



# **ADOPTION BEST PRACTICES MANUAL**

Tennessee Department of Children's Services | Child Permanency | January 2019

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## **INTRODUCTION**

The purpose of adoption in the public child welfare system is to provide permanent, safe, and loving homes for children by legally transferring parental responsibilities from birth/legal parents to adoptive parents. The best interests of the child should be reflected in every decision made for children with a permanency goal of adoption. (TDCS Standards of Professional Practice for Serving Children and Families, November 2003) DCS provides culturally-competent services to birth/legal parents, children, and resource parents to support permanency for children and youth while strengthening the well-being of all involved parties. This manual is intended to be a best practice guide for DCS and private provider employees who provide adoption services to children and families.

# **SERVICES TO BIRTH/LEGAL PARENTS**

# I. ASSESSMENT, SERVICE PLANNING & MONITORING

**What:** DCS provides services to birth/legal parents to assist them in regaining custody of their child-and/or terminating their parental rights to their child. When children cannot be safely maintained in the custody of their birth/legal parents, DCS first considers relative placement options.

**When:** Begins immediately upon the child entering DCS custody

**Who:** Family Service Worker (FSW) and members of the Child and Family Team (CFT)

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A. Assessment

DCS utilizes a comprehensive, individualized, strengths-based, family-focused, culturally responsive assessment process throughout the life of each case. This assessment process includes the use of assessment tools and documentation in order to determine the family's strengths, skills, motivation for change, and immediate and ongoing needs.

B. Service Planning and Monitoring

The Child and Family Team (CFT) process ensures that families and their support systems are engaged in the planning and decision-making process throughout their relationship with DCS. The CFT process is used to engage a team of committed individuals who will work to strengthen the family and help develop an individualized case plan. This model of practice emphasizes family strengths, mobilizes community resources, and involves all those concerned with the child and family in developing and monitoring plans that will maximize the safety, permanency and well-being of the children involved. (See [DCS Policy 31.7, Building, Preparing and Maintaining Child and Family Teams](#))

Members of the CFT will be actively engaged throughout the department's work with the family. A Child and Family Team Meeting (CFTM) will be convened at certain critical junctures in the life of a case, as well as on an as-needed basis, to help the family and the department work together to achieve permanency for children as soon as possible. (Refer to [Child and Family Team Meeting Protocol](#)). The Family Service Worker (FSW) coordinates the efforts of the team to ensure that everyone understands their role and responsibility to help the family achieve their long term goals, or, in the event the family is not a viable resource for the child, to work toward finding a permanent, nurturing home for each child in care.

Documentation of the CFT process will be located in the Family Permanency Plan and in [Form CS-0747, Child and Family Team Meeting Summary](#).

The following should be addressed by the CFT:



1. The birth/legal parents' motivation and interest in planning for the child
2. The birth/legal parents' desire and ability to care for the child (providing physical safety, nurturing, encouraging emotional development, and bonding);
3. Support/resources available to birth/legal parents, the child, and the family;
4. Services, education, and support to be provided to the birth/legal parents, the child, and the family;
5. Availability of relatives/other adults with a connection to the child willing, able, and appropriate to care for the child;

**NOTE:** Placement with a relative/significant kin will be preferred over that of a non-relative as long as the relative home can provide a safe and stable environment. (See [DCS Policy 16.46, Child/Youth Referral and Placement](#))

6. The CFT should agree upon realistic goals, outcomes, and action steps necessary to achieve permanency for the child.

**NOTE:** The outcomes and action steps must address all of the concerns that brought the child into DCS custody as well as those needs identified by the ongoing assessment process. Plans should be designed to utilize family strengths and include designated time frames for the completion of action steps that will help the child and family achieve permanency and stability as soon as possible. Time periods for achieving permanency goals will be specific to the unique circumstances of the child and family and not dictated by the scheduling of administrative or periodic reviews or meetings. Achievement target dates for permanency goal(s) will not exceed six (6) months. (See DCS Policy [31.1, Family Permanency Plans](#) and DCS Policy [16.31, Permanency Planning for Children/Youth in the Department of Children's Services Custody](#)).

\*\*\*Whenever a Family Permanency Plan is developed or revised, the FSW will review [Form CS-0745, Criteria and Procedures for Termination of Parental Rights](#) with every parent, provide them with a copy, and ask them to sign an acknowledgement that they have received a copy.

\*\*\* Parents will have the opportunity to sign the completed, handwritten Family Permanency Plan at the conclusion of the CFTM. If the typewritten Permanency Plan is not available for signature, the FSW will ensure that one is presented to the parents for discussion and signatures. If parents have signed a handwritten copy at the conclusion of the CFTM and it is later typed, both copies of the Family Permanency Plan must be made available to the court, the family and their attorneys to approve the language in the typed plan and given the opportunity

to sign it, if agreed upon. The participants in the CFTM will receive a copy of the Family Permanency Plan immediately following the CFTM.

\*\*\* Children and youth who are at least 6 years of age and older should be involved in the planning process to the extent that they are capable. All children 12 and over should be prepared and included in the Initial Permanency Planning CFTM. Younger children may be able to participate. Exceptions to this policy must be clearly documented in TFACTS with an explanation for why the child's participation would be contrary to his/her best interests.

7. Progress made toward permanency plan goals will be reviewed with the birth parents, the child, and the resource parents as well as other involved parties at least every three months in the context of a CFTM.

**NOTE:** Significant revisions of the Permanency Plan are the responsibility of the assigned FSW and should be completed within the context of a CFTM. Family Permanency Plans must be reviewed through the quarterly progress review process, so the opportunity to update and refine activities and outcomes will be revisited on a regular basis (See DCS Policy [16.32, Foster Care Review and Quarterly Progress Reports.](#)) All Family Permanency Plans must be presented to the court of venue in a hearing and approved by the court in accordance with DCS Policy [16.33, Permanency Hearings.](#)

## II. OVERVIEW OF ADOPTION PROCESS

**What:** DCS will provide an overview of the adoption process to any parent whose child is in custody and the parent or DCS is considering surrendering/terminating parental rights

**When:** When the birth/legal parents or DCS are considering proceeding with surrender/termination of parental rights

**Who:** FSW or Designated Staff

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### A. Adoption Process Overview

The following should be addressed:

1. The legal process for terminating parental rights or securing a voluntary surrender so that the child will be legally free for adoption;
2. The parents' legal rights to contest a motion for adoption or appeal an adoption order;
3. The options available to the parents for counseling and support to cope with grief, separation, and loss related to voluntary or involuntary termination of parental rights (TPR), and the lifelong implications of placing a child for adoption;
4. A discussion about changing roles and relationships, particularly when birth/legal parents will have ongoing contact with the adoptive family and adopted child;
5. Identify all parents (birth/legal mother, birth/legal father(s), and alleged father(s)) whose rights are to be terminated or surrendered;
6. Explain the necessity of giving full information regarding the identity of the father and the consequences of withholding this information;
7. The need to legally terminate parental rights for all legal parents and for fathers of children born out of wedlock. A diligent search must be conducted to locate these parents when their whereabouts are unknown;
  - a. Legal Parents include:
    - i. Biological/legal mother;
    - ii. Any man who was married to the mother when the child was born or when the child was conceived. Tennessee statute (TCA 36-1-102(26)(B)) assumes that if the child was born no more than 300 days

after the divorce, then the child must have been conceived during the marriage;

- iii. Any man who has been declared the father in any paternity or legitimization case;
- iv. Any man who has signed an unrevoked acknowledgment of paternity. This procedure may have been done at the hospital at the time of the child's birth that resulted in a legitimization order. Although a name appears on a child's birth certificate as the father, an order of legitimization must have been issued;
- v. Any parent who has adopted a child.

b. Alleged/biological/putative fathers

Rights of some biological fathers must also be terminated. Even if there is a legal father, DCS must also terminate the rights of any alleged/putative/biological father who has:

- i. Filed a legitimization petition;
- ii. Put his name on the putative father registry either before the child was born or within 30 days after birth, and kept his address current;
- iii. Been identified by the mother in a sworn, written statement, or by other information which the court determines to be credible and reliable. (Confer with DCS legal counsel, if necessary);
- iv. Claimed to the mother or DCS that he is the father;
- v. Been named on the birth certificate;
- vi. Been openly living with the child and holding himself out to be the father at the time of the removal;
- vii. Entered into a permanency plan in which he acknowledges paternity of the child.

If a father wishes to register an intent to claim paternity or acknowledgement of paternity, Department of Children's Services must provide [Form CS-0439, Notice of Intent to Claim Paternity of a Child Born Out of Wedlock](#). Likewise, if a mother wishes to sign a sworn statement to identify the father, DCS must help her do so.

Explain to an alleged father his right to sign [Form CS-0794, Waiver of Interest and Notice](#) if he is denying paternity.

DCS must advise the father of a child born out of wedlock that he may receive notice of an adoption proceeding when any of the above conditions apply.

c. Unknown Fathers

As a matter of practice, DCS does not file termination petitions against unknown fathers. There are courts who occasionally do not want to enter an adoption order unless this has been done. In this case, confer with DCS legal counsel.

d. Unnamed Fathers

If a mother appears to know the identity of the father, but refuses to divulge his identity, DCS will use all legal options, including criminal prosecution, to learn the identity of the father prior to placing the child for adoption.

e. Other Guardians

If someone other than a legal or biological parent has obtained guardianship of the child through a court order, parental rights must be terminated before DCS can place the child for adoption. This is usually in situations when a surrender was given to prospective adoptive parents or an adoption petition was filed but no adoption was finalized. Because the adoption was not finalized, the petitioners would not be considered legal parents. However, they had acquired rights recognized by the court. If this situation occurs, consult with DCS legal counsel.

8. Explain the legal process of adoption, including the court's decision to grant adoption and establish a parental relationship. Explain DCS's responsibility to the court for reporting information about:
  - a. The child's appropriateness for adoption;
  - b. The child's birth relatives;
  - c. The suitability of the adoptive family.

9. Discuss how adoptive families are approved and the process of making adoptive placement decisions based upon the family's ability to meet the child's needs.
10. Explain the process of sealing adoption records upon final order granting or dismissing the adoption and storing them permanently in the State Archives. (See DCS Policy [15.8, Preparing Adoption Records for Archives](#))
11. Explain that identifying/non-identifying information may be released to or contact sought by the adult adopted person and/or the adopted person's eligible birth/legal or adopted relatives or legal representatives of eligible persons. (Refer to [Rules of TN DCS Chapter 0250-7-11](#) and [Rules of TN DCS Chapter 250-7-12](#))
12. Discuss the birth/legal parents' involvement in the adoption process, when appropriate and desired. Discuss preparation of a non-identifying letter describing their feelings in making the decision for adoption. Explain that a DCS Permanency Specialist reviews and approves the letter and gives it to the adoptive parents at the time of placement. DCS keeps a copy of the letter in the child's case record.
13. Explain that all contacts to request a service or share information after finalization of adoption should be made to Post-Adoption Services in Central Office.
14. Request the birth/legal parents to contact Post-Adoption Services in Central Office if they learn of health or other factors that may affect the child's future development.

### III. **INFORMATION REGARDING OPENNESS IN ADOPTION**

**NOTE:** There is no Tennessee statute regarding openness in adoption. Both birth and adoptive parents must understand that any agreements made regarding openness are honor-bound, rather than law-enforced. Because there is no legal basis for openness, adoptive parents can choose at any time to limit, change, or stop contact with the birth family if they feel this is in the child's best interest. Birth parents have no legal recourse in this decision.

**What:** DCS provides information regarding openness in adoption and can act as negotiator for birth/legal families and adoptive families in developing a plan for the desired level of openness.

**When:** Adoption is the permanency goal for the child, and the birth/legal parents and adoptive parents are appropriate candidates for openness in adoption. (See Work Aid: Assessing Birth Families and Adoptive Families for Openness in Adoption)

**Who:** Permanency Specialist and FSW

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#### A. **Defining Openness in Adoption**

Openness in adoption is a plan in which identifying or non-identifying information is openly shared between birth and adoptive parents. A continuum of openness ranges from the exchange of non-identifying information to ongoing contact between families after adoption finalization. The Permanency Specialist and FSW help birth and adoptive families negotiate their plan. (See Work Aid: Open Adoption Continuum, Work Aid: Assessing Birth Families and Adoptive Families for Openness in Adoption, and Work Aid: Purpose of Openness in Adoption)

#### B. **Explaining Openness in Adoption to Birth Family and Adoptive Family**

Share the following information with birth and adoptive families:

1. Openness in adoption is child-centered. Its foremost reason is to benefit the adopted child. By this means the child is affirmed by all the people in his/her life.
2. It establishes honesty, freeing all involved from the burden of carrying secrets.
3. It shows respect for all parties involved.
4. It is a process in which both families have control in creating a plan that is right for their situation.

5. Both families have ongoing responsibility in carrying out the plan. Trust grows as a result of affirming behavior by all parties reliably demonstrated over time.
6. Openness in adoption is not co-parenting. Only the adoptive parents have full legal caretaker rights and responsibilities.
7. It helps the child understand that adoption is a fact of his/her life.
8. It helps the child understand how he/she is related to the various people in his/her life.
9. It helps the child understand the facts of the child's life and the relationships that organize it.
10. It helps the child establish his/her personal identity which requires understanding the contributions of the various parties in his/her life.

**C. Assessing birth and adoptive families for openness in adoption**

The decision to pursue openness in adoption is complex. Efforts to evaluate birth and adoptive parents must be based on the needs of the child. Some parents are not appropriate candidates for openness in adoption. (See Work Aid: Assessing Birth Families and Adoptive Families for Openness in Adoption)

**D. Openness in adoption issues for resource/adoptive families**

Most resource families have had direct contact with the birth family, and there is already a degree of openness. Resource/Adoptive families may need help from DCS in redefining their relationship with birth parents after adoptive placement. This redefining acknowledges the existence of information and/or contacts shared prior to adoptive placement. DCS will not negotiate openness between adoptive and birth families when a birth parent is guilty of a crime of violence, neglect, or crimes against any child.

**E. Child's involvement in open adoption**

The Permanency Specialist/FSW needs to determine the child's ability to participate in the decision about open adoption. The following factors should be considered:

1. Age and developmental level;
2. Emotional maturity;



3. Past history with birth family;
4. Attachment/bonding with members of birth family;
5. Child's desire for continued contact with birth parents, siblings, other family members.

**F. Negotiating open adoption plan with birth parents, adoptive parents and child**

Using the Work Aid, Open Adoption Continuum, the Permanency Specialist/FSW will discuss the different degrees of openness individually with all parties involved in developing a plan for the type of any future or ongoing contact. Parties include the birth parents, adoptive parents, and the child who is age and developmentally appropriate to be involved in the plan.

When selecting families for an adoptive placement, the birth parent's desire for openness should be considered. Similar comfort levels of openness will make negotiation a more realistic endeavor between the adoptive parents and birth parents.

The Permanency Specialist/FSW will assist each member to assess their abilities and comfort level as to the degree of openness desired. The Permanency Specialist/FSW is the facilitator of the plan for exchange of information and is a participant in any initial meetings between the birth parents and the adoptive parents.

Even though the Permanency Specialist/FSW will negotiate the plan for openness among the parties, it will be with the understanding that the success and obligation to adhere to the plan is strictly between the parties involved and holds no legal basis for a continuing relationship.

**Work Aid: OPEN ADOPTION CONTINUUM**

Steps/degrees of openness in the open adoption continuum:

1. Sharing non-identifying information
2. Non-identifying meeting
3. On-going sharing of correspondence, pictures via the agency
4. Having full identifying information
5. Having full identifying information and one meeting
6. On-going visits/contact directly between parents determined by the parties and re-negotiated, as needed, over time

Each step is sequential and must be completed before moving to the next step.

## Work Aid: ASSESSING BIRTH FAMILIES AND ADOPTIVE FAMILIES FOR OPENNESS IN ADOPTION

The decision to pursue openness in adoption is complex. Efforts to screen parents must be based on the needs of the child. Some parents are not appropriate candidates for open adoption. However, other parents may be educated about the benefits of openness in adoption. Openness in adoption is prohibited when parental rights were terminated due to a crime of violence, neglect or crimes against any child. If the birth/legal parent has mental problems and/or drug or alcohol addiction, the birth/legal parent may not be a candidate for some types of openness in the adoption. If the adoptive parent has a pronounced need for predictability or control, he/she may not be a candidate for open adoption.

Based on experience, there is a clear vision of the qualities needed for success in open adoption. These qualities include:

1. Genuine respect for the other (birth or adoptive) family and for the child
2. Integrity and history of dependability
3. Flexibility and ability to improvise
4. Clear agreement with the roles of parenting—birth, legal and parenting parent
5. High tolerance for emotional pain
6. Inner strength or faith

If openness in adoption is attempted by someone lacking the above qualities, problems are likely to occur.

Crucial qualities to look for in persons who are candidates for openness in adoption are:

1. Relationship skills
2. An unquenchable desire to learn
3. Humility
4. Leadership ability
5. Compassion
6. Foresight
7. Intuitive understanding of why openness in adoption is based on a system that places the needs of the child first
8. Affirming and inclusive personality

It helps to have these complementary characteristics:

1. Humor
2. Gratitude
3. Gregariousness
4. “Chooseability” - (The ability of parents to present themselves as interesting and likeable candidates for a rewarding and enduring open adoption relationship.)

**Work Aid: PURPOSE OF OPENNESS IN ADOPTION** from James L. Gritter's *The Spirit of Open Adoption*, CWLA Press, 1997

Hundreds of children are adopted each year by foster parents, and most of them are familiar with the birth parents. Although these families typically know a great deal about each other, the missing piece usually is the relationship between them. They have some sort of relationship but it is left in vague, undefined terms. In some of these situations, parents take things into their own hands and spend time together and work things out. Too often the connection is left unattended, flapping in the wind. It is vital that professionals who help organize these adoptions assist the parents to understand the extremely meaningful and consequential relationships they are entering.

Open adoption must address the best interests of the child who is being adopted. Its purpose is to help the child's:

1. Understanding that adoption is a fact of the child's life.
2. Understanding of how he/she is related to the various people in his life.
3. Understanding of the facts of the child's life and the relationships that organize it.
4. Growth in autonomy--developing a greater awareness of his/her adoption and moving toward a full partnership in the open adoption relationship.
5. Establishing of identity--establishing personal identity requires understanding the contributions of various parties in the child's life; to help the adopted person determine how he/she is similar and dissimilar to birth parents and adoptive parents.
6. Assent to the plan--the adopted person has the information he/she needs to own his life experience.
7. Ability to give emotional gifts--the healthy adopted person can say, "I love you" to each set of parents.

Every adoption plan must:

1. Honor the adopted person. Every child deserves to be honored as a unique gift. The needs of the child are paramount.
2. Be based on honesty. Accurate information equips people for effective living. Honesty produces the best results when it is coupled with a spirit of kindness.
3. Be based on choices. People take responsibility for decisions when they freely choose them from real alternatives. Conversely, people tend to resent outcomes that result from coercion.
4. Honor the pain. Adoption has a tragic element that cannot be ignored.
5. Be covenantal. The quality of an adoption will depend on the integrity the participants bring to their commitments.
6. Transform. Adoption is a life-altering experience for each person involved.
7. Be adaptable. Adoptive relationships are dynamic, never stagnant.
8. Build community. Adoption is best understood as a system.

9. Each participant affects and is affected by the others in the extended adoptive clan.

#### IV. AGENCY SURRENDER

- What:** DCS must advise the birth/legal parents of the right to surrender the child for adoption and that the surrender is final ten days after execution of the surrender document. A surrender cannot be taken prior to a child's birth or before three days after a child's birth unless the court has just cause. (See DCS Policy 15.3, Surrender of Parental Rights of a Child to the Department of Children's Services)
- When:** At any time it seems appropriate during the permanency planning process
- Who:** FSW or other professional determined by the CFT
- 

##### A. Determining Jurisdiction and Venue

A surrender completed in Tennessee may be taken by the Judge of any juvenile, circuit, or chancery court. A juvenile court referee has the same authority as a juvenile court judge for this purpose.

A parent who is incarcerated in a federal or state prison (not a county jail) may surrender before the warden. A parent who is incarcerated in a county jail might be transported by local law enforcement to the judge/court to execute a surrender.

A parent who is in another state or a foreign country can surrender to DCS using the appropriate DCS form or, in some circumstances, can follow the applicable law in that jurisdiction.

##### B. Venue Concerns After Surrender

After the first surrender is executed, the court which received the surrender automatically receives exclusive jurisdiction over the child until an adoption petition is filed.

If it is anticipated that there will be continuing legal issues for a court to consider with regard to the child, give careful consideration in which court the surrender is scheduled. Take into consideration that the court which accepts the surrender will also ratify the permanency plan, conduct permanency hearings, and resolve issues regarding the remaining parent (if there is one). Unless it is anticipated that an adoption petition will be filed in the very near future, it should be arranged to have the surrender taken in juvenile court.

**C. Obtaining a Surrender of Parental Rights to the Department of Children’s Services**

Complete the appropriate surrender form according to the form instructions.

1. Form [CS-0651, Form For Surrender of a Child To Tennessee Department of Children’s Services or a Licensed Child Placing Agency By a Parent or Guardian in Tennessee.](#)
2. Form [CS-0652, Surrender of Child in Tennessee Directly to Adoptive Parents.](#)
3. Form [CS-0653, Surrender of a Child by Parent or Guardian in Another State to the Tennessee Department of Children’s Services.](#)
4. Form [CS-0847, Surrender of a Child by an Inmate of a State or Federal Penitentiary.](#)
5. Form [CS-0846, Surrender of Child by a Parent or Guardian Residing in a Foreign Country.](#)

Complete Form [CS-0649, Medical/Social History for Child and Child’s Family.](#)

When the above forms are completed before the actual surrender proceeding with the judge, the following affidavits must be completed and notarized:

1. [CS-0866, Surrender Affidavit Medical-Social History](#)
2. [CS-0868, Surrender Affidavit Part 1](#)
3. [CS-0867, Surrender Affidavit Part 3](#)

Complete the surrender and distribute it as follows:

1. Original certified copy to be filed with the court;
2. Certified copy to be filed in the case record;
3. One certified copy to the surrendering parent;
4. Obtain a Guardianship Order as follows:

**D. Obtain a Guardianship Order**

The surrender itself terminates parental rights, but it is not sufficient to transfer guardianship. This must be completed by an order of guardianship. If

a child is being surrendered to DCS in front of a judge, the judge is authorized to enter a guardianship order at the same time as the surrender.

If both parents surrender, obtain an order of guardianship. If only one parent surrenders, obtain an order of partial guardianship. (The guardianship order must be obtained within 30 days of the date of the surrender.)

In requesting area legal staff to prepare the guardianship order after the revocation period has passed, the following information is to be shared:

1. Full name(s) of parent(s) signing the surrender;
2. Full name of the child as the name appears on the birth certificate and surrender;
3. Date of birth of the child;
4. Name of the court and judge taking the surrender;
5. Date of the surrender.

#### **E. Reporting Status**

Update child's legal status in TFACTS.

Change child's legal status on AdoptUSKids. (See DCS Policy [15.5, Registering and Maintaining Status of Children and Families with AdoptUSKids](#)).

#### **F. Obtaining a Surrender from Legal Father Who is Denying Paternity**

Prepare and send a legal referral requesting a special surrender to the staff attorney. Include the following information:

1. Mother's full name including maiden name;
2. Father's full name;
3. Verification of date/place of marriage, if applicable;
4. Date/Place of child's birth;
5. Child's full name as it appears on the birth certificate and the birth certificate number;
6. How long the parents have been separated and the father's reasons for denying paternity of the child;



7. Date, place, and Judge or Chancellor before whom the mother's surrender was executed.

Complete the surrender and distribute it as follows:

1. Original certified copy to be filed with the court;
2. Certified copy to be filed in the case record;
3. One certified copy to the surrendering parent;
4. Obtain a Guardianship Order following Step D.

#### **G. Obtaining a Surrender from an Alleged Father**

Request that the alleged father of a child to be placed for adoption sign Form [CS-0794, Waiver of Interest and Notice](#) in order to terminate his rights.

The Waiver of Interest is not valid for use by a legal father or for any man listed as the father on the child's birth certificate.

The Waiver of Interest must be executed before a notary public, but does not have to be signed before a judge.

Explain to the alleged father the importance of obtaining a Medical/Social History for Child and Child's Family. Have the alleged father complete Form [CS-0649, Medical/Social History for Child and Child's Family](#). Offer to provide assistance, if needed.

File the original and a copy of the waiver document in the child's case record. It will be filed in the adoption court if the child is placed for adoption. Send a copy of the waiver to the staff attorney.

There is no procedure for revocation of a waiver. Once it is signed, it is final.

## V. REVOCATION OF A SURRENDER

- What:** DCS must assist birth/legal parent(s) in revoking their surrender of parental rights to their child.
- When:** When a birth/legal/alleged parent who has signed a surrender wishes to revoke that surrender during the revocation period.
- Who:** FSW or other professional determined by the CFT
- 

### A. Revoking a Surrender

A surrender may be revoked within ten days from the date of the surrender. Start the count on the day after the surrender. If the tenth day falls on a weekend or holiday, the parents have until the end of the first working day after the holiday or weekend. Weekends and holidays that fall in the middle of the ten day period are counted the same as working days.

A surrender that was taken before a judge in Tennessee should be revoked by signing the revocation forms in front of the same judge. If the same judge is not available, the surrender can be revoked in front of the original judge's successor or substitute. If the original judge is not available, and there is no successor or substitute available, the surrender may be revoked in front of any judge who has jurisdiction to accept surrenders.

A surrender taken before a prison warden must be revoked by signing the revocation forms in front of the same warden or his successor.

A surrender taken in another state or country should be revoked in front of the same person who took the surrender. If that is not possible, the parent may revoke in front of any judge who has domestic relations jurisdiction in that state or country.

The revocation documents are included in the packet of surrender forms.

### B. Effect of Revocation

Revocation of a surrender automatically restores the parties to the legal status they had prior to the surrender.

**Child already in State Custody:** If DCS had legal custody of the child before the surrender, DCS will still have legal custody of the child after the surrender is revoked.

**Child who came into care by Surrender:** If DCS received custody of the child as part of the surrender process, revocation of the surrender requires that DCS

evaluate the safety and appropriateness of return of the child to the parent. DCS will either return the child within five days or file a petition to show probable cause why placement with the parent is inappropriate.

**C. Responding to Revocation of a Surrender for a Child who Came into Care by Surrender**

Evaluate the parent(s)' ability to care for the child and to provide a safe home.

Consult with the Team Leader.

If the decision is made to return the child, return the child within five days. Provide the parent(s) with the following:

1. a schedule of the child's current routine;
2. sufficient clothing and food for the child;
3. description of any special care needed and dates of future medical appointments;
4. any information necessary regarding physical, emotional, behavioral, or educational needs;
5. any needed DCS follow up services.

If the decision is made not to return the child, contact the staff attorney immediately to discuss filing a petition. This process is essentially the same as the emergency removal of a child in a CPS case. Filing the petition stops the return of the child to the parent(s). A probable cause hearing is held within three days and a final hearing within 30 days. At the 30-day hearing the court may award custody or guardianship to any appropriate agency or person.

**D. Reporting Status**

If the child is returned to the parent(s), update child's status in TFACTS and AdoptUSKids, if applicable. (See DCS Policy [15.5, Registering and Maintaining Status of Children and Families with AdoptUSKids](#))

## VI. BACKGROUND INFORMATION

**What:** DCS must obtain full background information from the birth and legal parents of the child and explain to them how that information is essential to the child. Because DCS is the only source for preserving adoption information, diligent efforts must be made to obtain valid information. Efforts to obtain information will be documented in the DCS case record.

Full information includes:

- A. Social and medical history for birth parents and maternal and paternal relatives, including photographs or a physical description of birth parents. Social history for parents can include information about marital status, family history, tribal affiliation, employment, education, religion, interests, and talents;
- B. The child's medical birth history, including information about the birth mother's course during pregnancy;
- C. History of the child's growth and development, parenting and quality of care, history of trauma, medical history, mental health history, religious affiliations, and school adjustment, if applicable;
- D. Contact information for organizations, medical facilities, or others involved in services to the child and birth parents;
- E. Reasons the birth/legal parents have chosen adoption.

**When:** Immediately upon identification of adoption as the permanency goal

**Who:** FSW and/or Permanency Specialist

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### A. Child's Family Background Information

#### 1. Infants

Secure copies of the child's birth record from the hospital.

Have the attending physician complete [Form CS-0427, Child's Medical Record](#) at the time of birth or obtain copies of child's birth history and medical records, if available.

## 2. All Children

Secure copies of the child's birth record from the hospital.

Have the birth/legal parents complete Form CS-0649, [Medical/Social History for Child and Child's Family](#) according to form instructions.

**NOTE:** When this form is being completed at the time of a surrender, the form must be notarized. When there is no surrender, the form must be completed but not notarized.

Review all the medical/background information, and seek clarification and/or medical consultation, if necessary.

Review all information from the social/medical history needed for the pre-placement/presentation summary (Refer to Services to the Child: Preparing the Pre-placement Summary and Preparing the Presentation Summary)

# **SERVICES TO THE CHILD**

## I. GUIDELINES FOR ENSURING APPROPRIATE CASE RECORD DOCUMENTATION FOR ADOPTION SERVICES

**What:** Ensure that adoption services are expedited by maintaining appropriate documentation in the case file which fulfills legal, agency, and service mandates.

**When:** Once the decision is made that adoption services are in the best interest of a child

**Who:** Permanency Specialist and FSW

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### A. The following must be in the case record in order to expedite permanency through adoption:

1. A certified copy of the order terminating parental rights, voluntary surrender including certified Medical/Social History, guardianship order, and custody order;
2. Certified/Original Birth Certificate;
3. Thorough birth family information including any known health/psychological issues;
4. Current narrative/social history/Family Functional Assessment;
5. Up-to-date medical information including latest EPSD&T, documentation of any and all therapeutic information;
6. Original social security card;
7. TN CARE provider and primary care physician;
8. Current school information;
9. Siblings: name, age, location;
10. Medical birth records.

### B. Adoption services that need to be updated as the child's needs progress:

1. TFACTS needs to be updated to reflect information on child data, placement, legal status, LEA, goal changes, EPSDT, CFTM's, and Family Services Worker.

2. For children with no identified adoptive family, TFACTS should document work on individual recruitment planning, AdoptUSKids status, and archaeological dig information and follow up.
3. If the current resource family is willing to adopt the child, the FSW or Permanency Specialist will document this in TFACTS under the “Identified Pre-Adoptive Home” icon. (See Policy Attachment [15.11, Protocol for Making Adoptive Placements](#))
4. Child and Family Information: Ensure that all information concerning the child and family is in the record (including medical history, development, family background including hereditary conditions about each relative, educational records, placement history, history of trauma, mental health records, reason for adoptive placement, physical descriptions, and photographs)

Obtain all available medical and birth records on all past medical treatment from hospitals and physicals, dental records, psychological and psychiatric reports.

**C. Creation of adoption case in TFACTS when the child comes into full guardianship:**

The FSW or Team Leader must notify the Permanency Specialist of the need to create an adoption case. If there are no other children in the family case receiving services, then the family case must be closed.



## II. ASSESSING A CHILD FOR PERMANENCY THROUGH ADOPTION

**What:** Develop a plan of action for providing services to the child decided upon by the CFT.

**When:** The decision is made that adoption services are in the child's best interest.

**Who:** CFT members

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### A. Determining Appropriateness for Adoption/Permanency

All children should be considered for adoption. Factors such as age, sibling group membership, race, color, national origin, or mental/physical/emotional challenges should not be seen as barriers. (See DCS Policy [16.2, Multi-Ethnic Placement Act](#)) Critical issues which also must be assessed include attachment, trauma, and developmental issues. (See Work Aid: Critical Issues in Assessment, Trauma, and Developmental Issues). Ensure counseling is in place as needed for any child struggling with separation, coping skills, grief or loss. If a child age 14 years or older does not have an adoptive family identified and refuses recruitment/adoption, DCS will ensure that counseling services are in place to discuss permanency with the child. If the child refuses to participate in counseling, this should be documented in the case record. The team will periodically re-engage any youth who refuses adoption and/or adoption counseling, and document in the case record.

### B. Assessing Early Permanency

Children who are at legal risk of termination of parental rights or for whom reasonable efforts for reunification are not required should be considered for placement with a pre-adoptive family if the child is in a resource home, assess the willingness of the current resource family to adopt.

### C. Mementos/Pictures

Collect special mementos of the child's past including pictures of and physical description of the parents, school pictures, pictures of birth relatives, school report cards, awards, photos of resource families, and family services worker.

### D. Visitation

Visit the child in a familial environment to assess the child's personality and temperament, reactions to people, interest, special aptitudes, likes, dislikes, fears, adjustment in the resource home, and the resource parent's understanding of the child.

**Work Aid: CRITICAL ISSUES IN ASSESSMENT: ATTACHMENT, TRAUMA, AND DEVELOPMENTAL ISSUES**

**Attachment**

1. Attachment is defined as:
  - a. Reciprocal, enduring, emotional, and physical affiliation between a child and caregiver (James, 1994).

Or

- b. “An affectionate bond between two individuals that endures through space and time and serves to join them emotionally.” (Kennell, 1976).
2. A child with attachment issues might make one feel:
  - a. Drained
  - b. Shut out/excluded
  - c. Angry/irritated
  - d. Conned/used/fake
3. The arousal relaxation cycle illustrates the formation of attachment. Another way of understanding the development of attachments is through looking at the responsibilities of attachment figures. A child has a preferred or primary attachment figure. This attachment figure is responsible to:
  - a. Protect - everything is okay, I’ll take care of you, set limits, keep you safe;
  - b. Provide - source of love, food, shelter, excitement, soothing, and play;
  - c. Guide - teach how the world works, help define identity.
4. Attachment is a relationship which is mutually gratifying or one which has reciprocity. The arousal relaxation cycle is initiated by the child. Attachment behaviors also need to be initiated by the caregiver. This is reflected in the Positive Interaction Cycle. (Copyright 1979, Vera Fahlberg, M.D.)

Parent initiates positive interaction



Self esteem/self worth

Child responds positively

5. A child's capacity to form a trusting relationship with a caregiver is the basis for the child's future development. The ability to form a trusting relationship is embedded in the child's history and impacted dramatically by three factors:
  - a. Whether there is evidence of a nurturing experience free of separations/hospitalizations in the first three years of life - and the general quality of care received;
  - b. Whether there has been incidence of neglect/abuse/trauma - if so what was the duration, who abused/traumatized? All of these issues are indicators of the potential impact on the child;
  - c. When the child has experienced separation or abuse/neglect, has this been compensated for by a genuinely nurturing or re-nurturing experience? Example: a relationship with a caregiver which meets the child's emotional needs at the developmental level where they are functioning or where they may have gotten "stuck" as a result of past issues.
  
6. All children in the foster care system are at risk of having attachment difficulties. "The Children's Garden Attachment Model" (Carson and Goodfield, 1988) states that the three major areas in assessing attachment potential are:
  - a. Reciprocity - Does this child give emotionally? Can this child let anybody matter to him? Can he respond to affection?
  - b. Separation response - Is there response to possible or actual loss or separation?
  - c. Ability to explore - Is the child curious about his/her environment? Is the child free enough to take the risk inherent in learning and mastering new tasks?

7. Children are rarely totally unattached or totally securely attached. Rather their attachment develops along a continuum and represents three levels of attachment as described by Ainsworth as:
  - a. Insecure/Avoidant - the child tends to avoid the parents and feels safer in reading environmental cues and maintaining a state of self-sufficiency.
  - b. Securely Attached - the child feels safe in their relationship with parents, which enables the child to be responsive and to take risks.
  - c. Insecure/Anxious or Ambivalent - the child tends to be clingy while at the same time resistant to parental guidance. This is akin to a toddler's stage of development.

### Trauma (James, 1994)

In addition to attachment issues, many children in care have experienced trauma.

1. Trauma is described as a real or perceived threat to survival, which overwhelms a person's coping ability and results in a feeling of helplessness, total loss of control and instinctive arousal which may be a chronic or one-time experience.
2. The nature and impact of trauma depends on the age, experience, mobility, freedom to act, verbal ability of the child, and the availability of attachment figures that may/may not be supportive.

The loss of a primary attachment figure (or prolonged unavailability) can itself be experienced as trauma, as the figure, for a very young child represents survival.

3. When the child is also abused by that key attachment figure, the child is coping with:
  - a. The pain itself;
  - b. The confusion of experiencing the potential of both danger and safety in one person;
  - c. The ultimate fear of the total loss of that key attachment figure.

4. There are four major categories of response to trauma, all of which have implications for the child's ongoing development and behavioral characteristics.

These are:

- a. Persistent fear state: the body's instinctive physiological arousal to the experience of stress and fear can actually alter the development of the brain functioning in a young child by impacting neurotransmitters. These are three typical responses:
  - i. Fight: A very young child might cry or strike out; behaviors later in life might be regressive tantrums or aggressive behavior.
  - ii. Flight: a young child or a child who is powerless to physically leave a traumatic situation may instead disassociate, or mentally "leave" the situation.
  - iii. Freeze: When danger is inevitable the victim may seek to escape being noticed by the perpetrator by becoming "invisible" or immobile, like "playing dead" or blending into the surroundings in the animal kingdom. A child who has reacted to trauma in this manner may always respond to stressful situations by "slowing down" and becoming less and less active in the face of increasing demand. This child is often described as "oppositional-defiant".

General behavioral responses to persistent fear are: hypervigilance, irritability, anxiety, physical hyperactivity, exaggerated startle response and extreme regression.

- b. Disorder of Memory: Traumatic experiences may be "stored" differently in the memory than ordinary experiences. They may be partially or fully unavailable to the conscious memory. These memories may unexpectedly reappear in the child's later life as:
  - i. A flashback, which is a total re-experiencing of past situation, or a response to a cue or trigger, such as a smell, a place, a situation or a feeling. The child may not be able to consciously link the response to the situation without work to process the trauma.

Additionally, the child may have developed the automatic response of disassociation in response to stress.

Behaviors in children who have experienced disorders of memory may include lying, withdrawal, unexplained aggression, and “spaciness”.

- c. Problems regulating affect may result in a child who has chosen to remain emotionally numb as a self-protective measure in the face of trauma. This child may exhibit an all-or-nothing emotional style; the only alternative for expressing feelings may be an emotional outburst. This child has not learned to identify, verbalize, or even regulate his or her own feelings. This child might appear to be depressed, anxious, defiant, and/or uncooperative.
- d. Avoidance of intimacy is a response of a traumatized child who has experienced closeness as being linked to experiences that are harmful and represent loss of control.

These children are very difficult to parent and avoid intimacy through behaviors such as clinginess, hyperactivity, avoidance of eye contact, and disgusting habits.

- 5. Because the loss of the attachment figure may be equally as terrifying to the child as a traumatic event, children who have experienced extreme trauma at the hands of their caregivers often seek to preserve the relationship by altering their own behavior. They develop a trauma-bond with the caregiver, which has all the power of an attachment, but which is based on terror rather than trust, is geared to meet the needs of the adult rather than the child, and blocks rather than promotes the development of an autonomous self. Because the trauma-based relationship is based on intermittent reinforcement, it is very strong and resistant to change.

## **Developmental Issues**

The child’s development is likely to have been impacted by inconsistent caregiver relationships, multiple experiences of separation and loss, and trauma. When utilizing formal and informal methods of assessment, it is important to assess the child’s current developmental functioning in several dimensions. Cues to a child’s developmental level are found in looking at the ages in which significant separations or traumas occurred for the child. Issues which may be observed in a child in placement include the following:

- **Physical:** A significant factor in a child who is otherwise physically “normal” is coordination, which may affect a child’s ability to compete and participate in peer activities.
- **Emotional:** A child’s emotional development may be assessed by observing how they cope with stressful situations, their predominant modes of expressing

feelings, their capacity to allow adults to comfort them, their ability to modulate their own feelings, their tendency to verbalize and/or act out their feelings, what feelings they always or never express, circumstances or events which precede expressions of specific feelings.

- Social: Children who have experienced loss and trauma frequently have poor peer relationships. Control issues may result in children being “bossy” or having a tendency to take on either victim or victimizer roles. Poor self-esteem or attachment issues may result in “clingy” or distancing behavior.
- Educational: In addition to factors noted in formal measures of educational abilities, language issues occur frequently in children with developmental issues. Expressive and receptive language develops in relation to responses from caregivers. Delay in these areas interferes with school performance as well as expression of feelings and peer relationships.

Source Materials:

James, Beverly. 1994. Handbook of Treatment for Attachment-Trauma Problems in Children. Lexington Books, New York.

Ainsworth, M.D.S., Blehar, M.C., Waters, E., & Wall, S. 1978. Patterns of Attachment: A Psychological Study of the Strange Situation. Hillsdale, NJ, Lawrence Erlbaum.

Carson, M. and Goodfield, R. 1988. The Children’s Garden Attachment Model in Challenging the Limits of Care. Eds. Small, R.W. and Alwon, F.K.

## 1. PREPARING THE PRE-PLACEMENT SUMMARY

<b>What:</b>	Prepare the Pre-placement Summary for each child being placed for adoption
<b>When:</b>	Within 60 days after the child is identified as needing adoption services
<b>Who:</b>	Permanency Specialist, Provider Agency Adoption Specialist, FSW, or other designated staff

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### A. Pre-placement Summary

Purpose of the pre-placement summary:

- Becomes a decision-making tool for the prospective adoptive family
- Shapes attitudes toward birth family
- Treats family history and personal history as sacred for the child
- Maps out post-placement needs and planning

The pre-placement summary must document whether the child is “special needs” according to the criteria listed in DCS Policy [15.11, Adoption Assistance](#).

Follow the entire summary outline in Work Aid: PRE-PLACEMENT SUMMARY OUTLINE. Information included in the pre-placement summary is gathered from various sources, including the child’s DCS case file, CPS records, medical/social histories, provider assessments, treatment records, education records, etc. Information included in the pre-placement summary must include, at a minimum, the documentation and information on Work Aid: Documentation Needed for Pre-Placement Summary Preparation.

### B. Using Positive Terminology

Review the birth/legal family information and ensure circumstances are reported in the most positive but accurate manner. Describe behavior rather than using terms such as prostitute, drunk and drug addict. The diagnosis of medical or mental issues must be documented and shared as they could impact caring for the child.

### C. Updates

Pre-placement and presentation summary should be updated at least annually or when significant changes occur.

### D. Distribution:

Submit the pre-placement summary to the team leader for review and approval. File the original and one copy in the child’s case record.



## Work Aid: DOCUMENTATION NEEDED FOR PRE-PLACEMENT SUMMARY PREPARATION

- Child's medical birth records
- Child's birth certificate
- Child's complete medical records, including information on growth and development from infancy to present, current medical conditions, current medications, and handicapping conditions
- Child's immunization records
- Child's education records, including educational testing, disciplinary records and recent grade reports
- Information on who cared for the child from birth to present, indicating duration and quality of care. Include reasons for placement moves (planned, unplanned, family issues, child behaviors, etc.)
- Description of child's characteristic way of responding to people and situations
- Current information on child's functioning in the placement and school settings
- Child's psychological/psychiatric evaluations. What services is child currently receiving and how often? Progress notes from counselors/service providers
- Form CS-0649-Medical/Social History for Child and Child's Family (This should be completed on all cases, as it provides information regarding hereditary conditions and family background)
- Surrender paperwork, if applicable
- All court petitions and court orders
- Quarterly progress reports (Form CS-0430)
- Family Permanency Plans
- Updated FFA
- Any relevant medical/psychological/treatment records for parents
- Birth parents' preference toward seeing the child in the future. Indicate if the child should continue contact with birth relatives and the plan for this contact.
- Indicate how the child has been prepared for adoption, the child's desires related to adoption, child's attachments to resource family, pre-placement activities needed (visits, counseling, etc.), type of family needed, and placement considerations involving siblings (plan for continued contact with siblings, if separated).
- Description of the child at the present time, including physical description; present routines, activities, and capabilities; sleeping and eating routines and preferences; self-help skills; toilet habits; play/social activities; speech;

personality; therapeutic issues; fears; school/work experiences; travel; health; how the child responds to affection and discipline; etc.

**Work Aid: PRE-PLACEMENT SUMMARY OUTLINE**

**Pre-placement Summary for:**

**Child's Name:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

**Date Prepared:** \_\_\_\_\_

**I. Referral**

Identify how and when the child became known to the agency and the reason for DCS custody. Include the exact date of custody and the dates of any CPS investigations, including the result of the investigation.

**II. Description of the Child at the Present Time**

- A. Provide a physical description of the child and a brief description of what makes this child unique.
- B. Utilize form [CS-1033 Current Description of Child](#) to provide information on child's present routines, activities, and capabilities.

When appropriate, the following areas will be addressed:

**1. Eating Routines**

What are the usual times for meals? What are the child's likes/dislikes? Does the child stuff, is the child picky? Are there any eating difficulties, how are the child's table manners? Have eating habits changed in this resource home?

**2. Sleeping Routines**

What are the usual waking and bed times? What is the child like when he/she awakens? Is the child hard to get up? What mood is the child in? Does the child play quietly/demand attention? Does the child fuss about going to bed, fall asleep easily, quickly, does the child sleep with a special object, is there a ritual at bed time (singing, rocking, story telling)? What is the child's favorite sleeping position? What does the child wear to bed, what type of bed does the child sleep in, does the child share a bedroom, is there a nightlight/music? Does the child sleep all night, wander,

sleepwalk, have nightmares, talk in his/her sleep? Does the child take a nap and is the child used to quiet or noise at nap time?

3. Self Help Skills

Does the child dress himself/herself, pick out his/her own clothing? Does the child bathe himself/herself, usual bath time, brush teeth himself/herself or does the child need reminding? Does the child feed himself/herself, drink from a glass, use table utensils?

4. Toilet Habits

Is the child toilet-trained, what words does the child use when referring to toileting. When does the child usually have bowel movements? Has the child had trouble with constipation and/or diarrhea? If so, what is the frequency, and how is it handled?

5. Play/Social Activities

What does the child like to do with spare time? Does the child like to play alone or with others? Does the child prefer outdoor or indoor activities? Does the child have favorite games/toys or playmates? What kind of play does the child avoid? Does the child prefer small or large muscle play? How much television does the child watch, shows the child prefers. How does the child relate with peers, and what is the quality of friendships?

6. Speech

How well does the child communicate, does the child make himself/herself understood? Are there special body postures, speech habits? Can the child talk about his/her feelings?

7. Personality

What does the child think of himself/herself? How does the child handle stress, happiness, anger, failure, disappointment, physical and psychological pain, anxiety?

When is the child happy, unhappy, grouchy? What comforts and scares the child? How does the child react to meeting new people? With whom has the child been close, and who are the significant others in his/her life?

8. Functioning in the Family

How has the child adjusted in the current resource home? How does the child respond to usual requests, routine chores and expectations? What has been the method of discipline? How does the child respond to touching, hugging, kissing, expressions of affection? Does the child initiate affection, does the child like parents to initiate affection? Does the child have a preference for men/women? Does the child need a lot of approval? How does the child seek approval?

9. Therapeutic Issues

Does the child bed wet, soil, lie, steal? Act out sexually, masturbate? How does the child control impulses? How does the child care for personal and others' possessions?

10. Sex

What has the child been told of sex? Does he/she talk of sex? Has there been any sexual experimentation?

11. Fears

What specific thing is the child afraid of? How does the child handle this fear? What is the child's experience in relationship to animals?

12. School/Work Experience

What schools/special classes has the child attended? What is the child's present school grade? Is the child strong, weak and average in academic skills? How well does the child get along with authority figures? Has the child had any problems in school, what has been done to resolve them? How does the child get along with other children, does the child have friends? Will the child probably graduate from a regular high school? Would vocational, technical, or college training be appropriate? Request pictures, report cards, and mementos. Describe any work experience the child may have had.

13. Travel

Does the child enjoy travel by car, bus, train, airplane? Is the child accustomed to going to the store, church, visiting? Are there things that frighten the child about going out?

#### 14. Health

Has the child had any major illnesses, what childhood diseases has the child had? What shots and immunizations has the child had? Is the child taking any medicine? What medicine has the child taken? Has the child had any reactions to medication? Has the child had surgery, is there a future surgery indicated? How does the child react to doctors?

### III. Developmental History

#### A. Medical Birth History

Include all data and information from medical birth records, including information about the birth mother's course during pregnancy, medications used, type of delivery, complications, neonatal course, etc.

#### B. Parenting and Placement History

Identify who cared for the child from birth to present (birth parents, birth relatives, resource parent, other) indicating duration and quality of care. It is particularly important to identify whether the child had one parent figure or a succession of parental figures. Describe childcare methods and paternal attitudes regarding giving social stimulation by holding, talking to the child, providing toys, play equipment, exercise, and protecting the child from safety hazards. Was the child isolated, emotionally deprived by being allowed to cry for long periods, left in the crib, fed irregularly or improperly, or punished? How was the child treated when ill? Describe any illnesses, injuries, or deviations from normal. Describe the child's characteristic way of responding to people and situations.

#### C. Development

Identify child's growth and development from infancy to present. Such information can be obtained from previous/current caregivers, medical reports, Denver Development Scales, worker observations and includes the age of the child's firsts (smiling, cooing, held head up, turning over, first tooth, crawling, cruising, walking alone, first word, first sentence, potty training, self help skills), as well as information on motor coordination (agile, clumsy), peer interaction, relationships, what the child has mastered (names of colors, animals, numbers, reading, math, etc.) and at what age these skills were mastered. Indicate both the child's chronological age and developmental level.

#### **IV. History of Trauma**

Identify incidents of deprivation; abuse; sexual abuse; indicating dates by month/year; descriptions of perpetrators, names, and relationships to child, impact on the child and the opportunity the child has had in healing. Details of incidents of abuse, where, when and how the abuse occurred are helpful in identifying possible triggers and in making placement decisions.

#### **V. Attachment Capabilities**

Assess the child's anticipated attachment potential based on an evaluation of moves, traumas, present functioning and nurturing experiences. (Work Aid: Critical Issues in Assessment: Attachment, Trauma & Developmental Issues)

#### **VI. Medical History**

Record of immunizations, illnesses, handicapping conditions (emotional, mental, and physical), length of needed treatment, extent of limitations of activities or interference with educational, social, or vocational functioning that may be expected.

#### **VII. Psychological/Psychiatric/Educational Evaluation**

Provide dates of all psychological and/or psychiatric evaluations and attach copies of the evaluations. Provide a brief summary indicating the child's educational functioning, diagnosis, prognosis and assessment of the need for ongoing services.

#### **VIII. Hereditary Conditions**

Identify those conditions which are known to be hereditary or may have an effect of future development. The advice of appropriate consultants is important in determining what such risks are and how to interpret them.

#### **IX. Family Background**

The description of the birth family is to provide an insight as to the family lifestyle/functioning, their strengths and their weaknesses. If the child was previously adopted, include any information regarding birth family that is available.

##### **A. Maternal Family**

Individually identify the birth mother, grandparents, aunts/uncles,

great-grandparents, and any known relatives by: full legal name, birthdate, height, weight, race, national heritage, physical description, religion, educational level, employment history, social functioning, special abilities, and health history.

Provide the last known residence for the family members and their knowledge of the child being placed for adoption. If any family member is deceased, indicate age and reason of death, if known. Some health conditions to inquire of are: alcoholism, hypertension or high blood pressure, diabetes, convulsive disorders, heart disease, sickle cell anemia, respiratory ailments, vision/hearing problems, cancer, blood disorders, mental illness and mental retardation. If any conditions are present within the family, indicate severity and reliability of information. If a family member is identified as having mental retardation, include diagnosis. Also indicate whether this stems from genetic or cultural reasons based on the diagnosis/professional reports.

**B. Paternal Family**

Same as maternal background.

**C. Siblings to the Child**

Individually identify all full and half siblings by full legal name, birthdate, physical description, residence (with birth family, foster care, adoptive home), health status, social functioning, and knowledge of and relationship to the child being placed for adoption. If siblings are separated through adoption, state the plan for ongoing contact. (Refer to: Documenting the Separation of Siblings)

**X. Reason for Adoptive Placement**

Where possible, preserve the birth parents' stated reasons for adoption. Identify the feelings experienced by the birth parents in making the decision. In all situations explain the underlying reasons the parent role could not be assumed. Also indicate what the birth parents' preference may be toward seeing the child when he/she is an adult. Indicate if the child should continue contact with birth relatives and the plan for this contact.

**XI. Birth Verification**

Provide Birth Certificate number and information given on the certificate.



**XII. Legal Status**

Identify date, court where each parent voluntarily surrendered and/or had parental rights involuntarily terminated.

**XIII. Child's Readiness for Adoption**

Indicate how the child has been prepared for adoption, the child's understanding of adoption, the desires the child has for and in a family, the child's attachments to the present resource family, the resource family's interest in adopting and their ability to help the child move. Also indicate the pre-placement activities seen as needed, e.g. visits in the resource home, number of pre-placement visits needed, etc.

**XIV. Placement Recommendations**

Identify the type of family needed for the child. If a family has already been selected or if the resource parents are adopting, so indicate. When applicable, speak to placement considerations involving siblings (placement together, separate homes, continuation of contact), and the child's eligibility for adoption assistance or deferred adoption assistance.

The Pre-placement Summary is to be signed and dated by the Team Leader.

#### IV. PREPARING THE PRESENTATION SUMMARY

<b>What:</b>	Prepare the presentation summary for the prospective adoptive family
<b>When:</b>	After completing the pre-placement summary and prior to presentation of the child
<b>Who:</b>	Permanency Specialist, Provider Agency Adoption Specialist, FSW, or other designated staff

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##### A. Identifying Information

Review the pre-placement summary and prepare the presentation summary by deleting all child and birth/legal family identifying information, i.e., names, addresses, places of employment, dates and names of courts where parental rights were terminated, places of residence, and other identifying information per DCS Policy 15.1, Adoption Related Disclosure.

- a) Names;
- b) All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geo codes. The initial three digits of a zip code may remain on the information if, according to current publicly-available data from the Bureau of the Census, the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and the initial three digits for all such geographic unit containing 20,000 or fewer people is changed to 000;
- c) All elements of dates (except year) for dates directly relating to a client or participant, including birth date, dates of admission and discharge from DCS custody, and all other dates used for DCS operations;
- d) Telephone numbers;
- e) Fax numbers;
- f) Electronic mail addresses;
- g) Social security numbers;
- h) Medical record numbers;
- i) Health plan beneficiary numbers;
- j) Account numbers;
- k) Certificate or license numbers;

- l) Vehicle identifiers and serial numbers, including license plate numbers;
- m) Device identifiers and serial numbers;
- n) Web Universal Resource Locators (URLs);
- o) Internet Protocol (IP) address numbers;
- p) Biometric identifiers, including fingerprints and voiceprints;
- q) Full face photographic images and any comparable images; and
- r) Any other unique identifying number, characteristic, or codes.

**B. Using Positive Terminology**

Review the birth or legal family information and ensure that circumstances are reported in the most positive yet accurate manner. Describe behavior rather than using terms such as prostitute, drunk or drug addict. Diagnosis of medical and mental issues must be shared as they could impact caring for the child.

**C. Interpretation**

Review the child's information for medical or behavioral descriptions and ask the family to obtain interpretations from medical source, if they have questions or require clarification.

**D. Approval**

Request that the Team Leader review and sign the presentation summary for approval.

**E. Distribution**

File the original presentation summary and one copy in the case record.

**F. Adoptive Family**

Share a copy of the presentation summary with the adoptive family at the time of the oral presentation. Also include copies of non-identifying medical, psychological, and psychiatric reports. If the placement does not occur, retrieve presentation summary and all attached reports from the family.

## V. CONSIDERING DIRECT PLACEMENT OF NEWBORNS

**What:** Consider a direct placement for a newborn infant

**When:** The birth/legal parent requests adoptive placement prior to terminating parental rights, or at the time of an anonymous voluntary abandonment of an unharmed newborn infant (per DCS Policy Supplement, Work Aid 5 - Protocol for Anonymous Voluntary Abandonment of Unharmed Newborn Infant)

**Who:** FSW or designated staff providing services to the birth parent

**NOTE:** Consider every expected infant or newborn for a direct or early placement to help the child bond early to permanent parental figures and to minimize the emotional trauma of repeated separations. In the case of newborn infants falling under the Safe Haven Law, refer to Work Aid 5 as policy requires placement in a legal risk home.

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### A. Parental Decision

Ensure that all parents have:

1. Decided on direct placement;
2. Had counseling;
3. Explored all alternatives;
4. The emotional/mental capability of making a decision.

**NOTE:** If the father has not been a part of the decision, verify that he is not entitled to receive notice of the adoption or verify that grounds for prenatal abandonment exist. Check with legal if there are questions about this.

### B. Medical Evaluation

Evaluate the following criteria to help determine if the child may have special needs:

1. Prenatal care/events;
2. Birth/legal parents' alcohol/drug usage;
3. Family history of birth defect or mental retardation and causes (genetic/environmental);

4. Any significant family social/medical history, any significant medical conditions of the newborn.

**C. Legal Planning**

Ensure that the following methods for obtaining legal guardianship are clearly defined:

1. Arrange for all legal parents to voluntarily surrender parental rights;
2. Arrange for the alleged father(s) to sign a waiver of interest;
3. Verify that upon the child's birth, the mother will sign an affidavit swearing to the father's lack of support;
4. Initiate the process of termination of legal or named father's rights on the basis of prenatal abandonment.

**D. Review/Approval**

Submit the pre-placement summary and case record which documents all pertinent information to the Team Leader for review and approval of direct placement.

## VI. PREPARING THE CHILD FOR ADOPTIVE PLACEMENT

- What:** Prepare the child for adoptive placement by ensuring that the child moving into adoption has the opportunity to understand the reason for separation from the birth family, experiences since entering foster care, has the opportunity to grieve his/her losses, to understand his/her individual talent and skills, and to understand what adoption will mean.
- When:** CFT determines adoption is in the child's best interest.
- Who:** Permanency Specialist, Private Provider Adoption Specialist, Adoption Counselor/Therapist, and/or FSW
- 

### A. Birth/Legal Family Separation

Help the child understand feelings about his/her birth/legal family, explain why the child cannot be with his/her birth/legal parents, and why it was necessary for the child to enter foster care. If indicated, refer the child for counseling/therapy to help the child understand adoption and cope with separation, loss, and birth family loyalty issues. (Refer to Work Aid: Suggested Preparation Techniques)

### B. Disengagement/Blessing Message for Separation from the Birth Family

Provide the child with a blessing or disengagement message from the birth family, which will enable the child to move forward. Identify the tools and techniques needed to facilitate and deliver the disengagement or blessing message. (See Work Aid: The Separation: The Blessing Message from the Birth Family)

### C. Permanency

Help the child see his/her entitlement to a permanent family and benefits that come from having an adoptive family, especially if the child has experienced multiple foster care placements or an unsuccessful adoption.

### D. Resource Parent's Role

Consider the child's resource parents as potential adoptive parents based on the child's best interests. If that is not possible, identify ways the child's resource parents may help in the adoptive placement process.

**NOTE:** Resource parent adoptions are often best for a child because of the existing emotional relationship and the decrease in the number of placements for the child. Therefore, the longer the child remains in the resource home,

the greater priority DCS gives to maintaining the relationship. Also, consider the child's best interests in determining placement of sibling(s).

**E. Resource Home Separation**

Help the child understand and resolve feelings about moves from the resource home, including why the resource parents cannot adopt and/or why the child cannot stay in the resource home.

**F. Blessing/Disengagement Message for Separation From the Resource Family**

Provide the child with a disengagement message to help the child move forward. (See Work Aid: The Separation: The Blessing Message from the Resource Family)

**G. Adoption Process**

Help the child understand adoption: what it means, how it differs from foster care, and the adoption process.

**H. The Cover Story: Helping Children Explain Their Placement**

Assist children in explaining who they are, how they came to be living apart from their birth families, and how they came to be with their current family. (See Work Aid: The Cover Story: Helping Children Explain their Placement)

**I. Siblings**

Help the child understand adoptive plans for his/her siblings.

**J. Contact with Significant Others**

For older children, it is recognized they may have strong ties to significant others where ongoing contact after adoption may be beneficial. Significant others may be birth family members, resource family members, tribe members (when one has been identified), or other significant relationships. Such ongoing contact serves the child's need for a sense of continuity. DCS is committed to evaluating the best interests for children in maintaining contact with birth relatives and significant others through adoptive placement. Determination of the best interests for children is based on the quality of the relationship and all parties reaching a mutually agreed upon plan for contact.

**K. Involving the Child/Youth**

Engage the child in the process of adoption planning and Life Book work based on the child's developmental level. For children too young or otherwise unable

to engage in the process, the FSW or resource parent for the child will ensure the completion of a Life Book.

**L. Pre-placement Visitation**

Provide the child with opportunities to visit prospective adoptive parents, as outlined in Conducting Pre-placement Visitation (Page 92). Prepare and support the child before and after pre-placement visits. The child's feelings about the visitation experience should be incorporated into the Life Book.



## **Work Aid: SUGGESTED PREPARATION TECHNIQUES**

The following techniques are casework tools in helping the child understand his/her past and what is being planned for the future. The process focuses on building the child's self-esteem. When siblings are involved, identify placement plans for each of them. Determine the depth of information to provide based on the child's level of understanding.

### Play Interviews

Use a play interview with the child in order to discuss topics, explain information, and evaluate the child's understanding and readiness for adoption. Based on the child's level of understanding, play interviewing involves the same techniques associated with verbal counseling, such as support and confrontation. However, the FSW relates to the child through play (particularly useful in reaching children with limited verbal ability). Play interviewing may involve drawing, playing house, acting out situations, etc. Whatever play you plan, make sure that resources such as paper, crayons, blocks, doll houses, doll families, etc., are available.

### Baby Books

Initiate the development of a baby book for an infant being placed for adoption. Request that the resource family continue to keep the book to record the child's important milestones, likes and dislikes, and photographs at various ages. At the time of adoptive placement, review the book to delete any confidential or identifying information. Baby books are to be given to the adoptive family at the time of placement. Encourage the adoptive family to preserve and update the book.

### Life Story Books

The child's Life Story Book, kept by the child and prepared with the assistance of the FSW and the resource parents, is an excellent tool to use in preparing the child for adoptive placement. The Life Story Book, containing pictures and mementos, helps build a child's identity. The book can clarify misconceptions about the child's past, and the FSW's review of the Life Story Book with the child can assist the child in expressing feelings about the past. The adoptive parents' review of the Life Story Book with the child and FSW becomes a bridge between a child's past, present, and future.

Ask for the older child's cooperation in creating a Life Story Book to help understand his/her past and present placements and to prepare the child for adoption. Although the child's involvement in the development of the Life Story Book is best practice, be mindful of possible perpetrators of abuse in the birth family. Consider the input of other professionals before discussing abusive relationships, as it could trigger negative emotions for the child. It may be necessary to consult with a therapist regarding any

major issues that come up during the development of the Life Story Book. (See DCS Policy [16.8 Attachment 3, Guidelines for Life Story Books](#))

Consider including the following suggested items in the Life Story Book:

1. Pictures or description of:
  - a. Birth/legal family, including grandparents and siblings (if appropriate)
  - b. Resource family
  - c. Special activities (holidays, birthdays)
  - d. School pictures
  - e. Friends, classmates
2. Newspaper clippings
3. Preschool records
4. Kindergarten records
5. Teacher's comments
6. Accomplishments
7. Certificates
8. School records and activities
9. Report cards
10. Awards
11. Religious mementos and certificates
12. Family genealogy, mementos, and visits
13. Any material of significance to the child

When identifying the relative, do not use the surname. Use these materials and, perhaps, the child's drawings to help the child complete his/her Life Story Book.

Write or help the child write a history of his/her life that:

1. Depicts a feeling for and description of the birth family;
2. Explains the reason for and meaning of foster care;
3. Identifies each foster care placement the child experienced and why each placement ended;
4. Indicates something about the child's likes, dislikes, and what he/she is like as a person.

Review the book with the child and adoptive parents during visitation. At the time of placement, the child takes his/her Life Story Book. Later, sharing the book with the family and updating it will help the child achieve acceptance and bonding with the adoptive parents.

**Work Aid: GETTING PREPARED FOR THE LIFE BOOK JOURNEY INVOLVING THE CAREGIVER**

1. Acknowledge the significance of the caregiver in the child's life as a source of nurture, support, and information.
2. Describe the Life Story Book process to the caregiver, in person or by letter.
3. Review what the child does when upset (behaviorally, emotionally) and what helps the child gain control or feel comforted.
4. Engage the caregiver in describing how the goal of adoption is appropriate for the child.
5. Have the caregiver describe the type of family the child may best be able to integrate with.
6. Request the caregiver to share mementos, photos, and a description of the child's strengths/challenges.
7. Help the caregiver cope with feelings of potential loss if they are not adopting the child.
8. Prior to or after each session with the child, discuss the support the child may need from the caregiver.
9. Include the caregiver in chosen sessions when the plan is adoption by the caregiver.
10. Provide the caregiver with a calendar which shows appointments with the child.
11. Establish a routine with the child where a self report of each session is shared with the caregiver in a way which respects the child's right of confidentiality.

**Work Aid: GETTING PREPARED FOR THE LIFE BOOK JOURNEY, LETTER TO RESOURCE PARENT**

Dear (Resource Parent):

I am excited about the opportunity to prepare Doug for adoption and create a Life Story Book. As we discussed, Doug and I will meet together every Wednesday when he gets out of school at about 3:00 p.m. for the next few months.

Doug and I will talk about information and feelings around why he needed to come into foster care and what being in foster care has meant to him; what makes Doug so unique; and what he may want in an adoptive family. This process may bring out feelings of happiness, sadness, anger or confusion. I will be helping Doug with these feelings and you will have an important role as well. You know how Doug expresses his feelings and what is helpful for him. I anticipate talking with you regularly. Please call anytime.

Also, you are important as you have cared for Doug for 3 years. You have a lot of information about his development, what he enjoys, and what he has accomplished. Of course, any mementos or pictures that you can provide for his book are appreciated.

I will also be available to help you anticipate your feelings as Doug moves into adoption. He has become a significant part of your family.

Enclosed is a calendar which shows our appointments. Please let me know if there are conflicts with any of these dates.

Sincerely,

Susie Social Worker  
Family Services Worker

## Work Aid: THE SEPARATION: THE BLESSING MESSAGE FROM THE BIRTH FAMILY

1. A major step in dealing with children's separation from the birth family is to ensure that they feel like they have permission to develop a relationship with a parental caregiver free of conflict with the loyalty they may feel toward the birth parents. This is accomplished through the disengagement (or blessing) message.
2. The three elements of a disengagement message are:
  - a. Acknowledgment of caring/being valued as an individual;
  - b. Lifting of responsibility for separation;
  - c. Permission to child to form new attachments, to give and to receive love, to be happy.
3. It is the responsibility of the FSW to obtain a disengagement message either directly or indirectly from the birth parents and all significant attachment figures.
4. The FSW has several tasks in obtaining a disengagement message from the birth family - mother, father, siblings, other relatives/caregivers. These tasks are:
  - a. Deciding from whom a message is necessary;
  - b. Deciding whether the message can be direct or will need to be indirect;
  - c. Preparing the caregiver and getting the message;
  - d. Delivering the message.
5. The first task is to determine the people to whom the child has a significant attachment or bond of loyalty. This always includes the birth mother no matter what the quality of the attachment or bond of loyalty. Through Life Book work, children will indicate who else has particular significance for them. It is important to include anyone for whom the child feels responsibility such as the birth father, siblings and grandparents.
6. The second task is to determine whether a message can be direct or will need to be indirect. Direct messages are the most powerful and include letters, audio tape messages, video messages, and final visits. They may also include statements the individual made directly to the child.
7. Direct messages do not usually involve contact between the child and significant others. Messages involving contact with the child are most likely to be manageable at the point of termination of parental rights or surrender and when the parent has been visiting regularly and is in agreement with the adoption plan. Final visits may provide the opportunity for the parent to express their wish for the child to move on and be happy and well cared for in a

new family. This often occurs when the birth parent has become acquainted with the resource parent who is planning to adopt. Usually contact is not reestablished between the parent and child when they have not been visiting for a period of time, as this would be confusing for the child. Contact may be appropriate with other birth relatives who are non-threatening and are supportive of the adoption. Direct messages are generally delivered through the FSW in the form of a tape or letter from the individual.

8. Indirect messages are based on interpretation of parental or other caregiver actions or statements. These may be found in the case record or gleaned from information in the record, statements from other family members, and by helping the child discuss what he\she thinks the caregiver may have wanted for the child in the future. Indirect messages are necessary when the caregiver cannot be located or is unwilling or incapable of working with the FSW to prepare a positive message. When this message is understood by the child, it should be documented in the child's Life Story Book.
9. The third task is to prepare the caregiver and request the disengagement message. To facilitate the message, the FSW establishes supportive and respectful contact with the person. Usually these individuals are responsive to an FSW who can acknowledge their feelings of caring for the child and is concerned enough to find them and provide them the opportunity to tell the child that they truly care for them. The caregiver will need help to frame and construct a positive message. One approach is for the FSW to take notes of the conversation with the caregiver and to state back to the caregiver all the positive statements made, suggesting this may be what they want to write in a letter. In some circumstances, the FSW may need to write the letter and confirm that it is accurate and ask if they want to sign it. A video or audio tape is appropriate when the caregiver is capable of giving a statement which contains the elements of a good disengagement message.
10. The fourth task is to deliver the message to the child. Receiving a disengagement message given by the birth parent or primary attachment figure is likely to be a powerful emotional experience for the child. The child needs support and encouragement to express feelings. Frequently the child will review the message several times. Each time, the child will be able to incorporate a deeper sense of entitlement to a family through adoption and permission to move into the future with hope. The message has a twofold effect: removing the fantasy of reunification with the birth family and providing a path for future connectedness with a permanent family. It is the goodbye which enables the hello.
11. Receiving an indirect message from the FSW is not as powerful for the child as a direct message. It is important to state directly that, "your mom/significant other showed caring for you in these ways." The FSW's careful explanation of the reason for separation should focus on removing responsibility from the

child. Sometimes another person who directly observed what led to the separation can reinforce the indirect message from the caregiver. For example, “Your mom tried and just couldn’t get off drugs”. Then, the discussion of these examples of caring move into “what do you think your mom/significant other wanted for you in the future?”

12. Parents who have abandoned the child know, on some level, they cannot plan for a child. Also, they may know that the system will plan for the child. Sometimes a parent knows it is too hard to say goodbye but trusts DCS to plan for the child the way she/he may have liked to themselves.
13. It is critical, regardless of how the message is obtained, to formulate a clear statement that encompasses the three key elements. (See item 2 of this Work Aid.)

**Work Aid: SAMPLE BLESSING MESSAGE FROM BIRTH PARENT**

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Tina,

I am writing you this letter so you can read it and remember that I love you. I will always have a special place in my heart for you, because you were my first child.

I hope you can try to understand what a hard decision it was to surrender my rights to you and your brothers and sisters. I knew I could not give you kids what you needed. That is why I left you with family and other people so many times. Remember that time we lived in a car because we didn't have anywhere else to go? I felt bad leaving you kids with other people, but I wanted you to have food in your bellies-and a roof over your heads. I tried to be a good parent, like taking you to get your shots before you started school, but we moved around so much you hardly even went to school. I needed someone to help me.

When the Family Services Worker saw that I couldn't keep a job or find a place to live, she asked me to think about surrendering my rights so you could have a permanent home. I had mixed feelings about it because I wanted to be your mother and raise you, but then I would think about barely being able to take care of myself, much less you kids.

I remember our visits at the office and seeing you look so pretty and healthy. It seemed like your foster family cared for you and could give you a lot of things I couldn't. I decided to say yes to the surrender, but then felt guilty and wanted to try again. But after six months, nothing had changed. I still didn't have a steady job or a place for you to live. I realized then that adoption was the best plan for you. I knew you didn't like being a foster child and thought you deserved a family of your own. I know I will always think of you, especially on your birthday, and wonder if you still look like me. I want you to be happy and I am sorry that you and your brothers couldn't be adopted all together.

With all my love,

Your 1<sup>st</sup> Mommy—Bonnie



**Work Aid: THE SEPARATION: THE BLESSING MESSAGE FROM THE RESOURCE FAMILY**

1. A disengagement message (preferably written) should be obtained from the current resource family if they are not planning to adopt. Disengagement messages should also be obtained from any past resource families to whom the child maintains a particular attachment or bond of loyalty. When resource parents are dealing with their own feelings around the child moving from their home, it may be difficult to explain why this is occurring. The FSW can assist in this process by listening to their feelings and helping them formulate a message expressing their hopes for the child.
2. Reasons for resource parents' decision not to adopt a child cover a wide spectrum. Some of the reasons frequently given are provided below with a reframed explanation:

**STATEMENT**

**REFRAME**

We're too old.

We are at a point in our lives where we want to retire and do some things that would be harder to do if we were parents to any child.

The child lies and steals.

You need a family who can help you learn how to feel safe enough to tell the truth and secure enough to know you can ask for things. We have tried to do this but haven't been able to. We want very much for you to have what you need.

The child can stay as long as he needs to but we don't want to adopt.

It is our job to be foster parents, and we enjoy being your foster parents very much. We know that you need a permanent family of your very own. We will take care of you until you are adopted.

The child doesn't fit in with some or all family members.

You know that not all families work well together. We have had times when it is hard for us to all get along. This is not necessarily anybody's fault. We want you to have a family where it is easier for you to get along.

3. The disengagement message would also include statements about what the family likes about the child and acknowledgment of feelings. As a child processes the resource family's disengagement message, the FSW can encourage the child to describe foster care placements that felt successful. This lays the groundwork for discussions about adoptive placement.

**Work Aid: SAMPLE BLESSING LETTER FROM RESOURCE PARENTS**

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Dear Joe,

I want so much to be able to give your love to a new family the way we have all given our love to you.

The DCS workers told us to raise you as if you were ours and that is what we have tried to do. We have loved you and corrected you and provided for you as if you were our birth child. That is why letting you go is so difficult.

You have given so much to our family. You have shown us how there is no limit to the number of people you can love with all your heart.

You are such a bright child and have such pretty eyes and smile. Please always share that smile with everyone you meet and look into people's eyes with those pretty eyes of yours. Always be proud and hold your head high. God made you for a purpose.

It is important that you learn to mind and do what your new parents want you to do. God gave us parents to take care of us until we are old enough to take care of ourselves. Please understand that it is a parent's job to help a child understand the consequences of his own actions.

I want nothing more than for you to grow up to have a heart full of love for yourself first because unless you learn to love yourself you can't love other people. You can't give away something you don't have.

I hope you bring your new family as much happiness as you have ours. Our hearts will always have a special place for you, Joe.

We love you so much,  
Mama Jane and Daddy Bruce

**Work Aid: THE COVER STORY: HELPING CHILDREN EXPLAIN THEIR PLACEMENT**  
(Donley, Kathryn S, MSW, Trainer/Consultant, National Resource Center  
for Special Needs Adoption, August 1978)

When children must live apart from their family of origin, whether in foster care or adoption, they need to master the telling of who they are and how they came to be living apart from their families. Placement workers, beset by the complexities of locating willing substitute families, grappling with the logistics of moving child and belongings intact to a new family, faced with a veritable blizzard of paperwork to approve and finance the plan, may overlook this problem. Before the dust has barely settled, the child will be called on to explain his person, his presence, and his history to a long list of inquirers. New neighbors, teachers, playmates, and acquaintances will ask questions about him and his status. Sometimes the questions will be casually asked; sometimes he will be grilled like a suspect. The child left to fend for himself in these circumstances is usually forced to say too much or too little. Sometimes he “embroiders” the truth and gains a reputation as a liar. Sometimes he volunteers lurid detail and becomes an instant, exotic attraction.

An experienced placement worker knows this in advance and equips the child with a cover story. (Please note: a cover story, not a cover-up story! In the business world, the cover letter is a generally-phrased, all-purpose letter used to summarize more elaborate information provided elsewhere.) In placement, the child can easily learn that his cover story, his short version of who he is, is an appropriate response when people ask him leading questions like: “. . . Just where did you come from? . . . How come you don’t live with your folks? . . . But who are you?” Without help preparing the answers, the child founders. With help, he can respond confidently, truthfully, and yet avoid trapping himself into betraying private matters.

The easiest way to prepare a cover story with a child is to imagine the potential questions, review what is appropriate information to share, and role play questions and answers. This technique works with children of all ages, as long as they have basic language skills and can learn appropriate social responses.

It becomes the job of the placement worker to help the child and his new family anticipate the difficulties and organize a three-step defense:

1. Imagine the potential questions. Actually make a list of the various possibilities and the persons who may ask the questions. This helps the child and family see the relevance of an abbreviated version of the story. In the excitement and the fantasy surrounding the placement scenario, the everyday facts of living and forming new relationships may not loom large until it is too late and the child or family may be caught unaware and without defenses.
  - a. Imagine introducing the child to your neighbor;

- b. Envision the first day of school and the questions asked by classmates and teachers;
  - c. Picture the first family gathering and the remarks made by new grandparents, cousins, uncles, etc.;
  - d. Consider the first day in the new neighborhood, playing with children who are understandably curious about the new child.
2. Review the appropriate information to be shared. Children often have trouble understanding the right to privacy. They need help to understand that not all people are entitled to detailed answers to all questions. They need help from adults to distinguish between what is known and what is shared. This is a good opportunity to help children learn how to be truthful but appropriate in giving answers to personal questions. It also protects them from disclosing information which might later be embarrassing to them or used against them in destructive or hostile ways.

Simple declaratory sentences are best: “. . .my name is Tony Johnson. . .I used to live in Cleveland. . .I’m gonna live here because my folks have problems. . .I hafta live here until things get better at home. . .I’m being adopted. . .I got adopted because I couldn’t live with my other family any more. . .”

Three basic responses are those most often needed:

- a. The child’s name (be consistent; use the birth name when the child is in foster care and the adoptive name once adoptive placement agreements are signed);
  - b. The child’s origin (offer the basics only; most people who ask where the child comes from are satisfied with the name of a state or town, more detail is not necessary; children can be taught to deflect more probing by responding with a question of their own: “. . . and where are you from?);
  - c. The whereabouts or general circumstances of the child’s biological family (the implication is usually clear, the questioner wants to know why the child is not with them; children can answer briefly and truthfully without providing details; if the questioner is persistent, the child should be comfortable in ending the conversation: “. . . that’s family business. . .I have to go now. . .my family would have to answer that . . .”).
3. Role play questions and answers. Be sure the child knows the three most common concerns (as above) and can comfortably respond to questions about them. The family should be able to respond in accord with the child. A placement worker has a good opportunity to show the child and family they can cope with a new situation with confidence. Everyone feels more competent. They can share an essential social task in anticipating, analyzing, and solving a

real-life problem. By acting out the possible questions and answers together, they come to grips with a current problem and learn more about each other. They develop a sense of unity. They accumulate some shared feelings to draw on later when difficulties arise between them. They may even see this as one good way to solve other problems.

Every child entering a new living situation needs this preparation. When it is a simple matter of a family moving to a new home, the answers to direct questions come easily. When the child moves because of family distress, the answers become more troublesome. Most children are not prepared to deal with the natural curiosity of other children and adults they will meet. It becomes the responsibility of the placement worker to help the child and his new family respond to the situation and the methods used can promote stronger ties between child and family and point the way toward resolving yet other problems.

**Work Aid: CONTINUING CONTACT WITH SIGNIFICANT OTHERS FOLLOWING ADOPTIVE PLACEMENT**

1. Identify the significant relationships maintained by the child prior to adoptive placement. Relationships to be considered may include birth parents, relatives, and resource parents.
2. Assess the quality of the relationship based on: emotional attachment, stated preference for ongoing contact, type and quality of present contact, impact of present contact on the child, history of relationship/contact, and the ability of the parties to work together on behalf of the child in adoption.
3. Based on the assessment, determine if ongoing contact will be in the child's best interest. Help all parties understand the recommendation concerning the appropriateness of ongoing contact.
4. Assess with the child and with significant others the understanding of adoption, hopes for the future, and obtain the disengagement/blessing message to move into adoption.
5. When ongoing contact is indicated, prepare all parties by defining roles, working relationships, and the type of contact determined to best serve the child.
6. The need for ongoing contact is an influential component in selection of an adoptive resource. When ongoing contact is appropriate for the child being placed, an adoptive resource will be pursued which can support the need for ongoing contact.
7. Prior to placement, discuss recommendations concerning ongoing contact with the adoptive parents and determine their preference for contact and understanding of the impact this may have on the family.
8. Obtain the consent of all parties for ongoing contact, specifying the type of contact, frequency, and methods of arranging contact.
9. During the placement and post-placement process, assist in establishing working relationships, roles, usage of names, clarifying purpose/intent, negotiating problem-solving, extending support, and assessing results of contact.
10. Continue to monitor the impact of contact. If such contact should become contraindicated and a request made to cease contact, assist all parties in understanding why contact may be modified or ceased.

11. Empower the adoptive family to negotiate plans for ongoing contact prior to adoption finalization.
12. Share information on services which may be available after adoption finalization with all parties.



## VII. DOCUMENTING THE SEPARATION OF SIBLINGS

**What:** Document if the separation of siblings best serves the children in making adoptive placements

**When:** Separation of siblings is being considered

**Who:** FSW/Permanency Specialist

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### A. Decision

**NOTE:** DCS places priority on placing siblings together. If considering the separation of siblings, carefully document in the children's case records the decision and the reasons for that recommendation. This decision needs to take place in the context of a Child and Family Team meeting. It is not a decision that should be considered lightly. Separation of siblings requires the completion and Regional Administrator approval of form [CS-006, Placement Exception Request](#). (See [Policy Attachment: Criteria for Requesting a Placement Exception Request](#))

Reasons for sibling separation may include:

1. The dynamics of the relationship between the siblings is detrimental to one or all of them;
2. An evaluation which documents the quality of the bonding of the siblings;
3. Special needs of one or more of the children that would preclude any one family from meeting all the children's needs;
4. Long-term relationships with resource parents;
5. Older siblings who cannot accept adoption.

### B. Sibling Contact

Document in the children's records a plan that would allow the children to remain in touch with each other through personal visits, correspondence, and telephone contact. If continuing contact is not planned, explain the reasons in the case record. This should occur only in unique cases.

### C. Approval

The Child and Family Team must meet, discuss, and document their reasons for recommending separation of siblings for the purpose of adoption. The next

step is completion and Regional Administrator approval of a Placement Exception Request CS-0664. The Placement Exception Request should include the reasons the separation is needed, the plan for sibling contact, and attempts made to keep the siblings together. Once approval is secured, document this in each sibling's record.

## VIII. PLACING NATIVE AMERICAN CHILDREN FOR ADOPTION

**What:** Adoption services to Native American children are provided in compliance with the Indian Child Welfare Act of 1978 (ICWA)

**When:** Child has confirmed Native American heritage

**Who:** FSW

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### A. Native American Heritage Confirmed

When a child has confirmed Native American heritage, DCS will contact the tribe to determine their interest in planning for placement of the child. (See DCS Policy [16.24, Children of Native American Heritage](#) for procedures to confirm Native American heritage and tribal affiliation).

### B. Adoptive Placement of a Native American Child

In any adoptive placement of a Native American child under State law, preference must be given (in the order listed below) to placement of the child with:

- A member of the Native American child's extended family;
- Other members of the Native American child's tribe; or
- Other Native American families, including families of single parents

The Native American child's tribe may establish a different order or preference by resolution. That order of preference must be followed so long as the placement is the least restrictive setting appropriate to meet the child's needs.

Unless a consenting parent voices a desire for anonymity, the Court or agency shall notify the child's extended family and the tribe that their members will be given preference in the adoption decision.

### C. Contact Information

Tennessee is in the Eastern Region of the Bureau of Indian Affairs and the contact information for assistance is listed below:

**Bureau of Indian Affairs  
Eastern Region  
545 Marriott Drive, Suite 700  
Nashville, TN 37214  
Phone: (615) 564-6500  
Fax: (615) 564-6701**

**NOTE: All actions initiated with an ICWA case must be in collaboration with and under the guidance of Central Office Legal Counsel or appropriate Regional Legal Counsel.**

## **IX. REQUESTING AN ADOPTIVE HOME AND CHILD SPECIFIC RECRUITMENT**

- WHAT:** Request referrals of approved resource parent(s) for consideration as a placement resource for children who are legally free. Work closely with private providers to review possible adoptive families. Ensure recruitment tools are in place to include registration of the child on AdoptUSKids, development of an Individual Recruitment Plan, and an archeological dig. Conduct family searches through AdoptUSKids.
- WHEN:** A permanent home is being sought for a child in DCS guardianship who has no permanent family identified.
- WHO:** Permanency Specialist, FSW, Private Provider staff, Central Office staff, and members of the CFT
- 

### **A. Recruitment**

When no prospective adoptive home is available or identified, the Child and Family Team will utilize child-specific recruitment tools and resources to identify a pre-adoptive home. It is important that the child/youth is on board with any type of recruitment that involves the use of their image. Recruitment might include, but is not limited to the following:

1. Photo listings - AdoptUsKids, the Heart Gallery, and various provider websites are used to photo list children who are in full guardianship and do not have a family that has committed to providing legal permanency.
2. Recruitment Events - Various venues such as churches, conferences, and TN KEY classes can be used to display pictures or videos of the child.
3. Videos - Videos, such as In My Own Words (IMOW), give a more in depth picture of who the child is. Such videos should be positive and strength based. These videos should not include confidential information about the child or his family; nor should the video mention abuse, grief, etc. The videos should be positive and upbeat.
4. Social Media - No DCS or provider staff should place a child's image or story on their personal page or account. If DCS or a provider has a social media page, such as Facebook, the child can be posted if the child agrees.
5. Television - Various television segments, such as Forever Family, Wednesday's Child, etc. can be used for recruitment and awareness. These television segments are coordinated through Central Office.

## B. **AdoptUSKids (AUK)**

AdoptUSKids is a national database of children in foster care who need permanent families and families who are willing to provide permanency. AUK data provides information necessary to identify and match families who are most suitable to meet the needs of children in DCS custody. AUK shall be utilized to photolist/profile all DCS children in full guardianship who do not have a permanent family identified. (See DCS Policy [15.5, Registering and Maintaining Status of Children and Families with AdoptUSKids](#))

### **Registering a Child on AUK**

Regional or Private Provider staff will submit the following items to designated Central Office staff via e-mail:

1. A completed AdoptUSKids Registration Form (formerly REACT form).
2. A non-identifying profile/narrative of the child (or sibling group) that is at least 100 words. The profile should be written using positive terminology and should reflect the child's strengths and needs. The profile should present the child's likes, strengths, what the child is looking for in a family, and the type of family needed to parent the child. (See Work Aid: Examples of AdoptUSKids Child Profiles)
3. A photo of the child that is flattering and appropriate. Consideration should be given to the child's dress, body language, and clarity of the picture when choosing a picture for registration.

**NOTE:** DCS staff should respect a child's right to refuse to have their photo taken for cultural reasons. In this instance, the child's profile will be registered on AUK without a photo.

## C. **Potential Family Matches**

Families will be matched based on the following:

1. What the family has indicated as acceptable in terms of the child's age, sex and number of children if sibling group;
2. What the family has indicated as acceptable in a child's background and handicaps;
3. The identified needs of the child for placement and the family's ability to meet those needs.

#### **D. Following Up on Inquiries**

The FSW, Permanency Specialist, or provider staff will follow up on family inquiries received. The process below is the same for families who inquire about specific children as well as families pulled from the AUK system as a result of the system's matching capability. In responding to inquiries from families regardless of the source, the team should share child information incrementally, based on the needs of the child and the continued interest of the inquiring family.

1. The CFT will consider families from all states, unless the child refuses to consider families outside of Tennessee or there is a valid reason to consider only Tennessee families. Limiting families to a specific state must be documented in the TFACTS case record.
2. Upon receiving inquiries, the FSW, Permanency Specialist, or provider staff will respond to all families via email or phone within seven business days.
3. The FSW, Permanency Specialist, or provider staff will document all responses to inquiries in TFACTS and/or AUK, as indicated.
4. The FSW, Permanency Specialist, or provider staff may or may not request a family's home study or further engage family based on information gathered during initial contact. When the decision is made not to further engage family, communication will be provided to the inquiring family as to why they were not considered to be a good fit for the child.
5. The FSW, Permanency Specialist, or provider staff must identify whether the family is with a private provider or the public state agency. This should occur during initial contact with the family. The CFT will need to discuss any family with a private agency with the Central Office Permanency Unit before presenting the family to the child and/or initiating any type of contact between the child and the family.

#### **E. Identifying the Permanent Family**

After potential families have been identified, the Permanency Specialist will convene the CFT to identify the permanent family. (See Policy Attachment: [CFTM Guidelines for Identifying a Permanent Family](#))

#### **F. Disclosure Process**

Once a prospective adoptive parent(s) has been selected as a possible adoptive placement for a child, the disclosure process continues with a meeting

to share more in-depth information.

**G. Finding Our Children Unconditional Supports (FOCUS) Review Process**

In an effort to ensure that children in full guardianship move quickly towards permanency, DCS has implemented a monthly review process for all children in full guardianship. This review is to determine whether or not these children have a permanent family identified and that the needed supports and services are in place to ensure timely permanency. DCS Central Office generates a monthly spreadsheet for each region containing data from the TFACTS mega-report for all children in full guardianship. By the 15th of each month, the regional point person will receive the Full Guardianship Spreadsheet via e-mail. Regional representatives are responsible for updating the spreadsheet and sending it back to Central Office via e-mail by the 15th of the following month (30 days). Central Office then uploads the spreadsheet to the Department's SharePoint website. Monthly conference calls are held with central office staff, regional staff, and private provider staff to review the spreadsheet and develop action steps to address any identified barriers to permanency.



## Work Aid: EXAMPLES OF ADOPTUSKIDS CHILD PROFILES

### Child Profile #1\*

Name: Sam

Birth Month & Year: October 1990

Sam is a boy who especially likes science this year. He says, “We are studying chemistry. I like how it is logic and math combined. I also like the teacher because he is really funny.” Sam hopes some day to be a movie director. He thinks that this would be a good fit since he loves technology, has always enjoyed making things, and likes being in charge!

Sam is hoping to find a big family—one with lots of cousins, aunts and uncles. He thinks Alaska would be a great place to live since he loves the snow and cold weather. He would be especially pleased to find a family with a team of sled dogs!

*\*From Lasting Impressions: A Guide for Photolisting Children, AdoptUSKids.*

### Child Profile #2\*

Name: James

Birth Month & Year: April 1993

The smell of burning rubber and the sound of screeching tires brings a smile to James’ face. James is a boy with a love for stock car racing. Some of James’ racing heroes include Jeff Gordon and Ricky Craven. When asked about his favorite outdoor activities, he answers, “Oh, four wheeling, mud riding and dune buggy riding—oh, and fishing.” James does well with hands-on projects and would like a parent who can teach him building and craft skills. James is energetic and likes to be engaged in an activity most of the time. In his down time, James likes to watch television and listen to Eminem music. James appreciates that Eminem “sings about his life and feelings.” His favorite food is a Subway sandwich—salami, roast beef, pepperoni, pickles and mayo on white bread. He adds, “Oh, and steak.”

When asked what kind of a family James would like to have, he answers, “I wanna live where there are a lot of moose around. I don’t care if it’s an apartment, trailer, hotel or a mansion, but that would be cool living in a mansion.” He wants a mom, a dad, or a mom and a dad. James explains, “I don’t care if they are old. Well, maybe if they are 100 that would be bad—I guess I want young ones.”

*\*From: Fostering Families Today, January/February 2004.*

### **Child Profile #3\***

Name: Emily

Birth Month & Year: May 1990

Emily loves playing outdoor games with her friends. Her favorite sport is soccer and her dream is to someday play on Brazil's soccer team. Emily says she always wanted a family that lived in a house with a yard because she knows she needs to practice very hard to make the team. She hopes that someone in her potential adoptive family would be willing to help her practice!

When she is not kicking around the soccer ball, Emily works very hard on her reading homework, as she says she sometimes finds it very challenging! Her favorite subject is math and her current teacher says that Emily has improved tremendously since she arrived in the beginning of the year.

Emily is legally free for adoption and is excited to meet families who want to get to know her. Please contact us if you have a lot of energy and love to give Emily!

Emily says, "P.S. I will try to eat my vegetables at dinner, but please don't make me eat green beans!"

\*From *Lasting Impressions: A Guide for Photolisting Children*, AdoptUSKids.

## Work Aid: PROTOCOL FOR OUT-OF-STATE PLACEMENT FOR ADOPTION

Children are not allowed to travel out of state for visits or placement with potential families until the relative or resource home is fully approved by the receiving state ICPC office. Expenses for potential families that desire to have visits in Tennessee with a child in DCS custody or guardianship will be the responsibility of the family, unless they agree that the costs will be attributed to the \$1500.00 accessed through non-recurring expenses. Confirmation of this discussion will be documented at a CFTM and entered into TFACTS.

Prior to the placement of a child who is in TN DCS custody or guardianship with an out of state parent, relative, kin or non-relative, the region is responsible to file an appropriate and complete ICPC referral which requests a child-specific study on the proposed resource in the receiving state. The receiving state has at a minimum sixty (60) business days to conduct the child-specific study and issue a decision as to whether the placement is safe and appropriate and is not contrary to the interests of the child. The decision, approval or denial, authorized by the receiving State ICPC office is based on completion of a child-specific study by either the public agency or pursuant to a contract, a private licensed agency in the receiving state which includes a home study which is child-specific, background/FBI checks, current medical information and documentation of training for each adult member/caretaker member in the household.

Initial Action:

DCS Region: Selection Process: (Refer to Adoption Best Practices Manual)

- Contact the family to discuss the child, his/her needs and the family's reasons for interest. Discuss non-negotiables to determine if there is interest in either party moving forward. Initial information on the child is shared with the family. Initial information consists of using the narrative from AUK to determine if the family can meet the child's needs and their non-negotiables.
- If appropriate, request the family to submit a "release of information" to the public agency or private agency who has the most current home study requesting that they release a copy of that current study at no charge directly to TN DCS for purposes of review and selection.
- Schedule and review home studies with the members of the Child and Family Team. This may be done with a collection of other studies that need to be considered. For children that are not garnering much interest from families, you may need to proceed with reviewing studies on an individual basis. The selection CFTM process should be followed when there are multiple studies involved. The selection CFTM should be documented in TFACTS.

DCS Region: Family Selected: (Refer to Adoption Best Practices Manual-Adoptive Placement and Disclosure Policy)

- Clarify with the family our Department's responsibility to determine the public agency role in this process versus their private agency role and explain that we will be contacting either or both agencies.
- Utilizing a CFTM, identify what is absolutely necessary in providing disclosure to the family. Determine how and when this information will be shared with the family. Disclose what they need to know and what services will be necessary to support the child when he/she arrives in the receiving state.
- Contact the family to make them aware of their selection and define the action steps/timetables/ICPC compliance. Determine if they want to proceed.
- Engage the prospective family parent to identify a contact person from the public or private agency with which they are affiliated to discuss the family's inquiry. Obtain a signed release of information to that agency granting permission to discuss the family's inquiry and ability to be considered for placement of one of the Department's children.
- Utilizing a CFTM, identify what is absolutely necessary in providing disclosure to the family. Determine how and when this information will be shared with the family. Disclose what they need to know and what services will be necessary to support the child when he/she arrives in the receiving state.
- Additional information on the child's individual needs and current treatment/services is shared. This may include the next set of information identified as most important to share with the family as identified by the team (above).
- If they wish to move forward, we advise the family (public or private) about what it takes to proceed. Supervised family visits in-state can be discussed at this point.

DCS Region: Agency

- Contact the public or private licensed child placing agency and introduce the reason for the contact; confirm that the release of information has been received. Clarify the receipt of a current study from the family and confirm that agency's authorization. Discuss with the agency our Department's role to determine the involvement of the public agency in this process, as well as confirm their ability to provide services needed and compliance with the ICPC. Clarify the next steps in the process with the public or private licensed child placing agency.
- Disclose to the public or private licensed child placing agency what they may need to know about the child and discuss the family's ability to parent the child and meet his/her needs from that agency's perspective.
- Contact the private agency and inform them that their family has been identified as a potential adoptive placement. Discuss the child's needs, services provided by the agency, any fees, etc. Advise of the action steps and timetables, including involvement of the public agency and the ICPC.

### DCS Region: Child (Refer to Adoption Best Practices Manual: Preparing the Child)

- As a continuing discussion with a child in full or partial guardianship, the DCS Region should be preparing the child for permanency throughout the service plan as documented in TFACTS.
- If a child is age 14 or older, a conversation with them should have occurred or be occurring to determine their willingness to move forward with an adoptive placement, with a relative or non-relative, either in state or out of state.
- Specific information on inquiring families should not be released until after the family has been selected. Broadly clarify the process/timetables for the child and keep the current resource family informed of the significant steps/timetables in the process, as well. Once a family has been selected, the child should be placed on a “hold” status on AUK.
- Contact the child and current resource parent regarding continued steps/timetables in the process including ICPC process.
- Conduct a phone call with the stakeholders internal to the case, including: Central Office Division of Foster Care and Adoption, Central Office Division of Network Development, Central Office ICPC, FOCUS staff (if involved), the Regional Perm Specialist, and other regional staff to discuss the desire to contract with the private agency, related fees, Medicaid, and how the unique needs of the child will be met. In this conversation, you will determine whether the needs of this child merit the creation of a Unique Care Agreement with out-of-state services providers. Determine if the child has IV-E or is non-IV-E funded.

### Unique Care Agreements (UCA) and Medical Services Information

**TN Mail Order Pharmacy** - Health advocates can assist with this process, which provides needed medications for children who are or may have already transitioned to the receiving state and do not have TennCare/Medicare in place.

1. The FSW completes [form CS-0533](#) with assistance from Health Advocate if needed.
2. Fax the completed form along with the prescription to: Atrium Pharmacy, fax number 615-826-6273. The prescription can be e-scanned, as well.
3. It is important to note that Schedule II drugs cannot be filled with a faxed or e-scanned prescription. Atrium must have the hard copy. This can be mailed or sent overnight as needed to: Atrium Pharmacy, 260 West Main Street, Suite 103, Hendersonville, TN 37075. Some examples of Schedule II drugs are stimulant medications such as Adderall, Concerta, Ritalin and Focalin. Prescriptions received by 3 p.m. CST will be provided via ground UPS on next day to the physical address provided in number 12-15 on the CS-0533 form.

**Medical/Dental/Mental Health/Other Services** - It is important to ensure that Medicaid for the child(ren), if eligible, is obtained as quickly as possible in the receiving state. In the interim, use of the Health Services Authorization for Non-TNCare Eligible form CS-0533 is necessary to purchase any health care services needed. Providers in the receiving state must be contacted and agree to this type of

payment. Ensure that they receive the Health Confirmation [Form CS-0689](#), as well and ask that they provide completed information to the regional health staff. This is also the process for purchasing services for children who are not Medicaid eligible. For these children it may be possible to create a Unique Care Agreement (UCA) for services needed by the child and/or family. Assistance with securing needed services can be obtained from the CWBC, Regional Health Care Advocate and Fiscal Director. The UCA is developed with the assistance of Central Office.

- Convene an external phone call with the private agency representative, Central Office Division of Foster Care and Adoption, Central Office Division of Network Development, Central Office ICPC, FOCUS staff (if involved), the Regional Perm Specialist, and other Regional staff to discuss development of the contract with the agency, services and fees. Include a representative of the ICPC receiving state that will accept supervision. The agency takes the lead in developing the contract. This has to be done on agency letterhead that includes the name and address of the private agency. Note that the contract should include wording that the private adoption agency will destroy all child specific information if the placement fails. If the agency's study does not include TN KEY equivalent or does not include fingerprinting, etc. this needs to be discussed on this call as home studies have to meet our standards and we can contract for fingerprints and TN KEY equivalents, if needed. Confirm where the adoption will take place. The contract is refined between TN DCS and the private agency. Once the contract/agreement with the private agency has been signed, the family and private agency should be considered active members of the team and engaged in all CFTM's.
- Schedule a formal Child and Family Team Meeting (via telephone, if necessary) with the private agency representative, the family members, the DCS perm specialist, and other DCS/external stakeholders to provide any additional full disclosure and presentation. Full disclosure in this instance involves as much information as possible regarding the child so the agency can provide a thorough child specific update. If that family and agency wish to bring into the CFTM their medical doctor or therapist identified, school official, receiving case manager, etc. to hear this and prep, encourage them to do so. It is critical to the success of the transition that we identify and discuss all services that will be necessary to support the child. Special note should be given to the documents from which the information is derived so that those documents can later be attached to the ICPC request for the child specific home study. Note that before the child is placed, this is a prospective family only.
- The contract is finalized and the agency is provided the documents related to billing, including the W-9 and ACH forms. The private agency completes and returns these documents to TN DCS. These are submitted to the regional fiscal director for entry into Edison so that the agency can be established as a vendor.
- The region prepares an ICPC referral for a child-specific foster/adoptive study update which includes specific information on the child including permanency plan, annual court review, copies of current counseling results, residential

treatment facility discharges, current medical status, prescription drug schedules as well as copies of appropriate legal documents (including adjudications of delinquency and as appropriate any no contact orders), medical and financial plan, and preliminary home study, as well as the signed contract, which has been returned to the Central Office and region. Utilize *The Interstate Compact on the Placement of Children Procedures Manual* and communication with the ICPC worker assigned, if needed. It will be submitted to the receiving state, which has sixty (60) working days to complete the update.

- The ICPC packet can now be submitted to the TN State ICPC Office. Two copies of all public agency, private agency, independent or private ICPC adoption referrals, one original with signed documents plus a duplicate copy, must be submitted by Mail/Overnight Express Mail to the TN DCS ICPC State Office. Electronic scan/e-mail will be acceptable for additional documents which may be required to be submitted subsequent to the original referral. Mailing Address for Overnight/Express Mail:

Tennessee ICPC Unit  
Tennessee Department of Children's Services  
8th Floor, Cordell Hull Building  
436 6th Avenue, North  
Nashville, TN 37243-1290

- The TN ICPC State Office staff will submit the complete ICPC referral to the Receiving State ICPC office who assigns the child-specific study or child-specific update to either the public agency or the private licensed child-placing agency with whom the Region has contracted. The public or contracted private agency has at a minimum of 60 business days to complete the child-specific study or child-specific update according to the Receiving State Resource Home Study Policy.
- The receiving state public agency or the private licensed child placing agency (contract) submits their study /up-date with recommendation to the Receiving State ICPC office who has the authority to issue a decision regarding the placement.
- The ICPC decision is received by the TN ICPC State Office from the receiving State ICPC and issued to the region. If approved, the updated foster/adoptive home study, background checks and training documents become part of the child's record and the resource home can be opened in TFACTS.
- The TN DCS Regional staff will convene the appropriate CFTM prior to visit (temporary placement) or placement. The CFTM is to include pertinent in-state and out-of-state parties, including Regional PSD/RPS staff, GAL, CWBC, the out-of state placement resource and the receiving state assigned case manager/supervisor . The CFTM will address responsibilities for the placement of the child that includes, but not limited to: notifying appropriate parties; securing records necessary to enroll the child in school in the receiving state, or secure temporary financial/medical assistance including supply of climate

appropriate clothing and/or prescription medications pending securing a vendor in the receiving state; confirming transfer of TennCare benefits to the Medicaid program in the receiving state; clarifying any board payments or other assistance to be provided by the Department; confirming the date of entry of request for payment and arranging/providing notice for transportation including child's belongings. The CFTM will also address pertinent requirements and responsibilities for the proposed placement resource to include responsibility to establish and identify vendors in the receiving state who will provide counseling or medical services for the child in accordance to the family permanency plan, responsibility to secure financial assistance on behalf of the child through TANF or confirmation of Foster Board or other payment to be made by TN DCS as agreed upon, responsibility to cooperate with the receiving state through the public agency or private agency for supervision and responsibility for the maintenance of their approval of licensure as well as treatment/counseling or other services.

- Following the ICPC receiving State's approval, and with identification as to who has accepted responsibility to provide supervision, family visits and transition into the foster/adoptive home can occur. Convene a child and family team meeting to discuss visits, transition and travel to the receiving state.
- Following the suggestion of the Child and Family Team, coordinate transition and travel to the receiving ICPC state. Discuss the first thirty days of placement and ongoing progress reports.
- With the placement of the child into the foster/adoptive home, initiate an ICPC 100B to notify of placement. Attach all documents which identify vendors and payment schedules for services to the child once placed. Include any transfer of IV-E to the other State.
- Per ICPC and Federal standards, the Receiving State Public Agency or Private Licensed Child-Placing agency under contract will initiate contact with the child at a minimum monthly, provide quarterly written progress reports on the safety, well-being and progress to permanency on the child. In addition, the receiving State public agency or private licensed child-placing agency will initiate monthly contact with the resource family (placement resource) to determine stability/adjustment/coordination of needed services etc. Quarterly reports on the resource are required. All reports are processed in a timely manner through the respective ICPC offices.
- TN DCS Region upon review of reports will utilize the Adoption Best Practices Manual recommendations to proceed to permanency if recommended in reports, and/or adjust service provision related to stability. If the placement disrupts, utilize DCS Policy and ICPC requirements to prepare to return the child to TN DCS Region.

Note: Remember to consider and address potential resource as FOSTER, not adoptive and the placement as foster, even though the child is in full guardianship and the permanency goal is adoption.



# **ADOPTIVE PLACEMENT SERVICES**

## I. IDENTIFYING AN ADOPTIVE PLACEMENT

**What:** CFTM Guidelines for Identifying an Adoptive Placement

**When:**

1. When TPR/Surrender of Parental Rights is being pursued and a child does not have an identified adoptive/permanent placement.
2. When a child comes into custody under the Safe Haven law
3. When a child comes into custody and is considered legal risk
4. For a child in full guardianship, within 30 days of notice from resource family that the family is not a permanency option for the child

NOTE: The team will convene monthly until an adoptive/permanent placement is found

**Who:**

1. The FSW must contact the Permanency Specialist
2. The Permanency Specialist will organize a-Special Called CFTM to identify an adoptive family for the child

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### A. Team Participants and Responsibilities:

#### 1. Team Chairperson

The Team Chairperson will be the Permanency Specialist (PS) and will have the following responsibilities:

- a. Assist FSW in completion of pre-placement and presentation summaries to ensure child's strengths and needs are fully documented.
- b. Assist team in identifying and/or clarifying adoption-specific issues that may affect permanency such as loss and grief, sibling placement, bonding, etc.
- c. Facilitate the Special Called CFTM to ensure the group maintains focus on the child's strengths and needs. Ensure the group remains objective about information presented regarding the potential adoptive families.
- d. Secure location and notify team members of the meeting time and location.
- e. Ensure all AUK inquiries have been reviewed prior to the CFTM and home studies from potential AUK families are available for the CFTM, when indicated.

- f. Ensure each team member obtains pertinent but non-identifying information regarding potential families. This includes home studies from all available resources, including DCS resource home and provider resource homes as well as AUK inquiries.
- g. Articulate the role of each team member and ensure each member is adequately represented in the discussion.
- h. Move the team through the decision-making process and guide the group to consensus.
- i. Ensure federal guidelines are taken into consideration such as ICWA, MEPA, IEPA, ASFA, and legal risk placement.
- j. Ascertain that the presentation summaries and resource home studies are properly secured and/or shredded after the CFTM.

2. Child/Youth (by proxy)

Children/Youth shall have a voice regarding their desires for a permanent family; however, they shall not be held responsible for making adult decisions. Children/youth in need of a permanent placement shall be represented by proxy through any or all of the following methods that may be applicable to their case:

- a. The FSW
- b. The Permanency Specialist
- c. Applicable sections of the child's Life Story Book
- d. The Guardian Ad Litem
- e. CASA volunteer
- f. The child's resource parent
- g. Prior to the CFTM, older youth might be actively engaged at some level in identifying a permanent family, such as reviewing family profiles/narratives.

3. Family Service Worker

The FSW will have the following responsibilities:

- a. Ensure each team member has a copy of the child's presentation summary completely describing the child's life history (full disclosure) to include current strength and needs.
- b. Bring the child's life book and/or current pictures of the child.
- c. If the child is served by a private contract agency, then the private agency staff and the DCS Family Service Worker will share responsibility for the aforementioned tasks.

4. Resource Parent Support (RPS) Worker

The RPS Worker will ensure the Team Chairperson receives a copy of the home study and other pertinent information on all potential families and be prepared to provide feedback, if needed.

5. Child/Youth's Resource Parent (If Applicable)

The Resource Parent will describe daily strengths and needs of the child as related to parenting to include school and/or therapeutic issues and assist the team in identifying issues which may affect permanency.

6. Health Unit Representative

The Health Unit Representative will assist the team in identifying and/or clarifying clinical and/or medical issues that may affect permanency and assist the team in identifying what services will be needed to support permanency.

7. Others

It may be necessary to include other participants based on the needs and best interest of the child. It would be appropriate to have input from supportive members of the child's team. The following is a listing of other potential team members:

- a. Educational Specialist
- b. Psychologist/therapist
- c. Experienced Resource Parent that has adopted
- d. Resource Parent Advocate
- e. CPS case worker (when looking for a home for a child just entering custody that meets legal risk criteria)

A child that is in need of a Special Called CFTM should have had all other options for permanence thoroughly explored and exhausted including all family, prior attachments, and community options.

## II. PREPARATION GUIDE FOR THE SPECIAL CALLED CFTM TO IDENTIFY AN ADOPTIVE PLACEMENT FOR THE CHILD

**What:** Prepare for the Special Called CFTM to identify an adoptive placement for the child

**When:** Prior to the Special Called CFTM

**Who:** Permanency Specialist and Family Services Worker

**NOTE:** This procedure does not apply if the current resource family is adopting the child.

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A. Review prior attempts to secure familiar placement to ensure there is no way to reach permanency through adoption with a family familiar to the child. Request home studies and upon receipt of home studies, a Special Called CFTM will be convened. It is vital that the gathering of home studies and scheduling of the Special Called CFTM occur in a timely manner. The FSW and the Permanency Specialist must review at least the following information prior to the CFTM:

1. Barriers to an adoptive/permanent placement with the current resource family;
2. Results of past attempts to place the child with a familiar family;
3. Determine whether the conditions that prevented or disrupted the child's placement with the familiar family are still present;
4. Complete/review archaeological case file dig;
5. Review outcomes of the Individual Recruitment Plan;
6. Current availability of potential adoptive resources identified through recruitment, AdoptUSKids, or other adoption exchange searches.

Some children who need a permanent family identified may be placed at legal risk. The DCS legal department must be consulted as to the child's current legal status.

The final decision regarding placement of siblings for the purpose of adoption or guardianship must be made prior to/during the Special Called CFTM and documented on the CFTM Summary form.

B. All CFT members will be given adequate notice of the meeting, preferably ten calendar days in advance if in writing or seven calendar days if notified by telephone.

C. Preparation for the Special Called CFTM

Within five working days of the Special Called CFTM, the FSW/Permanency Specialist will provide each team member with the presentation summary and copies of each family's home study to be reviewed.

D. Prior to the Special Called CFTM, all participants must:

1. Review all pre-placement information related to the child;
2. Review family home study information; and
3. Clarify any concerns

E. Child

Evaluate at all times the child's emotional readiness for each step in the placement process. Provide supports and services to the child as needed.

Obtain the following:

1. Medical - obtain a current medical examination based on EPSDT guidelines. Obtain all psychological/psychiatric records.
2. Adoption Assistance - evaluate the child's eligibility for adoption assistance or deferred adoption assistance. (See DCS Policy [15.11, Adoption Assistance](#))
3. Education - obtain school records.

**NOTE:** Delete identifying information (birth family surname, addresses, places of employment, or any information that would lead to the birth family's identity) from all education and medical records.

### III. CONDUCTING THE SPECIAL CALLED CFTM

**What:** Conduct the Special Called CFTM

**When:** Prior to presentation

**Who:** Permanency Team Members

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#### A. Discussion

The primary goal of the Permanency Team is to identify the family whose strengths best match the child's needs. Therefore, the child/youth's presentation summary must be complete and available for review by the team. (See Preparation Guide for the Special Called CFTM to Identify an Adoptive Placement for the Child)

The Permanency Specialist (PS) will ensure that in the Special Called CFTM all team members discuss and share information concerning the following issues:

1. Barriers;
2. Child's strengths;
3. Child's understanding and readiness for adoption;
4. Possible child behavior that tests the family's commitment;
5. Adoptive parent's ability to cope with child's specific behaviors. Share how resource parent dealt with child's specific behaviors;
6. Resources to meet the child's special needs;
  - a. The purpose, frequency, and depth of post-placement support (both formal and informal);
  - b. Appropriateness of eligibility for adoption assistance or deferred adoption assistance and availability of SSA, SSI, VA, or other benefits (See DCS Policy [15.11, Adoption Assistance](#));
  - c. Medical/psychological/psychiatric/educational consultations and treatment;
  - d. Resource parent involvement in the adoptive placement process, including oral presentation, physical presentation, visitation and placement;



- e. Sibling relationships, significant others and plans for ongoing contact;
- f. Tentative date for oral presentation; and
- g. Type of placement (i.e. legal risk, direct, adoptive).

**NOTE:** When appropriate, DCS should take into account the birth/legal parents' expressed desires regarding the child's placement.

## **B. Decision-Making**

1. The FSW/PS will present the child to the Permanency Team by thoroughly discussing the child's strengths/needs and giving detailed reasons why the child does not have a current permanent placement.
2. The PS will present each family in a non-identifying manner through the facilitation process and document each family's strengths/needs as they relate to the child's strengths/needs.
3. Other team members will provide any other thoughts/insights to the discussion regarding the child and/or the family.
4. The team will come to a consensus in choosing no more than three families that would best meet the child's needs. These families should be organized "A" through "C" with Family A being identified as the family having the most strengths to meet the child's needs.
5. The results of the meeting will be documented in TFACTS and on the CFTM summary form.

## **C. Reconvening the Team**

1. Home visits to the chosen potential families will be completed by the FSW, PS, and/or Team Leader to discuss the family's willingness to provide permanency through adoption or guardianship. Any changes in the family's current parenting strengths/needs will be discussed as well. The home visit must also include a brief discussion of the child's strengths and needs.
2. For families outside of Tennessee, other methods might be used to gain additional information about the family and share information about the child. These methods might include, but are not limited to, video recordings submitted by the family and video calling (i.e. Skype).

3. During the visit or other contact with the family, an observer must be identified who can observe and record the family's interactions with one another, their responses to questions, and any nonverbal cues noted.
4. After all home visits are conducted, the FSW and other home visit attendees will reconvene the Special Called CFTM and discuss the observations and provide overall feedback of the home visits. The Special Called CFTM will review the home visit information for the identified families. The team will determine the family most suitable to meet the needs of the child. The family will be noted as the identified adoptive placement. An additional family (if one was identified during the initial Special Called CFTM) that is capable of meeting the child's needs may be chosen as a secondary placement option, in case the identified permanent family declines placement of the child in their home.

#### IV. MAKING AN ORAL PRESENTATION

- What:** Make an oral presentation providing the identified permanent family with the following:
- Non-identifying information about the child, child's background, birth relatives, and legal status;
  - The child's developmental, medical, mental health, and education history;
  - Information about the child's special needs, if applicable;
  - Current services that the child receives; and
  - The availability of adoption assistance or deferred adoption assistance to meet the child's special needs, as appropriate.
- When:** As Determined at the Pre-placement Conference.
- Who:** Permanency Specialist (PS), FSW or Designated Staff and, when appropriate, foster care contract provider. Consideration should be given to inviting the resource parent or child's therapist, if appropriate.
- 

##### A. Presentation and Information Gathering

The FSW, Permanency Specialist, and/or Team Leader will present the child to the family, ensuring full disclosure, to include all non-identifying information which may affect permanency currently and ongoing needs such as medical, therapeutic and other documentation. The family will receive all non-identifying documentation regarding the child. The family may receive homework assignments along with the presentation packet. The family will sign form [CS-0900, Checklist for Preparing Adoptive Parents](#). The form will be filed in the resource parent file and in the child file to be sealed after finalization.

Explain to the family that presentation is a two part process; 1) Presentation on the first day; and 2) Family's decision and further discussion on the second day. Part 2 can be scheduled when the family is ready to make a decision.

##### 1. Setting the Stage

Make the adoptive family aware of the process regarding the presentation and that they can make the decision to proceed with the placement or decline to accept the child and that their

decision will be discussed on the second day of the oral presentation.

2. Birth Family

Provide the adoptive family with non-identifying information about the child and the child's birth/legal family. Tell the family if the child knows of his/her birth/legal family, their names, whereabouts, and that the child may share that information. However, DCS does not identify the birth/legal family's surnames, address, or any identifying information.

A copy of the presentation summary is given to the adoptive family. (See: Preparing the Presentation Summary)

3. Ethnic Background

Share all non-identifying ethnic background information. Share any feelings that a child may have about ethnicity and prior placements.

4. Medical Information

Provide the child's birth and developmental history, as well as current medical information. Include services the child currently receives that address physical and mental health needs. Share non-identifying copies of all medical, psychological, and genetic information as well as the child's immunization records.

5. Child History

It is vital that the child be presented in a positive, yet accurate and realistic way. If the child was abused or neglected, share this information. Discuss what effect this has had on the child. Present information regarding the number of moves and types of placements this child has had.

6. Educational Information

Share copies of non-identifying educational information, such as report cards, IEP's, etc.

7. Reason for Adoption

Explain the reason for adoptive placement as a positive step in the child's best interest instead of as rejection by previous caregivers or birth parents.

## 8. Family Decision Making

The family will be given no less than 24 hours to consider all that they have been told about the child and review all documentation received. They may also wish to contact other critical members of the child's team who may not have been available for the meeting. When the family is ready, they will contact the FSW or Permanency Specialist to give them their decision.

## 9. Consultations

Arrange consultations with medical doctors, teachers, psychologists, and psychiatrists who are familiar with the child as needed to help the adoptive family understand the child's needs and determine their ability to parent the child. Attend the consultations. Remind the consultant to refer to the child by his/her first name and not to release surnames or the birth/legal family's identity.

## B. Family Decision Making

Explain to the family that when they return for the next meeting, they need to be prepared to: 1) discuss any remaining questions; 2) inform the agency of their decision whether to proceed with the placement, realizing they are making a lifetime commitment; and 3) identify three rewards and three challenges in parenting this child.

### 1. Assessment

The FSW/PS and the family need to discuss any consultations that have occurred since the presentation. If the family has any concerns about appropriately parenting the child, delay the physical presentation. Discuss any concerns or questions that family has about the child and determine if the concerns can be resolved. Help the family see that declining a placement does not jeopardize the possibility of future placements in their home. Be supportive of the family's decision.

### 2. Documentation

In the child's and adoptive family's case record, document the child's presentation to the adoptive family and their reaction. If the adoptive parents decide not to proceed with placement, include reasons for their decision in the child and the adoptive parent case records.

Make the documentation non-identifying.

Re-assess with the family the type of child they feel they can parent.

Request return of shared documentation from the adoptive parents.

### 3. Preparing for Physical Presentation

When the prospective adoptive parent(s) decide to proceed with placement:

- a. Once the family has notified the FSW/PS of their decision to proceed with the adoption placement, the team will convene to develop a transition plan which includes current placement, strengths/weaknesses, educational issues, visitation, etc.
- b. Ask the adoptive family to provide photograph albums or videos of themselves, other family members, their home and pets.
- c. Ask the adoptive family to write a letter to the child, introducing themselves.
- d. Discuss and coordinate visitation between the child and adoptive family. Explain that the number and duration of visits may change based on the needs of the child.
- e. Ask the family to bring a small, tangible gift for the child to be given at their first meeting with the child.
- f. Once the child is ready to permanently be placed in the adoptive home, the protocol for making an adoptive placement should be followed.

### 4. Direct Placement

If the adoption is to be a direct placement of a newborn from the hospital, present to the family all non-identifying background information.

When the child is born, receive information about the child (physical description, birth date, sex, birth medical history, health status) from the child's FSW and update the pre-placement and presentation summaries accordingly.

In presenting the child to the family, follow the steps above.

## V. PREPARING RESOURCE PARENTS FOR PHYSICAL PRESENTATION

**What:** Prepare resource parents for child's presentation to the prospective adoptive family.

**When:** After oral presentation and the prospective family has decided to make a commitment to adopt.

**Who:** Permanency Specialist, FSW or Designated Staff

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### A. Special Called CFTM

Inform resource parents of the CFT outcome and give them non-identifying information about the adoptive family.

### B. Resource Parent's Role

Discuss with the resource parents their role in the adoption transition. The discussion with the resource family should focus on the following:

1. Partnership: Include resource parents in child's preparation for presentation whenever possible;
2. Permission: Discuss with the resource parents the importance of granting permission, both verbally and through the blessing letter, for the child to move (See: Preparing the Child for Adoptive Placement);
3. Preparation: Assist the child in preparing for the move through discussion, video tapes, and picture albums about the adoptive family. As visitation progresses assist the child with packing of all the child's belongings;
4. Visitation: Ensure resource parents are aware of schedule for visits so the child is prepared and has no schedule conflicts. Discuss the progression of visits based on child's individual needs;
5. Feedback: Stress importance of resource parents' role in providing feedback to the FSW regarding the child's feelings and behaviors during placement process;
6. Ceremony: Invite the resource parents' participation in planning and attending the adoption ceremony.

**C. Support**

The Resource Parent Support worker will provide ongoing services to the resource parent to assist with grief/loss issues.



## VI. CONDUCTING PHYSICAL PRESENTATION

**What:** Conduct the physical presentation of the child with the adoptive parents

**When:** The child is prepared and the adoptive parents are committed to/ready for the placement and DCS has:

1. Helped the parents evaluate their ability to parent the child;
2. Provided the child information about the family;
3. Counseled with the child about the family and his/her acceptance of the family.

**Who:** FSW, Permanency Specialist or Designated Staff

**NOTE:** Determine the schedule of the meetings based on the child's age, readiness to move, and unique needs as well as the adoptive parents' readiness for placement.

Plan the presentation during a time in which the adoptive parents, who have made a commitment to accepting the child for placement, are not preoccupied with other activities. The family needs to adjust to such changes and be focused on the adoption before involving a child or themselves in caring for a child.

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### A. Site

Choose a comfortable, private site familiar to the child if possible (resource home, parks, zoos, or area county office). Notify the resource family, the adoptive parents, and the FSWs of the meeting time and place.

#### 1. Activities

Plan an interaction between the child and family that will help them get to know one another. The family will share their gift with the child at this visit.

#### 2. Assessment and Documentation

Assess the child's and the adoptive parents' reactions during the visit, and document this in the child's case record as well as the adoptive parents' case record.

### 3. **Re-Evaluation**

If the adoptive parents decide not to pursue placement, the Resource Parent Support worker must meet with the adoptive family to re-evaluate the prospective adoptive home. (This meeting should occur no sooner than 30 days and no longer than 45 days from the date of the adoptive parents' decision). The re-evaluation should focus on:

1. A comparison of the type child presented with the type child the family stated they wanted to adopt. Process the family's reason for not proceeding with placement;
2. The family's continued acceptance of adoption;
3. Agency recommendation for placement.

Update TFACTS to reflect the family's status.

## VII. CONDUCTING PRE-PLACEMENT VISITATION

**What:** Conduct the pre-placement visitation

**When:** As needed by the child (based on age, developmental level, and acceptance of the placement)

**Who:** FSW, Permanency Specialist or Designated Staff

**Why:** Pre-placement visitation is arranged for the child to help him/her become acquainted with the prospective adoptive family and deal with separation from the resource/birth/legal family. The purpose of the pre-placement activities is to assist the family and child in beginning the process of family integration.

**NOTE:** The first pre-placement visit must be supervised for the duration of the visit, and the person supervising must observe and assess interactions between the child and family. Visits can be supervised by either the child's or adoptive parents' FSW or Permanency Specialist, who will act as a facilitator in establishing relationships. If the prospective family is outside the state of Tennessee, the first visit between the child and family will occur in Tennessee.

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### A. Frequency

Determine the frequency of visits based on the child's age, as follows:

1. 6 months old and younger - one visit, usually the physical presentation, of at least two hours;
2. 6 - 11 months old - at least two visits;
3. 12 - 35 months old - at least three visits, at least one in the prospective adoptive home and one overnight visit;
4. 3 - 17 years old - a minimum of four visits (preferably, in the prospective home, at least one overnight visit, and a weekend visit);
5. Visitation needs to be set to meet the child's needs. The visits should be progressive and the frequency and duration should increase. Consult the Team Leader for any exceptions to these visitation schedules. (See: Preparing the Child for Adoptive Placement)

### B. Contingency Plan

The team and prospective family will develop a contingency plan for

unsupervised visits in Tennessee and outside the state of Tennessee. The contingency plan will be developed in writing prior to any unsupervised visits. The plan will include staff's contact information, emergency resources, and formal and informal supports. Emergency phone numbers for staff who are responsible if the visit must be terminated will be provided to the family.

### **C. Adoption Assistance**

Discuss with the adoptive family procedures for reimbursement for travel regarding visitation, if the child is eligible to receive adoption assistance. If placement is not made, this is not a reimbursable expense.

### **D. Debriefing**

When an adoptive family or the Child and Family Team decides not to proceed with placement, the Resource Parent Support (RPS) worker or agency worker should meet with the adoptive family and discuss the decision. This should occur within seven days of the decision being made. The discussion should focus on:

1. A comparison of the type of child presented with the type of child the family stated they wanted to adopt. Process the family's or team's recommendation for not proceeding with placement;
2. The family's continued interest in adoption;
3. Agency recommendation for placement.

The RPS or agency worker should update TFACTS to reflect the family's status.

### **E. Supporting the Child**

When a potential placement with a family does not occur, the child will need support in understanding what has happened. Circumstances around the decision not to proceed are explained to the child in non-blaming terms. Examples: You need a family that can help you..., or we all thought this family could help you but they aren't able to...

The child's feelings about the placement experience should be incorporated in the child's Life Book through words and/or drawings.

## VIII. PROTOCOL FOR MAKING ADOPTIVE PLACEMENTS

<b>What:</b>	Protocol for Making Adoptive Placements.
<b>When:</b>	Full guardianship has been obtained or the placement is Legal Risk.
<b>Who:</b>	Permanency Specialist or designated staff

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### A. Initial Adoption Discussion

When the permanency goal changes to a dual goal or sole goal of Adoption, DCS/Provider will begin to discuss adoption with the current resource family. The Family Service Worker/Permanency Specialist (FSW/PS)/Provider will begin to gather required documentation needed for the potential adoption. The FSW/PS will document in TFACTS if the current resource family is willing to adopt the child.

### B. Preparing to Make the Adoptive Placement

1. Once a child has been in care for nine months and no later than immediately following TPR, the FSW/PS or Provider gathers the remaining information needed to write the Pre-Placement and Presentation Summaries.
2. By the 12<sup>th</sup> month (or sooner if TPR has already occurred or placement is considered legal risk) of custody of a child with a dual or sole goal of adoption **and** the current resource family is not willing to adopt and no adoptive placement has been identified, the FSW/PS or Provider serving the child will convene a Child and Family Team Meeting (CFTM) to write the Individualized Recruitment Plan and begin the process of Individualized Recruitment. Recruitment may be limited until TPR occurs but it may include reviewing child's history to identify other family members or other significant connections in the child's life.
3. The PS meets with the prospective adoptive family to present the Presentation Summary, to determine the child's eligibility for adoption assistance and to negotiate the rate if applicable. Then the PS submits the rate for approval to the specified regional Adoption Assistance Designee. The PS/FSW prepares the Intent to Adopt/Adoption Assistance Application form and has family sign to demonstrate their intent to adopt the child at the rate approved during the negotiation discussion. This is a formal agreement but it is not a legal document. The child's birth name must be used on this form; however, the family and child can choose to begin "calling" the child by the proposed adoptive name. No

legal documents, school records or insurance forms can be placed in the adoptive name until finalization. The family, child and workers should continue to “celebrate” the adoptive placement of the child.

4. The “Adoptive” family is expected to accept parental responsibility of the child and schedule medical appointments, etc. but must keep DCS/Provider updated on the child’s medical and behavioral issues.
5. PS helps the family secure an attorney and obtain an attorney fee letter and subsequent approval.
6. Attorney files petition to adopt and secures a court date.
7. The PS completes the Adoption Assistance Agreement with the family at any point prior to the court date for finalization (can be completed during the time of the Intent to Adopt/Adoption Assistance Application or at a later date). The child’s adoptive name is entered on the Adoption Assistance Agreement. The family and the PS sign the Adoption Assistance Agreement upon completion but the effective date cannot be prior to the date of finalization of the adoption. The resource home board payment will continue until finalization.
8. If the current resource family is adopting the child, the adoption should be completed within 90 days of the TPR (provided the court did not issue any additional requests for information and the child has been in the home required time period). Providers will be paid their regular continuum per diem rate until finalization or up to the 91st day after TPR and are expected to continue to make the foster parent payments until finalization. If the court has caused the delay in the finalization, an extension of the per diem rate can be requested by the Provider. An extension for any other “good cause” can be requested from the RA/Adoption Designee if it is one that is beyond the control of the Provider’s actions. A CFTM must be held prior to discharging a child from the continuum to discuss the case, options and barriers to finalization. The Provider must be present at the CFTM and will be able to discuss the discharge or possible extension and will know the effective date of both possibilities.
9. If the adoptive placement is a new placement, the adoption should be completed within 60 days after the end of the 6-month placement period (provided the court did not issue any additional requests for information). Providers will be paid their regular continuum per diem rate until finalization or up to the 61<sup>st</sup> day after the 6-month placement period ends and foster care payments will be made by the provider until finalization. If the court has caused the delay in the finalization, an extension of the per diem rate can be requested by the Provider. An

extension for any other “good cause” can be requested from the RA/Adoption Designee if it is one that is beyond the control of the Provider’s actions. A CFTM must be held prior to discharging a child from the continuum to discuss the case, options and barriers to finalization. The Provider must be present at the CFTM and will be able to discuss the discharge or possible extension and will know the effective date of both possibilities.

10. Prior to the Adoption court hearing (if not already completed), the PS/FSW/Provider meets with the adoptive family and signs the Adoption Assistance (AA) Agreement. The AA Agreement will have only the adoptive name on the contract, but the social security number will remain the same.
11. The PS gets the certified order of Adoption Finalization at court and takes the signed AA Agreement to the office to set up the Adoption Assistance Case in the child’s adoptive name. PS/FSW will notify required personnel to stop Resource Home Board Payments and begin Adoption Assistance payments.
12. Adoptive family can request a new social security number following finalization from the social security administration. If a new number is given, the family must provide the new SS# to the Permanency Specialist as soon as it is received. If a new SS# is not given, the child’s birth SS# will continue to be used with as many safeguards as possible.

### **Important Points to Remember:**

- Resource Home Board Payments continue until finalization.
- Adoption Assistance payments do not start until finalization.
- Birth name remains the legal name until finalization.
- Social Security number does not change throughout the adoption process.
- NO pseudo social security numbers should ever be used.
- Social Security number can only change if the adoptive family requests and is granted a new number following finalization.
- Foster-to-Adopt should be completed 90 days from TPR.
- New Placement Adoptions should be completed 60 days after the end of the 6-month placement period.

Out-of-state adoptive placements must be approved through the ICPC office and will be considered Resource homes until finalization. See Work Aid: Out of State Placement Protocol.

## **IX. MAKING THE PLACEMENT**

**What:** Prior to signing the adoptive contract, the DCS Permanency Specialist will make sure that all legal action to free the child for adoption has been accomplished or will be accomplished without impediments. Make the adoptive placement between the adoptive parents and the child.

**When:** After pre-placement visitation and when the adoptive family, child, and DCS agree that placement is appropriate.

**Who:** Permanency Specialist or FSW

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### **A. Life Book**

Ensure that the Life Book goes with child to the adoptive home. (See: Preparing the Child for Adoptive Placement)

### **B. Placement Agreement**

Intent to Adopt between DCS and prospective adoptive parents is signed when the child is legally free and the family is ready to make a legal, permanent commitment to the child and full disclosure has been provided.

**NOTE:** When guardianship is obtained, ensure that the adoptive parents sign the Intent to Adopt form.

### **C. Adoption Assistance**

If child has eligibility, the adoptive parents must sign the Adoption Assistance Agreement. (See DCS Policy [15.11, Adoption Assistance](#)).

### **D. School**

Share with the child's school principal (where the child is to be enrolled) any information required by the education department regarding the child. Request that all school personnel keep information about the child's original identity confidential. The adoptive parents sign report cards and attend parent's meetings/conferences prior to finalization of the adoption. Assist family with any educational needs of the child. The CFT will support the child and the adoptive family as the child transitions to the new school.

**E.** Support the adoptive family with the child's transition to the home through regular phone and face-to-face contact. Assist the prospective adoptive parents with obtaining resources to meet the child's unique needs. (See Work Aid: Adoption Post Placement "Sharing Sheet")



F. **Service Information System**

Update the child's placement status in TFACTS and AdoptUSKids.

**Work Aid: ADOPTION POST PLACEMENT “SHARING SHEET”**

CHILD’S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_ TYPE OF CONTACT: \_\_\_\_\_

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General Adjustment of Each Family Member: (give examples)

Feelings of Family Members:

Discipline Used: (give examples)

School Adjustment: (give examples)

Medical/Health Issues: (give specific dates/places if medical treatment obtained and diagnosis/prognosis)

Areas of Success:

Areas That Need Attention:

Areas of Focus for Next Month:

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FSW

## **XI. REMOVING CHILD FROM THE PERMANENT PLACEMENT (DISRUPTIONS AND DISSOLUTIONS)**

- What:** Remove the child from the adoptive home.
- When:** At the time of a disruption, prior to finalization of the adoption;  
At the time of a dissolution, after finalization of the adoption.
- Who:** Permanency Specialist/FSW/CPS
- 

### **A. Disruptions**

#### **1. Considerations**

Carefully consider all facts before removing a child from the adoptive home. Because of the potential emotional damage to the child, remove the child only in case of the adoptive parents seriously incapacitating illness or death, or neglect, cruelty, or rejection of the child. Also, carefully consider a request for disruption from the parent or child. Remove the child suddenly only if the child's safety requires it.

Any removal should be done with Team Leader and Team Coordinator approval. A CFT is to be convened before any child is moved. Placement stabilization services must be discussed and utilized unless there is a threat of harm to the child. In situations of Child Protective Services related emergency removals, Child Protective Services policies and procedures are to be followed.

If a petition to adopt has been filed, area legal staff must be advised.

#### **2. Planning**

If the child is to be removed, explain to all individuals involved that DCS has responsibility for planning for the child. The child may be placed into another adoptive home, resource home, or a residential placement, depending on the child's needs. Provide support services to the child and assess the child's readiness for another adoptive placement. The CFT will convene to update the child's Individual Recruitment Plan (IRP). (See Work Aid: Talking With Children About Disruptions)

#### **3. Financial Responsibility**

Ensure that the county that was last financially responsible for the child resumes that responsibility. Advise that services may continue by the area office serving the child when it best meets the needs of the child.

4. Service Information System

Report disruptions and their reasons in TFACTS and update child's status on AdoptUSKids. (See DCS Policy [15.5, Registering and Maintaining Status of Children and Families with AdoptUSKids](#))

5. Re-Evaluation

Continue services to the adoptive family following the disruption of an adoptive placement. Try to determine the reasons for the unsuccessful placement. With the family, determine the appropriateness of a future adoptive placement and the type of child appropriate for the family.

Update TFACTS and AdoptUSKids to reflect the child's and family's status.

**B. Dissolutions**

1. Child Protective Services

Follow the steps outlined above for procedures regarding disruptions. If placement cannot continue because of harm or threat of harm to the child, removal is based on CPS criteria. (See DCS Policy [Chapter 14, Child Protective Services](#))

2. Financial Responsibility

After dissolution, financial responsibility remains in the county of venue where the dissolution occurred.

## Work Aid: TALKING WITH CHILDREN ABOUT DISRUPTIONS

- Things between you and your mom are not working out.
- It is not your fault that it isn't working out. It is really not anyone's fault. I don't know exactly why it did not work out. We all tried our best. We all made some mistakes we wish we wouldn't have made.
- What we all need to do is talk with each other so we can figure out why it didn't work. Maybe we can learn from each other so that the next time we have a better chance of making it work.
- You can help a lot by talking with me about the things you liked and didn't like. I will try to help you and your mom and dad understand how each of you feels about the things that happened.
- You must be feeling very sad and very angry. That's okay. I feel some of those feelings, too. So do your mom and dad. It's really hard when something you want very much doesn't work out.
- It doesn't always work the first time. That doesn't mean that anyone is bad. It usually means that we didn't have the right combination of parents and children.
- Lots of times it works out the second time. We will just keep trying until it does. It can work.
- Whatever happens, I'll make sure that you have someone to take care of you. You won't be alone. It's my job to find the mom and dad who will be best for you.
- Even though you feel really scared and sad now, I think things will be okay after you get settled in your new family.

A Look at Disrupted Adoptions, Spaulding for Children, Michigan Department of Social Services.

# **SERVICES TO ADOPTIVE FAMILIES**

Because resource parents need preparation, encouragement, and support, DCS carefully assesses all resource parent applicants. During the assessment process, DCS encourages applicants to assess their parenting abilities and helps them identify the characteristics of a child they feel they can successfully adopt. DCS has a contract with Harmony Adoptions to provide specialized adoption training and services to better prepare families for the impact of adoption.

### Adoption Preparation Training

*By Harmony Family Center*

**Brief Statement of Need:** Based upon The Adoption Support and Preservation Program's (ASAP's) history with the provision of post-adopt services statewide, ASAP suggests that families are better prepared for the impact of adoption through a two-pronged approach: Specialized Adoption Training (SAT) and Individualized, Child-specific Counseling Services (ICCS).

#### **Desired Outcomes:**

- Greater family stability
- Greater capacity for family to meet unique needs of child
- Improved foresight and ability to adapt to changing needs of child over time
- Greater satisfaction in adoption journey
- Greater capacity to do more (mentor/foster/adopt)
- Greater likelihood to access support services proactively when needs merit

The improvement in the quality of life for adoptive families ultimately translates to a lower re-entry rate for custodial services and an increase in public influence/affect that adoption is a viable option for families to consider. Thus, by better preparing families for the impact of adoption, there is a positive, natural impact on recruitment & retention of resource families.

**Method of Delivery:** The Specialized Adoption Training (SAT) is delivered in four 2 hour lessons by one facilitator, a master's level clinician and/or a skilled trainer. The Individualized, Child-specific Counseling Service (ICCS) is delivered through in-home sessions by an ASAP Family Therapist whose service follows and complements the training experience. The training philosophy is in accordance with the "3 Philosophical Tenets of Training" (attached). The training philosophy is a critical component of successful integration of training and all deliveries of SAT should ascribe to the tenets.

#### **Eligibility:**

- Eligible for SAT: Any Resource Family who is considering signing an Intent to Adopt
- Eligible for SAT & ICCS: Resource Families who have signed an Intent to Adopt for identified child

## Specialized Adoption Training (SAT) Outline

### Session 1- Know Thyself

#### Objectives:

- To identify and understand motives and expectations for adopting
- To identify and discuss concerns and fears about adopting
- To gain an understanding of the impact of loss on the adoption triad and the grieving process
- To deepen insight and awareness into past issues influencing our current parenting practices

### Session 2- Trust and Attachment in Child Development

#### Objectives:

- To gain an understanding of our own triggers as well as potential triggers for traumatized children
- To understand the influence of healthy arousal-relaxation cycle vs. unhealthy arousal-distress cycle in a child's development
- To understand the importance of attunement in developing trust in the parent-child relationship

### Session 3- The Impact of Trauma

#### Objectives:

- To gain a greater understanding of the impact of trauma on brain development
- To understand the development of stress responses and survival behaviors
- To develop the ability to identify toxic ruptures that hurt the attachment process and develop a clear plan of how to avoid them

### Session 4- Attachment Parenting Strategies

#### Objectives:

- To understand the role of claiming and belonging in the adoptive family
- To gain knowledge in facilitating attachment with your child through relationship enhancing interactions and strategies
- To develop and identify self-care strategies and support networks to shore up for the adoption journey



## **Individualized, Child-specific Counseling Service (ICCS) Outline**

In-home counseling sessions can begin upon completion of the TPR, full disclosure, and a signed Intent to Adopt. Family Therapists in the ASAP program specialize in trauma-informed, attachment-based treatment protocols, which gives them the unique capacity to address the core needs of adoptive families, particularly those adopting from the foster care system. Both evidence-based and promising practice models are utilized and the number of sessions and treatment goals vary depending upon the unique needs of the family. Treatment models and techniques used by Family Therapists include but are not limited to: TF-CBT (Trauma-Focused Cognitive Behavioral Therapy), PCIT (Parent & Child Interaction Therapy), ARC (Attachment & self-Regulatory Competency), and TBRI (Trust-Based Relational Intervention™).

The ASAP Family Therapist will explore the unique myriad of needs presented by the adopted child and how those needs may express themselves through developmental milestones. The family will also begin formalizing the development of their Relief Team and will be oriented to the full array of ASAP services, e.g. lending library, adoptive family handbook, support groups, ASAP e-newsletters, Cycles of Healing Conference, etc.

During this unique period of ASAP's care, the family and ASAP Therapist will be able to integrate many of the concepts discussed during training and explore them further under a less public, more intimate, safe forum (this is not an exhaustive list):

- Contingency Plan & Relief Team Development
- Life books and transitional items/issues
- Child specific challenges presented by history and development
- Crisis Plan development
- Behavior modification
- Taking care of the caretaker
- Commitment for a lifetime
- Fears & worries
- Normalization of experiences & feelings
- On-going learning opportunities
- Community resources

### **Measurement & Satisfaction:**

Pre-tests and post-tests are administered at the beginning and at completion of SAT to evaluate parents' understanding of key concepts. Satisfaction surveys are administered at the completion of SAT and ICCS to gather participant feedback.

The SAT curriculum is reviewed on an annual basis for maintaining its contemporary relevance to the unique themes of adoptive families. This review consists of ASAP personnel, DCS personnel and satisfaction survey data collected from SAT & ICCS

graduates. The intent is to keep SAT meaningful and relevant to the participants on an ongoing basis, thus insuring the outcomes remain positive.

### **Adoption Material**

Each family considering adoption or each family that has adopted can receive the “Being an Adoptive Family” manual in hard copy.

# **FINALIZING THE ADOPTION**

## I. GRANTING PERMISSION TO FILE THE ADOPTION PETITION

**What:** DCS grants permission to file the Adoption Petition

**When:** DCS and the adoptive parents agree on the time for filing the adoption petition

**Who:** Permanency Specialist (PS), FSW, Designated Staff, and Team Leader

**NOTE:** DCS must consent to the adoption and prepare children 14 years and older to consent to their adoption.

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### A. Permission

When the PS and FSW determine it is appropriate and all requirements have been met, permission for filing the adoption petition may be given to the adoptive parents. Make the decision with the adoptive parents and the child, if age-appropriate.

### B. Putative Father Registry

Ensure that the Putative Father Registry is cleared three-days prior to the filing of the petition. (See DCS Policy [15.4, Putative Father Registry](#))

### C. Legal Information

Send the following restricted information to the petitioner's attorney in written form:

1. The date DCS placed the child in the physical custody of the petitioners;
2. Child's birth date and birthplace;
3. Adoptive parents' name for the child; and
4. Any property owned by the child.

## II. RESPONDING TO THE RECEIPT OF AN ADOPTION PETITION/ORDER OF REFERENCE

**What:** DCS responds to the receipt of an Adoption Petition/Order of Reference

**When:** Within 60 days of receipt of the Adoption Petition and/or Order of Reference

**Who:** Permanency Specialist or Designated Staff

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### A. Confidential Court Report and Supplemental Court Reports

Prepare Form [CS-0816, Confidential Court Report](#) for reporting to the Circuit or Chancery Court on petitions filed for the adoption of children in DCS or licensed child-placing agency guardianship and placed in an adoptive home approved by DCS.

Prepare Form [CS-0815, Consent to Adopt](#).

Prepare a supplemental Confidential Court Report form to report any additional information received after submitting the preliminary court report and prior to adoption finalization.

**NOTE:** The child must have been in the petitioners' home at least six months before entering the final order of adoption. See TCA 36-1-119.

### B. Court Clerk

Submit the Confidential Court Report and Consent To Adopt forms in a sealed envelope to the Court Clerk. (See Work Aid: Envelope Instructions)

The following information is placed on the outside of the inner envelope:

1. Child's adoptive name;
2. Child's date of birth;
3. Petitioner's name;
4. Petition number; and
5. Attorney's name.

Fold the cover letter around the outside of the envelope, place in a larger envelope, and submit to the Court Clerk. Send a copy of the cover letter to the attorney. (See Work Aid: Cover Letter)

**C. Duplicate**

Keep a duplicate of the report and all correspondence in the DCS case record.

**NOTE:** After the court hearing and granting of the adoption petition, consider the case record sealed. Do not share any further information.

**Work Aid: Envelope Instructions**

The following information should go on the outside of the outer envelope.

Court: Chancery / Circuit

Petitioner(s): Adoptive Parents

Docket #:

Date of Hearing (if known):

Judge: Name of Judge finalizing the adoption, if known.

**Work Aid: COVER LETTER**

Court Clerk Name, Title

Address

City, State Zip

Re: Petition of (Adoptive Parents to Adopt [use name of child as it appears on the  
Petition to Adopt])

Docket Number:

Dear \_\_\_\_\_:

The Department is submitting its confidential report to the court on the above-named adoption matter. This report is complete and will be used by the judge at the hearing.

Sincerely,

Name

Job Title



### III. PROVIDING FOR THE ISSUANCE OF A NEW BIRTH CERTIFICATE BY ADOPTION

**What:** DCS must report information to the court to request a new birth certificate by adoption.

**When:** At the filing of the court report

**Who:** Permanency Specialist or FSW

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#### A. Certificate of Birth by Adoption

Complete [Department of Health Certificate of Adoption, Form PH-1248](#). Complete Part I and have the adoptive parents sign it. In order to protect the confidentiality of the child's birth information, Part II should be completed after the adoptive parents have signed Part I.

Submit Form PH-1248 with the final report to the court. The court's clerk will complete Part III and Part IV and submit with the form in a sealed envelope and the adoptive parents' check to the Office of Vital Records, Department of Health.

#### B. Report of Foreign Birth

Complete [Application for Report of Foreign Birth for Adopted Child, Form PH-2591](#). Submit the Form PH-2591 with the final report to the court. The court's clerk will submit the form in a sealed envelope and the adoptive parents' check to the Office of Vital Records, Department of Health.

#### C. Distribution

Send original forms to the court clerk. Keep a copy in the DCS case record.

**NOTE:** DCS is not responsible for receiving or collecting the adoptive parents' money for the fee for the new birth certificate in the child's adoptive name. The adoptive parents and their attorney must handle this.

#### **IV. FORWARDING BIRTH/LEGAL PARENT LETTERS**

**What:** Forward birth/legal parent and relatives' correspondence to Post Adoption Services in Central Office

**When:** Upon receipt of any correspondence from birth/legal parents or relatives

**Who:** Permanency Specialist or FSW

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##### **A. Birth/Legal Parent/Relative Letters**

Any correspondence received prior to the finalization of an adoption should be maintained in the sealed adoption record.

After finalization, any correspondence received should be forwarded to Post Adoption Services in Central Office.

##### **B. Interoffice Correspondence**

Use Interoffice Correspondence to send letters to Post Adoption Services. Specify the child's adoptive name, adoptive parents' names, and DPW/DHS/DCS code number, if available.

## V. REPORTING FINALIZATION OF THE ADOPTION

**What:** Report finalization of the adoption

**When:** At the time the record is submitted for sealing

**Who:** Permanency Specialist or FSW

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### A. Information System

Update TFACTS and AdoptUSKids on both the child and family status to reflect closure of the case at the point the final adoption decree is entered. (See DCS Policy [15.5, Registering and Maintaining Status of Children and Families with AdoptUSKids](#))

## VI. PREPARING THE RECORD FOR PERMANENT FILING

**What:** Prepare the closed adoptive record for permanent filing

**When:** Within 30 days of the finalization of the adoption

**Who:** Permanency Specialist/Designated Staff/Team Leader

**NOTE:** Organize and submit the closed adoption record for permanent filing when adoption is finalized for:

- DCS child placed with DCS family
- DCS child placed with out-of-state agency
- Interstate placement when adoption is finalized in Tennessee
- DCS has conducted a home study in an independent adoption
- DCS child placed with other licensed child placing agency when the other agency has provided placement/post-placement services

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### A. DCS Child Placed With DCS Family, DCS Child Placed with Out-of-State Agency, Interstate Placement when Adoption is Finalized in Tennessee, or DCS Has Conducted Home Study in an Independent Adoption

**Organize** - After finalization of the adoption and upon receipt of the final order of adoption, organize the closed record for mailing according to the instructions on [Adoption Record Face Sheet \(Closed\), Form CS-0677](#).

**Review** - Submit the closed record to the Team Leader/designated staff for review. Staple or secure each section of the record. Label each section according to the Adoption Record Face Sheet.

**Submit** - Submit the organized record to the Office of Child Permanency in Central Office for permanent filing.

**NOTE:** The area office will keep any forms not identified on the [Adoption Record Face Sheet \(Closed\), Form CS-0677](#), but that have been prepared during the period of service in a given case record until the copy of [Transfer, Mail, and Acknowledgment of Case Records, Record Materials, and Forms, Form CS-0422](#) has been acknowledged by Central Office. The Team Leader/designated staff will then destroy (or request the destruction of) all forms related to the particular case, including the folder. Keep a copy of the adoptive home study through approval for three years.

**B. DCS Child Placed with Other Licensed Child-Placing Agency (LCPA) When the LCPA Has Provided Placement/Post Placement Services**

Upon receipt of notice that the final order of adoption has been entered, submit the closed adoption record to the private/public child-placing agency for permanent filing. It is their responsibility to organize and submit the closed adoption record for permanent filing. Acknowledgment of receipt of the records from the agency should be maintained.

## VII. NOTIFYING THE COURT OF CLOSING AN ADOPTION RECORD

**What:** Notify the court of closing an adoption record

**When:** A petition is pending beyond two year time limit

**Who:** Permanency Specialist or Designated Staff

**Note:** The adoption law requires that adoption proceedings be completed or dismissed within two years of filing the petition unless one of the following conditions exists:

- The petitioner can show good cause why the final order should not be entered.
- An appeal is taken from an order of the court, in which case the court must enter a final order granting or dismissing the adoption within one year from the final judgment of the appeal.

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### A. Court Record

Review the court record to determine whether or not the court has requested a final order. If the court has not requested a final order, continue with the following procedures.

### B. Closed Adoption Record Form Letter

Report to the judge/court that the DCS office will close and forward the adoption record to Central Office for sealing unless DCS receives further orders from the court within 30 days.

### C. Forwarding

If a court order has not been received by the end of 30 days, organize the case record and send it to the Office of Child Permanency in Central Office. (See: Preparing the Record for Permanent Filing)

**NOTE:** DCS has no statutory responsibility for initiating action to complete or dismiss an adoption proceeding when the petition exceeds two years. The petitioner's attorney and the court must initiate this action. Some courts grant the adoption even though the petition has been pending longer than two years.

## VIII. PROVIDING FINALIZATION SERVICES TO THE PROSPECTIVE ADOPTIVE PARENT

**What:** Provide services in the county where the prospective adoptive parents live

**When:** The petitioners/prospective adoptive parents do not live in the county where the petition is filed

**Who:** Permanency Specialist or FSW

**NOTE:** Adoptive parents may file their adoption petition:

- where the petitioners reside
- where the child resides
- where the child resided when the child entered foster care (county of venue)
- where any licensed child placing agency or institution operated under the laws of this state having custody or guardianship of the child or to which the child has been surrendered

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### A. Birth Verification

If birth verification has not been previously obtained, submit [Application for Certified Copy of Certificate of Birth, Form PH-1654](#) to obtain this verification. Follow instructions on Form PH-1654 regarding required documentation to accompany form.

**NOTE:** Out-of-State verifications of birth must be submitted through DCS Fiscal Services with a copy of the court order awarding custody to DCS.

### B. Responsibility

The area office that provides services to the child will be responsible for completing all confidential court reports, Consent to Adopt, and submitting certified copy of guardianship order and supplemental documents to the court.

### C. Birth Certificate

(See: Providing For the Issuance of a New Birth Certificate By Adoption)

### D. Court Reports

(See: Responding to the Receipt of an Adoption Petition/Order of Reference)

### E. Final Decrees

The Team Leader receiving the final decree sends it to the area office providing services to the child to send to the Office of Child Permanency in Central Office at the time of submitting the record for permanent sealing.

**F. Service Information System**

Update child and family status in TFACTS and AdoptUsKids.

**G. Sealing**

Organize the case record for permanent filing. (See: Preparing the Record for Permanent Filing)



## IX. PROVIDING FINALIZATION SERVICES WHEN PETITIONERS IN TENNESSEE MOVE TO ANOTHER STATE

**What:** Provide services when petitioners in Tennessee move to another state

**When:** After a petition to adopt has been filed and the family moves to another state

**Who:** Permanency Specialist or FSW

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- A. If birth verification has not been previously obtained, submit [Application for Certified Copy of Certificate of Birth, Form PH-1654](#) to obtain this verification. Follow instructions on Form PH-1654 regarding required documentation to accompany form.

**NOTE:** Out-of-State verifications of birth must be submitted through DCS Fiscal Services with a copy of the court order awarding custody to DCS.

### B. Referral

Immediately initiate a referral to the agency in the other state through the Team Leader/designated staff. (See: [ICPC Practices and Procedures Manual](#))

Send four copies of [Department of Health Certificate of Adoption, Form PH-1248](#) to the receiving state via Interstate Compact.

### C. Final Court Report/Consent to Adopt

Prepare two copies of the final court report.

Obtain the Team Leader's/designated staff's approval of the report.

Send the original of the Confidential Court Report and Consent to Adopt to the court clerk. (See: Responding to the Receipt of an Adoption Petition/Order of Reference)

Maintain one copy of each in the DCS case record.

Notify petitioner's attorney that the report has been submitted.

**NOTE:** If this is a DCS child, DCS will need to consent to the adoption by completing Consent to Adopt.

**D. Court Hearings**

Attend the court hearing as an observer only.

Do not participate in the hearing unless directed to do so by the judge, except when legal counsel represents DCS.

**E. Continuing Service**

Inform the agency in the other state of the court's action via [Interstate Compact Report on Child's Placement Status \(ICPC 100B\), Form CS-0523](#)  
Suggest a plan for continued supervisory service if needed.

**F. [Department of Health Certificate of Adoption, Form PH-1248](#)**

(See: Providing for the Issuance of a New Birth Certificate by Adoption)

**G. Service Information System**

Update child's status in TFACTS and AdoptUSKids. (See DCS Policy [15.5, Registering and Maintaining Status of Children and Families with AdoptUSKids](#))

**H. Closure of ICPC**

The Team Leader/designated staff sends four copies of the following to ICPC in Central Office:

1. final court report;
2. final decree;
3. consent to adopt; and
4. adoption assistance or deferred adoption assistance forms, if applicable.

**I. Case Sealing**

Organize the case record for permanent filing (See: Preparing the Record for Permanent Filing).

**X. PROVIDING FINALIZATION SERVICES WHEN PETITIONERS IN ANOTHER STATE FILE PETITION IN TENNESSEE**

**What:** Provide services when petitioners in another state file an adoption petition in Tennessee

**When:** As necessary

**Who:** Permanency Specialist or FSW

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**A. Acknowledge Receipt of Petition**

When petition is received, send three copies of a letter outlining full information regarding the circumstances of filing the petition in Tennessee to the Team Leader. The Team Leader will then send two copies of the letter and the petition to the area legal staff.

**B. Dismissal**

When the court orders a dismissal of the petition, organize and forward the case record through the Team Leader to the Adoption Services Director in Central Office.

**NOTE:** If the court does not dismiss the petition, follow procedures as outlined in Providing Finalization Services When Petitioners in Tennessee Move to Another State.