



INDIANA DEPARTMENT OF CHILD SERVICES

CHILD WELFARE POLICY

Chapter 6: Court

Section 06: Predispositional Report (PDR)

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Version: 7

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POLICY OVERVIEW

The Indiana Department of Child Services (DCS)- prepares a Predispositional Report (PDR) and submits the PDR to the court at least 10 calendar days prior to the Dispositional Hearing for any child that a court adjudicates a Child in Need of Services (CHINS) in order to provide the court with information outlined in IC 31-34-18 and IC 31-34-20-5.

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PROCEDURE

DCS will confer with appropriate individuals who have expertise in professional areas related to the child's needs when preparing the PDR. DCS will ensure the PDR contains the following:

1. Statement of the needs of the child for care, treatment, rehabilitation, or placement;
2. A description of the ongoing due diligence efforts made to identify all adult relatives of the child;
3. Recommendation for the care, treatment, rehabilitation, or placement of the child (see policy 5.19 Child and Adolescent Needs and Strengths [CANS] Assessment);
4. Financial Report on the parent and child (see policy 2.20 Establishment of Child Support Orders, Indiana Child Support Bureau Field Consultant Region Map, and Child Support Obligation Worksheet);
5. Nature and extent of appropriate participation by the parent, guardian, or custodian, including recommended services, visitation, and alternate forms of contact (see policies 5.10 Family Services and 8.12 Developing the Visitation Plan);
6. Legal settlement information (i.e., city and state of current residence of custodial parent or other caretaker when applicable);
7. Information about Child and Family Team (CFT) Meetings (see policy 5.07 Child and Family Team [CFT] Meetings) or Case Plan Conferences held and their outcomes, including any information about a second Permanency Plan for the child, when concurrent planning (see policy 5.15 Concurrent Planning); and
8. Information gathered from the resource parent during preparation of the report and any recommendations from the resource parent.

The following individuals may prepare an alternative report for consideration by the court (e.g., Youth Report to Court and the Indiana Relative Kinship Foster Placement Reporting Form):

1. The child, based upon age and developmental level; and
2. The child's:
 - a. Parent, guardian, or custodian,
 - b. Resource parent, and

- c. Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL).

The Family Case Manager (FCM) will:

1. Confer with the resource parents and other appropriate individuals who have expertise in professional areas related to the child's needs including, but not limited to:
 - a. DCS,
 - b. The child's school,

Note: If the child is eligible for special education services or placement, consultation with the school is mandatory.

- c. Probation Department,
- d. A community mental health center,
- e. A community developmental disabilities center,
- f. CFT members, and/or
- g. Other persons directed by the court.

2. Prepare the PDR using the form provided in the case management system or legal forms database (QUEST);
3. Consult with the FCM Supervisor and DCS Staff Attorney to ensure appropriate documentation is submitted to the court;

Note: For a child admitted to a Qualified Residential Treatment Program (QRTP):

- a. The 30-Day Assessment must be completed within 30 days of admission in the QRTP, and the QRTP Determination Report must be reviewed by the court within 60 days. The QRTP Determination Report includes the outcome of the 30-Day Assessment regarding the child's treatment (see policy 5.24 Child Focused Treatment Review [CFTR]). Submit information to indicate that the QRTP is:
 - i. The most effective and appropriate level of care for the child;
 - ii. The least restrictive environment for the child; and
 - iii. The short-term and long-term goals for the child, as specified in the Permanency Plan.
- b. Document the specific treatment or service needs that will be met for the child in the QRTP and the length of time the child is expected to need the treatment or services, and
- c. Document the efforts made to prepare the child to return home or be placed with a fit and willing relative, legal guardian, adoptive parent, or foster family home, and document a list of child-specific short- and long-term mental and behavioral health goals.

3. Seek Supervisor review and approval of the PDR;
4. Sign and submit the PDR;
5. Coordinate with the DCS Staff Attorney to file the PDR in a timely manner, according to the county's court procedure;
6. Provide a copy of the PDR 10 calendar days prior to the Dispositional Hearing to:
 - a. Each attorney, GAL, or CASA representing the child, and
 - b. The attorney representing each child's parent, guardian, or custodian.

Note: The court may determine on the record that the PDR contains information that should not be released to the child or the child's parent, guardian, or custodian. In that event, the court may provide a factual summary of the report to that individual.

7. Include information about household members living in the home of the removed child to determine the child's eligibility for Title IV-E Foster Care and/or Title IV-A/EA Emergency Assistance and document this in the case management system (see policies 15.01 Eligibility Overview for Field and Legal Staff and 15.11 Title IV-A/EA Emergency Assistance). The following information should be included:
 - a. The relationship of these persons to the removed child,
 - b. Each parent's place of residence,
 - c. Sources and amounts of income and resources for each household member in the month the child was removed; and
 - d. Any diagnosed physical or mental illness of one (1) or both of the parents.
8. Attach a Case Plan/Prevention Plan to the PDR if it has been completed and was not previously submitted to the court (see policy 5.08 Developing the Case Plan/Prevention Plan) .

The FCM Supervisor will:

1. Assist the FCM, as needed, during the development of the PDR; and
2. Approve and sign the PDR.

The DCS Staff Attorney will file the PDR in accordance with the county's court procedure. The court may incorporate the DCS PDR into its dispositional order.

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RELEVANT INFORMATION

Definitions

Qualified Residential Treatment Program (Q RTP)

A QRTP is a designation for a Child Caring Institution (CCI), Group Home (GH), or Private Secure Facility (PSF) which meets requirements specified by the Family First Prevention Services Act (FFPSA). Requirements a program must meet for this designation may be found in policy 17.03 Verification of QRTP Designation. A program which receives this designation may qualify for federal Title IV-E matching payments after a child's first two (2) weeks in the program. See policy 15.13 Title IV-E Eligible Placements for additional information regarding this eligibility.

Forms and Tools

- Case Plan/Prevention Plan (SF 2956) - Available in the case management system
- [Child Support Obligation Worksheet](#)
- [Indiana Child Support Bureau Field Consultant Region Map](#)
- [Indiana Relative Kinship Foster Placement Reporting Form](#)
- Predispositional Report (PDR) - Available in the case management system
- Youth Report to the Court - Available in the case management system

Related Policies

- [2.20 Establishment of Child Support Orders](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)
- [5.08 Developing the Case Plan/Prevention Plan](#)

- [5.10 Family Services](#)
- [5.15 Concurrent Planning- An Overview](#)
- [5.19 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#)
- [8.12 Developing the Visitation Plan](#)
- [15.01 Eligibility Overview for Field and Legal Staff](#)
- [15.11 Title IV-A/EA \(Emergency Assistance\) Eligibility Requirements](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of QRTP Designation](#)

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LEGAL REFERENCES

- [IC 31-34-18: Predispositional Report](#)
- [IC 31-34-20-5: Determination and reporting of legal settlement of child](#)
- [42 USC 672: Foster care maintenance payments program](#)

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PRACTICE GUIDANCE- DCS POLICY 6.06

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

N/A

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