INDIAN CHILD WELFARE ACT QUARTERLY AND ANNUAL REPORT
Part A Form

APPLICABILITY

All Tribes/Grantees receiving ICWA funding as described in 25 CFR Part § 23.47 (a) must complete the ICWA Quarterly and Annual Report. For each quarter, Tribes/Grantees must fill out both the **REPORT DATA** and **REPORT NARRATIVE** provided below, for each ICWA program.

Note: This report provides data on ICWA children who have been placed in care by the State agency. Tribes are to include data on when they were notified and how they participated in the State's child welfare case with an Indian child. *Indian child means any unmarried person who is under age 18 and either: (1) Is a member or citizen of an Indian Tribe; or (2) Is eligible for membership or citizenship in an Indian Tribe and is the biological child of a member/citizen of an Indian Tribe. 25 CFR Part §23.2.*

REPORT DUE DATES

Tribes/Grantees fill out the Indian Child Welfare Quarterly and Annual Report every 3 months. Tribes send it to the servicing BIA Region. Tribes contact your servicing Region about the due date. Regions are to collect the reports from Tribes by the following dates. Regions are to send the reports to Central Office by due dates listed below:

Reporting by Fiscal Year	
For reporting period:	***Regions are to submit this report by:***
Q1: First Quarter (October 1 - December 31)	*30 days after the end of Q1 (i.e., by January 30)*
Q2: Second Quarter (January 1 - March 31)	*30 days after the end of Q2 (i.e., by April 30)*
Q3: Third Quarter (April 1 – June 30)	*30 days after the end of Q3 (i.e., by July 30)*
Q4: Fourth Quarter (July 1 – September 30)	*45 days after the end of Q4 (i.e., by November 14)*
End of the Year Total	

Reporting by Calendar Year	
For reporting period:	***Regions are to submit this report by:***
Q1: First Quarter (January 1 – March 31)	*30 days after the end of Q1 (i.e., by April 30)*
Q2: Second Quarter (April 1 - June 30)	*30 days after the end of Q2 (i.e., by July 30)*
Q3: Third Quarter (July 1 – September 30)	*30 days after the end of Q3 (i.e., by October 30)*
Q4: Fourth Quarter (October 1 – December 31)	*45 days after the end of Q4 (i.e., by February 14)*
End of the Year Total	

REPORT DATA

1. Official Name of Tribe:					
2. ICWA Contract/Grant No.:					
3. BIA Region:					
4. ICWA Notifications	Q1	Q2	Q3	Q4	TOTAL
A. Total number of new child(ren) listed on the ICWA Notice received by registered/certified mail					
5. For eligible ICWA children - ICWA activities provided by the Tribe	Q1	Q2	Q3	Q4	TOTAL
A. Total number of State Court Hearings Attended					
B. Total number of Case Planning Meetings Attended					
C. Transferred to Tribal Court (Once the ICWA case is transferred to the Tribal Court, ICWA no longer applies.)					
D. Child placed with Relative/Kinship by State					
E. Child placed in a licensed Indian Foster Home by State					
F. Child placed in a non-Indian Foster Home by State					
G. Child placed in group home or home living centers by State					
H. Child remains in home (Actions taken by Tribe to keep children at home)					
I. Child remains in home (Actions taken by State to keep children at home)					
6. For non-tribal ICWA Notices	Q1	Q2	Q3	Q4	TOTAL
A. Total number of new child(ren) listed on the ICWA Notice received by registered/certified mail that were non-Tribal					
Fiscal or Calendar Year:	Date:				
Preparer's Certification					
Preparer's Signature:					
Preparer's Name and Title (Please Print):					
Regional Social Worker (Certification):					

REPORT NARRATIVE

For each quarter, complete the narrative required by 25 CFR Part § 23.47 (c) below by answering the following questions. Some questions are yes or no, others are fillable narrative form. Be as detailed as possible. The narrative is intended to tell the story of your program and the numbers you reported on the data portion of the report. This form will expand as needed to tell your ICWA program's story.
Question #1 ICWA Program: Provide a summary of what your ICWA program has accomplished this quarter: • List the ICWA activities you completed. • List the objectives and goals you have meet this quarter, include Tribal/culture activities you provided to children and families. • What success stories can you share?
Q1 ICWA Activities: Goals and Objectives: Success stories: Q2 ICWA Activities: Goals and Objectives: Success stories: Q3 ICWA Activities: Goals and Objectives: Success stories: Q4 ICWA Activities: Goals and Objectives: Success stories: Summary:
Question #2 ICWA child placement: • Tell us where your ICWA program places children who have been abused or neglected in your tribal community. Justify the data on out-of-home child placements. • Tell how ICWA services has helped children, list examples of the type of ICWA services provided. • Provide the number of tribal foster homes licensed this quarter. • Provide the number of relative or kinship homes the tribe has this quarter. • Tell how information and referrals for these cases take place.
Q1: Q2: Q3: Q4:

Summary:

Question #3: Tell what methods you use to determine your ICWA Program is successful.

- What record keeping methods do you use? (Child files, audit reports, financial reports, licensing documents, home licensing records)
- Do you provide reports? (Tribal Council, administrator, supervisor)
- What policies do you have in place? (Personnel policy, Financial policy, Background check policy.)

Q1:
Q2:
Q3:
Q4:
Summary:

QUESTION #4 Tribal ICWA cases:

- Identify the reasons why your Tribe did not transfer to the ICWA case to Tribal court, if applicable?
- If your Tribe does transfer cases to Tribal court, explain types of ICWA services provided to families by Tribe.

Q1:
Q2:
Q3:
Q4:
Summary:

Question #5: ICWA staffing, briefly describe your ICWA program staffing:

- How many workers do you have under your ICWA program?
- What is the client to staff ratio per worker?

Q1:
Q2:
Q3:
Q4:
Summary:

QUESTION #6 ICWA Notice data: - • List changes in the number of ICWA notices received, persons served, increases, or decreases in services or cases. If different, why? • How might your program suffer if there was a shortage of funds?
Q1: Q2: Q3: Q4: Summary:
QUESTION #7: Compile the data relating to the number and types of child abuse and neglect cases seen. List the assistance provided to reflect those cases that involve or appear to involve alcohol and substance abuse, those cases that are recurring, and those cases that involve other minor siblings as required by 25 U.S.C. 2434, Pub. L. 99–570, the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986. (25 CFR Part § 23.47) (25 CFR Part § 23.47)
Type Here. Q1: Q2: Q3: Q4: Summary:
QUESTION #8: Provide a summary of problems faced or reasons for not meeting your objectives and/or trends or challenges the tribal program experienced from data reported. (i.e. increased drug or alcohol use)
Type Here. Q1: Q2: Q3: Q4: Summary:
QUESTION #9: Tell us about problems where family members are afraid to live in the home. How are these problems handled in your community. What resources are available for families/victim. (i.e. domestic violence)
Type Here. Q1:

Q2: Q3: Q4: Summary

QUESTION #10: Do you find this report useful for collecting data to assist the Tribe? Tell what you liked or disliked about the form and give of ways you think it could be improved to be more useful.	YES OR NO
Type Here. Q1: Q2: Q3: Q4: Summary	

FORM INSTRUCTIONS

REPORT DATA

1.- 3. Identify the Official Name of the Tribe, ICWA Contract/Grant No., and the BIA Region.

4. ICWA Notifications
   A. Total number of new child(ren) listed on the ICWA Notice received by Registered/Certified Mail
      Enter the number of children listed on new ICWA notifications during each quarter. Do not count the same child more than once in each quarter. Only count the same child once in each quarter unless the child's case opened, closed, and re-opened again in the same quarter.

5. For eligible ICWA children - ICWA activities provided by the Tribe (Count child more than once if several activities were provided to same child.)
   Enter the number of new and on-going ICWA activities provided by the Tribe for questions A-H.

   A. Total Number of State Hearings Attended –Enter number of court hearings the Tribe attended for new and ongoing ICWA cases. A court hearing attended can be by phone or in person.
   B. Total Number of Case Plan Meetings Attended – Enter number of meetings the Tribe attended to discuss the family's case plan. A case planning meeting can be by phone or in person. Case plan meetings can be a group meetings or individual meetings with the caseworker. The type of meetings could be child protective teams or family meetings.
   C. Transferred to Tribal Court – Enter the number of new ICWA cases transferred from a State Court to Tribal Court. This number is non-duplicate. Do not count a child more than once unless case was closed and opened again.
   D. Child placed with Relative/Kinship – Enter the number of new and ongoing children placed with the Indian child's relative as of the end of the quarter. The home is not licensed. You may count the child more than once if child moves to different relatives within a quarter. The Tribe will only have this information if the information was on the ICWA notice, and they attend the hearings or case plan meetings. If the Tribe does not have this information put zero.
   E. Child placed in a licensed Indian Foster Home – Enter the number of new and ongoing children placed in Indian/Tribal foster homes as of the end of the quarter that are licensed either by the Tribe or State. Count the child more than once if the child is in more than one Indian licensed foster home each quarter or the same quarter. The Tribe will only have this information if the information was on the ICWA notice, and they attend the hearings or case plan meetings. If the Tribe does not have this information put zero.
   F. Child placed in a licensed non-Indian Foster Home – Enter the number of new and ongoing children placed in a non-Indian/Tribal foster home as of the end of the quarter that are licensed by a Tribe or State. Count the child more than once if the child is in to more than one non-Indian licensed foster home each quarter or in the same quarter. The Tribe will only have this information if the information was on the ICWA notice, and they attend the hearings or case plan meetings. If the Tribe does not have this information put zero.
   G. Child placed in group home or home living center - Enter the number of children placed in group homes or home living centers. Count alcohol and drug, mental health, and medical treatment centers. The child can live in a place short or long- term. Do not include juvenile detention centers in the count. The Tribe will only have this information if the information was on the ICWA notice, and they attend the hearings or case plan meetings. If the Tribe does not have this information put zero.

H. Child remains in home (Actions by Tribe to keep children in home) - Enter the number of children who were provided services to stay with parents. Types of services provided by Tribe can include parenting classes, counseling, helping a parent find a ride, and assistance with food, housing, or clothing.
I. Child remains in home (Actions by State to keep children in home) - Enter the number of children who were provided services to stay with parents. Types of services provided by State can include parenting classes, counseling, helping a parent find a ride, and assistance with food, housing, or clothing. The Tribe will only have this information if the information was on the ICWA notice, and they attend the hearings or case plan meetings. If the Tribe does not have this information put zero.

6. For non-tribal ICWA Notices
   A. Enter the number of ICWA notices received each quarter by registered/certificated mail, and it was found out that the child was a non-Tribal member. Tribe found out by reviewing enrollment records, writing a letter, email, and/or making a phone call. "Non-Tribal" means a case when the child or parents are not members or citizens of the Tribe.

Tribe must identify whether their program is on a fiscal or calendar year for report and date.
Preparer's Certification: The preparer must sign the form. The Tribe is to send the completed ICWA form to the servicing BIA Regional Social Worker. The servicing BIA Regional Social Worker must review it to make sure it is filled out correctly and completely. The servicing BIA Regional Social Worker will sign it when it is correct and complete and send it to Central Office.

The Tribe should direct any questions on this form to the BIA Regional Social Worker in their servicing Region.

PAPERWORK REDUCTION ACT STATEMENT: This information is being collected for management, planning, and budgetary purposes and to provide BIA with baseline data for setting and measuring performance goals. Response to this request is required to obtain a benefit in accordance with 25 CFR 23. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this form is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering, and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to: comments@bia.gov or mailto: Information Collection Clearance Officer – Indian Affairs, Office of Regulatory Affairs and Collaborative Action, 1001 Indian School Road NW, Suite 229, Albuquerque, New Mexico 87104. Do not provide your completed form to this address; instead, send your completed form to your appropriate BIA Regional Social Worker.