13-19-10(b) (2), as the focus of the bureau has been on the complaint process. It is noted, however, that the Indiana Youth Institute annually publishes Kids Count in Indiana, a profile in child well-being data book, which provides data on the general status of children in Indiana. The current *Kids Count in Indiana Data Book Executive Summary* is available in the office of the DCS Ombudsman Bureau and the full Indiana Data Book is available at no cost at www.iyi.org/databook.

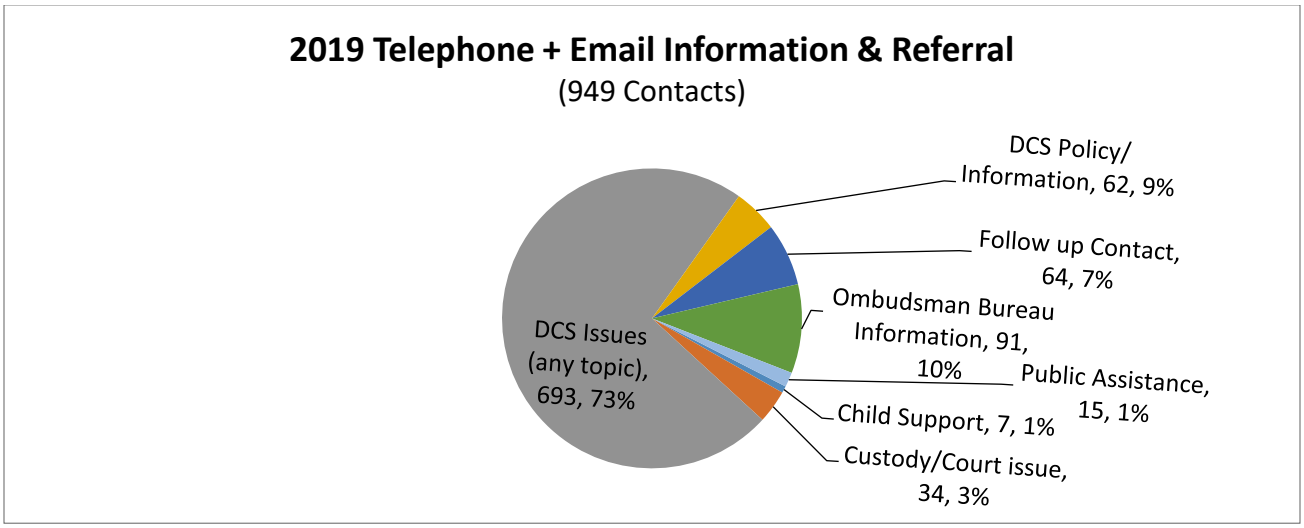
Complaints

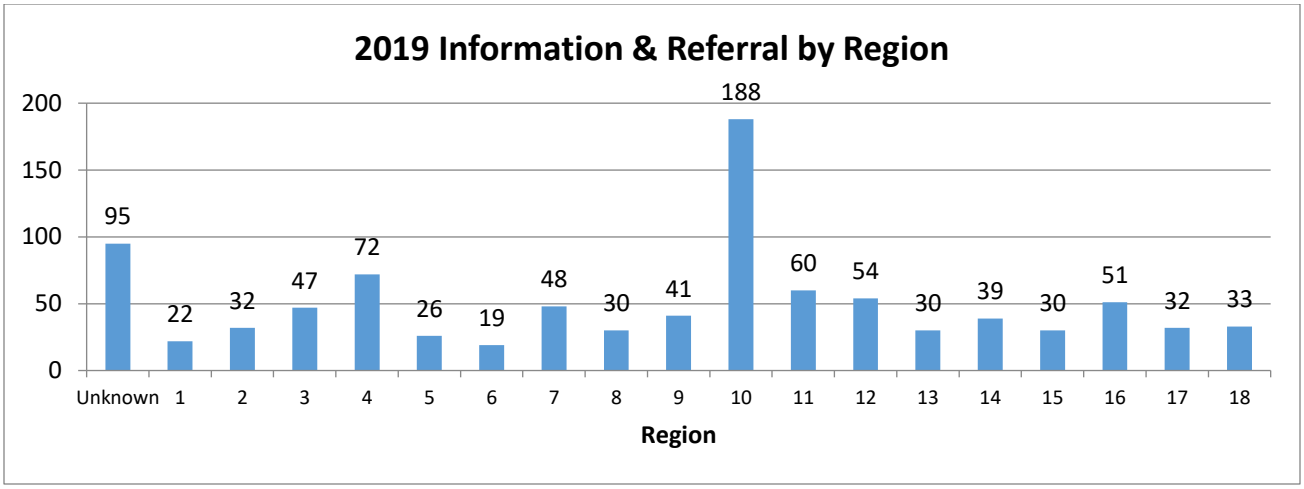
The Process Overview

The DCS Ombudsman Bureau receives many telephone and email inquiries that do not result in an open case but require an information and/or referral response. To track this service, pertinent information about the contact is recorded in the Information and Referral (I & R) contact log database. Some inquiries require assistance with a resolution, but do not necessitate opening a case file. This level of response is referred to as an Assist; the pertinent information about the Assist is tracked and recorded in the Assist database. A case is opened when a complaint form is received. The complainant is notified of the receipt of the complaint and an intake process is initiated to determine the appropriate response. DCS is notified of the complaint following the intake assessment, after which a variety of responses are possible. The DCS Ombudsman Bureau may initiate an investigation, resolve and/or refer after a thorough review, refer the case back to DCS, refer to Child Protection Team (CPT), file a Child Abuse/Neglect Report, decline to take further action, or close the case if the complainant requests to withdraw the complaint. Following a review, the complainant and DCS are informed in writing as to the outcome. If a case is investigated, a detailed report is completed and forwarded to DCS and the complainant if they are a parent, guardian, custodian, Court or Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL). Other complainants receive a general summary of the findings. If a complaint is determined to have merit, recommendations are provided to address the issue, and DCS provides a response to the recommendations within 60 days. The flowchart in Attachment C illustrates this process.

Information and Referral Inquiries (I & R)

The office received 949 I & R Inquiries during 2019 which is an increase of 20 contacts over the 929 I & R Inquiries received by the DCS Ombudsman Bureau in 2018. The graphs below illustrate the topics of inquiry and the origin by DCS Region of origin.

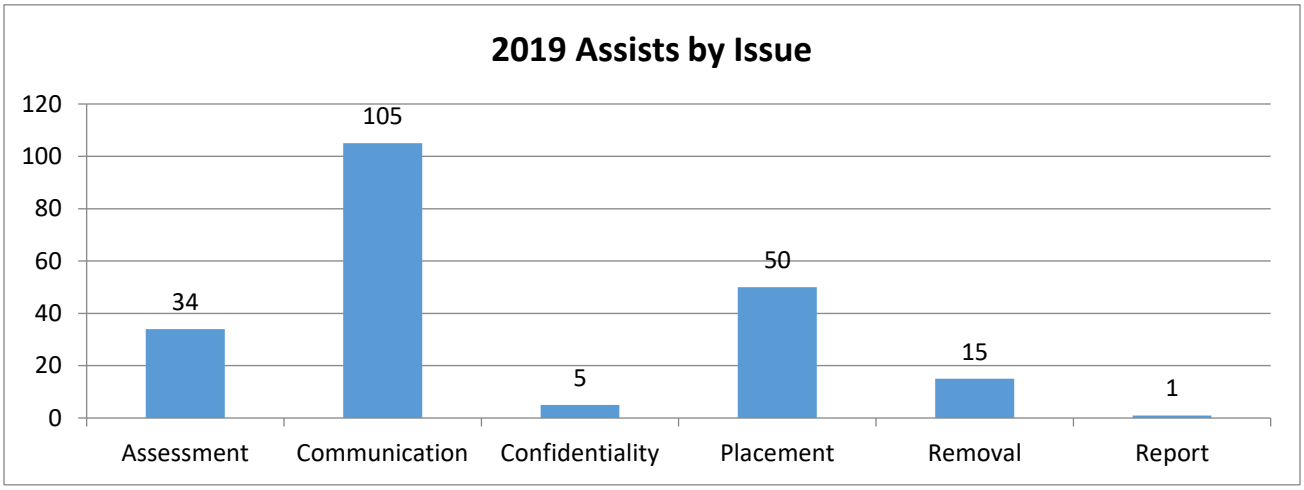


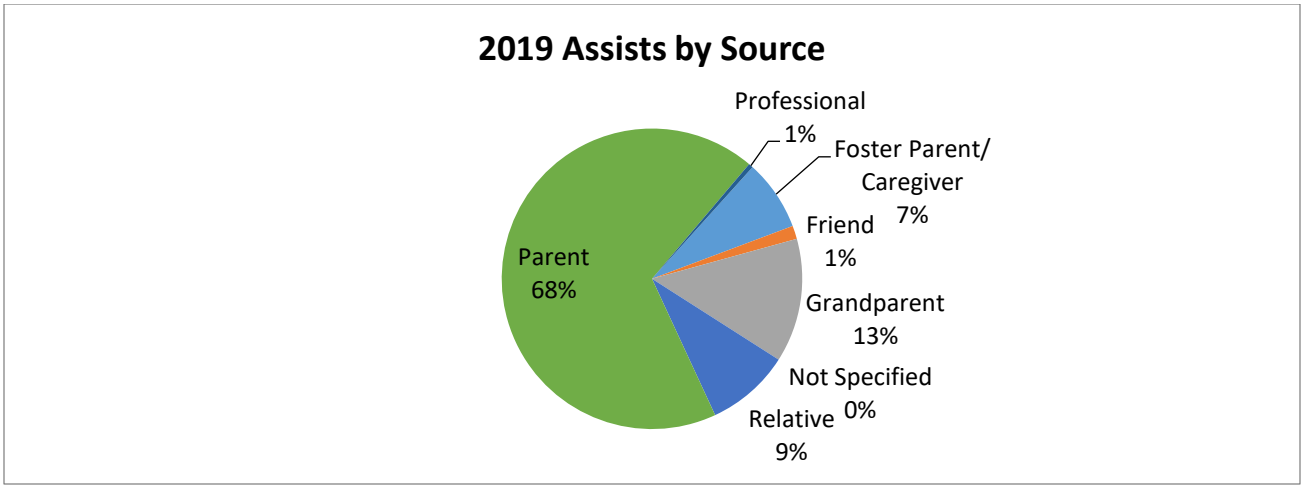


The I & R function has proven to be a valued service for constituents. Providing potential complainants with education regarding the DCS process and/or contact information for DCS staff is often the first step to a successful resolution. (See Attachment D for a Regional map.)

Assists

Assists occur when a formal complaint is not necessary, but a higher level of involvement is required than an I & R response. Assists are appropriate when communication and/or clarity of specific aspects of a case are the main concerns. The DCS Ombudsman Bureau completed 210 Assists in 2019. The use of the Assist category continues to demonstrate that communication between complainants and DCS is key to resolving differences between stakeholders. The following graphs illustrate additional details about the Assists:



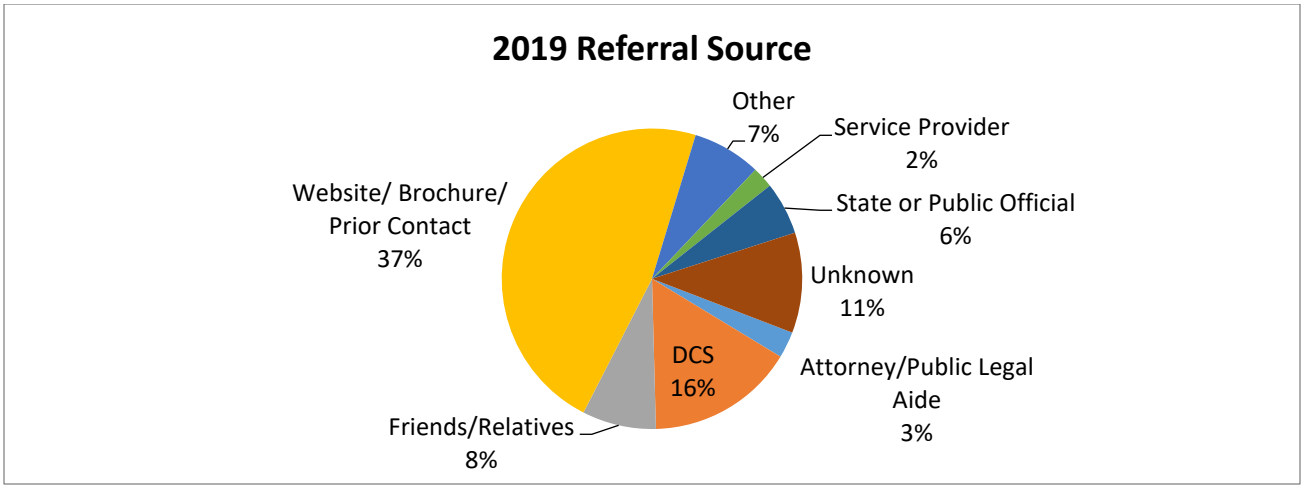


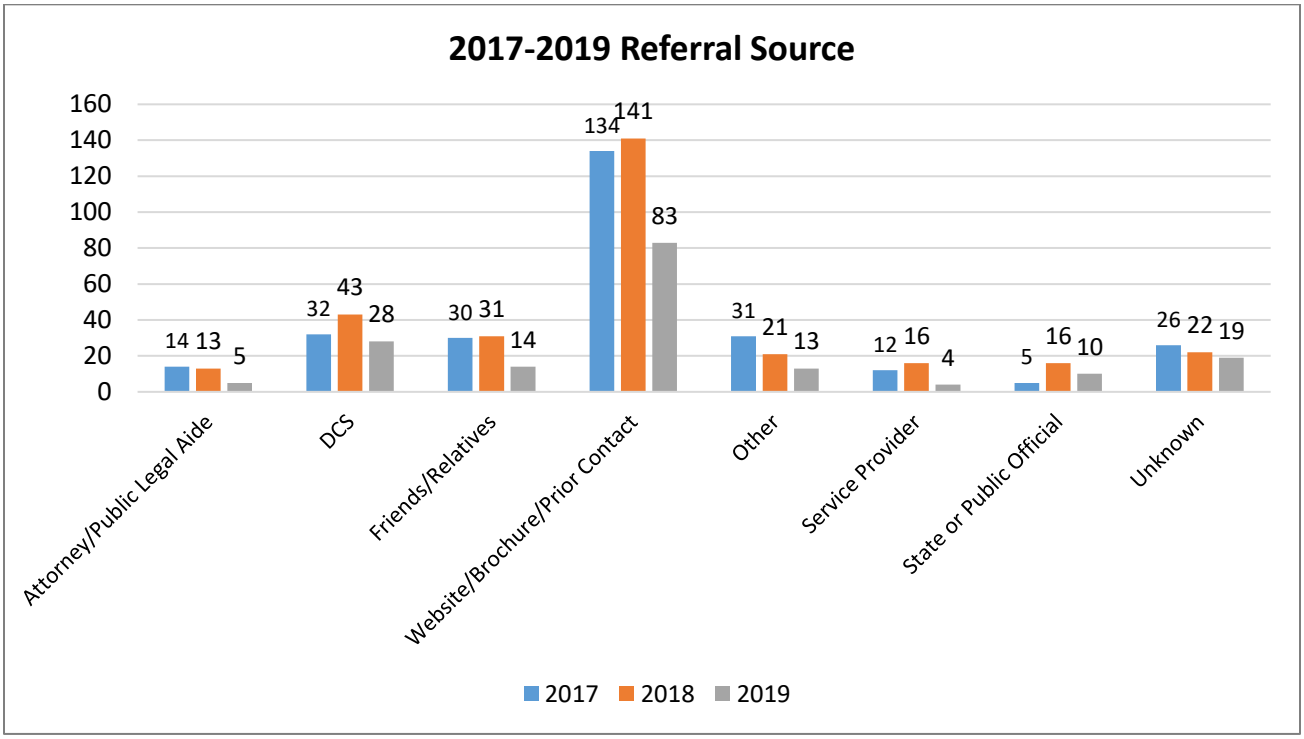
Cases

During 2019, 152 cases were opened, and 168 cases were closed during the year. The cases were generated following the receipt of a formal complaint. A total of 176 active total cases were reviewed during 2019 which included cases carried over from the last quarter of 2018. Two investigations were completed in 2019. The significant number of Assists (210) suggests that the DCS Ombudsman Bureau was able to foster greater problem resolution by actively encouraging communication between the DCS Local Offices and DCS Ombudsman Bureau complainants at the onset of the inquiries. As a result, DCS Ombudsman Bureau staff was able to actively focus on case reviews and investigations that were more complex in nature. It should also be noted that Information and Referrals contacts increased from 929 to 949 in 2019, in comparison to a decrease in active cases (303 to 176) in 2019. These differences are attributed to specific intake procedures that support communication between the complainant and DCS Central and Local Offices for problem resolution before formal complaints are accepted by the DCS Ombudsman Bureau.

Referral Source

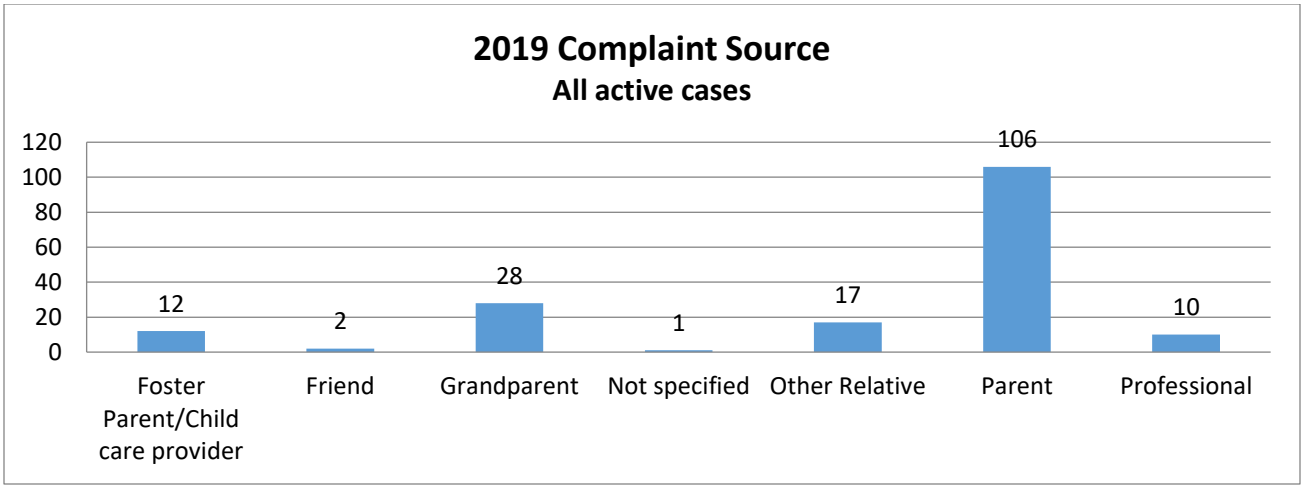
Comparison of 2016 - 2018 data suggests that Website/Brochure/Prior Contact continues to be the largest source of referrals. Other referral sources have remained constant within one to ten points. The Unknown category reflects those individuals that chose not to identify a referral source during intake discussions with the DCS Ombudsman Bureau or on complaint forms.





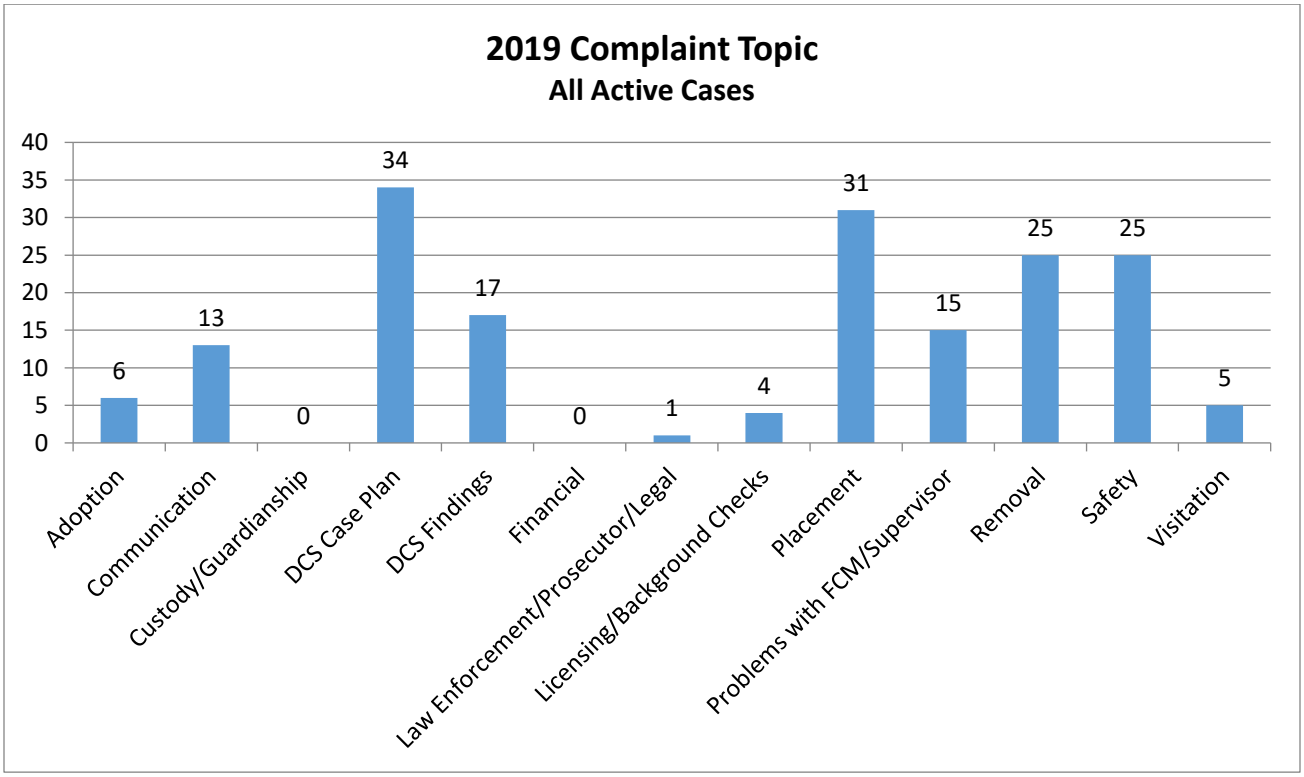
Complaint Source

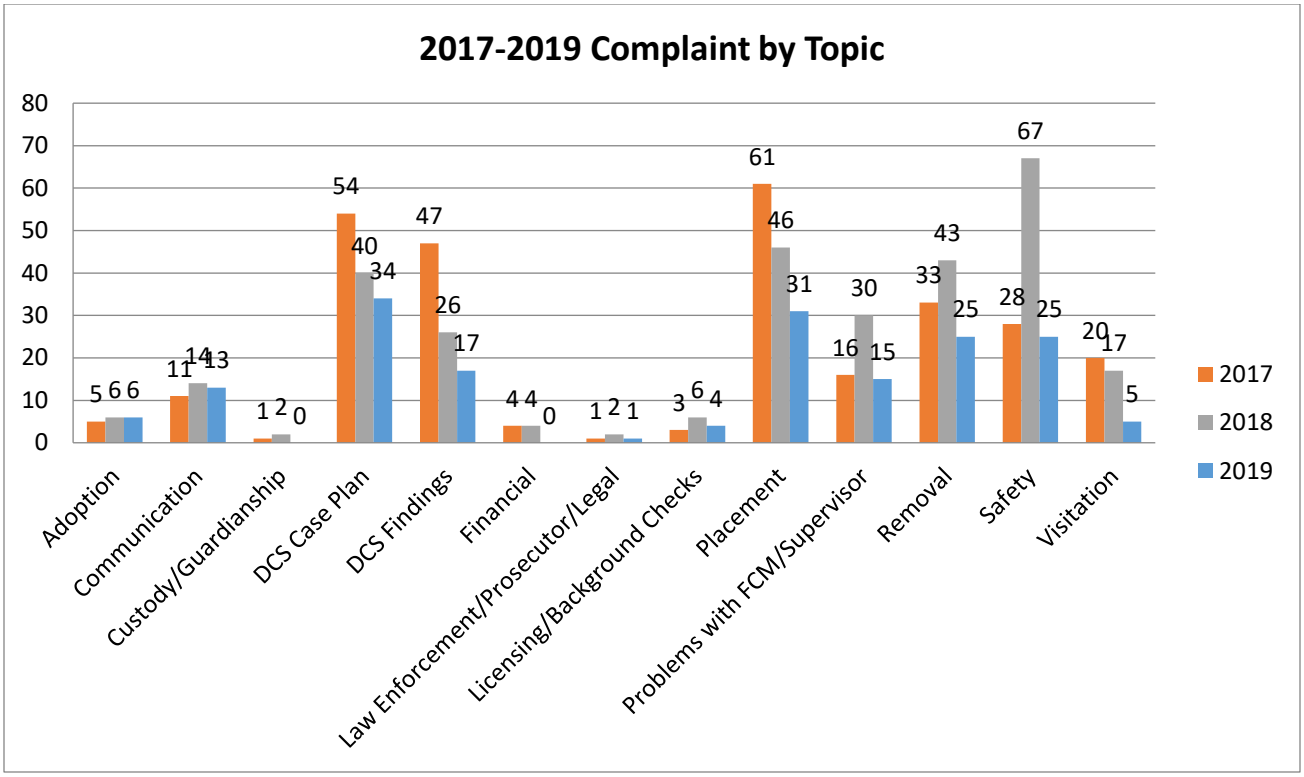
Except as necessary to investigate and resolve a complaint, the complainant's identity is confidential without the complainant's written consent. The complainant is given the opportunity to provide written consent on the complaint form. During 2019, parents continued to make up the greatest share of complainants followed by grandparents, foster/adoptive parents, and other relatives.



Complaint Topics

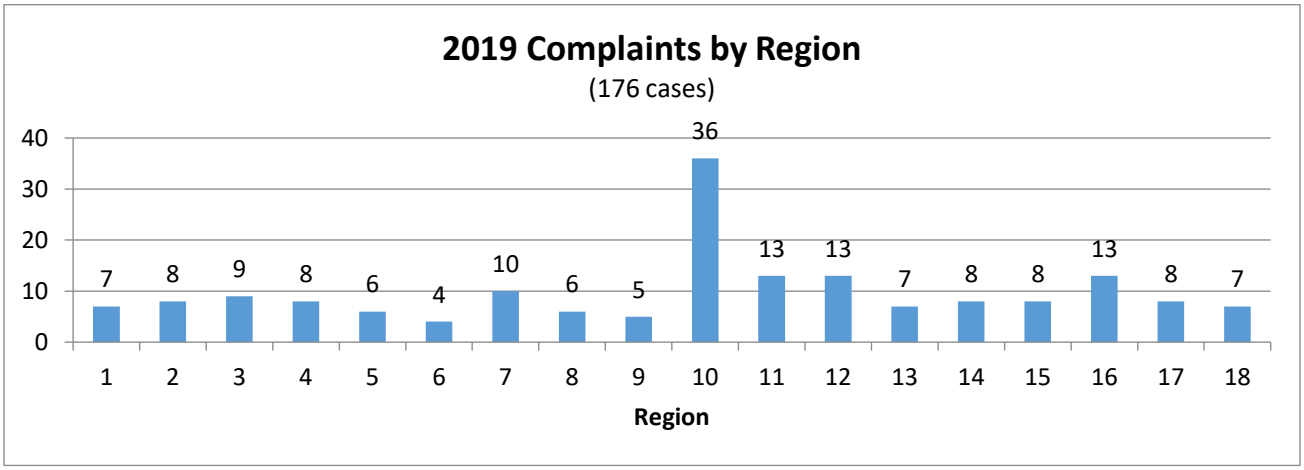
During 2019, the four major complaint topics included Case Plans, Placement, Child Safety, and Removal. There is a continued trend of changes in complaint topics from previous years, as illustrated in the 2017-2019 graph comparison below.





Complaints by Region

As DCS is organized in Regions, the DCS Ombudsman Bureau tracks contacts and cases accordingly. The graph below illustrates the complaint activity in each of the eighteen regions for 2019.



Response Categories

When a complaint is filed with the office, a case is opened, and a preliminary review is completed to determine the appropriate response. A variety of responses are possible depending on case specifics. Following is a description of each type of response:

Review/Refer or Resolve: This type of response involves a comprehensive review of the case file and documentation provided by the complainant. The local office provides additional documentation requested and responds to questions from the DCS Ombudsman Bureau. Other professionals are contacted for information as needed. While the review is thorough, the focus is on providing a resolution or a strategy that can assist with a resolution. Depending on the circumstances in each case, some cases that are reviewed receive a validity determination and others do not. In either case, the complainant and DCS are notified of the findings in writing. A major portion of the complaints received fall into this category.

Investigate: An investigation also involves a review of the case files and documentation provided by the complainant. As needed, DCS staff involved with the case, in addition to the CASA/GAL and service providers, are interviewed. Case specific laws, rules and written policies are researched. Experts are consulted if needed. Complaints that result in an investigation tend to have multiple allegations with little indication that a resolution is likely. Upon the completion of an investigation, an investigation report is submitted describing in detail the findings of fact regarding each allegation and a determination of the merit of each allegation in the complaint. The report is provided to DCS and the complainant if they are a parent, guardian, custodian, GAL/CASA, or Court. If the complainant is not one of the above, they are provided a summary of the findings in general terms.

Refer Back to the Local DCS: Pursuant to statute, the DCS Ombudsman Bureau requires that complainants attempt to resolve their issues with the local DCS office through the DCS internal complaint process prior to filing a complaint with the DCS Ombudsman Bureau. On occasion, it is discovered during the intake assessment that the complainant overlooked this step and failed to address his/her concerns with the local office before filing the complaint. These cases are referred back to the local office. Appropriate contact information is provided. The complainant may reactivate the complaint if a resolution is not reached.

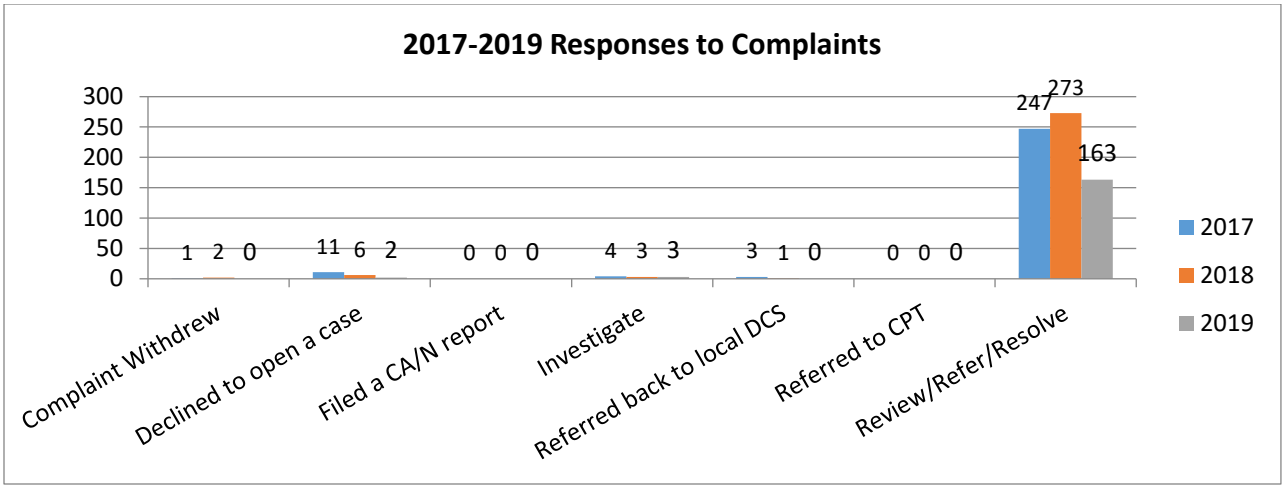
Close due to Complainant Withdrawal: Some cases have been closed prior to completion because the complainant decides to withdraw the complaint during the process.

Decline: Cases that are not within the Ombudsman's jurisdiction or otherwise meet the criteria established in the procedural manual for screening out will be declined.

Refer to Child Protection Team: The Ombudsman has the option of seeking assistance from the local Child Protection Team (CPT), and may refer cases to the team for review.

File a Child Abuse Neglect (CA/N) Report: In the event the information disclosed in the complaint to the Ombudsman contains unreported CA/N, a report is made to the child abuse hotline. This is not a frequent occurrence.

The following graph illustrates the frequency of each type of response from 2017 -2019.



Complaint Validity

The standard for determining the validity of the complaint is outlined in the statute. If it is determined DCS failed "to protect the physical or mental health or safety of any child or failed to follow specific, laws, rules, or written policies", a complaint is considered valid. All investigations generate a validity finding, but all reviewed cases do not, depending on the specific case circumstances. When determining the merit of a complaint, the following designations are applied.

Merit: When the primary allegation in the complaint is determined to be valid following a review or an investigation, the complaint is said to have merit.

Non-Merit: When the primary allegation in the complaint is determined not to be valid following a review or investigation, the complaint is said not to have merit.

Both Merit and Non-Merit: When there are multiple allegations, each allegation is given a separate finding. This designation is applied when some allegations have merit and others do not.

Not Applicable (NA): Some cases that are opened for a review reach closure without receiving a validity determination. In these instances, the findings fall into one of the categories below:

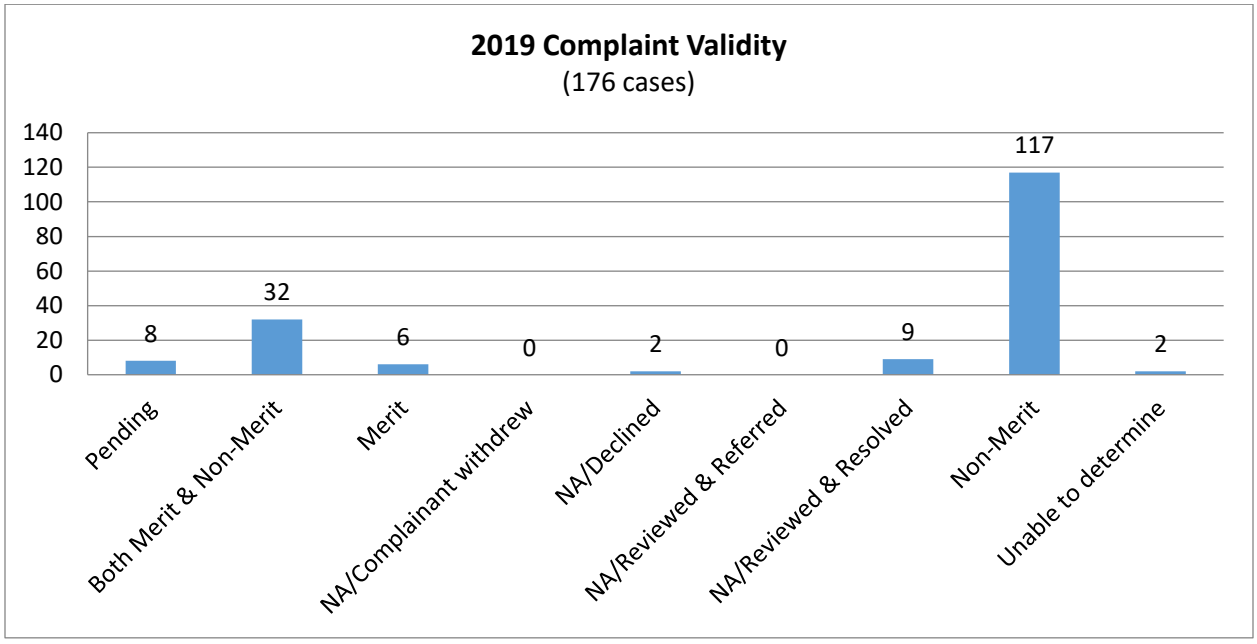
- NA/Complainant Withdrew
- NA/Case Declined
- NA/Reviewed & Referred
- NA/Reviewed & Resolved

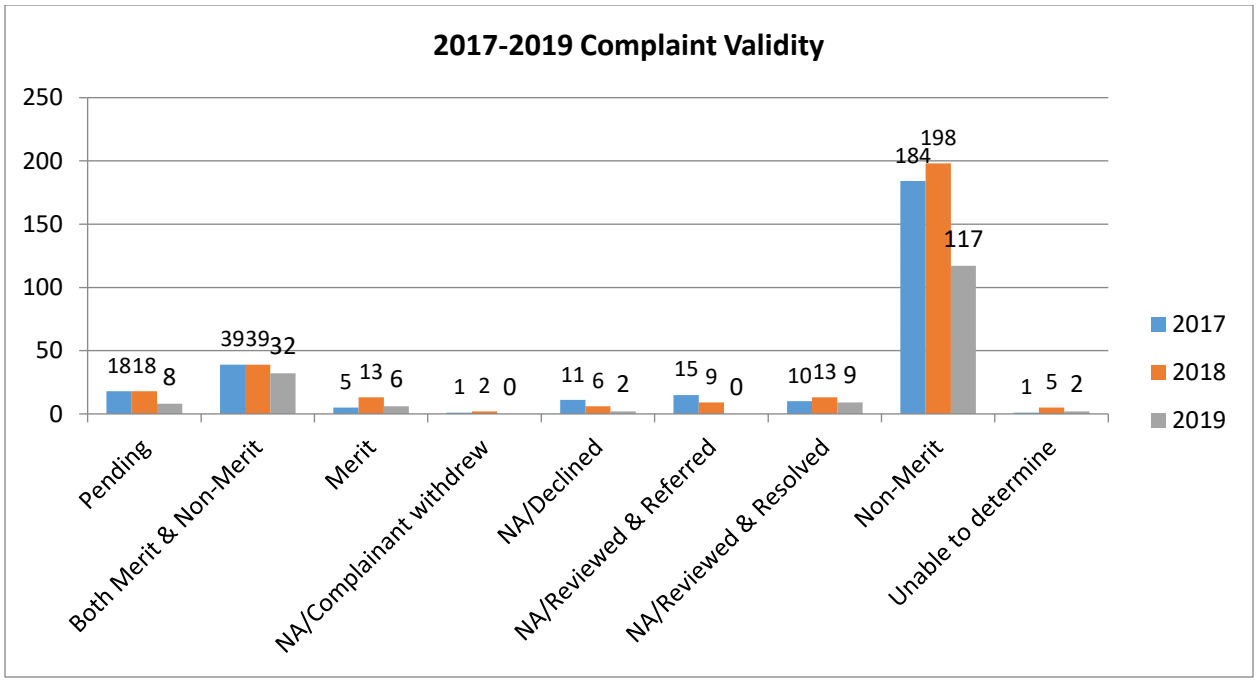
Unable to Determine: Occasionally the information uncovered is so conflicting and/or the unavailability of significant documentation renders it impossible to determine a finding.

Peer Review: When the Ombudsman participates in a collaborative review with DCS a case is opened to reflect that a review is occurring. However, the peer reviews do not receive a validity determination, and the results of the review are internal and deliberative.

Outcomes

During 2019, validity designations were determined in 168 cases. Of these cases, 6 were determined to have merit, 32 had allegations that were both merit and non-merit, and 117 were determined not to have merit alone. The remaining 21 cases fell into other categories. Based on this information, it can be generalized that most of the cases (non-merit) that come to the attention of the DCS Ombudsman Bureau are most appropriately managed by completing a thorough review for the purposes of facilitating a resolution or providing a resolution strategy. For these reasons it would be counterproductive to issue a finding. On the other hand, some reviews and all investigations, involve the depth of analysis that result in detailed findings that generate case specific and at times systemic recommendations (merit). The following graphs provide an illustration of the validity outcomes for 2019 as well as a comparison with prior years.





DCS Ombudsman Bureau Recommendations and DCS Responses

During 2019, the DCS Ombudsman Bureau offered case specific recommendations on 24 cases following a review or an investigation.

CASE SPECIFIC RECOMMENDATIONS

Pursuant to IC 4-13-19-5 (f), "If after reviewing a complaint or conducting an investigation and considering the response of an agency, facility, or program and any other pertinent material, the office of the Department of Child Services Ombudsman determines that the complaint has merit or the investigation reveals a problem, the Ombudsman may recommend that the agency, facility, or program:

(1) consider the matter further;
(2) modify or cancel its actions;
(3) alter a rule, order, or internal policy; or
(4) explain more fully the action in question."

DCS is required to respond to the recommendations within a reasonable time, and the DCS Ombudsman Bureau has established 60 days for the response time frame. The following case examples include a sample of case reviews and investigations completed in 2018 in which the

allegations were determined to have merit or both merit and non-merit, DCS Ombudsman recommendations, and DCS responses.

These examples are provided to depict the wide range of issues that are brought to the attention of the DCS Ombudsman Bureau and the types of recommendations offered. ***The DCS Ombudsman Bureau affirms the actions of DCS in most cases reviewed and it is important to maintain this perspective when reviewing cases in which concerns are identified***.

Case Review Example #1 – Placement

The DCS Ombudsman Bureau's case review was in response to allegations that DCS denied the birth mother's request to have her children placed with their maternal grandmother subsequent to their removal from the birth mother's home. DCS placed the children in a non-relative home. DCS placed the children in a home with known criminal history and further failed to notify the court of the criminal history. DCS failed to ensure the children received proper medical care while in placement.

Allegations that the Family Case Manager's interaction with the birth mother was unprofessional were determined to be personnel matters not within the jurisdiction of the DCS Ombudsman Bureau. The complainant was referred to the Local Office Director.

Findings:

The DCS Ombudsman Bureau found no merit to concerns that DCS failed to place the children with their maternal grandmother at the onset of the DCS case. DCS was unable to place with her due to an open DCS assessment. DCS placed the children with the maternal grandmother following the unsubstantiated finding of the assessment. There was concern regarding the lack of documentation specific to DCS actions regarding consideration of the placement.

No merit was found to complaints that DCS placed the children in a home that was not a blood relative of the children. DCS considered placement based on false information provided by the birth mother and the alleged relative. DCS *Child Welfare Policy 8.48: Relative Placements* does allow for children to be considered for placement with an "Other Relative" under certain circumstances and barring any criminal history or other mitigating factors. However, the DCS Ombudsman Bureau found DCS actions were not in alignment with DCS *Child Welfare Policy 13.6: Evaluations of Background Checks for Unlicensed Out-of-Home Placements.* The children should not have been placed in the home because DCS was aware of the criminal history at the time of placement pursuant to DCS *Child Welfare Policy 8.48: Relative Placements*. Additionally, the policy states that *"… if the information becomes known after placement, DCS will immediately remove a child from an unlicensed out-of-home placement."* An approved waiver is required to return the child to the placement. The children remained in placement with the relative for three months prior to their placement in the home of the maternal grandmother. DCS had considered a waiver for the placement but the steps to pursue a waiver were not taken by DCS as the placement failed to provide the requested documentation to DCS. It is also

noted that DCS failed to notify the court that the children had been placed in the home of an individual with concerning criminal history.

There was grave concern regarding DCS's failure to document case actions in the case record pursuant to DCS *Child Welfare Policy 5.2: Gathering Case Information*. Lack of documentation occurred specific to the placement history of the children in MaGIK, case notes from Child and Family Team Meetings (CFTM) were not in the case file, and there was no indication that case notes were shared with participants pursuant to DCS *Child Welfare Policy 5.7: Child and Family Team Meetings*. While the case plan was completed within 45 days of placement, there was no indication in the case file that a case conference was held to complete the case plan as outlined in DCS *Child Welfare Policy 5.8: Developing a Case Plan*. There was also concern regarding the lack of documentation specific to the transition of the case from the Assessment Family Case Manager to the Permanency Family Case Manager pursuant to DCS *Child Welfare Policy 5.1: Transitioning a Case.* DCS case actions and documentation become more intentional and focused under the supervision of the Division Manager and the Local Office Director following the queries of the DCS Ombudsman Bureau.

Merit was found to allegations that DCS failed to ensure the children received proper medical care while in the home of the relative at the onset of the case, as it was evident that placement did not follow through with doctor's visits for one of the children.

Recommendations:
The DCS Ombudsman Bureau recommended training in the policies for the involved Local Office staff. It was further recommended that CFTM notes be completed and entered appropriately into the electronic case record (MaGIK) with copies presented to all involved parties. Additionally, it was recommended that DCS provide documentation that a case conference was held in the development of the case plan along with signatures from all parties as required in policy.

DCS Response:
The Local Office Director advised that staff participated in policy training as recommended by the DCS Ombudsman Bureau. The case record was updated to include the necessary documentation.

Case Review Example #2 – Relative Placement
The complainant alleged DCS failed to protect the children by failing to notify their maternal grandmother and other maternal relatives that the children had been taken into DCS care. As a result, the complainant alleged DCS failed to consider the maternal relatives as possible placements for the children at the onset of the DCS case and had failed to allow visits between the family and the children.

Findings:
After careful review of the DCS case record, the DCS Ombudsman Bureau was unable to find an indication that DCS contacted the maternal relatives about the children's involuntary removal

within 30 days pursuant to *Child Welfare Policy 4.28: Involuntary Removals,* and *4.0: Diligent Search*. The DCS case record did not reflect DCS contacts with the maternal relatives until the maternal grandmother petitioned the court to be a party to the case and visits. Thus, DCS found merit to the complaint.

The DCS Ombudsman Bureau found no merit to the complainant's concerns regarding the court's decision not to allow the maternal grandparent to become a party to the case or to have visitation. The DCS Ombudsman Bureau does not have jurisdiction over the court and DCS must abide by the court's order. However, policy is clear regarding the requirement to notify relatives pursuant to the policies. There was concern that DCS placed the onus on the relatives to request involvement in the DCS case which falls outside the best practice intention of the policy to ensure and support essential family connections for children. Neither the case record, nor the DCS response to the DCS Ombudsman Bureau's queries documents DCS efforts in this regard. Therefore, the DCS Ombudsman Bureau found merit to the complaint that DCS failed to notify maternal relatives about the children's involuntary removal from the parents care pursuant to policy. Additionally, the DCS Ombudsman Bureau's case review found merit to concerns that DCS failed to contact the Report Source during the assessment which lead to the decision to remove the children. This case action was not in alignment with *Child Welfare Policy 4.4: Required Interviews*

Recommendation:
The DCS Ombudsman Bureau recommended the Local Office provide training to DCS staff specific to the identified policies, along with a staff discussion regarding the requirement to notify relatives of DCS involvement.

DCS Response:
The Local Office Director indicated the review of the policies with DCS staff.

Case Review Example #3 – Service Provider
The DCS Ombudsman Bureau received a complaint alleging a conflict of interest due to nepotism by the agency providing visitation services. The complainant reported the Visitation Facilitator (VF) placed the children at risk on numerous occasions by leaving a child unsupervised in a car seat in a running car while the VF went into a store, this incident was reported by the older sibling who was also left in the car unattended. Additionally, the complaint indicated the VF continually transported the child in a car seat that was not appropriate for the child's size despite complaints from the placement, and the VF continually failed to consider the needs of the placement when scheduling visitation.

Findings:
The DCS Ombudsman Bureau found merit to the complainant's concerns. DCS failed to address the concerns with the agency providing visitation despite repeated requests for assistance from the placement. In fact, the Local Office failed to follow-up on any of the concerns until the DCS Ombudsman Bureau became involved. DCS discussed the concerns with the visitation agency, and the case was assigned to another VF for the purposes of family engagement. The DCS

Ombudsman Bureau found a lack of leadership from DCS regarding the case which created an atmosphere where the visitation agency and the VF felt empowered to minimize the visitation concerns which at times placed the children at risk.

Recommendation:
The DCS Ombudsman Bureau recommended staff training in the following *Child Welfare Policies:*
5.2: Gathering Case Documentation – poor documentation of concerns and outcomes.
5.17: Child and Family Team Meetings (CFTM) – failure to hold CFTMs at critical junctures during the case or to provide notes to parties.
8:15: Services for the Resource Family – DCS failed to support the resource family in their care of the child, or to address issues that might lead to placement disruption.

Further the DCS Ombudsman Bureau recommended DCS develop a written plan to provide training and support to the Family Case Manager and Family Case Manager Supervisor in question to ensure ongoing leadership in the area of case management and policy alignment in the support of resource families. It was also recommended DCS contact the agency providing visitation to discuss past issues and develop a plan moving forward.

DCS Response:
Relevant policies were reviewed with staff in question and a plan for addressing future case concerns was developed. Staff also received training from the Local Office foster care unit regarding resources and support available to foster parents. The Local Office Director met with the visitation agency to discuss concerns as recommended.

Case Review Example #4 – Notification to Relatives
The complainant in this case alleged that DCS failed to complete a thorough assessment following allegations of domestic violence by the birth father in the child's presence. The complainant also alleged that DCS failed to notify the child's relatives of the child's removal. Due to DCS's failure to notify relatives, the complainant alleged DCS placed the child in foster care unnecessarily.

Findings:
At the onset of the case review, the Local Office advised that relatives had been notified of the removal. However, DCS was unable to provide proof of verification to the DCS Ombudsman Bureau and as a result merit was found to the complainant's concern. The DCS Ombudsman Bureau found no merit to concerns regarding the assessment. The DCS Ombudsman Bureau determined the assessment was completed pursuant to policy.

Recommendations:
The DCS Ombudsman Bureau recommended DCS obtain contact information for relatives and send notices to them to bring case actions in alignment with *Child Welfare Policy 4.28: Involuntary Removals* which requires DCS to notify relatives within 30 days of the child(ren)'s removal.

DCS Response:
DCS advised that proper notice was sent to relatives pursuant to policy.

Case Review Example #5 – Relative Placement Support
The complainant voiced concerns that DCS failed to communicate with and provide direction, services and support to the relatives or the children placed in their home during the placement. Specific complaints included DCS's failure to reimburse the placement for child care costs which resulted in the relatives being threatened with court intervention, failure to provide clothing for the children for three months as promised, failure to respond to requests for speech therapy and therapy for the children, failure to address concerns arising from unsupervised parental visits, irregular Child and Family Team Meetings (CFTM) and failure to provide CFTM notes to parties pursuant to policy.

Findings:
Following a review of the case record, the DCS Ombudsman Bureau found merit to all concerns. The case review revealed many instances where DCS failed to support the relative placement, and the children placed in their care. **The case review is an extreme example of the differences in DCS service delivery to kinship families in comparison to foster families.** There were numerous missed opportunities to engage the relative placement as a member of the team, and as a result placement requested the children's removal. There was a marked lack of communication and response from the DCS to the kinship caregivers throughout the placement. Documentation was also found to be a concern, as many case management decisions were not entered into the case record. In fact, the kinship caregivers provided the DCS Ombudsman Bureau with a timeline, and emails that filled in significant documentation gaps in the case record.

Recommendation:
The DCS Ombudsman Bureau recommended education to staff in the following *Child Welfare Policies* with focused discussion on the support of Relative/Kinship Care placements:
5.2: Gathering Case Information
5.3: Engaging the Family
5.3: Child and Family Team Meetings
5.8: Developing the Case Plan
5.10: Family Services
8.9: Placing a Child in Out of Home Care
8:15: Services to the Resource Family
8.16: Resource Parent's Role
8.48: Relative Placements
Additionally, a recommendation was made for the involved staff to meet to discuss issues and missed opportunities specific to the case, documentation concerns, and the negative relationship between the Family Case Manager and the relative placement. The DCS Ombudsman Bureau also kept the case review open to monitor the relative's childcare services reimbursement.

DCS Response:
The Local Office Director advised that all staff had received training on the policies and the involved staff met with leadership to discuss the case review and identify strategies to support kinship placements and documentation. The Local Office also provided verification indicating childcare costs reimbursements.

Case Review Example #6 - Communication and Reimbursement
This complaint was initiated by a relative who alleged the Family Case Manager failed to maintain regular communication or visit the home regularly and failed to explain the adoption plans to the children and the relative placement. The complainant also alleged DCS failed to pay for the children's summer camp as promised.

Findings:
The DCS Ombudsman Bureau found merit to the complainant's concerns. The case review and responses to the DCS Ombudsman Bureau's queries indicated DCS failed to follow policies specific to documentation, engaging and supporting the relative family as a member of the children's team, ensuring that financial assistance was appropriately monitored to ensure payment to the relative placement, meaningful and minimum contact with the relative placement, and ensuring and supporting ongoing family engagement and appropriate services to the relative placement. The acknowledgement of the Local Office specific to the Family Case Manager's (FCM) misunderstanding of processes related to the payment of childcare funds was accepted by the DCS Ombudsman Bureau. However, there are concerns regarding the role the Family Case Manager Supervisor played in monitoring and ensuring case management actions aligned with DCS policy. Some seven months or more after the expenses were incurred, the childcare payment remained unpaid at the time of the complaint. This inaction on the part of DCS had the potential to leave the placement at risk for negative impact to their credit score, legal actions, or being unable to secure future childcare when needed. Resource families step out in good faith to help children, DCS's role is to support resource families in that regard, to ensure that children are supported, placements do not disrupt, and resource families are retained. DCS missed opportunities to facilitate the process in a timely manner. The DCS Ombudsman Bureau's merit finding also extended to DCS's failure to adequately prepare the children and the relative placement on the planned adoption.

Recommendations:
DCS acknowledged the DCS Ombudsman Bureau's concerns during the case review and agreed to hold a meeting between all stakeholders to move forward. The DCS Ombudsman Bureau recommended training for the assigned staff with a discussion on the following DCS Child Welfare Polices as they relate to this case:
5.2: Gathering Case Information
5.3: Engaging the Family
5.7: Child and Family Team Meetings
8.10: Minimum Contacts
8.15: Services to the Resource Family
8.43: Meaningful Contacts
8.48: Relative Placements
10: Adoption

DCS Response:
The Local Office Director advised that training was provided to the staff, and a Child and Family Team Meeting was held with all parties including the relative placement to respond to questions and develop a plan moving forward. DCS also paid the childcare payment to the provider.

Case Review #7 – Adoption Case Management
This case review was regarding a complaint that DCS failed to protect a child by making adoption decisions that were not in the best interest of the child and within DCS policy.

Findings:
Specifically, the complaint alleged, DCS began an adoption plan which included identifying an adoptive family for a child, beginning visitations between the child and the adoptive family of a child, and then abruptly changed the plan by deciding to allow the child's foster parents to adopt the child. Additionally, there were concerns that DCS failed to appropriately prepare the child for adoption and failed to provide services and support to the adoptive family during the adoptive process.

The DCS Ombudsman Bureau found no merit to the concerns that DCS failed to protect the child by making adoption decisions that were not in the child's best interest and within DCS policy. DCS made the decision not to pursue adoption with the family when it was determined the child was having trouble adjusting to the adoptive family. DCS utilized information from relevant service providers to reach the decision that the child's needs were best met by the foster parents having placement

The DCS Ombudsman Bureau found merit to the complainant's concerns that the child was not fully prepared for the impact of adoption at the onset of the adoption process as the child was still processing their trauma history, and the separation, grief and loss of significant individuals from the child's family of origin. While the case record indicates the placement foster home initially voiced uncertainty regarding their desire and ability to provide a permanency plan of adoption for the child, DCS allowed the foster parent to participate in the adoption staffing where the foster parent clearly voiced the desire to be considered as an adoptive placement. The DCS Ombudsman Bureau ponders whether the outcome would have been different if DCS had decided to delay a decision to seek out an adoptive family and developed a focused plan to provide services to prepare and support the child and the placement foster home for the realities of permanency through adoption, and only consider an alternate option if the adoption by the placement home was found to not be in the child's best interest.

Merit was found to allegations that DCS failed to provide services and support to the adoptive family during the adoptive process. Other than supervision of visits provided by the Family Case Manager, and a few emails providing parenting skills information, scheduling contact between the child and the adoptive parents, there was little documentation in the case indicating that the adoptive family was included in discussions regarding the child's behaviors, how the visits might be impacting the child, and plans to address the concerns. Rather, the documentation

supports discussions between the Family Case Manager, the foster parent, and service providers about the child.

In summary, DCS held "team" meetings to address the concerning behaviors of the child. While the placement foster parent was present or was advised of the outcome of the meetings, the adoptive parents were not included nor were they advised of the extreme nature of the child's increased behaviors resulting from the pending adoption.

The DCS actions indicated a necessary focus on the needs of the child, however, there was very little indication that DCS worked to engage and support the adoptive parents. Rather they were chosen, given visits for a period, and visits were stopped with little to no explanation and no identified plan for next steps. A Child and Family Team meeting and ongoing discussions with the family would have done much to help them understand the DCS decisions and process their resulting grief. In fact, the adoptive parents learned of the change in plans from the Adoption Liaison who did so when it was apparent that DCS had failed to meet with the adoptive family. The case record includes documentation by the Adoption Liaison advising the Family Case Manager of the importance of supporting adoptive families.

There was grave concern regarding the lack of documentation in the case file at the onset of the DCS Ombudsman Bureau's case review. This agency relied on emails provided by the adoptive family to build an initial picture of the interaction between DCS and the family. Much of the relevant documentation was not entered into MaGIK by DCS until well after the DCS Ombudsman Bureau queried the Local Office in reference to the complaint.

Recommendations:
DCS Ombudsman Bureau recommended the Local Office partner with the Adoption Liaison staff to provide training to Local Office staff specific to *Child Welfare Manual Policy 10.2: Assessing the Child's Readiness for Adoption, 10.3: Preparing the Child for Adoption, 10.9: Pre-Placement Visits* with a discussion on the roles of the Family Case Manager and Family Case Manager Supervisor in the adoption process. The DCS Ombudsman Bureau further recommended Local Office staff involved with this case participate in a peer review to discuss the case specific to the following DCS *Child Welfare Policies 5.2: Gathering Case Information, 5.7: Child and Family Team Meetings,* and *8.15: Services for the Resource Family***.**

DCS Recommendation:
The Local Office Director advised policy and peer reviews were completed as a result of the Ombudsman Bureau's case review.

Case Review #8 – Removal, Relative Placement, Visitation

The complainant alleged that DCS illegally removed the child from the parent's care, failed to provide timely visitation to the birth mother, and never considered relatives as a placement alternative.

Findings:
No merit was found to allegations specific to the illegal removal of the children. The court ordered the removal of the child over DCS objections that the child was not a part of the CHINS and lived in a different county. DCS is required to adhere to court orders.

The case review also indicated that visits did not take place between the child and the birth parent for two weeks because the parent was in jail during that time. Thus, no merit was found to allegations that DCS withheld visits for months.

The DCS Ombudsman Bureau found merit to the allegation that DCS did not properly notify relatives of the child's removal. DCS policy and Indiana Code state that DCS must provide notice of the removal to adult relatives. The case review revealed the grandparents were aware because they were present at the time of the removal. However, DCS did not notify the grandparents and other relatives of their options. IC 31-34-3-4.5 states that the notice be given and must include information regarding placement options, licensing processes et cetera. The only exception to this is if DCS knows or suspects that the relative has caused family or domestic violence.

Recommendations:
The Local Office Director was advised to review DCS *Child Welfare Policy 4.28: Involuntary Removals* with staff as a reminder of the importance of notification to relatives.

DCS Response:
The Local Office Director advised that DCS reviewed all policies and collateral forms.

Case Review #9 – Case Management Decisions
The DCS Ombudsman Bureau initiated a case review following allegations that DCS removed the children due to the parent failing one drug screen and no services were offered to avoid the removal of the children. The complainant also alleged that DCS failed to complete a timely case plan, failed to provide a pre-dispositional report to required parties prior to the hearing, and was not considering relative placement.

Findings:
The DCS Ombudsman Bureau finds no merit to the concerns regarding the removal of the children providing timely court reports and placement consideration. The child was not initially removed from the home. Rather, DCS was monitoring the family and providing services under an Informal Adjustment (IA). The children were removed due to the birth parents lack of compliance with the IA. Due to exigent circumstances the children were removed to ensure their safety and the court was then notified. The court upheld the removal. While the case record supports the allegation that DCS failed to provide a timely pre-dispositional report per policy, DCS was not able to produce a quality report within the one-day turnaround timeframe given by the court. DCS considered placement with the maternal grandfather. However, it was

determined that he had a history of drug use and he was unwilling to submit to a drug screen. DCS did allow supervised visits between him and the children to support the family connection.

DCS found merit to the concern regarding the case plans not being completed timely pursuant to DCS *Child Welfare Policy 5.8: Developing the Case Plan*. The case plan was more than two months late.

Recommendations:
The Local Office was advised to provide staff with additional training to ensure case plans were developed according to policy and distributed to appropriate stakeholders in a timely manner.

DCS Response:
The Local Office Director reported a review of the policy with staff. A process was implemented requiring the scheduling of Child and Family Team Meeting (CFTM)/case plan conference at case transfer to ensure the timely completion of case plans between the assessment and permanency staff.

Case Review #10 – Child and Family Team Meetings, Noncompliance, Referrals
The complainant in this case alleged that DCS had failed to hold Child and Family Team Meetings (CFTM), failed to address the birth parent's noncompliance and failed to offer the family services to address safety concerns.

Findings:
No merit is found to the concern that DCS failed to hold CFTMs regularly. A CFTM was scheduled, however the mother cancelled the meeting upon the Family Case Manager's arrival to the home. The family then became difficult to locate and communicate with, and DCS was unable to schedule meetings.

Merit is found to the allegation that DCS missed an opportunity to properly address the concerns of the family's noncompliance. The case record indicates DCS failed to file a Petition for Compliance (pursuant to *Chapter 5, Section 9 – Informal Adjustment*). Additionally, DCS missed an opportunity to file a CHINS Petition while the family was still residing in Indiana due to resistance from DCS Legal.

Merit is found to the concern that DCS failed to ensure proper services were offered to the family to address their needs. Though the approved Informal Adjustment (IA) indicated that mother would complete a psychological evaluation and a psychiatric evaluation, DCS failed to ensure these service referrals were made timely. Referrals for services are to be completed by DCS within 10 business days of identifying the need (in this case, the date the IA was approved).

Recommendation:
Noncompliance - No recommendations were made for the Local Office field staff regarding this matter. However, it was recommended that Local Office leadership develop a strategy with legal staff in future instances when legal concerns are not in alignment with DCS policy.

Timely Referrals - The DCS Ombudsman Bureau recommended that the Local Office staff review *Chapter 5, Section 10 – Family Services*.

DCS Response:
The Local Office Director reviewed the concerns with staff and discussed the related policy specific to noncompliance. Field and Legal staff were included in the discussion. A process was initiated to staff concerns with stakeholders when compliance issues are identified and to escalate the concerns to the Regional Manager and Chief Legal Counsel for the region when a resolution is not reached. The policy related to services was also discussed.

Case Review #11 – Trial Home Visit
The complainant in this case alleged that DCS failed to appropriately transition the children during the Trial Home Visit (THV) to their parent's home, DCS failed to include the children's therapist in the THV plan, DCS failed to provide appropriate therapy to the children during the transition to THV, and DCS failed to address allegations of sexual abuse of one of the children.

Findings:
Following careful review of the case record, the DCS Ombudsman Bureau determined there was no merit to allegations that DCS proceeded with reunification efforts despite concerns that those efforts were not in the children's best interest. To the contrary, the case review revealed the best interest of the children could be achieved through a THV due to the birth parent's compliance with services, and the determination that outstanding services could be provided to the family after reunification. The court approved the DCS recommendation and the THV. No merit was found regarding the allegation that DCS failed to assess allegations of sexual molest. The case record indicated the allegations were assessed and unsubstantiated by DCS.

While the decision to recommend permanency through a THV with the birth parents was in the children's best interest, the DCS Ombudsman Bureau found merit to allegations that DCS failed to appropriately support the therapeutic and emotional needs of the children through their transition. The record indicates the therapist was not included in an email sent to team members providing notice of the transition plan. While this may have been an oversight by DCS, the email's contents do not outline a specific role for the children's therapist. When questioned, DCS never provided clarity as to whether the therapist was advised verbally or in writing of their role in the transition process to provide therapeutic continuity for the children. A Child and Family Team Meeting (CFTM) at some juncture would have been an opportune time to develop a plan that ensured continuity for the children. Luckily, the children's foster parent was willing to provide emotional support for them through telephone calls. Though helpful, the contact was not optimal or sustainable over time. The case record also revealed the birth parent's struggle with marital issues and the demands of parenting four children with special

needs. Fortunately, at the time of the DCS Ombudsman Bureau's involvement, DCS was able to identify a therapist and begin services for the children. However, the children were in the home for more than a month before therapeutic services started.

Recommendation:
Based on concerns that DCS failed to initiate a best practice plan to transition therapeutic services for the children from their foster home placement to the THV with their birth parents, the DCS Ombudsman Bureau recommended the Local Office provide staff training on DCS *Child Welfare Policies 8.39: Trial Home Visits,* and *8.3:1Transitioning from Out of Home Care*.

DCS Response:
The Local Office provided training on best practice for the policies in question by reviewing them, providing copies and detailed information (including specific examples) regarding how the Local Office can ensure the ongoing support of children and families. Special attention was paid to the importance of teaming, assigning specific roles to each team member, documenting, and following up to ensure each team member is aware of the role they will play in the transition process.

Case Review #12 – Assessment
The complainant states that DCS failed to provide the Notification of Assessment or copies of assessments to the birth father during two assessments. Further the complainant alleged DCS failed to consider the birth mother's history of mental illness during the assessments.

Findings:
DCS found no merit to the allegation that the assessment failed to consider the birth mother's mental health. DCS unsubstantiated the allegations as the children were never witness to their mother's harming herself, and a caregiver was always available to care for the children when the birth mother was unavailable. DCS resolved the question regarding the case records and Notification of Assessment by agreeing to send the documents to the complainant pursuant to policy.

Recommendations:
The DCS Ombudsman Bureau requested DCS send the required documents to the complainant.

DCS Ombudsman Bureau:
The Local Office Director advised DCS mailed the documents to the complainant as requested.

Case Review #13 – Case Plan
The complainant alleged DCS allowed the birth mother to violate the case plan.

Findings:
The DCS Ombudsman Bureau found no merit to the complainant's concerns. There was no evidence that the birth mother violated the case plan without consequence.

The DCS Ombudsman Bureau found merit in that the case plans were not developed according to policy. There was no evidence that DCS held a case plan conference, and the case plans were not signed by required team members. Further, there was no evidence that the case plans were distributed to required team members. Given the Family Case Manager was newer and was assigned to two difficult cases, the DCS Ombudsman Bureau was most concerned with supervision. DCS *Child Welfare Policy 5.8: Developing the Case Plans* states the Family Case Manager Supervisor (FCMS) will provide input as needed, staff with the FCM, ensure the process is completed timely, and review and approve the case plan prior to distribution. Evidence of the FCMS's guidance in the case plan process was lacking.

Recommendation:
It was recommended the Local Office staff review the policy to ensure understanding and implementation by FCM and FCMS alike. Specific to this case, it was recommended the case plans be updated according to policy, as soon as possible as there have been significant changes in the case that impacted the case plan during the DCS Ombudsman Bureau's case review.

DCS Response:
The Local Office Director reported the policy was reviewed by staff. Additionally, a plan was developed by the peer coaches to develop and implement a Local Office plan to manage the case plan and child and family team processes pursuant to policy.

Case Review #13 – Assessments
The complainant alleged that DCS failed to complete thorough assessments regarding the physical abuse of the children in question by failing to interview all parties. The complainant indicated DCS had enough evidence to substantiate abuse and did not.

Findings:
No merit was found to allegations that DCS had enough evidence to substantiate abuse. There were no marks or bruises on the children and there was only a partial disclosure.

The DCS Ombudsman Bureau found merit to the allegation that DCS did not interview collateral sources and all children pursuant to DCS *Child Welfare Policy 4.4: Required Interviews*. While the rationale for not interviewing all parties is understood, interviews with collateral are required by policy.

Recommendation:
The DCS Ombudsman Bureau advised the Local Office to review the identified policies and why each required interview was important to the assessment process.

DCS Response:
The Local Office Director indicated that staff reviewed policies as recommended by the DCS Ombudsman Bureau.

Investigation #1 – Foster Care Licensing and Adoption

Involved Parties:

Prospective Foster and Adoptive Parents A and B (referred to as Parent A and Parent B)
Child A, B, and C
Marion County Local Office (County A)
Allen County Local Office (County B)
Region 10 Foster Care Staff (RCFS)
Indiana Adoption Program (IAP)
The Villages of Indiana – Wendy's Wonderful Kids Program (WWK)

The Department of Child Services Ombudsman Bureau received a complaint alleging that DCS (County A) failed to follow Foster Family Home Licensing policies by failing to approve the foster care license of Parents A and B, or to recommend them for the adoption of Child A, B, and C who were wards of County B due to a disqualified fingerprint print check that was later qualified. The complainant states the DCS decision to deny Parents A and B a foster care license and the subsequent decision not to consider them for the adoption of Children A, B, and C was discriminatory in nature due to the agency's mismanagement of false information on the fingerprint checks of Parent A. Additionally, the complainant states DCS County B failed to reimburse Parents A and B for expenses incurred based on the understanding from County B that the children would be placed with them pending adoption. According to the complainant, expenses incurred included home repairs, furniture, and bed linen. The complainant also states Parents A and B incurred attorney expenses to address the legal concerns resulting from Parent A's criminal history discovered during the fingerprint process. Additionally, the complainant states Parents A and B continue to suffer emotionally from their DCS experience, and they are gravely concerned at the trauma visited upon the children due to DCS's mishandling of the circumstances. The DCS Ombudsman Bureau opened an investigation into the complainant's concerns.

Background:

Parents A and B were in the process of being licensed as a foster home in County A where they resided. Around the same time the Parents reached out to the Indiana Adoption Program (IAP) voicing interest in adopting children A, B, and C. Parents A and B were in the process (November 2018) of being licensed as a foster home by their Local DCS Office in County A. Around the same time, the Parents reached out to the Indiana Adoption Program (IAP) voicing interest in adopting Children A, B, and C. Parents A and B were referred to the Wendy's Wonderful Kids Recruiter (WWKR) who in turn contacted the children's Family Case Manager (FCM) in County B regarding the Parents' interest in adopting the siblings. It should be noted that the DCS case notes indicate the *WWKR advised the FCM that Parents A and B had not yet been recommended as adoptive parents by the Indiana Adoption Program*.

According to DCS case records, Parents A and B did not advise the foster care licensing staff, in County A, of their interest in fostering to adopt the children in County B. However, the case notes indicate Parents A and B made County B aware that they were in the process of being licensed in County A, and they kept County B aware of their progress toward licensure. The DCS

case record indicates County B did not contact County A to request information regarding the status of Parent A and B's foster care license or to advise the county of Parent A and B's plan to adopt the children in question. County A did not learn about County B's actions regarding Parent A and B until the Central Office Background Check Unit (COBCU) questioned background checks submitted by both counties. While the IAP responded to the initial inquiry regarding the children by Parent A and B, and passed their interest on to the WWKR as a possible adoptive placement, the case record indicates neither County B nor the WWKR sought out the assistance of the IAP specific to the adoption process. The case record indicates the IAP became involved in the discussions once the fingerprints became a concern.

County A - Foster Care – According to the case records, Parents A and B began the foster care process in County A. They completed Resource Adoptive Parent Training (RAPT) training and had begun the background check process. Parent B's fingerprints came back as "Qualified", however, Parent A's fingerprints were "Conditionally Disqualified" due to criminal history involving sexual molestation of a minor child. Parent A was advised of the outcome of the fingerprint background check and was provided with information on next steps to address the concerns. After being unresponsive to the licensing and permanency staff over several weeks, Parent A met with the County A Regional Foster Care Specialist (RCFS) to discuss the circumstances surrounding the background check. Following the meeting, Parent A sent a five-sentence paragraph to COBCU acknowledging the arrest, charges being dropped, and participation in counseling. It should be noted that specifics regarding the incident and the counseling was not provided to DCS/COBCU by Parent A during the meeting or in the written statement. The DCS record indicates Parent A and B did follow up with a letter to COBCU to dispute the findings. Parent A and Parent B's attorney followed up with a second letter and the "Conditionally Disqualified" finding was changed to "Qualified" pursuant to DCS *Child Welfare Policy 13.10: Evaluation of Background Checks for Foster Family Home Licensing*. The case record shows Parent A applied for an expungement of the criminal history from the court's records and that hearing was scheduled to take place. The DCS Ombudsman Bureau's case review determined that Parent A's adult criminal history specific to the incident in question was subsequently expunged by the court.

Despite the change in the background check determination, the RFCS advised Parent B that should Parent A and B submit their foster care application to DCS, the license would be denied due to concerns arising during the foster care licensing process. Documentation in the foster file indicated Parent B stated that the Parents wanted to move forward with the application and would submit them to DCS. The DCS case record indicates the application was received and DCS has endorsed the recommendation for denial to DCS Central Office where the decision to approve the denial is pending.

County B – Adoption - Case management decisions occurred around the same time as Parents A and B were pursuing a foster care license. Despite having knowledge that Parent A and B were not licensed as foster parents nor recommended for adoption, the case record indicated the County B FCM began the process of considering Parents A and B as prospective foster/adoptive parents for the siblings. Specifically, Parents A and B were contacted shortly after their referral

by the WWKR as a possible adoptive placement for Children A, B, and C. The FCM provided Parents A and B with the siblings' child summaries which included specific family historical information about each child. The Parents also completed Background Checks for County B. Coincidently, the parents had begun the same background check process as a part of the Foster Family Home Licensing process with County A.

The case review indicates the County B FCM, the WWKR, and a foster parent of the children met with Parents A and B to assess them as a possible adoptive home placement. The case review indicated that the Family Case Manager Supervisor (FCMS) played a minor role in the process, and as a result provided very little supervision to the FCM. It is evident in the Parent A and B's case record that they had not yet completed all the licensing requirements necessary to become licensed at the time of their meeting with County B. In queries to County B about the meeting, staff acknowledged that family information was presented by Parent A and B to DCS and no home study had been completed by any DCS staff or private Licensed Child Placing Agency. The children's case file indicates DCS determined Parent A and B to be a viable adoptive placement for the children, and DCS began a plan of visitation between the parents and the siblings which consisted of two supervised community visits and one unsupervised overnight visit.

Once the outcome of the background checks became known, County B made the decision to suspend further visits until the concerns regarding Parent A's background check were addressed. The case notes indicate the Parents agreed with the decision due to not having the proper documentation to address the background check concerns. The case notes indicate, County B later determined that placement with Parents A and B would not move forward due to receiving limited information from Parents A and B regarding the status of the background checks and the continued "Conditionally Disqualified" status.

Findings:

Allegation #1:

DCS failed to follow laws, rules and written policies specific to Foster Family Home Licensing which led to the denial of Parent A and B's foster care application and the Local Office's decision not to consider Parent A and B as a placement option for the children in question.

The DCS Ombudsman Bureau found no merit to the Complainant's concerns regarding the foster care application/license. The case record indicates DCS County A followed laws, rules, and written policies specific to the licensing of Foster Family Homes, pursuant to policies set forth in DCS *Child Welfare Policy Chapter 8: Foster Home Licensing and Chapter 12: Adoption*. Parent A and Parent B have been advised of their right to appeal should Central Licensing decide to uphold the Local Office recommendation to deny the foster care license. The DCS Ombudsman Bureau explained the appeal process to Parent B on several occasions with references to DCS *Child Welfare Policy 12.18: License Denials*.

The DCS Ombudsman Bureau found no merit to the complainant's allegation regarding County B's decision not to consider Parents A and B as adoptive parents for the children in question. The decision not to continue to move forward with the adoption of the children was

the result of concerns regarding the license and that the Parents would not be approved by the Adoption Team because of the same concerns. The case record indicates County B made attempts to work with Parents A and B to resolve the concerns. It is noted that the Parents were unresponsive to both County A and B for several weeks after learning about the outcome of the fingerprint checks. The DCS Ombudsman surmises that the Parents' failure to respond may have been due, in part, to needing time to process the findings. However, given the need to move forward in seeking permanency for the children, County B was appropriate in the decision not to consider Parent A and B further as a viable option.

While there is no merit to the Complainant's concerns regarding County B's decision not to pursue placement and adoption of the children by Parents A and B, **the DCS Ombudsman Bureau found merit to concerns that County B's premature case management decisions were not in alignment with DCS policies**. The case record indicates the FCM was advised of Parent A and B's interest in the children for adoption by the WWKR. The case note in the children's case file is specific in noting that the WWKR advised the FCM that Parents A and B were not yet recommended for adoption. After speaking with Parent B, the FCM also learned that the Parents had not yet completed the foster care licensing process. Despite these two very important facts, the FCM scheduled a meeting with Parents A and B and determined that they were a viable adoption option for the children. This information was gathered from the Parents with no supporting information that would have been available had Parents A and B completed the foster care licensing and/or adoption process pursuant to policy. Specifically, no home study had been completed on the family and background checks were not yet available. No contact was made with the County A licensing staff. The Parents names and DCS decision was provided to the court as a viable option for the children. The case record indicates the court was willing to order the children into the home should DCS not approve the placement. The case record indicates the court's directive and visits that were approved by the Local Office leadership was based on information that was not appropriately vetted pursuant to DCS *Child Welfare Policy – Chapter 8: Foster Home Licensing and Chapter 10: Adoption*. Further, in a face to face meeting between the Local Office staff and the Ombudsman, the FCM and FCMS acknowledged oversights in not following policy and lack of sufficient supervision. There was also discussion of the role played by the WWKR. The DCS Ombudsman Bureau contacted the agency contracted to provide WWK services and was advised that the specific role of the WWKR was to recruit families for DCS families recommended for adoption. This role was explained to the County B Local Office with an advisement that the WWKR is not responsible for case management actions and/or decisions as these are the responsibilities of the Local Office. It is also noted that County B did not include the Adoption Liaison assigned to the County in the discussions. Additionally, the DCS Ombudsman Bureau's investigation revealed missed opportunities to involve County A licensing staff and/or the Adoption Liaison created an environment that allowed Parents A and B to receive child specific information about the children that is not available to families, pursuant to policy, until AFTER foster home licensing or adoption recommendations are complete. There is also grave concern that DCS actions placed the children at risk during visitations by allowing unsupervised contact with individuals before background checks were completed. Further the WWKR, whose primary role is to recruit families, was given the case management responsibility of ensuring the safety of the children

during visitations. The DCS Ombudsman Bureau determined that County B's case management decisions were not in alignment with policy as outlined in DCS *Child Welfare Policy Chapter 8: Adoption, 13.7: Conducting Background Checks for Adoption, and 13.8: Evaluating Background Checks for Adoption*.

Case Specific Recommendations:

1. Based on County B's acknowledgements that the FCM was unfamiliar with the adoption process and the FCMS's assumption that the FCM understood the process due to her 13 years of DCS experience, the DCS Ombudsman Bureau recommended training and a discussion for the identified FCM and FCMS regarding the aforementioned policies specific to this case and the DCS Ombudsman Bureau's investigation. It is noted that County B indicated that training had been provided by the Indiana Adoption Program to the Local Office previous to the investigation, however, the responses from the Local Office and the face to face discussion with the FCM indicated a need for individual training specific to adoption team meetings, completion of home studies, sharing confidential information with families not yet licensed or recommended for adoption, background checks, and seeking assistance from appropriate team members such as DCS Leadership, foster care licensing and adoption staff.
2. It was further recommended that County B team with the Indiana Adoption Program to provide additional training for Local Office staff as a follow-up to a previously held training described by Local Office Leadership.

DCS Response:

The Local Office Director reported education was provided to the identified staff and the adoption units to ensure understanding of identified policies. Further, the Local Office Director advised that meetings will be held with DCS positions that assist permanency staff to clarify roles and responsibilities.

Systemic Recommendation:

The DCS Ombudsman Bureau also recommended a discussion take place between representatives of Indiana's Wendy's Wonderful Kids Program and DCS's Indiana Adoption Program at the appropriate level to ensure clarification and alignment with DCS specific to the roles and responsibilities of the two programs. (see **General Recommendations to Systemic Issues, Systemic Recommendation #2 – Role Clarification and Alignment**)

DCS Response:

The Indiana Adoption Program held a meeting with representatives from the Wendy's Wonderful Kids Program to discuss the DCS Ombudsman Bureau's recommendation. Roles of all parties were clarified; child caseloads were updated and a Memorandum of Understanding specific to referrals and the responsibilities of all involved parties was created.

Allegation #2:

DCS has refused to reimburse Foster Parent A and B for expenses incurred during the Foster Family Home Licensing and Adoption process.

The DCS Ombudsman Bureau found no merit to the Complainant's concern that DCS failed to reimburse Parents A and B for expenses incurred during the Family Home Licensing and Adoption process. Parent A and B's foster care license had been recommended for denial by DCS, the Parents had not been recommended as adoptive parents by the Indiana Adoption Program. To that end, the Parents were not eligible for adoption expenses. The DCS Ombudsman Bureau advised the Parents to address this concern during the appeal process.

Investigation #2 – Father and Family Engagement

The DCS Ombudsman Bureau received a complaint indicating DCS's failure to engage with the birth father pursuant to policy. The complainant stated DCS consistently refused to work with the birth father during the life of the case and was more focused on adoption of the children by the foster parent than the reunification of the children with their birth father. The DCS Ombudsman Bureau began a case review into the allegations. Subsequently, an investigation was opened due to the significantly increasing information and concerns found during the initial stages of the case review. The DCS Ombudsman Bureau staff reviewed the electronic file and supporting collateral, and communicated with Local Office staff via e-mail, telephone, and face to face contact. Complainant and family members were also interviewed during the investigation to ensure clarity. The investigation included the following allegations, findings, and recommendations:

Allegation 1.

DCS failed to contact the children's paternal relatives at the time of the children's removal from their parents, and DCS discriminated against the father by failing to consider the paternal grandmother or other relatives as a placement or permanency option.

The DCS Ombudsman Bureau found merit to the complainant's concerns. The DCS Ombudsman Bureau found an appearance of bias against the paternal family in favor of the maternal family and the foster parents.

DCS acknowledged no efforts were made to contact the paternal relatives within 30 days of removal from the child's parents pursuant to *Child Welfare Policy 4.0: Diligent Search*, and *8.48: Relative Placements*. Further, once the paternal grandmother became known to DCS, the case record indicates she could visit the children, but DCS failed to make any efforts to engage the paternal grandmother as a possible placement or permanency option for the children. Documentation in the case record indicates DCS engaged the foster care placement as the only placement and permanency option for the children. It should also be noted that around the same time, DCS was taking necessary steps to engage the maternal grandmother and was considering her as a possible placement and permanency option for the children's three siblings residing in other foster care placements. Pursuant to *Child Welfare Policy 5.3: Engaging the Family*, "DCS will, to the extent possible engage **both maternal and paternal family members equally** in the case planning process from the first point of the intervention."

Allegation 2.

DCS required the birth father to complete services despite the birth father's insistence that he had completed all required services and had been advised by service providers that he is not in

need of other services. As a result, DCS has filed a petition to terminate the birth father's paternal rights. DCS has also refused to allow the birth father to hold visitations in his home. After careful review the DCS Ombudsman Bureau found merit by determining that while the birth father had not satisfactorily completed all required services, there was concern that his initial service requirements included family therapy and domestic violence therapy between him and the children's birth mother. The birth father did not receive individual therapy or Father Engagement services to address his personal trauma history, his misplaced focus on the children's mother, and assistance in identifying concerns and developing strategies to ensure the children's safety. DCS acknowledged the service gaps for the birth father during the DCS Ombudsman Bureau's investigation, and a referral was made for Home Based Case Management services to monitor visits and to address and/or make recommendations specific to ongoing clinical or parenting needs. It was also noted that the court approved DCS's petition to dismiss the motion to pursue TPR, and supervised visits began in the birth father's home.

DCS Ombudsman Bureau Concerns:

During the investigation, the DCS Ombudsman Bureau found additional concerns. The first concern centers on DCS's failure to appropriately document case management actions. *Child Welfare Policy 5.2: Gathering Case Information* requires DCS to document case management actions and supporting collateral information in the DCS case file throughout the life of the case. The DCS Ombudsman Bureau found that efforts specific to the paternal relatives are not fully documented in the case record from the onset of the DCS case to the time of the investigation. Of equal importance, the DCS Ombudsman Bureau noted a marked lack of responsiveness in engaging the paternal family at certain junctures in the case. In addition to DCS's failure to notify relatives of the children's removal at the onset of the case, DCS's failure to advise the maternal grandmother of the option to be considered for placement a year into the case after she presented herself to DCS for visits which had begun a short time previous to DCS Ombudsman Bureau's involvement. A specific incident pointed out to DCS indicates the Family Case Manager missed a visit to assess the appropriateness of the birth father's home for visitation. DCS stated that a text message was sent to the birth father indicating the FCM would be late. The birth father states he did not receive a text message and some three weeks later DCS had not followed up with the birth father via telephone, text, or written correspondence to reschedule the meeting. These concerns were presented to Local Office staff involved in the case during the investigation. Staff acknowledged the FCM had not followed up on the missed visits and advised that steps would be taken to assess case management concerns and develop plans for forward movement.

Recommendations:

The DCS Ombudsman Bureau was encouraged by steps taken by DCS staff to address the bureau's concerns. The DCS Ombudsman Bureau advised the Local Office to provide training to staff specific to the policies.

DCS Response:

The Local Office advised that staff reviewed and discussed the policies. It is also noted that after following the case for several months, the DCS Ombudsman found marked improvement in DCS

interactions with the birth father. Appropriate services were initiated for the father, in-home unsupervised visits were provided to the paternal grandmother and an Interstate Compact for the Placement of Children was initiated with a paternal aunt.

GENERAL RECOMMENDATIONS TO SYSTEMIC ISSUES

Pursuant to IC 4-13-19-5(b) (2), (4), and (6), the DCS Ombudsman Bureau may also review relevant policies and procedures with a view toward the safety and welfare of children, recommend changes in procedures for investigating reports of abuse and neglect, make recommendations concerning the welfare of children under the jurisdiction of a juvenile court, examine policies and procedures, and evaluate the effectiveness of the child protection system. DCS responds to systemic recommendations made by the DCS Ombudsman Bureau. The recommendations are based on information derived from the volumes of information reviewed in the course of case reviews and investigations with systemic implications, in addition to information gleaned from various reports and discussions with stakeholders.

Systemic Recommendation #1– Informing Non-Custodial Parents
The DCS Ombudsman Bureau has reviewed many instances where DCS has failed to provide non-custodial parents, obtaining placement, with DCS policies and procedures regarding the child(ren) placed in their home. They are unaware that they must update DCS on all parenting decisions including but not limited to visitation, childcare, medical care, education, and travel. Often, the non-custodial parent believes that having placement is the equivalent of having custody, when in fact, DCS is the child(ren)'s custodian.

The DCS Ombudsman Bureau recommends DCS create a statewide practice of informing non-custodial parents, who are given placement of their child(ren), of the policies by which they must abide, similar to the manner in which DCS informs relative and kinship placements.

DCS Response is pending

Systemic Recommendation #2 – Role Clarification and Alignment
Subsequent to **Investigation #1 – Foster Care and Adoption,** the DCS Ombudsman Bureau also recommended a discussion take place between representatives of Indiana's Wendy's Wonderful Kids Program and DCS's Indiana Adoption Program at the appropriate level to ensure clarification and alignment with DCS specific to the roles and responsibilities of the two programs.

DCS Response:
The Indiana Adoption Program held a meeting with representatives from the Wendy's Wonderful Kids Program to discuss the DCS Ombudsman Bureau's recommendation. Roles of all parties were clarified; child caseloads were updated and a Memorandum of Understanding specific to referrals and the responsibilities of all involved parties was created.

DCS Ombudsman Bureau Reflections and Future Initiatives

Agency Response

In 2019, the DCS Ombudsman Bureau continued in its mission of responding to complaints concerning DCS actions or omissions by providing problem resolution services, independent case reviews and recommendations to improve DCS service delivery thereby promoting public confidence. Services and supports were delivered to DCS Ombudsman Bureau constituents in a timely, efficient, and effective manner. Open communication between the DCS Ombudsman Bureau and DCS at the state and local level has supported the resolution of challenges and strengthening of best practice policies, procedures, and programs. The use of Assists as a viable tool to foster communication and resolve concerns between complainants and the Local Offices continues to allow DCS Ombudsman Bureau staff to focus on more complex case reviews and investigations. Significant staffing changes at all levels of the DCS system created new opportunities for systemic collaboration and support in 2019. As an example, the DCS Ombudsman Bureau partnered with DCS to include the DCS Foster Care Liaison and Kinship Care Navigator in Assists, Case Reviews, and Investigations to support and engage foster and kinship caregivers in their concerns. This alignment has enhanced communication among stakeholders and created an environment for effective problem resolution at the Local Office level while supporting resource family development and retention.

Implementation of the SSIT to review fatalities and near fatalities has significantly changed the current Peer Review process including the level of DCS leadership and DCS Ombudsman Bureau involvement. The DCS Ombudsman Bureau will be closely monitoring SSIT use and outcomes in 2020.

DCS Ombudsman Bureau Initiatives

Staffing

The responsibilities of the DCS Ombudsman Bureau require experienced staff proficient in the areas of child welfare and criminal justice issues; problem resolution; research; public policy; law and best practice; and application of the same to constituent concerns. Additionally, the individuals must have above average oral and written communication skills, provide excellent customer service while engaging stakeholders with diverse needs and expectations.

Since its inception in 2009, there has been substantive change specific to the staffing needs for the DCS Ombudsman Bureau. The agency was originally budgeted for one .5 FTE Assistant Ombudsman (AO) position. The position was increased to one FTE in the spring of 2012, and one additional FTE AO was added in the fall of the same year. While staffing with two full time AO positions remained constant, the DCS Ombudsman Bureau experienced significant turnover from

2013 to 2015 at the AO level. The continued recruitment and training of AOs during this time period negatively impacted the bureau's ability to retain staff and respond timely to client's needs.

Efforts to address staffing concerns and retain talent continued in 2016. Effective April 2017, The AO classification status was adjusted from an Administrative Assistant 2 to a Program Director 2 with a 4.5% increase in salary. This important action contributed favorably to the DCS Ombudsman Bureau's ability to recruit and retain qualified staff. However, as constituent concerns continued to increase due to successful outreach efforts, agency response to constituent challenges continued under the AO staffing structure of two FTE positions. In response to these challenges, the DCS Ombudsman Bureau requested and was granted approval for a staffing increase of one additional FTE AO position. This vacancy was filled on October 1, 2019. The DCS Ombudsman Bureau appreciates the support provided by IDOA in reaching staffing goals that began in 2016. The DCS Ombudsman Bureau also thanks DCS for allowing the AO to participate in DCS cohort training with new DCS Family Case Managers which did much to provide the AO with a strong understanding of child welfare best practice principles and practice.

Electronic Case Management and Data Tracking

In 2019, IDOA charged the DCS Ombudsman Bureau with the task of addressing the challenges of utilizing technology to manage cases and data while resolving space and storage concerns resulting from the agency's steady nine-year growth. As a member of the United States Ombudsman Association, the DCS Ombudsman Bureau surveyed member child welfare ombudsman agencies regarding their case management systems. Additionally, the DCS Ombudsman Bureau reached out to the State IT for direction for consultation. Information from both entities were compiled and next steps to identify, develop and implement an electronic case management/data tracking system continued into 2020.

Acknowledgements

The DCS Ombudsman Bureau acknowledges the many individuals who submitted their concerns for resolution. The willingness of these stakeholders to align their efforts with the resources of the DCS Ombudsman Bureau to resolve concerns is greatly appreciated. Additionally, the efforts of the Department of Child Services under the direction of Terry Stigdon at the state and local level do not go unnoticed. The agency's commitment to address identified concerns and participate in intentional dialogue around program strengths and challenges with the DCS Ombudsman Bureau does much to further the goals of best practice services and support to vulnerable families and children in Indiana.

The DCS Ombudsman Bureau especially acknowledges the support of the Indiana Department of Administration under the leadership of Commissioner Lesley A. Crane. Appreciation is also

given to Department of Child Services Director Terry J. Stigdon. As the 2019 calendar year ended, the DCS Ombudsman Bureau looked forward to new opportunities for growth in the relationship between DCS and the bureau.

Appreciation is also extended to Assistant Ombudspersons Jessica Stier, Jamie Anderson, and Amanda Bennett. They are invaluable assets to the success of the DCS Ombudsman Bureau and the diligent efforts they bring to the agency are greatly respected.

ATTACHMENTS

Attachment A
DCS Ombudsman Bureau Staff

Director

Director ***Alfreda Singleton-Smith*** was appointed to the position of the DCS Ombudsman in June 2013 by Governor Michael R. Pence. She brings over 30 years of child welfare experience in the public and private sector to her role. Director Singleton-Smith worked for DCS from 1986 – 1997 at the local level in Marion County, Indiana as a children services case worker, supervisor, trainer, assistant division manager and division manager. She was previously employed by The Villages of Indiana, Inc. where she served as Senior Director of Client Services, responsible for providing statewide support to agency stakeholders in the areas of program planning, foster care, adoption and kinship care. She holds a BS from Western Kentucky University and an MSW from Indiana University. Ms. Singleton–Smith has served on numerous local, state and national initiatives in support of children and families. She is a licensed social worker, a certified RAPT Trainer and Adoption Competency Trainer and a member of the United States Ombudsman Association.

Assistant Ombudsman

Jessica Stier is native to the Indianapolis area. She graduated from Bishop Chatard High School and went on to earn a Bachelor's degree in Criminal Justice from Indiana University Purdue University at Indianapolis (IUPUI) in 2011. She was hired as an Assistant Ombudsman in August 2011 and divided her time between the DCS Ombudsman and the DOC Ombudsman offices. She began working for the DCS Ombudsman full time in March 2012. In addition to conducting reviews and investigations, Jessica has taken on the role of managing the agency's data system and coaching new staff members.

Jamie Anderson grew up in Indianapolis, IN. She graduated from Indianapolis Public Schools and holds a Bachelor's degree in Psychology from Purdue University, and is pursuing a Master of Social Work. Jamie served as a Family Case Manager for the Department of Child Services from 2006 – 2009 where she enjoyed assisting children and families in reaching their goals. She has since completed ombudsman work for Indiana public assistance programs as well as served as a Care Coordinator in the mental health field. Jamie joined the DCS Ombudsman Bureau in January 2015.

Amanda Bennett grew up in Brownsburg, IN. She graduated from Brownsburg High School and holds a Bachelor's degree in Criminal Justice from IUPUI. Amanda was employed as the Assistant Ombudsman for the Department of Corrections Ombudsman Bureau from 2012-2019 where she enjoyed assisting offenders and their loved ones. Amanda joined the DCS Ombudsman Bureau in September 2019.

Attachment B
Rules of Engagement
DCS Ombudsman Guidelines

Agency and Complainant Rights and Responsibilities
in the DCS Ombudsman Bureau Complaint Process

Complainant Rights

Complainants are entitled to:

- A timely response acknowledging receipt of the complaint.
- Professional and respectful communication from agency staff.
- An impartial review.
- A credible review process.
- Contact by the Bureau if additional information is required.
- Communication regarding the outcome of the review.

Complainant Responsibilities

Complainants shall:

- Attempt to resolve problems with the local office prior to filing a complaint.
- Complete the complaint form as directed.
- Ensure that the allegations in the complaint are pertinent to the role of the ombudsman.
- Ensure the accuracy and timeliness of requested information.
- Communicate respectfully with agency staff.

DCS Ombudsman Bureau Rights

The Bureau may:

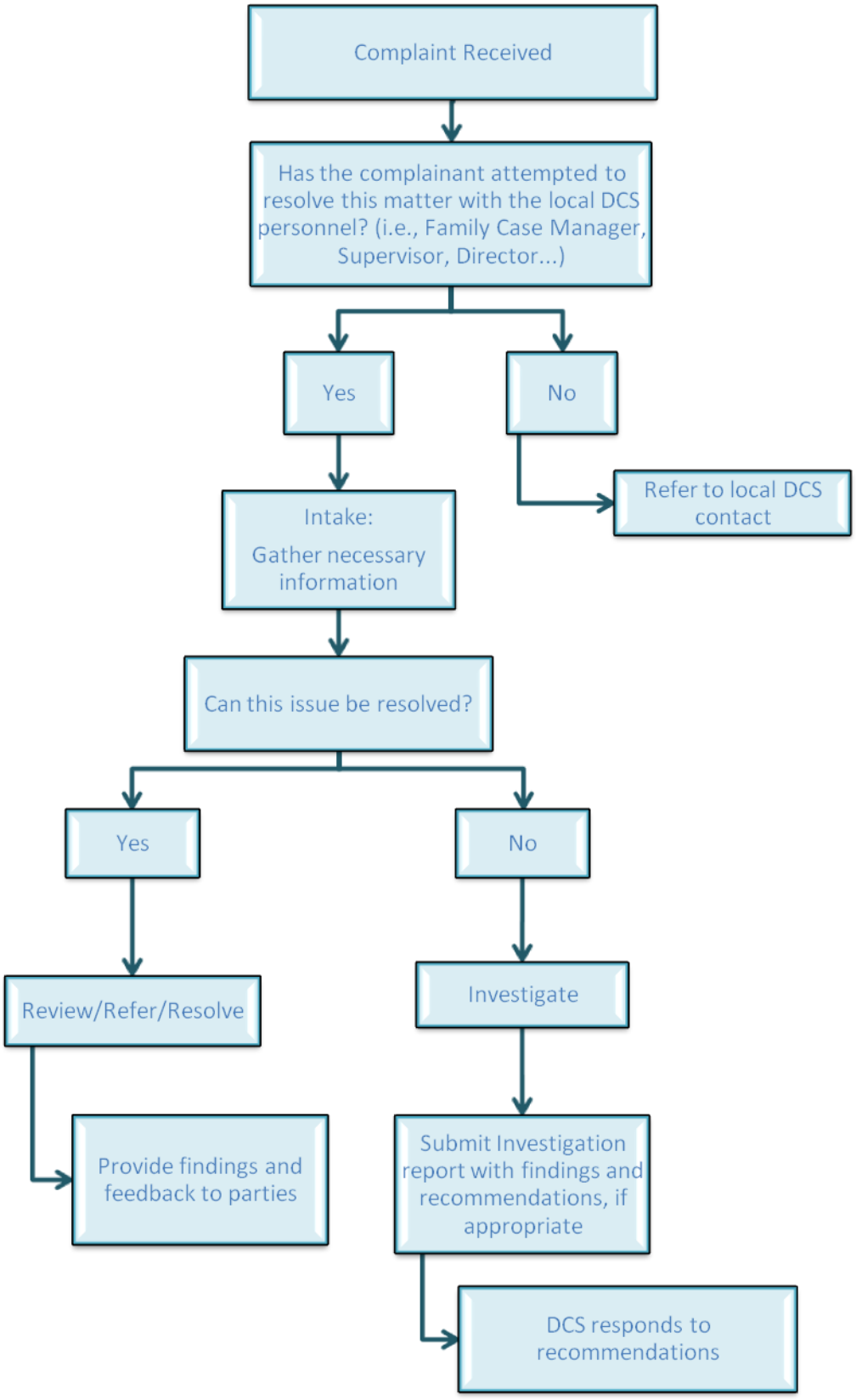
- Decline to accept a complaint that does not fall within the jurisdiction of the Bureau.
- Determine the level of review, the documentation and interviews necessary for gathering the information required to determine findings.
- Expect the complainant to provide any additional information requested.
- Determine when a case requires no further action.

DCS Ombudsman Bureau Responsibilities

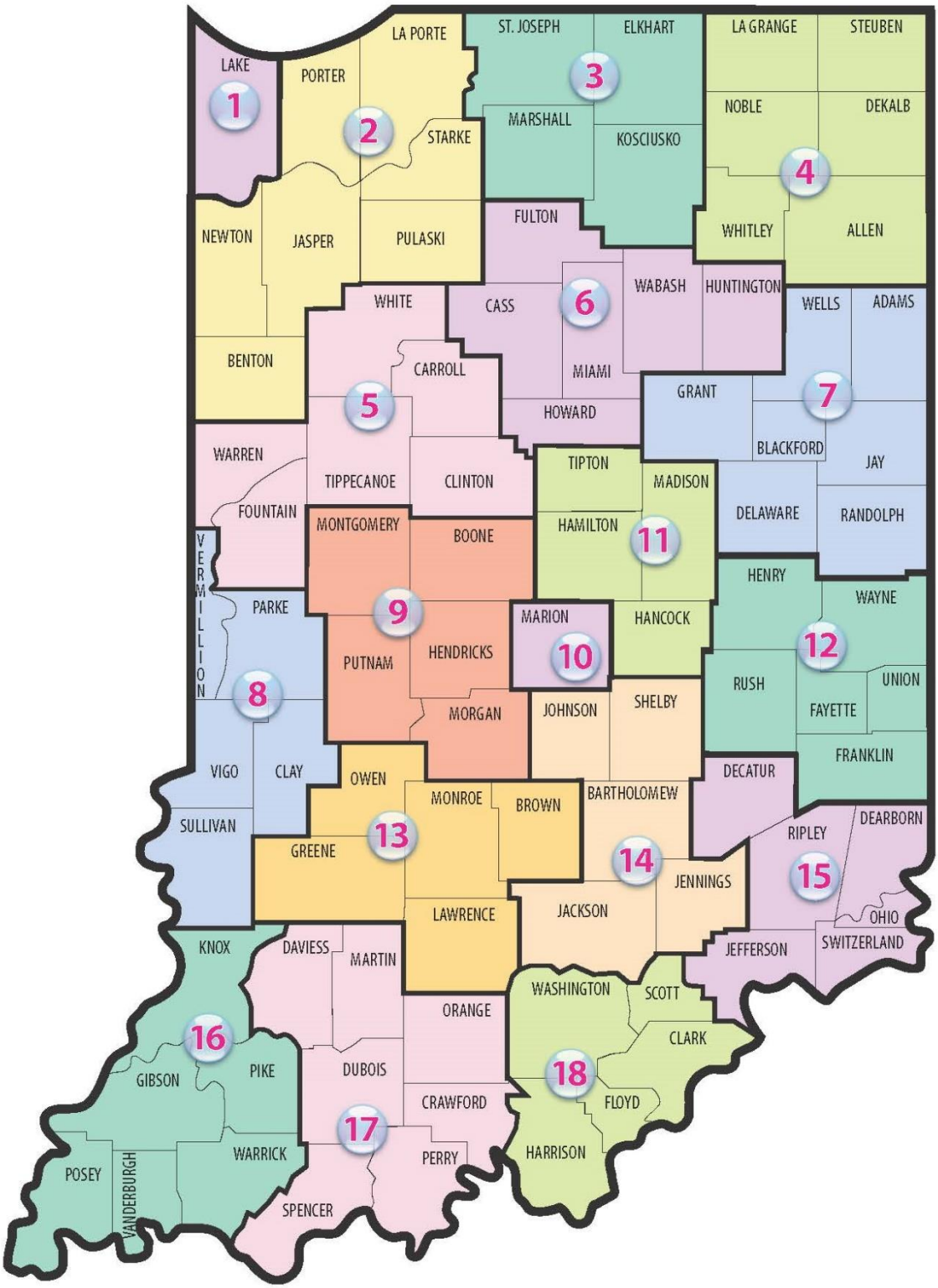
The Bureau shall:

- Complete reviews in a timely manner.
- Complete a thorough and impartial review.
- Ensure professional and respectful communication.
- Provide the results of the review to the complainant in accordance with IC 4-13-19-5.

Attachment C
How We Work



Attachment D
Regional Map



DCS Ombudsman Bureau

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8:00 am to 4:30 pm

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