



## INDIANA DEPARTMENT OF CHILD SERVICES

### CHILD WELFARE POLICY

#### Chapter 6: Court Involvement

#### Section 08: Progress Report

**Effective Date:** July 1, 2025

**Version:** 10

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## POLICY OVERVIEW

In order to update the court on an open Child in Need of Services (CHINS) case, the Indiana Department of Child Services (DCS) prepares and submits a Progress Report to the court at least every three (3) months regarding progress made toward implementing the Dispositional Decree and achieving permanency.

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## PROCEDURE

The Progress Report provides an update to the court on the following areas:

1. The child's voice;
2. Services for the child and/or parent, guardian, or custodian (including health and educational information);
3. Status of the parent's, guardian's, or custodian's progress in meeting parenting tasks/responsibilities consistently;
4. Visits between the child and the child's siblings and/or parent, guardian, or custodian (including visits with noncustodial and incarcerated parents);
5. Compliance and cooperation with participation in court ordered services;
6. Child's placement;
7. Outcomes and significant changes;
8. Pertinent information and recommendations obtained from consultations with professionals, Child and Family Team (CFT) members, and other significant individuals involved in the case who are not CFT members;
9. Recommendations for treatment, rehabilitation, permanency plan, and the child's placement;
10. Diligent efforts of DCS to identify and locate all adult relatives of the child throughout the life of the case (see policy 5.23 Diligent Search for Relatives/Kin and Case Participants); and
11. Reasonable Efforts DCS has made to Finalize the Permanency Plan (REPP) for the child.

DCS will prepare and submit to the court a Progress Report for every child with an open CHINS case under the care and supervision of DCS, as follows:

1. At least every three (3) months after the Dispositional Decree; and

2. At any time after the date of an original Dispositional Decree, the court may order DCS to file a Progress Report.

DCS will submit a Progress Report to the court at least 10 calendar days prior to a Periodic Case Review Hearing or as otherwise ordered by the court.

DCS will make a copy of the Progress Report for, and provide proof of service to, the following at least 48 hours prior to the Periodic Case Review Hearing:

1. The child/youth, based upon age and developmental level;

**Note:** All youth 14 years of age and older, have the right to participate in court and should receive a copy of the Progress Report.

2. Each parent (including noncustodial parent), guardian, or custodian of the child;

**Note:** The court may also provide a factual summary of the Progress Report to each parent, guardian, or custodian or resource parent of the child if the court has determined the report contains information that should not be released to an individual entitled to receive the report.

3. An attorney who has entered an appearance on behalf of the child's parent, guardian, or custodian;
4. Resource parent and/or long-term foster parent, if applicable;
5. Prospective adoptive parent named in a petition for adoption of the child if:
  - a. Each Consent to Adoption form of the child has been signed and received by the DCS local office,
  - b. The court having jurisdiction in the adoption case has determined that consent to adoption is not required from a parent, guardian, or custodian, or
  - c. A petition has been filed to terminate the parent-child relationship between the child and any parent who has not signed a written Consent to Adoption form.
6. Any other person known to DCS who is currently providing care for the child and is not required to be licensed under IC 12-17.2 or IC 31-27 to provide care for the child;
7. Any other suitable relative or person who has a significant or caretaking relationship with the child; and
8. Court Appointed Special Advocate (CASA) and/or Guardian ad Litem (GAL).

**Exception:** If the court determines, on the record, that the Progress Report contains information that should not be released to any person who is otherwise entitled to receive a Progress Report, the court is not required to make the Progress Report available to that person. The court may provide the individual with a redacted copy of this report. However, the court will provide a copy of the Progress Report to the following:

- a. Each attorney or CASA/GAL representing the child, and
- b. Each attorney representing the child's parent, guardian, or custodian.

The Family Case Manager (FCM) will:

1. Consult with the parent, guardian, or custodian; resource parent; and any other professionals who have expertise related to the child and family's needs;

2. Prepare the Progress Report by following the prompts and completing all questions on the report;
3. Attach any additional reports to the Progress Report, including results of a drug or alcohol screen, indicating a parent, guardian, or custodian may have violated the Dispositional Decree;

**Note:** A summary of all significant changes that may have been addressed during a CFT Meeting is sufficient as opposed to attaching the entire CFT Meeting Notes document for the court. Youth 14 years of age and older should have a Youth Report to the Court completed and submitted to the court by the youth if the youth is unable to attend the court hearing.

4. 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 Assessment regarding (see policy 5.24 Child-Focused Treatment Review [CFTR]):
  - 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.

5. Obtain supervisory approval and signature;
6. Sign the Progress Report;
7. Provide a properly redacted copy of the Progress Report to all appropriate parties and persons after the DCS Staff Attorney has approved the Progress Report; and
8. Update the child's and/or family's information in the case management system as needed when changes occur regarding income and resources, parent's place of residence, and household membership.

The FCM Supervisor will:

1. Review and make any recommendations regarding the Progress Report; and
2. Approve and sign the Progress Report.

The DCS Staff Attorney will:

1. Review the Progress Report after the FCM Supervisor has reviewed it and make recommendations regarding any changes needed prior to the filing of the report; and
2. File the completed Progress Report with the court and ensure the report is served to the appropriate parties.

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## RELEVANT INFORMATION

### Definitions

#### Long-Term Foster Parent

A long-term foster parent is a resource parent who has provided care and supervision for a child for at least:

1. The 12 most recent months;
2. Fifteen (15) months of the most recent 22 months; or
3. Six (6) months, if the child is less than 12 months of age.

#### Qualified Residential Treatment Program (QRTP)

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 Qualified Residential Treatment Program (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.

### Redaction

Redaction is the process of removing or concealing confidential or sensitive information from a document prior to release of the document. Redacted documents should be thoroughly reviewed by a DCS attorney prior to disclosure.

### Forms and Tools

- Case Plan/Prevention Plan (SF 2956) – available in the case management system
- [Child and Family Team Meeting Notes \(SF 54601\)](#)
- Modification Report – available in the case management system
- Progress Report – available in the case management system
- Youth Report to the Court – available in the case management system

### Related Policies

- [5.10 Family Services](#)
- [5.23 Diligent Search for Relatives/Kin and Case Participants](#)
- [5.24 Child-Focused Treatment Review \(CFTR\)](#)
- [8.12 Developing the Visitation Plan](#)
- [8.13 Implementing the Visitation Plan](#)
- [15.13 Title IV-E Eligible Placements](#)
- [17.03 Verification of Qualified Residential Treatment Program \(QRTP\) Designation](#)

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## LEGAL REFERENCES

- [42 USC 672: FOSTER CARE MAINTENANCE PAYMENTS PROGRAM](#)
- [IC 12-17.2: DAY CARE REGULATION](#)
- [IC 31-27: CHILD SERVICES: REGULATION OF RESIDENTIAL CHILD CARE](#)
- IC 31-34-20-1.6
- [IC 31-34-20-7: Provision of information by department of child services](#)
- [IC 31-34-21-1: Progress reports; procedure for modification of decree](#)
- [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
- [IC 31-34-22-1: Progress report; modification report](#)

- [IC 31-34-22-2: Providing copies of reports and factual summaries of reports](#)

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## PRACTICE GUIDANCE- DCS POLICY 6.08

*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.*

### **Progress Report Content**

The Progress Report should address the following elements. The court will consider these elements when making its determinations, including but not limited to:

1. Services, which include:
  - a. Documentation of services offered and/or provided to the child or the parent, guardian, or custodian; the dates of the services; and the outcome,
  - Note:** Documentation of appropriate community services and treatment (including services available to an incarcerated parent through the facility) should also be included.
  - b. Health and educational information, and
  - c. Any additional services required for the child or the child's parent, guardian, or custodian and the nature of those services.
2. Visits, which include:
  - a. The extent to which the parent, guardian, or custodian (including noncustodial and incarcerated parents) has visited the child, including the reasons for infrequent visitation, if applicable, and
  - Note:** The report should include any alternative forms of contact included in the Visitation Plan. See policies 8.12 Developing the Visitation Plan and 8.13 Implementing the Visitation Plan.
  - b. The extent to which sibling visits are occurring, if siblings are separated, including reasons for infrequent visitation, if applicable.
3. Compliance and cooperation, which includes:
  - a. The extent to which the parent, guardian, or custodian has cooperated with, participated in, and benefited from DCS court ordered services with DCS or the probation department, and
  - b. Whether DCS, the child/youth, and the parent, guardian, or custodian has complied with the Dispositional Decree, including any court ordered services outlined in the Case Plan/Prevention Plan (to be attached when necessary).
4. Child's placement (if the child is placed in out-of-home care), which includes:
  - a. Whether the child is in the least restrictive, most family-like setting,
  - b. Whether the child is placed close to the home of the child's parent, guardian, or custodian,
  - c. Whether siblings are placed together,
  - d. Whether the child is placed in proximity to the school in which they were enrolled in at the time of removal, and
  - e. An explanation as to why, if these conditions are not met, including efforts being made to find a more appropriate placement if applicable.

**Note:** Ongoing diligent efforts to identify all adult relatives of the child must be included.

5. Outcomes, which include:
  - a. The extent to which the causes for the child's out-of-home placement or supervision have been alleviated,
  - b. The extent to which the parent, guardian, or custodian has enhanced his or her ability to fulfill parental obligations including if there are any limitations due to mental or physical disabilities as well as changes in employment status,
  - c. Current living arrangement of each parent, guardian, or custodian,
  - d. The extent to which a child's education and health is improved,
  - e. Age-appropriate programs and/or extracurricular activities the child/youth is involved,
  - f. Completed Youth Report to the Court form for youth 14 years of age and older who are unable to attend a court hearing,
  - g. Diligent search including search for Another Planned Permanent Living Arrangement (APPLA) for youth 16 years of age and older, and documentation to support why other permanency plan options are not in the best interest of the child/youth, and
  - h. A summary of all CFT Meeting notes including significant changes that occurred between court hearings.
6. Consultations, which include:
  - a. All professionals consulted, their relationship to the child, and recommendations,
  - b. All persons who are part of the CFT, their relationship to the child, each meeting coordinated with them, and recommendations, and
  - c. Pertinent information and recommendations that have been gathered from the resource parent.
7. Recommended Plan of Care, which includes:
  - a. Treatment,
  - b. Rehabilitation,
  - c. Permanency Plan, and
  - d. Placement for the child.

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