

Indian Child Welfare Act (ICWA) Quarterly and Annual Report

1. Do you have any Tribal/State Agreements regarding child welfare/assistance? If so, please explain:					
REPORTING INDICATORS	Q1	Q2	Q3	Q4	End of Year Total
2. ICWA Notifications A. Total Number Received B. Total Number Processed	A. B.	A. B.	A. B.	A. B.	A. B.
3. Placement Information A. Total Number of Children in Out of Home Placements 1) Relative Placements 2) Indian Foster Home 3) Non-Indian Foster Home 4) Therapeutic Foster Care 5) Residential Care	A. 1) 2) 3) 4) 5)	A. 1) 2) 3) 4) 5)	A. 1) 2) 3) 4) 5)	A. 1) 2) 3) 4) 5)	A. 1) 2) 3) 4) 5)
4. Other Placement Information A. Number of children placed in Tribal Foster Homes B. Number of child placements paid through IV-E C. Number of child placements paid through BIA Child Care Assistance D. Number of child placements paid through other sources. Please explain in each quarter. E. Number of New Foster Homes recruited F. Number of children placed through interstate compacts	A. B. C. D. (D) Explain: E. F.	A. B. C. D. (D) Explain: E. F.	A. B. C. D. (D) Explain: E. F.	A. B. C. D. (D) Explain: E. F.	A. B. C. D. (D) Explain: E. F.
5. Substance Abuse Information A. Number of child placements involving methamphetamine abuse B. Number of child placements involving alcohol abuse C. Number of child placements involving inhalant abuse D. Number of child placements involving Prescription medication abuse E. Number of child placements involving other drug abuse. Please explain in each quarter.	A. B. C. D. E. (E) Explain:	A. B. C. D. E. (E) Explain:	A. B. C. D. E. (E) Explain:	A. B. C. D. E. (E) Explain:	A. B. C. D. E. (E) Explain:
6. Treatment/Permanency Planning Information A. Number of Children whose primary case plan is Reunification B. Number of Children whose primary case plan is Termination of Parental Rights C. Number of Children whose primary case plan goal is Adoption D. Number of Children whose primary case plan goal is Independent Living E. Other permanency options. Please explain in each quarter.	A. B. C. D. E. (E) Explain:	A. B. C. D. E. (E) Explain:	A. B. C. D. E. (E) Explain:	A. B. C. D. E. (E) Explain:	A. B. C. D. E. (E) Explain:
7. Jurisdictional Information A. Number of cases transferred to CFR or Tribal Court B. Number of cases currently open in State Court and monitored by the Tribe	A. B.	A. B.	A. B.	A. B.	A. B.

Fiscal Year _____

Preparer's Signature _____ Date _____

INSTRUCTIONS

Indian Child Welfare Act Quarterly and Annual Report

The Tribe/Grantee should complete the Indian Child Welfare Act (ICWA) Quarterly and Annual Report on a quarterly basis, in accordance with the following schedule:

Reporting by Fiscal Year	
For reporting period:	Please submit your report by:
Q1: First Quarter (October 1 – December 31)	30 days after the end of Q1
Q2: Second Quarter (January 1 – March 31)	30 days after the end of Q2
Q3: Third Quarter (April 1 – June 30)	30 days after the end of Q3
Q4: Fourth Quarter (July 1 – September 30)	45 days after the end of Q4
End of Year Total	

Explanation of Reporting Indicators

Note: All quarterly entries should be “new” for each quarter. Do not “carryover” quarterly entries. The End of Year (EOY) total should be the sum of all four quarters.

For example: For Q1, there were two *new* children placed in foster homes;
 In Q2, there were no *new* children placed;
 In Q3, there was one *new* child placed;
 In Q4, there were no *new* children placed.
 The total for EOY = 3 children placed in foster homes during the fiscal year.

1. Do you have any Tribal/State Agreements regarding child welfare/assistance? – Please explain the different types of Agreements your Tribe has in place with the state (if any). For example: Title IV-E agreements, Title IV-E contracts, Joint Power Agreements, and so forth. If your Tribe has no Agreements in place, please write “none”.

2. ICWA Notifications

- A. Total Number Received** - Enter the number of ICWA notifications your Tribe received during the quarter.
B. Total Number Processed - Enter the number of ICWA notifications your Tribe processed during the quarter.

3. Placement Information

A. Total Number of Children in Out of Home Placements – Enter the number of children that have been placed in out of home placements during the quarter. Break down the number into the subcategories presented (relative placements, Indian foster home, etc.). The sum of the subcategories’ totals should equal the number entered for “Total Number of Children in Out of Home Placements.”

4. Other Placement Information

- A. Number of Children Placed in Tribal Foster Homes** – Enter the total number of new children placed in Tribal foster homes as of the end of the quarter.
B. Number of Child Placements paid through IV-E – Enter the number of new child placements for the quarter that are paid through Title IV-E funds under the Child Welfare and Adoption Assistance Act of 1980 (P.L. 96-272).
C. Number of Child Placements paid through BIA Child Care Assistance – Enter the number of new child placements for the quarter that are paid through BIA Child Care Assistance.
D. Number of Child Placements paid through other sources – Enter the number of new child placements for each quarter that are paid through sources *other than* IV-E or BIA Child Care Assistance. Please explain/provide examples of the other sources in each applicable quarter.
E. Number of New Foster Homes recruited – Enter the number of new foster homes the Tribe recruited during the quarter.
F. Number of Children Placed Through Interstate Compacts – Enter the number of new child placements for the quarter that are paid by the state through the use of an interstate compact.

5. Substance Abuse Information – Enter the number of child placements involving each type of substance abuse (at the time of placement).

6. Treatment/Permanency Planning Information – Enter the number of children for whom a primary case plan goal fits into each category listed. Include only those children for whom a primary case plan was completed during the quarter. Examples of “**E. Other Permanency Options**” include: customary adoption or kinship care.

7. Jurisdictional Information – Enter the number of new cases in each category as of the end of the quarter.

The preparer (i.e., Tribe/Grantee) should sign and date the form, and send it to their appropriate BIA Regional ICWA Coordinator by the due dates listed on the first page (after each quarter). **The ICWA Coordinator should make a copy of the report for their files, and forward the original to the following Central Office contact:**

Sue Settles, Division of Human Services Chief
Department of Interior – BIA, Office of Indian Services
1849 C Street, NW (MS-4513-MIB)
Washington, DC 20240

**Please direct any questions on this form
to the Bureau of Indian Affairs (BIA) ICWA Coordinator for the appropriate BIA Region.**

PAPERWORK REDUCTION ACT STATEMENT

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