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ADOPTION BEST PRACTICES MANUAL

Tennessee Department of Children's Services | Child Permanency | October 2023

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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 rights and responsibilities from birth/legal parents to adoptive parents. The best interests of the child should be reflected in every decision made for children in the custody of the Tennessee Department of Children's Services (DCS). DCS provides culturally competent adoption services that promote the safety, permanency, and well-being of Tennessee's children and families. This manual is intended to be a best practice guide for DCS and private provider employees who provide adoption services.

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 supporting them through the process of surrendering/terminating their parental rights to the child. When children cannot be safely maintained in the custody of their birth/legal parents, DCS will make reasonable efforts to explore/approve a relative placement option. DCS utilizes the Child and Family Team Meeting process as the primary mechanism for actualizing the practice wheel.

When: Upon the child entering DCS custody

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

Why: To minimize the trauma associated with separation from family and help the child/youth to maintain meaningful connections with family members and others who are important to them

A. Engagement

From the first contact a family or child/youth has with DCS, the case manager engages the family with empathy and respect. Collaborative and open casework relationships foster an atmosphere of trust when members of the child and family team demonstrate competence and communicate a belief in family strengths and resilience. As risk and safety are being assessed, staff make every effort to validate each family member's feelings, elicit their understanding of their strengths, needs, and circumstances, and help them identify other resources in their family, network, or community that could offer support. These individuals, along with DCS staff, other professionals from community providers, and foster parents, form the foundation of an ongoing functioning team that will work with the family throughout their involvement in a case to:

- Secure the child(ren)/youth's safety in the least restrictive, least intrusive placement that can meet their needs;
- Minimize the trauma associated with separation from family and help the child/youth to maintain meaningful connections with family members and others who are important to them him or her;
- Contribute to an ongoing assessment of the child/youth and family's strengths and needs;

- Develop and support the implementation of quality Family Permanency Plans FPPs which include Individual Program Plans (IPPs) for children/youth in a Youth Development Center (YDC);
 - Ensure that plans are monitored for progress and participate in revising or updating plans as the family/child/youth's circumstances change;
 - Support the stability of appropriate placements while in DCS custody; and
 - Facilitate the timely achievement of permanency for children/youth.
- Refer to the DCS [*Child and Family Team Meeting Guide*](#).

B. Teaming

The case manager has the primary responsibility for building, preparing, and maintaining the Child and Family Team. This requires working closely with the family to identify their support systems, extended family members and community resources that can help the family achieve their goals. The family and child/youth are always central to the decision-making and planning process of the Child and Family Team. Collaboration among team members from different agencies is essential. A diverse team is preferable to assure that the necessary combination of technical skills, cultural knowledge, community resources and personal relationships are developed and maintained for the child/youth and family. Collectively, the team will have the expertise, family knowledge, authority, and ability to mobilize resources to meet the child/youth's or family's needs. Refer to the DCS [*Child and Family Team Meeting Guide*](#).

C. Assessment

DCS utilizes a comprehensive, individualized assessment process throughout the life of each case that is strengths based, family focused, culturally responsive, and trauma informed. This assessment process includes the use of formal and informal assessment tools to determine the family's strengths and needs to form a comprehensive understanding of safety, permanency, and well-being. The child and family's voice and experiences should be clearly captured and utilized in every aspect of the assessment process. Refer to [*Tennessee Child Welfare Practice Model*](#).

The Child and Family Team have an important contribution in the ongoing assessment and understanding of the family and child/youth. This is particularly true with informal supports and extended family members. The FSW explores how each team member perceives the strengths and underlying needs of the family, the risk and safety issues presented, and what is necessary for the child/youth to achieve a permanent home that meets their needs. Formal and informal assessment information is shared with the family and their views are incorporated into the overall assessment. Effective Child and Family Team Meetings (CFTMs) engage all family and team members in an ongoing process of assessment and

understanding of what the child/youth and family needs to ensure that the child/youth is in a safe, permanent home.

Refer to the DCS [**Child and Family Team Meeting Guide**](#).

D. Service Planning and Long-Term View

The Child and Family Teams (CFTM) model ensures that families and their support systems are engaged in the planning and decision-making process throughout their relationship with the Department. The Child and Family Team should be built around the family and should be focused on working toward the child/youth and family's goals. The team focuses on collaborative problem solving, using assessment to identify the family's needs, providing effective services, and achieving positive results for the child/youth and family. This model is used to move cases forward, staying focused on the goals, and giving everyone (especially the family) on the team a voice in how to best serve each child/youth and family within the mission of the agency. The Department's intent is to maintain the integrity, structure, and decision-making authority within the Child and Family Team. Decisions or recommendations made by the Child and Family Team are honored and followed unless those decisions or recommendations are not in the best interest of the child/youth. A Child and Family Team Meeting (CFTM) will be convened at critical junctures in the life of a case, as well as on an as-needed basis, to help make important decisions regarding safety, permanency, and well-being.

The family and child/youth have a Family Permanency Plan developed by the Child and Family Team. The Family Permanency Plan specifies the goals, roles, strategies, resources, and schedules for the coordinated provision of assistance, supports, supervision, and services for the child/youth, caregiver, and family. Plans address the desired outcomes and the long-term view for the child/youth and family. The FSW and the team encourage the family to explore how they want their family to be in the future, beyond the resolution of the immediate safety issues necessitating DCS involvement. There is a shared vision among the team defining what things need to change and the steps it takes to achieve the goals for the child/youth and family to maintain the change once the case is closed. The strategies, actions, and services planned for the child and family will be implemented in a timely and competent manner, consistent with family-centered practice and necessary cultural accommodations. Services should be of sufficient quality to effectively meet the family's needs and reasonably accessible to the family. Refer to [**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**](#).

The following should be addressed during the CFTM:

1. Long-term view and goals for the child/youth and family;

2. The birth/legal parents' desire and ability to provide a safe, loving and permanent home for the child(ren);
3. Support and 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; and

NOTE: Placement with a relative or significant kin, including those who live out of state, 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 come to a consensus about realistic goals, outcomes, and action steps necessary to achieve permanency for the child.

NOTE: The outcomes and action steps must address all 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 should 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.

***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 acknowledgment that they have received a copy.

*** Children and youth who are at least six (6) years of age and older should be involved in the planning process to the extent that they are capable. All children twelve (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 on the CFTM form and in TFACTS with an explanation of the team's decision for why the child's participation would be contrary to his/her best interests.

E. Tracking and Adaptation

The FSW is responsible for following up on referrals and tasks assigned to the team members to ensure that the services and strategies developed in the permanency plan are being executed in a timely and competent manner. This requires coordination and resource management to ensure that progress is being made. The FSW reconvenes the Child and Family Team for reviews and revisions of the permanency plan when changes are needed, such as services are not being provided as planned, the child/youth or family is not responding well to the services, or new issues have arisen that the team needs to address. An ongoing examination process is used to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. This process occurs no less often than every three (3) months throughout the life of the case. The permanency plan is modified when objectives are not met, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise. The FSW plays a central role in monitoring and modifying planned strategies, services, supports, and results. Supervisors review the progress on permanency plans with FSWs on a quarterly basis, at a minimum. Members of the Child and Family Team (including the child/youth and family) apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services. Refer to the DCS Child and Family Team Meeting Guide.

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, (See DCS Policy [16.32, Foster Care Review and 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 [16.31, Permanency Hearings for Children/Youth in the Department of Children's Services Custody](#).

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 or terminating parental rights
- When:** When the birth/legal parents or DCS are considering proceeding with surrender or termination of parental rights
- Who:** FSW or Designated Staff
- Why:** To help birth/legal parents understand their legal rights, service options, and the long-term implications of the adoption process
-

A. Adoption Process Overview

The following should be addressed:

1. The legal process for terminating parental rights or securing a voluntary surrender so 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 or in situations where the child/youth will be permanently placed with relatives or kin;
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. Placed his name on the putative father registry either before the child was born or within 30 days after the child was born, 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 or Acknowledgement of Paternity of a Child](#). 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; and
 - 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 *T.C.A, 36-1-127, Rules of TN DCS Chapter 0250-7-11* and [Rules of TN DCS Chapter 250-7-12](#))

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 the DCS Permanency Specialist or FSW reviews and approves the letter, which is placed in the child's sealed adoption record. The letter may be given to the child prior to adoption finalization for therapeutic reasons, if agreed upon by the team after consultation with the child's therapist.

12. 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.
13. 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

Both birth and adoptive parents must understand that any agreements made regarding openness are honor-bound, rather than law-enforced, unless the parties agree to a post adoption contact contract. Because there is no legal basis for openness aside from a post adoption contact contract, 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. DCS does not facilitate or participate in the development of a post adoption contact contract,

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

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 foster/adoptive families

Most foster families have had direct contact with the birth family, and there is already a degree of openness. Foster/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

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 a 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.

Work Aid: NAVIGATING ONGOING CONTACT IN ADOPTION

Navigating Ongoing Contact:

Caseworkers play an important role in helping the members of the adoption triad maintain ongoing contact. Birth and adoptive parents benefit from counseling and information prior to the adoption and ongoing support post finalization. Below are some pointers for assisting birth and adoptive parents on how to negotiate ongoing contact:

Acknowledge Fears and Concerns:

In assisting birth and adoptive parents in negotiating ongoing contact, it is important to acknowledge the concerns of each party. Support and encouragement can help members of the adoption triad overcome their fears. Adoptive parents need to feel empowered that they are in the driver's seat in terms of the frequency and type of contact after the adoption is finalized. Adoptive parents should also be made aware that contact may be altered if it is not deemed to be in the child's best interest of the child. Birth and adoptive parents should understand that open adoption is not the same thing as co-parenting. As the legal parent of the child, adoptive parents also have a responsibility to maintain contact and keep the lines of communication open.

Some of the commonly expressed concerns from adoptive parents are:

- Birth parents will overstep their bounds/ not respect boundaries
- The adopted child will reject them in favor of their birth parents
- Ongoing contact will make the grief and loss their child experiences worse
- Ongoing contact with birth family will hurt the child's ability to attach to them
- Contact will negatively impact their child.

Some of the commonly expressed concerns from birth parents are:

- The adoptive parents will not maintain ongoing contact
- My birth child will resent/ hate me for "giving them up."
- My birth child will have questions for me that I cannot answer
- Ongoing contact with birth child and their adoptive family will make grief and loss worse

Trust:

All relationships flourish where there is trust. The relationships between birth and adoptive parents are no different than any relationship. Members of the adoption triad should be reminded that it takes time to build trust. (Riley, Singer, 2019)

Commitment to the relationship:

Adoptive parents should anticipate that over the course of their relationship that there will likely be times when they will need to set healthy boundaries with the birth family. Setting boundaries in a kind and respectful manner will help build trust for all involved. Birth

parents should feel empowered to talk about their feelings and express their concerns as well.

Support:

Birth and adoptive parents should anticipate they may need to pull in professional assistance to help them negotiate issues that arise. Birth parents may not have access to ongoing support after the adoption so adoptive parents may need to pull in professional resources like a therapist or adoption professional. (Riley, Singer, 2019)

Focus on the Child:

Ongoing post adoption contact is most successful when the parties involved focus on the best interests of the child. Birth parents should be reminded that they have a vital role to play in the child's life in terms of forming their identity and understanding the circumstance of their adoption. When adoptive parents maintain ongoing contact with their child's birth family, they are sending a message that their child's birth family is important and that they respect the role that the birth parents play in the life of the child. Ongoing contact may also help the child cope with feelings of divided loyalty between their birth and adoptive family. When birth and adoptive families interact with one another in a healthy and respectful manner, they are modeling healthy relationships and giving the child permission to care for both their birth and adoptive parents. (Riley, Singer, 2019)

REFERENCES

Riley, D and Singer, S(2019, August) *Connections Matter: Relationships with Birth Families are Important for Foster, Adopted Children*; The Imprint- Youth and Family News, <https://imprintnews.org/adoption/connections-matter-relationships-with-birth-families-are-important-for-foster-adopted-children/36174>.

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 three days as calculated under Tennessee Rule of Civil Procedures 6.01 after execution of the surrender document. (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 magistrate has the same authority as a juvenile court judge for this purpose. A surrender may be completed in chambers or by virtual audiovisual means.

A parent who is incarcerated in a federal or state prison (not a county jail) may surrender before the warden, deputy warden, or a notary public. 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 before a Judge, Chancellor, or Officer authorized to administer oaths, as applicable 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, Surrender in Tennessee 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 By A Parent or Guardian In Another State Or Territory Directly to Adoptive Parents.](#)
3. Form [CS-0653, Surrender of Child by Parent or Guardian In Another State Or Territory to the Tennessee Department of Children's Services OR A Licensed Child-Placing Agency.](#)
4. Form [CS-0847, Surrender To A Licensed Child-Placing Agency Or The Tennessee Department of Children's Services By An Inmate Of A State Or Federal Penitentiary.](#)
5. Form [CS-0846, Surrender Of A Child by a Parent or Guardian Residing in Or Temporarily Residing in A Foreign Country To Tennessee Department Of Children's Services Or Licensed Child-Placing Agency.](#)

Complete Form [CS-0649, Medical/Social History for Child and Child's Family Upon Surrender or Termination of Parental Rights.](#)

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 a 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 on AdoptUSKids \(AUK\)](#).

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 Upon Surrender or Termination of Parental Rights](#). 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 three from the date of the surrender. Start the count on the day after the surrender. If the third 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 three 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 on AdoptUSKids \(AUK\)](#))

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.

When: Upon the child entering DCS custody and continuing throughout the life of the case. All background information is needed by the time the child is placed in full guardianship.

Who: FSW and Permanency Specialist

Why: To assist with service planning for the child, to preserve the child's history, and to ensure that prospective adoptive families have all information needed to make informed decisions about parenting the child

A. Full Background Information

Full background information includes the following:

1. Social and medical history for birth parents and maternal and paternal relatives, including contact information and photographs or a physical description of birth parents. Social history for parents can include information about race/ethnicity, marital status, marriage/divorce history, family history, tribal affiliation, employment/occupation, military service, education, religion, interests, talents, general health/history, substance use history, psychiatric history, criminal history, and cause of death, if applicable;
2. The child's medical birth history, including information about the birth mother's course during pregnancy;
3. 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;
4. Contact information for organizations, medical facilities, or others involved in services to the child and birth parents;
5. Reasons the birth/legal parents have chosen adoption, if applicable.

B. Diligent Efforts to Obtain Background Information

1. Secure copies of the child's birth record from the hospital.
2. Have the birth/legal parents complete [form *CS-0649, Medical/Social History for Child and Child's Family Upon Surrender or Termination of Parental Rights* 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.
3. Secure copies of the child's medical records, behavioral health treatment records, and school records.
4. Review all the medical/background information and seek clarification and/or medical consultation, if necessary.
5. 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)
6. Document all efforts to obtain information in the DCS case record. If there are barriers to obtaining information/records, document efforts to address the barriers. If a medical provider or facility reports that records are not available, consult regional leadership and/or regional legal for further instruction. Secure a written statement from the provider or facility documenting the reason for records being unavailable, if applicable.

NOTE: In Tennessee, the minimum medical record retention periods are:

- For medical doctors, medical records for minor patients must be retained for 10 years from the provider's last professional contact with the patient or 1 year after the minor reaches the age of majority (i.e., until patient turns 19), whichever is longer. Tenn. Comp. R. & Regs. 0880-2-15
- For hospitals, medical records for minor patients must be retained for 10 years following discharge or for the period of minority plus at least one year (i.e., until patient turns 19), whichever is longer. Tenn. Code Ann. § 68-11-305(a)(2) (2008).

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: When the child enters DCS custody (ongoing throughout the life of the case)

Who: Permanency Specialist and FSW

Why: To ensure that adoption services are expedited to facilitate timely permanency for the child/youth

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

1. Medical birth records;
2. A certified copy of the order terminating parental rights, guardianship order, voluntary surrender including certified Medical/Social History (if applicable), partial guardianship order, custody order, and waivers of interest, as applicable;
3. Certified/Original U.S. Birth Certificate;
4. Thorough birth family information including any known health/psychological issues;
5. Current narrative/social history from sources such as CPS records, CFTM summaries, formal and informal assessments, birth records, genogram, intake packet, etc.;
6. Up-to-date medical information including latest EPSD&T, documentation of all therapeutic information;
7. Original social security card;
8. TN CARE provider and primary care physician;

9. Current school information;
10. Siblings: name, age, location;

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 foster 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)
5. 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

Why: To prepare the child/youth for permanency through adoption

A. Considering Adoption as a Permanency Goal

Adoption should be considered for all children in full guardianship or at legal risk of termination of parental rights. Factors such as age, sibling group membership, race, color, national origin, or physical/emotional/behavioral disabilities should not be seen as barriers to the goal of adoption. (See DCS Policy [16.2, Multi-Ethnic Placement Act/as Amended by the Inter-Ethnic Adoption Provision of 1996 \(AKA:MEPA/IEPA Inter-Ethnic Placement Act\)](#)).

B. Legal Risk

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 foster home, assess the willingness of the current foster family to adopt.

C. Assessing Child's Readiness for Permanency/Adoption

Critical issues which must be assessed include attachment, trauma, and developmental issues. (See Work Aid: Critical Issues in Assessment, Trauma, and Developmental Issues). The team will engage all children/youth with adoption preparation to ensure that each child receives appropriate counseling regarding legal permanency based upon their unique history of grief, loss, trauma, sibling/family loyalties, and bonds. Adoption preparation specific to the individual youth (and siblings, if applicable) should be provided. This may include, but not be limited to:

- psychoeducation (what adoption means, the process of adoption, etc)
- the youth's separation from and resulting grief and ambiguous loss around the family of origin

- assessment around the youth’s readiness for adoption
- youth current skills and lagging skills, including adoption transition, coping, communication, etc.
- utilization of the youth’s Lifebook to facilitate counseling

Documented counseling sessions should be referenced in the case record to show evidence of addressing individual and family barriers to adoption of these youth. If the child refuses to participate in counseling, this should be documented in the case record. The team will re-engage any youth who refuses adoption and/or adoption counseling at least once quarterly, and document all efforts to engage the youth in the case record.

D. Mementos/Pictures

The FSW, contract provider agency worker, permanency specialist, and other assigned team members should ensure collection and preservation of special mementos of the child’s past and present, including school pictures, pictures of the child, pictures of parents and birth relatives, school report cards, awards, photos of foster families, and family services worker. These photos and mementos should be included in the child’s Life Story Book.

E. Visitation with the Child

The FSW, contract provider agency staff, permanency specialist, and other assigned team members should visit the child in a home environment whenever possible to assess the child’s personality and temperament, reactions to people, interests, special aptitudes, likes, dislikes, fears, adjustment in the foster home, and the foster parent’s understanding of the child.

F. Stabilization

Due to a child’s trauma history, they may experience issues or behaviors that affect stabilization. As a result, the team might feel that the child is not “ready” for recruitment or placement into a pre-adoptive home. In such cases, the team should always consult with therapists, counselors, psychologists, and other medical practitioners regarding the child’s readiness to participate in recruitment activities and engage with prospective adoptive families. Consultation with the above professionals should be documented in the case record.

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

Attachment

A. Attachment is defined as:

1. Reciprocal, enduring, emotional, and physical affiliation between a child and caregiver (James, 1994); or
2. "An affectionate bond between two individuals that endures through space and time and serves to join them emotionally." (Kennell, 1976).

B. Attachment is all about protection! When basic needs are met, the child:

1. Is confident about getting needed comfort and protection;
2. Feels free to explore – attachment and exploration always act in balance;
3. Develops trust, self-confidence, and empathy;
4. Faces and copes with stress in instrumental ways; and
5. Develops the psychological, emotional, and physical resources that support development and mental health (Carol George, 2021).

C. The Circle of Security

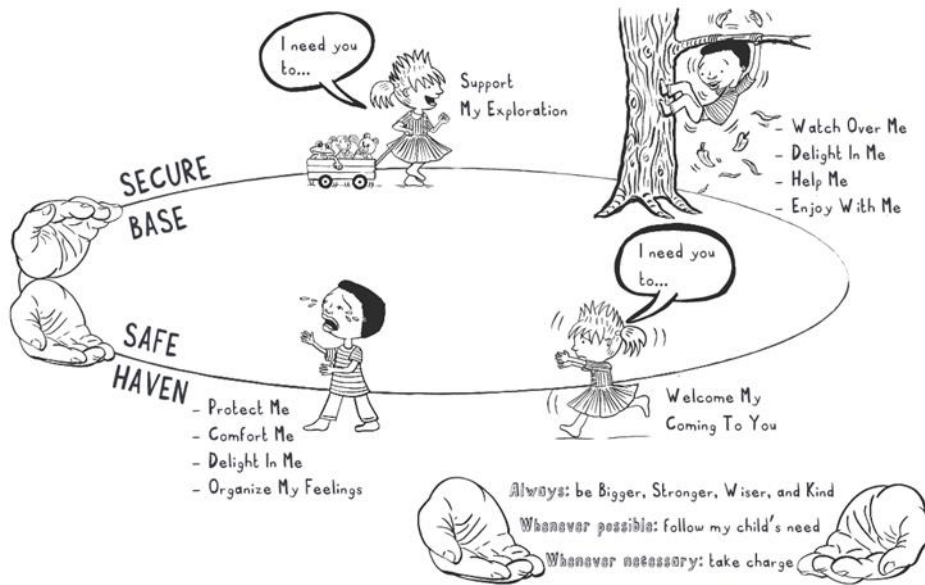
The Circle of Security is a relationship based early intervention program designed to enhance attachment security between parents/caregivers and children.

The Circle of Security map of attachment can be divided into three categories:

1. A child should feel freedom and confidence to explore. That means they can discover the world around them while their caregiver remains in the background, delighting in them.
2. The child should feel the security of knowing that they will be welcomed back by the caregiver at any time. The child wants to feel protected and comforted at this stage.
3. The child needs their caregiver to be in a charge in a supportive way. The child wants to feel that their caregiver is strong and kind.

Circle of Security

Caregiver Attending To The Child's Needs



Learning to apply the Circle of Security will help caregivers shift the focus away from trying to change undesirable behaviors with rewards and punishment to seeing behavior as communication of a need on the Circle and changing the behavior by meeting the need. Caregivers will be able to explore new ways to respond sensitively to children's cues and even gain insight regarding ways to manage their own struggles around certain attachment needs. The Circle of Security offers caregivers new ways to understand the children in their care and new ways to understand how to meet their attachment needs which, in turn, leads to more confident caregivers and children more connected children.

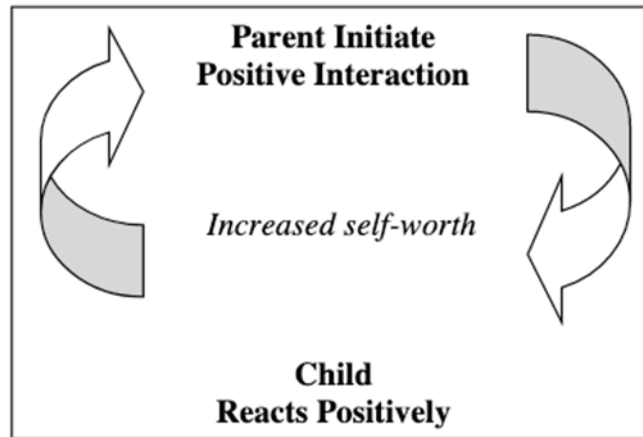
To learn more about the Circle of Security, please visit:

<https://www.circleofsecurityinternational.com/>

D. Positive Interaction Cycle

In the Positive-Interaction cycle, the parent/caregiver initiates affirming emotional and social exchanges with the child. The cycle begins when the parent/caregiver engages the child in a positive interaction. The child enjoys the interaction and reacts in an affirming manner. Both the child and the parent/caregiver feel a sense of self-worth and are motivated to continue to interact. This type of interaction greatly increases the attachment process.

Children who come from foster care likely have not had much opportunity/practice in completion of these rewarding cycles. These interactions might not come easily or naturally. Parenting a child with attachment related issues may be challenging to their caregivers. Caregivers may feel exhausted and may be impatient with their child. It takes patience and persistence to strengthen quality attachments.



- E. 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:
1. Whether there is evidence of a nurturing experience free of traumatic separations or hospitalizations in the first three years of life, particularly the first 12 months; the number of healthy adult interactions available to the child, and the general quality of care received;
 2. Whether there has been incidence of neglect/abuse/trauma - if so what was the duration, frequency, intensity, and who abused/traumatized the child? All of these issues are indicators of the potential impact on the child;
 3. When the child has experienced traumatic 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 trauma or neglect.
- F. All children in the foster care system are at risk of having attachment challenges due to the separation from their primary caregivers and experience of neglect, traumatic

loss, or abuse. "The Children's Garden Attachment Model" (Carson and Goodfield, 1988) states that the three major areas in assessing attachment potential are:

1. Reciprocity - Does this child give emotionally? Can this child let anybody matter to him? Can he respond to affection?
 2. Separation response - What is the response to loss or separation?
 3. 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?
- G. Attachment style is shaped and developed in early childhood and is influenced by histories with our earliest caregivers. Attachment develops along a continuum, and attachment style reflects a child's way of relating to others in relationships.

There are four main attachment styles: secure, insecure/avoidant, insecure/disorganized, and insecure/ambivalent.

1. Secure - history of caregiver who consistently and warmly responds when child is upset. Child generally feels safe in their relationships and is able to trust that their needs will be met and soothed. Child typically has healthy cognitive, social, and behavioral outcomes. Child develops the ability to give care, receive care, negotiate needs, and be autonomous.
2. Insecure/Avoidant - history of caregiver who does not respond in an emotionally warm, nurturing or fulfilling manner. Child has learned that caregivers are unable to meet their needs and child will often not signal/cue caregivers when they have a need as a result. Child may appear emotionally "closed off," may not appear inclined towards physical affection, and may find "things" more reliable than people/relationships.
3. Insecure/Disorganized - history of caregiver who is frightening or induces trauma/harm, leading the child to experience a deep sense of fear and lack of trust in others despite wanting close connections. Child has not learned a clear strategy for soothing when they are upset. Disorganized attachment is a combination of both ambivalent and avoidant attachment styles; child tends to desperately crave affection and want to avoid it at all costs. Child develops a poor understanding of boundaries and is often confused about what a healthy relationship looks like. Caregivers parenting children who demonstrate insecure/disorganized attachment patterns may feel confused about the child's expressed needs and behaviors around connection.
4. Insecure/Ambivalent - history of inconsistent response from caregiver when child is upset. Child may signal/cue when they are upset but be difficult to soothe "in an

effort to stay in caregiver's direct attention." Child may have anger/resentment towards caregivers and/or identity is closely tied to caregivers.

Source: Purvis, Cross, Dansereau, Parris (2013)

Trauma (James, 1994)

- A. In addition to attachment delays and compromises, all children in foster care have experienced trauma. 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.
- B. 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 (or prolonged unavailability) of a primary attachment figure can itself be experienced as trauma, as the primary attachment figure, for a very young child, represents survival.
- C. When the child is also abused and/or neglected by that key attachment figure, the child is coping with:
 - 1. The pain itself;
 - 2. The confusion of experiencing the potential of both danger and safety in one person; and
 - 3. The ultimate fear of the total loss of that key attachment figure.

D. 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:

1. 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.

Typical responses to a persistent fear state include:

- a. Fight: Children/youth under stress might cry or strike out; behaviors might be regressive tantrums or aggressive behavior.
- b. Flight: Children/youth who feel powerless to navigate a perceived stressful experience may physically leave the environment by running away, leaving the classroom, etc.
- c. Freeze: Children/youth may respond to a perceived stressful experience by "slowing down" and becoming less and less active in the face of increasing demand. Children/youth may dissociate or appear to be "spaced out" or mentally "absent" from the situation.
- d. Fawn: Children/youth develop people-pleasing behaviors to avoid conflict and to establish a sense of safety. The fawn trauma response is a type of coping mechanism that children develop to "appease" adults or people in perceived positions of power in order to keep themselves safe.

General behavioral responses to persistent fear state are: hypervigilance, irritability, anxiety, physical hyperactivity, exaggerated startle response and extreme regression. Oftentimes, children that have experienced trauma exhibit behaviors consistent with mental health diagnoses such as ADD, ADHD, Oppositional Defiant Disorder, Conduct Disorder, and Bipolar Disorder.

2. Traumatic Memories: Traumatic experiences are often stored in the brain differently than ordinary experiences and may be partially or fully unavailable to the conscious memory. However, even children who cannot recall their traumatic, painful, or chaotic early experiences may be significantly impacted by these events. These memories may unexpectedly reappear in the child's later life as:

- a. A flashback, which is a total re-experiencing of a past situation

- b. A response to a cue or trigger, such as a smell, a place, a situation, or a feeling. Even neutral or typically “safe” sensory experiences may be linked to traumatic events in the child’s past. Without building awareness and working to process the trauma, the child may not be able to consciously link the response to the situation. These responses may be mistaken for willful “bad behaviors.”
 - c. Dissociation in response to perceived threat. Dissociative behaviors can appear as lying, avoidance, withdrawal, unexplained aggression, and “spaciness.”
- 3. Children who have experienced trauma often have problems with affect/emotional regulation. Youth who have not received attuned, attentive, and consistent care in early childhood may find it challenging to identify, verbalize, or regulate their feelings. This child might be explosive, appear depressed, anxious, defiant, and/or uncooperative.
- 4. Children with a history of maltreatment may avoid intimacy, as closeness in relationships can be linked to experiences that were frightening, harmful or represent a loss of safety and control.

Often these children are activated by or avoidant of close relationships. Caregivers are often challenged by resultant behaviors like clinginess, hyperactivity, avoidance of eye contact, or rejection of parental affection.

- E. 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 and chaotic environments, 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 multiple dimensions. Children who have experienced significant separations or traumas during sensitive periods in development, may appear to be functioning at a much younger developmental stage than

their chronological age. Issues which may be observed in a child in placement include the following:

1. Physical: A significant factor in a child who is otherwise physically “normal” is coordination, muscle tone and balance, and increased somatic complaints which may affect a child’s ability to compete and participate in peer activities.
2. Sensory: Sensory processing dysfunction is a condition that affects how the brain processes sensory information from the external environment (things you see, hear, smell, taste, or touch) as well as from internal cues such as hunger, thirst and need to eliminate. Children struggling with sensory issues may seek out more sensory input than others or may avoid sensory input that is neutral or even enjoyable to others.
 - Unable to tolerate bright lights/loud noises
 - Clothing feels tight/itchy/irritating
 - Meltdowns when overwhelmed
 - Distracted by background noises that others don’t seem to hear
 - Bump into people and things and appear clumsy; throws body into objects
 - Trouble sensing the amount of force they’re applying
 - Constant need to touch people or textures, even when it’s not socially acceptable
 - Fidgety and unable to sit still
 - Seeking proprioceptive input through “aggressive means”
 - Textures/food issues
3. Emotional: Many challenging behaviors of children in foster care have been described as “Survival Behaviors”. Another helpful way to frame these maladaptive behaviors is as “Stress Responses”. When children are well regulated there is little need to engage in these behaviors. As they become dysregulated, the behaviors serve as a way to cope with the pain and discomfort they are feeling. Kids who are dysregulated don’t have full access to their cortex and behave in more primitive, self-protective ways. 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.
4. Social: Children who have experienced loss and trauma frequently have poor quality relationships. Seeking to control the environment as a means to feel safe may result in children who appear “bossy”, defiant, or having a hard time taking responsibility for negative behaviors. Poor self-esteem or attachment issues may result in “clingy” or distancing behavior or a “push-pull” dynamic often seen in ambivalent attachment.

5. 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.

REFERENCES

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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.

Purvis, K. B., Cross, D. R., Dansereau, D. F., & Parris, S. R. (2013). Trust-based relational intervention (TBRI®): A systematic approach to complex developmental trauma. *Child & Youth Services, 34*(4), 1-28.

III. PREPARING THE PRE-PLACEMENT SUMMARY

What: Prepare the Pre-placement Summary for each child being placed for adoption

When: Within thirty (30) days of the child entering full guardianship if the child has a family identified and 60-90 days for children entering full guardianship without a permanent family Identified

Who: Permanency Specialist, Provider Agency Adoption Specialist, FSW, or other contract provider staff

Why: To provide a written narrative of the child and family history for the child

A. Pre-placement Summary

Purpose of the pre-placement summary:

- Provides a written narrative of the child's history as known by DCS
- Creates a holistic description of the child based on past, present, and future needs
- Becomes a decision-making tool for the prospective adoptive family through the presentation summary
- Creates understanding of the birth family
- Preserves and tells family and personal history 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 record, Current Description of Child (CS-1033), 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 and Information Needed for Pre-Placement Summary Preparation. The Family Service Worker, Permanency Specialist, or the Provider Agency Adoption Specialist ensures completion of the [Current Description of Child \(CS-1033\)](#).

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. Identify and include any strengths of the birth family as well as the child. Be careful not to label a child's behaviors. All medical, emotional, behavioral, developmental, and learning disability diagnoses must be documented and shared as this information could impact caring for the child as well as help identify needed treatment and services.

C. Updates

Pre-placement and presentation summaries should be updated at least once annually and when significant changes occur. Some examples of significant changes could include but not be limited to placement changes, medical diagnoses, mental health diagnoses, medication changes, school changes, and changes in behavior.

D. Approval & Distribution:

The person completing the pre-placement summary will sign and date it, and then submit it to their supervisor/team leader for review and approval/signature. Upload the signed summary to the electronic case record in TFACTS. The information in the pre-placement summary is confidential. The pre-placement summary is developed for the child and belongs to the child. It is placed in the child's sealed record and should never be shared with prospective or adoptive families.

For pre-placement summaries completed by contract providers, DCS will review the summaries and communicate the need for revisions/changes, if applicable. Any changes should be submitted to DCS within ten (10) business days from the date DCS requested changes.

WORK AID: DOCUMENTATION AND INFORMATION 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.)
- [**Current Description of Child \(CS-1033\)**](#) Description of the child at the present time, including but not limited to 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.
- Current information on child's functioning in the placement and school settings
- Child's psychological/psychiatric evaluations
- Information about services the child is currently receiving, including frequency
- Progress notes from counselors and service providers
- Critical incident reports
- Safety plans
- [**Form CS-0649-Medical/Social History for Child and Child's Family upon Surrender or Termination of Parental Rights**](#) (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
- [**Progress Report on Child in State Custody \(Form CS-0430\)**](#)
- Family Permanency Plans
- Any relevant medical/psychological/treatment records for parents

- 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 foster 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).

WORK AID: PRE-PLACEMENT SUMMARY OUTLINE

Pre-placement Summary

Child's Name:

Race:

Sex:

Date of Birth:

Prepared by:

Date Prepared:

Date Updated:

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

- i. Provide a physical description of the child and a brief description of what makes this child unique.
- ii. 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 foods does the child like/dislike? Are there any eating difficulties or special needs/diagnoses related to food/eating (food hoarding, texture issues, food allergies, eating too much/not feeling satiated)? How are the child's table manners? Have eating habits changed in this foster 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 wake up? What mood is the child in? Does the child play quietly or need attention? Does the child fuss about going to bed? Does the child fall asleep easily? Does the child sleep with a special object? Is there a ritual at bed time (singing, rocking, reading, storytelling)? 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? Does the child prefer a nightlight or music/white noise? Does the child sleep all night? Does the child have sleep disturbances such as, sleepwalking, nightmares, talking in his/her sleep? Does the child take a nap? Is the child used to quiet or noise at nap time?

3. Self Help Skills

Does the child dress themselves and pick out their own clothing? Does the child bathe themselves? What is their usual bath time? Does the child brush their own teeth? Does the child need reminders? Does the child feed themselves, drink from a glass, and use table utensils?

4. Toilet Habits

Is the child toilet-trained? What words does the child use when referring to toileting? Does the child need assistance with toileting and/or hygiene? 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 treated?

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? What TV shows does the child prefer? What screen time rules work best for the child/youth? Does the child/youth have their own phone/electronic devices? If so, who pays for it? Are there concerns related to phone/electronic device usage? What safety/supervision measures are needed regarding phone and electronic devices? How does the child relate with peers, and what is the quality of their friendships? How does the child react during social/community outings, such as church, shopping, family gatherings, restaurants, etc.? Does the child appear to enjoy him or herself when engaging in play or social activities?

6. Speech & Language

How well does the child communicate? Does the child have any speech and language delays or diagnoses? If so, does the child receive therapy? How often? Does the child speak clearly/make themselves understood? Are

there any articulation issues? Does the child understand what is said to them? Can the child follow directions? Can the child talk about his/her feelings? Does the child have a vocabulary (number of words) that is appropriate for their age? Does the child receive speech services? Does the child utilize assistive communication devices, gestures or sign language?

7. Personality

What are the child's unique presenting qualities? How does the child present themselves to others? How does the child describe themselves? How do others describe the child? What makes the child happy and unhappy? How does the child react to meeting new people?

8. Functioning in the Family

How has the child adjusted in the current foster 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 male or female caregivers? Does the child need extra reassurance and encouragement? What comforts the child? Are there pets in the foster home? Does the child like animals/pets? Are there any fears or safety issues related to pets?

9. Therapeutic Issues

Has the child experienced neglect and/or abuse (emotional, physical, sexual)? Does the child have mental health diagnoses and/or behavioral concerns such as bed wetting, soiling, lying, stealing, oppositional behavior, property damage, hyperactivity, temper tantrums, physically acting out toward others, running away, or self-harm? Does the child act out sexually or exhibit sexually reactive behaviors? How does the child control impulses? How does the child express their feelings and emotions? How does the child handle stress, happiness, anger, failure, disappointment, rejection, physical and psychological pain, anxiety? How does the child care for personal and others' possessions?

10. Sex and Relationships

What is the child's level of understanding regarding sex and sexuality? Does the child know the proper names for their body parts? Has the child/youth been taught about healthy boundaries, privacy, respect, and consent? Is the youth dating? Is the youth sexually active? Has the youth been taught about healthy relationships, healthy body image/realistic beauty standards, safe sex, pregnancy prevention, sexually transmitted disease prevention, sexual orientation/gender identity issues, and privacy/safety related to social media and texting?

11. Fears

Does the child have any specific fears? How does the child handle these fears? What comforts the child when they are afraid? Are there measures taken in the home to help comfort the child/ease their fears (night lights, sleeping with a light on, favorite stuffed animal, comfort items, bedtime routine)?

12. School/Work Experience

What schools has the child attended? What is the child's present grade in school? What has the child's school attendance been like? What is the child's current school setting (public school, alternative school, or residential school setting)? Does the child have special educational needs, such as an IEP, a 504 plan, speech therapy, or occupational therapy? Attach copies of all educational evaluations. Document the child's qualifying disability for special education services. What are the child's academic strengths? What are the child's favorite subjects in school? How well does the child get along with authority figures? Has the child had any academic or behavioral challenges in school, and what has been done to address them? How does the child interact with other children? Does the child make friends easily?

For current high school students, is the youth on track to graduate? Will the youth receive a regular high school diploma or a special education diploma?

What is the youth's plan for continuing education beyond high school (vocational, technical, community college, college/university)? Describe the child's work experience, if applicable.

13. Travel

Does the child enjoy travel by car, bus, train, airplane? Does the child ride the school bus? Are there things that frighten the child about travelling? What are the child's experiences with travelling? Where does the child like to go? Does the child have comfort needs when travelling?

14. Health

Does the child have physical health diagnoses that require treatment or special care? What is the child's overall health like? 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? Does the child have medication allergies or sensitivities? Has the child had surgery? Does the child have sensitivity to anesthesia? 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 gestational age of child at birth, birth mother prenatal care, medications used, substances used, type of delivery, pregnancy or birth related complications, exposure to stressors such as homelessness or domestic violence during pregnancy.

B. Parenting History

Identify who cared for the child from birth until the child was placed in DCS custody (birth parents, birth relatives, other) indicating duration and quality of care. It is particularly important to identify whether the child had one parental figure or a succession of parental figures. Describe the quality of caregiving that the child received from infancy to current; were there periods of attentive and attuned care? Was the child held, fed consistently, provided a safe environment? Was the child provided toys, play equipment, exercise, and protected 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 hospitalizations. Describe the child's characteristic way of responding to people and situations.

C. Placement History

Identify who has cared for the child since the child was placed in DCS custody (foster parents, group home staff, residential placement staff), indicating duration and quality of care. Include information about how the child functioned in each placement and the reason for each placement move. Did the child bond with foster parents, foster siblings, other foster family members, residential or group home staff, other individuals from school/community/church, etc.?

D. 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**

Describe any neglect, emotional abuse, physical abuse, or sexual abuse, exposure to violence, and/or exposure to substance abuse.

Include the time frames of the abuse:

- Prenatal
- Perinatal (first 2 months)
- Infancy (3 to 12 months)
- Early childhood (13 months to age 4,)
- Childhood (age 4 to 10)
- Adolescent/Teen years (age 10 to 18)

Include descriptions of perpetrators, names, and relationships to child, impact on the child, and the opportunity the child has had in healing. Details of incidences of abuse, including where, when and how the abuse occurred are helpful in identifying possible triggers and in making placement decisions.

V. **Attachment**

Describe the child's attachments based on an evaluation of nurturing experiences, moves, traumas, and present functioning. Include any attachment related diagnoses. (See Work Aid: Critical Issues in Assessment: Attachment, Trauma & Developmental Issues)

VI. **Medical History**

Provide a summary of the child's medical history, including a record of immunizations, illnesses, diagnoses/handicapping conditions (emotional, behavioral, developmental, learning, and physical), length of needed treatment, and extent of limitations on activities or interference with educational, social, or vocational functioning that may be expected.

VII. **Mental Health History**

Provide a summary of the child's mental health diagnoses, prognosis and assessment of the need for ongoing services. Attach copies of all psychological and psychiatric evaluations.

VIII. **Family Medical and Hereditary Conditions**

Identify known hereditary/genetic conditions present within the maternal and paternal family which may have an effect on future development and care needs of the child. Some examples of hereditary/genetic conditions could include but not be limited to depression, bi-polar disorder, diabetes, substance abuse/addiction, hypertension/high blood pressure, seizure disorders, heart disease, autism, intellectual disability, cancer, Down syndrome, sickle cell anemia, blood disorders, and cystic fibrosis. The advice of appropriate licensed professional consultants is important in determining what such risks are and how to interpret them. If any conditions are present within the maternal or paternal family, indicate severity and reliability of information. If a family member is identified as having an intellectual disability, include the diagnosis.

IX. **Family Background**

Include a description of the birth family to provide insight as to the family's lifestyle and functioning as well as their strengths and weaknesses. If the child was previously adopted, include any information regarding the adoptive family and 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.

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

Identify the circumstances that led to adoptive placement of the child (death of caretakers, parents' inability to complete permanency plan goals, TPR, surrender). When possible, preserve the birth parents' stated reasons for adoption. 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. If the parent wrote a letter to the child, that can be included here or attached.

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 foster family, the foster 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 foster home, number of pre-placement visits needed, etc.

XIV. **Placement Recommendations**

Identify the type of family needed for the child. Indicate if a family has been selected or if the foster parents are adopting. When applicable, speak to placement considerations involving siblings (placement together, separate homes, continuation of contact). If the child/youth has ongoing, approved contact with birth family members such as grandparents, aunts/uncles, cousins, include that information here. Indicate the child's eligibility for adoption assistance or deferred adoption assistance.

IV. PREPARING THE PRESENTATION SUMMARY

What: Prepare the presentation summary for the prospective adoptive family

When: After completing the pre-placement summary and prior to presentation of the child

Who: Permanency Specialist, Provider Agency Adoption Specialist, FSW, or other designated staff

Why: To disclose all known information about the child to prospective adoptive families to help inform their decision regarding their willingness and ability to meet the child's needs as an adoptive family

A. Remove 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***](#). The following information must be redacted:

- a) Names (The first name of the child being placed for adoption can be included, but all other first and last names must be redacted.)
- 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. Revision

After redacting the confidential information from the pre-placement summary, revise the impacted sections to ensure that the information is clear and comprehensible. Some sentences will need to be rewritten due to information being redacted.

C. 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. Identify and include any strengths of the birth family as well as the child. Be careful not to label a child's behaviors. The diagnosis of medical or mental issues All medical, emotional, behavioral, developmental, and learning disability diagnoses must be documented and shared as they this information could impact caring for the child as well as help identify needed treatment and services.

D. Approval & Distribution

The person completing the presentation summary will sign and date it, and then submit it to their supervisor/team leader for review and approval/signature. Upload the signed summary to the electronic case record in TFACTS. For presentation summaries completed by contract providers, DCS will review the summaries and communicate the need for revisions/changes, if applicable. Any changes should be submitted to DCS within ten (10) business days from the date DCS requested changes.

E. Adoptive Family

Share a copy of the presentation summary with the prospective adoptive family at the time of the oral presentation and full disclosure meeting. Also include copies of non-identifying medical, psychological, and psychiatric reports in the presentation notebook. If the placement does not occur, retrieve presentation notebook 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, [Child Protective Services Tasks Manual](#)).

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 the [Child Protective Services Tasks Manual](#) as policy requires placement in a legal risk home.

A. Parental Decision

Ensure that all parents have:

1. Decided on direct placement;
2. Had counseling or were offered counseling;
3. Explored all alternatives to DCS custody such as placement with relatives/kin;
4. The emotional/mental capability of making a decision, based on the informal assessment of the involved professionals (unless a more formal assessment is deemed necessary).

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 understands the reason for separation from the birth family and has the opportunity to grieve their losses. Help the child process their experiences since entering foster care, understand their individual strengths, and understand what adoption will mean to them.

When: CFT determines adoption is in the child's best interest.

Who: FSW, Permanency Specialist, Provider Agency Adoption Specialist, Adoption Counselor/Therapist, Other Provider Agency Staff, and/or Foster Parents

Why: To support the child's need for permanency and ensure their readiness to move forward with adoptive placement

A. Birth/Legal Family Separation

Help the child process their feelings about birth/legal family, explain why the child cannot be with their 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) See Life Story Book: My Story

B. Blessing Message for Separation from the Birth Family

Providing the child with a blessing message from the birth family can help enable the child to move forward. Identify the individual, tools, and techniques needed to facilitate and deliver the blessing message. (See Work Aid: The Separation: The Blessing Message from the Birth Family) The child may want to write a letter to their birth parents, siblings, or other family members. The letter may be shared with the individual for whom it was written or written by the child for therapeutic reasons and maintained in the Life Story Book.

C. Permanency

Help the child understand the importance of having consistent family connections as well as the benefits and opportunities that come from having an adoptive family, especially if the child has experienced multiple foster care placements or an unsuccessful adoption. Discussions with the child/youth about permanency should take place throughout the life of the case. For youth turning 18 years old without an

adoptive family identified, it is vitally important to identify and engage individuals who can provide lifelong support to the youth. (See My Story “Finding Home” page 62).

D. Foster Parent’s Role

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

NOTE: Foster 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 foster home, the greater priority DCS gives to maintaining the relationship. Also, consider the child’s best interests in determining placement of siblings.

E. Foster Home Separation

Help the child understand and resolve feelings about moves from the foster home, including why the foster parents cannot adopt and/or why the child cannot stay in the foster home. The child may want to write a letter to their foster parent. The letter may be shared with the individual for whom it was written or strictly for therapeutic reasons and maintained in the Life Story Book.

F. Blessing Message for Separation From the Foster Family

Providing the child with a blessing message from the foster family can help the child move forward. The child & family team should identify the individual, tools, and techniques needed to facilitate and deliver the blessing message. (See Work Aid: The Separation: The Blessing Message from the Foster Family)

G. Adoption Process

Help the child understand adoption: what it means and how it differs from foster care. Explain the adoption process to the child, including information about what they want in a family, recruitment, selection, pre-placement visitation, placement period, and adoption finalization. Ensure that the conversation is tailored to the age and developmental level of the child. (See My Story “Finding Home” page 62).

H. 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: Preparing Foster and Adopted Youth to Answer Difficult Questions)

I. Siblings

DCS places priority on keeping siblings together to maintain existing relationships and minimize grief/loss experienced by the child.

- If a sibling group is separated at the time of placement, immediate and ongoing efforts should be made by the team to reunify the siblings. These efforts should include providing services to address safety concerns, ensuring that a visitation plan is in place to maintain the sibling bond, and providing sibling therapy to prepare the children for reunification.
- Visits between siblings should take place as frequently as necessary and appropriate to facilitate a connection and ongoing relationship, but no less frequently than once each month for no less than one hour in duration (unless the visit is shortened to protect the safety or well-being of the child/youth).
- Frequency and duration beyond the minimum requirement should be determined by the Child and Family Team and may include up to overnight or weekend visits. Sibling visits should continue while the children are in custody.
- In some cases, a visitation restriction may be documented in TFACTS. Visitation restrictions that apply to sibling visitation can include: a) Court Order Restricting or Limiting Visits; b) Court Order Stopping All Visits; c) Therapist Recommendation; or d) Child Over Age Twelve (12) Refused Visitation.
- If sibling separation for permanency is not in the child's best interest (i.e. clinical, safety, or well-being reasons), the team will need to recruit an adoptive home that can parent the entire sibling group.
- The decision to separate siblings must be made in the context of a CFTM and must be approved by the Regional Director. The team must consider recommendations and/or assessments from therapists who have observed the siblings together. If a decision to separate is made, ensure that counseling is in place for each child to address the separation and to help the child understand adoptive plans for his/her siblings. (See My Story pg. 48 "Your Brothers/Sisters")

(See DCS Policy [16.43 Supervised and Unsupervised Visitation Between Child/Youth, Family and Siblings, Chapter 16 Visitation Guide](#), and DCS Policy [16.46 Child/Youth Referral and Placement](#)).

For more information on best practices in supporting and maintaining sibling relationships, see <https://www.childwelfare.gov/pubPDFs/siblingissues.pdf>.

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, foster 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 and helps them develop a stronger sense of identity. DCS is committed to evaluating the best interests for children in maintaining contact with birth relatives and significant others through adoptive placement whenever possible. 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.

Children/youth will often seek contact with their relatives or information about their relatives through social media. It is important to encourage open and honest conversations with youth about their social media usage and to provide guidance to the youth related to contact with their birth family.

K. Involving the Child/Youth

Engage the child in the process of adoption planning and Life Story Book work based on the child's developmental level and their readiness to discuss topics related to permanency. For children too young or otherwise unable to engage in the process, the FSW/other designated staff and foster parent will ensure the development, preservation, and regular updating of the child's Life Story Book. The team will engage the child's therapist to assess and make a plan for who will have these conversations with the child and when the child is ready for the conversations. Refer to DCS Policy 16.8 Attachment: [***Guidelines for Life Story Books***](#).

L. Pre-placement Visitation

Provide the child with opportunities to visit prospective adoptive parents, as outlined in Conducting Pre-placement Visitation. 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 Story Book.

ADDITIONAL RESOURCES

Child Welfare Information Gateway. (2020). Preparing children and youth for adoption or other family permanency. Washington, DC: U.S. Department of Health

and Human Services, Administration for Children and Families, Children's Bureau.
https://www.childwelfare.gov/pubPDFs/bulletins_preparingchildren.pdf

Child Welfare Information Gateway. (2019). Belonging matters—Helping youth explore permanency. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
https://www.childwelfare.gov/pubPDFs/bulletins_belongingmatters.pdf

Child Welfare Information Gateway. (2019). Sibling issues in foster care and adoption. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.
<https://www.childwelfare.gov/pubPDFs/siblingissues.pdf>

Child Welfare Information Gateway. (2022). Social media: Tips for child welfare workers. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.
https://www.childwelfare.gov/pubPDFs/smtips_worker.pdf

WORK AID: SUGGESTED PREPARATION TECHNIQUES

The following techniques are casework tools in helping the child understand their 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 appropriate resources such as paper, crayons, blocks, doll houses, and doll families are available.

Baby Books

Initiate the development of a baby book for an infant being placed for adoption. Request that the foster 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/other designated staff and the foster 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 their 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. The FSW and/or other designated staff shall review the Life Story Book no less than once every three months to ensure the Life Story Book is being updated on a regular basis. Life Story Book work shall be documented in case recordings in TFACTS. (See DCS Policy [16.8 Attachment, 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. Foster family
 - c. Special events and 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
14. Child's drawings/artwork

When identifying people in the Life Story Book, do not use the surname.

Write or help the child write a history of their 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 makes them unique.

Review the book with the child and adoptive parents during visitation. At the time of placement, the child takes their 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 FOSTER PARENT/CAREGIVER

The purpose of this work aid is to provide guidance to the FSW, permanency specialist, or other designated staff who are working with the foster parent/caregiver to get prepared for the Life Story Book process and help them understand the significance of the work and their role in the process.

1. Acknowledge the significance of the foster parent/caregiver in the child's life as a source of nurture, support, and information.
2. Describe the Life Story Book process to the foster parent/caregiver, in person or by letter.
3. Assist the foster parent/caregiver in understanding the need to demonstrate compassion and understanding towards the birth family during the Life Story Book process.
4. Review what the child does when upset (behaviorally, emotionally) and what helps the child gain control or feel comforted. Prior to or after each session with the child, discuss the support the child may need from the foster parent/caregiver.
5. Have the foster parent/caregiver engage the child/youth to discuss what they want in a family (i.e., single parent, two parents, other children, lifestyle, pets, religious preference, race, ethnicity, etc.)
6. Request the foster parent/caregiver to share mementos, photos, and a description of the child's strengths/challenges.
5. Emphasize the caregiver/foster parent's role in safeguarding the Life Story Book for the child, and ensuring that it travels with the child if there is a placement move.
6. Help the foster parent/caregiver cope with feelings of potential loss if they are not adopting the child.
9. Include the foster parent/caregiver in chosen sessions when the plan is adoption by the foster parent/caregiver.
10. Engage the foster parent/caregiver in planning appointments with the child for Life Story Book work.

WORK AID: GETTING PREPARED FOR THE LIFE STORY BOOK JOURNEY: LETTER TO FOSTER PARENT

Dear (Foster 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 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 help 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.

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. I anticipate talking with you regularly throughout the process. Please call me anytime.

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 that is free from conflicting loyalties they may feel toward the birth parents. This is accomplished through the blessing message.
2. The three elements of a disengagement message are:
 - a. Remind the child that they are cared for and valued for their inherent worth and special qualities;
 - b. Provide clarification that the child is not responsible for placement into foster care;
 - c. Grant permission for the child to form new attachments, to give and to receive love, and to be happy.
3. It is the responsibility of the Child and Family Team to determine who will obtain the blessing message either directly or indirectly from the birth parents and all significant attachment figures.
4. The designated team member responsible for obtaining the message has several tasks. These tasks are:
 - a. Identifying individuals whose messages will be helpful to the child. This should be based on direct interaction with each child, reports from foster parents, reports from therapists, and other team members. This can include mother, father, siblings, other relatives, and caregivers.
 - b. Determining whether the message will be delivered face to face, via letter, via video/audio message, via video chat, or via therapy session.
 - c. Engaging the identified individual to create and deliver the message for the child.
 - d. Determining, with input from the team, when and how to deliver the message, as well as ensuring that the child has access to therapeutic resources if/when needed. For example, the child may need to receive the message with therapeutic support or may need to receive the message at later time when there is more stability in his/her life.
 - e. It's important to get this message, even if the child is not ready to receive it yet. They will likely want it for the future.
5. It is important to determine the people to whom the child has a significant attachment, connection, or loyalty. Through Life Story Book work and discussion,

children will indicate who has particular significance for them. It is important to include anyone with whom the child has a significant relationship, such as the birth mother, birth father, siblings, grandparents, or other relatives.

6. The next 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 messages, video messages, and final visits. They may also include statements the individual made directly to the child.
7. Ideally, face to face or direct messages would take place prior to or around the time of the termination or surrender of parental rights. 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. If a face-to-face visit cannot occur, then direct messages are generally delivered through the FSW or other designated team member in the form of a recorded message or letter from the individual. Letters and direct messages from family members should be documented in the child's Life Story Book.
8. When direct messages are unobtainable, a team member may create an indirect blessing message based on interpretation of family member's actions or statements. Indirect messages are necessary when the parent/other relative cannot be located or is unwilling or incapable of working with the team to prepare a positive message. Receiving an indirect message is not as powerful for the child as a direct message. It is important to communicate directly to the child/youth, "your mom/significant other showed care for you in these ways." The team member'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 her best, but she had an addiction that she couldn't overcome." Then, the discussion of these examples of care may lead into "What do you think your mom/significant other wanted for you in the future?" The indirect message should be documented in the child's Life Story Book.
9. The next task is to prepare the parent/other relative and request the blessing message. To facilitate the message, the team member establishes supportive and respectful contact with the person. The team member will offer to help the parent/other relative construct a positive message and/or provide information about the elements of a blessing message. One approach is for the team member to take notes of the conversation with the parent/other relative and to state back to the individual all the positive statements made, suggesting this may be what they want to write in a letter. In some circumstances, the team member may need to write the letter and confirm that it is accurate and ask if they want to sign it. A

recorded audio or video message is appropriate when the individual can give a statement which contains the elements of a good blessing message.

10. The next task is to deliver the message to the child. Receiving a blessing message given by the birth parent or other relative is likely to be a powerful emotional experience for the child. The child will need support and encouragement to express their feelings. The child will likely 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. Please note that some families can maintain healthy relationships with biological family members and this should be developed at the adoptive family's discretion, with input from the child and therapist.

WORK AID: SAMPLE BLESSING MESSAGE FROM BIRTH PARENT

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.

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 Mommy—Bonnie

WORK AID: SUGGESTED OUTLINE FOR SAMPLE BLESSING MESSAGE FROM BIRTH FAMILY

The following outline may be helpful to the birth parent or other relative as they prepare the blessing message for the child.

Date

Dear Child's Name,

First paragraph: Include greetings and well wishes for the child. Apologies that things were not easy and didn't turn out the way we hoped. Remind the child that the circumstances are not their fault.

Second paragraph: Include what the caregiver hopes for the child for the future. Include things that are special about the child that the caregiver wants the child or others to know.

Third paragraph: Reminder that I will always be your mother/father/sister/aunt, and that won't change, but who takes care of you every day must change in order for you to be safe, happy, and healthy. I want the best for you and your future.

Love,

Signature

WORK AID: SAMPLE BLESSING MESSAGE FROM A CHILD BEING PLACED SEPARATELY FROM THEIR SIBLING(S) – FROM MY STORY

Dear Sibling's Name,

I'm getting ready to get adopted, and I'm thinking about you. You and I have been through a lot of things together, some good times and some hard times. I know that I haven't always been a perfect sister/brother, and sometimes I've gotten irritated with you and taken my frustration out on you. I'm sorry for that. I love you and have tried to take care of you and protect you when I could. I want you to know that you will always be my brother/sister, and we will always be connected. Even though we will live in different families, we will always be our own family, too.

Love,

Child's Name

WORK AID: THE SEPARATION: THE BLESSING MESSAGE FROM THE FOSTER FAMILY

1. When possible, a blessing message (preferably written) should be obtained from current foster family if they are not planning to adopt. Blessing messages should also be obtained from any past foster families to whom the child maintains a particular attachment or bond of loyalty or in situations where the child cannot move forward. When foster parents are dealing with their own feelings around the child moving from their home, it may be difficult to explain why a move is occurring. The FSW or other designated team member can assist in this process by listening to the foster parents' feelings and helping them formulate a message expressing their hopes for the child.
2. The blessing message would also include statements about what the family likes about the child and acknowledgment of their feelings. As the child processes the foster family's blessing message, the FSW or other designated team member can encourage the child to describe foster care placements that felt successful. The FSW or other designated team member can ask the child to describe what they liked best in the foster placement. This helps lay the groundwork for discussions about adoptive placement.
3. Reasons for foster 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 want you to have a family that is active and will have the energy to do the things you enjoy.

The child has behavioral issues that we cannot manage.

We don't feel that we have the skills to help you manage your emotions. We want very much for you to have what you need. You deserve a family that can help you develop new skills.

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 and would like to continue being a part of your life in the future.

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

We want you to have a home where you are able to connect and share interests with your family. A place where you feel at ease and comfortable.

WORK AID: SAMPLE BLESSING LETTERS FROM FOSTER PARENTS

SAMPLE #1 - Sample letter from foster parent to child/youth transitioning to a pre-adoptive home.

Date

Dear (child/youth's name),

As I write this letter to you, my heart is filled with mixed feelings of joy and sadness. We are happy to know you are going to be part of a family that would strive to give you the best care, support, and a tremendous amount of love. We are also sad that you are leaving our home but know you will always have a place in our heart.

As you prepare to transition to your new family, we want you to know how special you are in our eyes. You have grown so much and have so many wonderful qualities. You are *(describe qualities such as funny, smart, kind, creative, thoughtful etc.)* Also, thank you for *(teaching me how to work the remote, use my new cell phone...example)*

We are sure that Mr. and Mrs. [insert the name of the foster/adoptive family] are looking forward to you becoming a part of their family. We hope you will stay in contact with us and know you have our support as you continue on your journey.

Love,

Roger & Susie Smith
Your foster parents

**Note - Adding a picture of the child/youth with the family can be a wonderful keepsake with this letter.*

SAMPLE #2 - Sample letter from foster parent to child/youth transitioning back to biological family.

Date

Dear Jamie,

When you came to our house just before Halloween last year, you were a sad and scared little boy. You wanted to be with your mom and dad and were pretty mad and upset when you had to come and live with strangers. We were sorry to see how upset you were, but happy we could give you a safe place to stay until things were better with your mom and dad.

We really liked having you live with us. Once you got used to us, we got along well. You were a great foster brother to Dane and Whitney, and they will miss you now that you are going back to live with your mom. Mrs. Steadman and I will miss you, too.

Jamie, you are a special boy. You are kind to others. You are so good at taking care of pets. Josie and Penny will really miss all the walks you gave them and the treats you used to sneak to them in the backyard. We will always remember your great smile (especially after you lost that front tooth!) and your silly jokes that made us all laugh at the dinner table.

Here is a picture of you with all of us. We kept a copy, too! We will always remember the time you lived with us and hope we can see you or at least hear from you, so we know how you are doing. You were a special part of our family, and we will always care about you. But we are glad you and your mom can be together again.

With love,
Charlie Steadman
Your foster dad

SAMPLE #3 - Sample letter from foster parent, after the fact

Date

Dear Robert,

This letter took me a long while to write. I was so upset when you left that I couldn't say the things I needed to say then. Now that some time has gone by, I am ready to say the things I should have said when I asked that you leave my home.

First, Robert, I feel very sad that you could not stay with me. Even though we had problems, I always thought you were a boy with good inside him, who needed lots of love to feel better about yourself. I know some real bad things happened to you before you came to live with me. I don't think I understood how hard those things made it for you to live in a family with other kids. I wish I had understood this better and could have helped you more.

When you left, I was very upset. I said some things I wish I hadn't. I also made you leave right away without saying goodbye to anyone. That wasn't fair to you, and I am sorry.

Robert, there are so many good things about you. You are a brave young man, and you want to do right. You have a lot of work to do to understand what has happened to you, but you can learn and grow from the bad things as well as the good. But I know you will work hard, Robert, and that someday you will make sense of all these things and grow up to be a strong and loving man.

I know living at the group home is different than living in a family. I hope you will do well there and be able to live in a family again someday. You deserve a family, Robert, a family that will love you and see what a good young man you are and will be proud of you and will keep you safe. I am very sorry that my family could not do that for you. I will keep you in my prayers and if your worker says it's alright, I will write to you again.

May God bless you and keep you,
Joanne May (Mama Jo)

WORK AID: PREPARING FOSTER AND ADOPTED YOUTH TO ANSWER DIFFICULT QUESTIONS

Before the Conversation

Children who have experienced early childhood trauma are sensitized to what others say to them and how things are said. It is wise for caregivers and case workers to take some time thinking about their own feelings before engaging in conversations with youth about difficult topics. If the caseworker or caregiver is anxious about a particular topic, they will more than likely convey that anxiety to the youth. It is also important that adults be able to sit with difficult feelings that the child may express. Adults are wise to refrain from minimizing the child's feelings or attempting to help the child see the positive in a difficult situation. For instance, a child who is struggling with intrusive questions by friends does not want to hear "You are so fortunate to have foster parents who love you." Advice giving is another pitfall that some adults fall into when talking with youth. There is a difference between "What you need to do..." and "I am wondering if this might work. What do you think?" Assuming a tone of curiosity and openness will go a long way when talking with youth about difficult topics.

It is your story

The message to youth in foster care or those that have been adopted should be that their story is their own and they have the right to share what they want with others. In fact, some foster and adoptive parents need to be reminded that their child's story is their own and not for them to share, particularly when it comes to social media.

By empowering youth to take ownership of their story, we are teaching them to set personal and appropriate boundaries. The message should be that it is okay not to answer questions about how they ended up in foster care. It is also okay not to share information about their birth family. At the same time, it is important that we do not give the message that the child's past is something to be embarrassed about. Youth may benefit from role playing with their caregivers or caseworker on how to deal with questions. For instance, the case worker may play the role of the child and the child can play the role of the person asking questions. The roles can then be reversed.

Green light, yellow light, red light

The National Resource Center for Youth Development recommends a green light, yellow light, red light approach for youth when dealing with questions about their foster care or adoption experience.

- Green light means “go.” Green light stories are experiences or topics that the youth can share with anyone.
- Yellow lights warn people that a red signal is about to appear. Yellow light stories are experiences that the youth may want to be cautious about sharing. Perhaps the youth may want to get advice from a trusted adult before they share with others.
- Red lights warn people to stop. Red light stories are ones that should be kept private.

Potential Green Light Questions

- Do you like being in foster care?
- Are your foster parents nice?
- Do you like living with your aunt and cousins?
- Do you get to spend time with your siblings/parents?
- Can you have friends over to your foster home?

Potential Yellow Light Questions

- When are you going to be able to go back home?
- What did you do to end up in your situation?
- I’ve heard foster parents can be mean. What about your foster parents?
- Why can’t you live with other family members?
- Do your parents have to go to parenting classes?

Potential Red Light Questions

- Why don’t you live with your REAL parents?
- Did your parents abuse you?
- Don’t your parents love you anymore?
- How much do your caregivers get paid for taking care of you?
- I heard your grandparents are your foster parents. Are you one of those BAD Kids?

REFERENCES

<https://www.wifamilyconnectionscenter.org/2022/03/03/preparing-children-youth-in-care-for-difficult-questions/>

<https://www.wifamilyconnectionscenter.org/2022/03/03/connection-is-crucial-for-healing-conversations/>

WORK AID: CONTINUING CONTACT WITH SIGNIFICANT OTHERS FOLLOWING ADOPTIVE PLACEMENT

1. Engage the youth to identify the significant relationships maintained by the child prior to adoptive placement. Relationships to be considered may include birth parents, siblings, relatives, friends, foster parents, community connections, and previous foster parents.
2. The child and family team should evaluate if continuing contact with identified individuals is in the youth's best interest, based on factors such as emotional attachment, stated preference for ongoing contact, type and quality of present contact, impact of present contact on the child, history of relationship/contact, safety, and the ability of the parties to work together on behalf of the child in adoption.
3. Based on the team's evaluation, determine if ongoing contact is in the child's best interest. Help all parties understand the recommendation concerning ongoing contact.
4. Assess with the child and with significant others the understanding of adoption, hopes for the future, and obtain the 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. When ongoing contact is recommended for the child being placed, the team will seek an adoptive family who will be supportive of the need for ongoing contact.
7. Prior to placement, discuss recommendations concerning ongoing contact with the adoptive parents and help them understand the impact this may have on the family.
8. Continue to monitor the impact of contact during the pre-adoptive placement period. If the child's team determines that ongoing contact is no longer in the child's best interest, assist all parties in understanding why contact should be modified or ceased.

See Page 69, Section J. Contact with Significant Others, for additional information and resources related to the importance of maintaining connections to birth family and significant others.

VII. SEPARATION OF SIBLINGS

What: Determine if permanent separation of siblings is in the children's best interest for the purpose of adoption

When: Separation of siblings is being considered

Who: Members of the Child and Family Team

Why: To ensure that the sibling relationship is honored and maintained

A. Sibling Relationships

DCS places priority on keeping siblings together to maintain existing relationships and minimize grief/loss experienced by the child. Some of the benefits experienced by siblings who are placed together include:

- The children don't have to experience another loss (can begin to heal)
- The children feel safer in a new home when they are with their siblings
- Siblings have a shared history
- The children are better able to attach to caregivers when the sibling attachment has not been damaged
- Children who have positive relationship with their siblings are less likely to exhibit internalizing behaviors (i.e. behavior problems, such as anxiety or depression, that are directed inward)
- Being placed with siblings serves as a protective factor for children's mental health

If a sibling group is separated at the time of foster care placement, immediate and ongoing efforts should be made by the team to reunify the siblings. These efforts should include

- providing services to address safety concerns,
- ensuring that a visitation plan is in place to maintain the sibling bond, and
- providing sibling therapy to prepare the children for reunification.

Visits between siblings should take place as frequently as necessary and appropriate to facilitate a connection and ongoing relationship, but no less frequently than once each month for no less than one hour in duration (unless the visit is shortened to protect the safety or well-being of the child/youth).

B. Decision and Approval

- If the team is 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.
- The team must consider recommendations and/or assessments from therapists who have observed the siblings together.
- The decision to separate siblings should be focused on meeting the child's needs and ensuring the child's safety and well-being.
- If the decision is made to place siblings together, the team will need to recruit an adoptive home that can parent the entire sibling group.
- If a decision is made to separate siblings, ensure that counseling is in place for each child to address the separation and to help the child understand adoptive plans for his/her siblings. (See My Story pg. 48 "Your Brothers/Sisters") Separation of siblings requires the completion and Regional Director approval of form [CS-0664, Placement Exception Request](#). (See: DCS Policy [16.46 Child/Youth Referral and Placement](#) and [Guide to Placement Exception Categories](#)) 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.

Reasons for sibling separation may include:

1. Safety risk factors such as aggression, sexual offending, or sexual reactivity where treatment interventions have not been successful.
2. An assessment completed by a licensed therapist has documented a compelling reason that it is in the child's best interest to separate siblings for the purpose of adoption/permanency.

C. Ongoing Sibling Contact

Document in the children's case 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 with siblings is not in the child's best interest, explain the reasons in the case record. This should occur only in unique cases where there is a risk to the child's safety and/or well-being, and the recommendation to cease contact has been made after an assessment by a therapist.

REFERENCES

DCS Policy [**16.43 Supervised and Unsupervised Visitation Between Child/Youth, Family and Siblings, Chapter 16 Visitation Guide**](#), and DCS Policy 16.46 Child/Youth Referral and Placement.

Sibling Decision Making Matrix, Developed by: Connie Maschmeier, LISW, MSSA, CCDC III, Northeast Ohio Adoption Services' Sisters and Brothers Together Project (Funding provided by Federal Adoption Opportunities Grant #90-CO-0821)

Child Welfare Information Gateway. (2019). Sibling issues in foster care and adoption. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau
<https://www.childwelfare.gov/pubPDFs/siblingissues.pdf>

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, Permanency Specialist, and other designated members of the Child and Family Team

Why: To ensure that all DCS adoption services affecting children identified as Native American are conducted in compliance with the federal guidelines outlined by ICWA. The goal of the ICWA is to strengthen and preserve Native American families and culture.

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) A member of the Native American child's extended family;
- b) Other members of the Native American child's tribe; or
- c) 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. CHILD SPECIFIC RECRUITMENT

- What:** Ensure recruitment tools are in place to include development of an Individual Recruitment Plan, registration of the child on AdoptUSKids, and completion of an archeological dig.
- When:** A permanent home is being sought for a child in DCS full guardianship who has no permanent family identified.
- Who:** Child/Youth, Permanency Specialist, FSW, Provider Agency staff, Central Office staff, and members of the CFT
- Why:** To ensure that diligent recruitment efforts are made to identify permanent families for all children in DCS full guardianship
-

A. Recruitment

When no adoptive home is identified, the Child and Family Team will meet within 30 days of the child being placed in full guardianship to develop an Individual Recruitment Plan (IRP), utilizing form [CS-0768, Child/Youth Specific Recruitment Plan](#). The team will meet at least once quarterly to update the IRP. The IRP will document all planning and recruitment efforts implemented by the team to identify a permanent family for the child.

The team will utilize a variety of child-specific recruitment tools and resources to identify a pre-adoptive home. The team will explore ways to engage the child/youth in the recruitment process, such as including them in IRP meetings, having ongoing conversations with them about what permanency means and looks like for them, exploring connections the youth has with family members and significant others, including them in writing their recruitment profile narrative, and giving them a voice in the planning and decision-making processes. It is important that the child/youth is on board with any type of recruitment.

Recruitment efforts might include, but not be limited to the following:

1. Photolistings – AdoptUSKids, TN Kids Belong, Parent A Child, and various provider websites are used to photolist children who are in full guardianship and do not have a family that has committed to providing legal permanency.
2. Request referrals from DCS placement staff and Provider Agency staff of approved foster parent(s) for consideration as a placement resource for children who are legally free for adoption.

3. Recruitment Events – Various venues such as churches, conferences, community events, and TN KEY classes can be used to display pictures or videos of the child to prospective adoptive families.
4. Videos – Videos, such as In My Own Words (IMOW) and TN Kids Belong (I Belong Project), give a more in-depth picture of the child Recruitment videos should be positive and strengths-based. These videos should not include confidential information about the child or their family, nor should the video mention abuse, trauma, grief, etc.
5. Social Media – If DCS or a provider agency has a social media page, such as Facebook or Instagram, the child’s profile can be posted if the child consents. No DCS or provider agency staff should place a child’s image or story on their personal page or account.
6. Archeological Dig – The archeological dig process utilizes various tools and strategies to conduct an intensive search to identify, locate, and engage relatives, kin, and other significant individuals for children and youth who are in DCS guardianship and awaiting permanent placement. The goal of the archeological dig process is to identify individuals in the child/youth’s past or current network that may provide them with legal permanency, or in some instances relational permanency by serving as a lifelong connection and support to the child/youth. See DCS Policy, [*Protocol for Developing and Utilizing the Archeological Dig in Identifying Permanent Placements for Children/Youth.*](#)
7. Partnering/Engaging with Faith-Based communities or other community groups or organizations to recruit permanent families.

B. AdoptUSKids (AUK)

AdoptUSKids is a national project that works to help ensure that children and youth in foster care get safe, loving, permanent families. The AUK website includes a photo listing of children in foster care who need permanent families and families who are approved to adopt from foster care. The AUK photolisting allows workers to search for home study approved families who may be able to meet the needs of children in DCS full guardianship.

AUK will be utilized to photolist 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 on AdoptUSKids \(AUK\).*](#) The Permanency Specialist, in

collaboration with the FSW and the Provider Agency representative, should ensure that children with a legal status of full guardianship have an AdoptUSKids profile completed and registered within 60 days of the child/youth entering full guardianship or within 60 days from the date of pre-adoptive placement disruption.

The AdoptUSKids website also includes publications for child welfare professionals on a variety of topics such as child-specific recruitment, engaging youth in the recruitment process, family finding, general recruitment, and supporting families. For more information, see <https://professionals.adoptuskids.org/>

Registering a Child on AUK

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

1. A completed AdoptUSKids Registration CS-1012 form to include written profile information for the public and private profile narratives.
2. A non-identifying public profile narrative of the child (or sibling group) that is at least 100 words. The profile narrative should be written using positive terminology and should reflect the child's strengths. The profile should present the child's strengths, unique talents or qualities, positive personality traits, hobbies/interests, dreams for the future, and what the child is looking for in a family. The child/youth should be engaged in the process of creating the profile narrative by talking to them about what information they would like to include in their narrative and/or allowing them to write their own profile narrative. (See Work Aid: Examples of AdoptUSKids Child Profiles and [*Engaging youth in writing photolisting narratives*](#) by AdoptUSKids, October 2020)
3. The private profile narrative is optional. It can include information about the type of family that would be best suited for the child and general information about the child's need for ongoing treatment/services, without disclosing specific diagnoses.
4. A current photo of the child or sibling group. Consideration should be given to the child's clothing, hair, make-up, body language, and clarity of the picture. The child's clothes or any other item in the photograph should not include any identifying information (i.e. name of child, school, city, etc.)

C. Following Up on Inquiries

The Central Office Adoption Coordinators will forward inquiries from home-studied families to the Permanency Specialist and Provider Agency staff. The Permanency Specialist and/or Provider Agency staff will then follow up on family inquiries received through AdoptUSKids or other photolisting websites. 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. If a child is not receiving inquiries or if the team would like to expand the pool of potential families, the team will complete monthly reverse searches for families on AdoptUSKids.

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 as well as on the Individual Recruitment Plan.
2. Upon receiving inquiries from the Central Office Adoption Coordinator, the Permanency Specialist or Provider Agency staff will respond to all families via email or phone within seven business days.
3. The Permanency Specialist or Provider Agency staff will document all responses to inquiries on the child's Individual Recruitment Plan.
4. The inquiring family will receive a minimal level of disclosure, primarily from the child's narrative in the recruitment profile. During the inquiry process, a DCS or Provider Agency representative will interview the inquiring family to determine what behaviors and level of disability the family is willing to parent. The inquiring family is not entitled to full disclosure about the child at this interview session. (See DCS Policy [***15.1, Adoption Related Disclosure***](#))
5. The Permanency Specialist, or Provider Agency staff may or may not request a family's home study or further engage the family based on information gathered during the initial contact. When the decision is made not to further engage the family, communication will be provided to the inquiring family as to why they were not considered to be the best adoptive match for the child, without disclosing specific or identifying information.
6. During the initial conversation with the family, the Permanency Specialist or Provider Agency representative identifies the licensed child placing agency or public agency serving the family. This information helps to identify supports

and services available to the child and family during transition planning and post placement of the child into the adoptive home.

D. Finding Our Children Unconditional Supports (FOCUS) Review Process

In order to ensure that children in full guardianship are transitioning timely to permanency, each child is reviewed in a monthly tracking and review process known as FOCUS reviews. The purpose of the monthly review process is to determine if these children have a permanent family identified and that the needed supports and services are in place to ensure timely permanency. The FOCUS review process is outlined in DCS Policy [16.31 Permanency Planning for Children/Youth in the Department of Children's Services Custody](#), Section D.4.d.

REFERENCES AND ADDITIONAL RESOURCES

[Engaging youth in writing photolisting narratives](#). AdoptUSKids. October 2020.

<https://professionals.adoptuskids.org/>

WORK AID: EXAMPLES OF ADOPTUSKIDS CHILD PROFILES

The examples below are real narratives of waiting children and youth. These narratives are positive, strengths-based, and descriptive. You can read more about writing children's narratives in the AdoptUSKids guide, [*Creating Effective Narratives for Children Waiting to be Adopted*](#).

Child Profile #1: Max

Great Scott! There's a new superhero flying around the planet! It's Marvelous Max! This caped crusader wants to save the world one day, and if he had his way, he would also strap a giant piggy bank to his back and drop money off to charities. Of course, that's when he's an adult. As a kid, Max just wants to tackle the heavens from the ground through a love of science. "Sometimes," he says, "when it's windy, I like to fly some kites. And sometimes I just like to relax, lay in the sun and look at the clouds.... Sometimes at night I like to look at the stars" ... and perhaps wish upon one because Max wants a telescope one day, not to mention a forever family. "I would like to have a forever family who will provide me with a new home to live in and take me to a science museum!" Yes, this superhero/scientist might seem ordinary on the outside. After all, he likes listening to music and playing basketball and video games. But since when is saving the world "ordinary"?

What makes this profile narrative great?

In addition to painting an entertaining picture, this profile narrative is effective because it includes:

- Quotes from the child
- Positive personality traits
- Interests, hobbies, and favorite pastimes
- School interests
- Dreams for the future
- How a family might be part of their life

Child Profile #2: Antonio, Juan, and Ignacio

Antonio, Juan, and Ignacio are active and fun-loving children with charisma and hearts full of hopes. Their sibling bond is strong, and they consider each other teammates. They look forward to being with each other and having a family who will support their dreams and passions. All three love sports, riding their bicycles, and listening to Tejano music. Antonio and Juan are the oldest and are protective of each other and their younger brother, Ignacio. Juan and Ignacio are quite outgoing—Juan likes to make jokes and Ignacio loves to

chat with others. More reserved Antonio takes a little time to open up. These brothers are uniquely talented and are looking forward to sharing their love with their forever family.

What makes it great?

This is an effective profile narrative because it includes:

- Description of the siblings' relationship
- Cultural connections
- Positive personality traits
- Interests, hobbies, and favorite pastimes

Child Profile #3: Rogelio

"My name is Rogelio. I am in high school and have plans to go to a local college upon graduation. My focus will be graphic design and I hope to one day work for a gaming company in some capacity. I have varied interests, including woodworking, metalworking, art, history and writing—that could also one day turn into a career. I am currently writing short stories with a goal of turning them into novels. I primarily write fantasy fiction, similar to Lord of the Rings or futuristic dystopian novels. In woodworking classes, I have made a keepsake box, a skateboard, and model houses.

On top of all of my possible career interests, I also have several hobbies. I love reading and re-reading *The Hobbit* and *The Lord of the Rings* series. My favorite books to read are in the same genre I like to write—futuristic dystopian societies. I love being around and caring for animals, and even worked at a pet store. I especially enjoyed working with injured and disabled dogs and was amazed by their abilities despite their challenges.

I enjoy tinkering with technology by taking things apart, putting them back together, and attempting to repair them. I am also a big fan of video games and sleeping in occasionally. Growing up, I participated in Boy Scouts and especially enjoyed camping, hiking, and learning survival skills.

I would describe myself as very curious and often ask a lot of questions as a way to connect with people. I like to cook and would love to help make meals. My favorite thing to make is stir fry. I would love to have any kind of pet and would be happy to help take care of them. I am looking for a family who would support my creativity and desire to try and learn new things. In the last year, I have reconnected with my birth father and other family members and would like to remain in contact with them. I am looking for a family who can help me gain the skills I need to become a successful adult."

What makes it great?

This is an outstanding example because it includes:

- The youth's voice
- How a family might be part of his life
- Important family connections
- Dreams for the future
- Interests, hobbies, and favorite pastimes, with details
- Strengths and positive personality traits

Child Profile #4: Lexi (for a child with significant medical needs)

Meet Lexi! If you want every day to start with a smile, there's no doubt Lexi will bring one to your face. She greets everyone with a big smile and has been described as one of the happiest children you will ever meet. Her spirit is like no other, and the rewards of her love and smiles will be endless. A very social girl, Lexi loves to interact with children and adults. Lexi loves to be talked to! Lexi likes playing with soft baby toys and chewing on them and rolls around on the floor to get to what she wants. She can amuse herself by playing with toys attached to her chair tray (her favorites are toys with music and lights). Watching TV and animated movies are also fun for Lexi.

Lexi likes going to school and being part of everyday life. She enjoys outings and going to church with her foster family. Lexi has overcome many obstacles in her life, and the special family for Lexi must be willing to learn how to meet her needs and be willing to accept a lifetime commitment. If you are that family, please don't miss out on another minute without this wonderful girl! Lexi is the kind of child that will enrich your life forever.

What makes it great?

It doesn't focus on what Lexi can't do but instead focuses on her strengths and includes:

- Interests, hobbies, and favorite pastimes
- Positive information about how she interacts with others
- Strengths and positive personality traits
- Things that are important to her
- Accomplishments
- Appeal to family

Child Profile #5: Alexandria (for a child with significant needs)

A ray of sunshine is how her worker describes Alexandria, who was born in 2009. "This special girl really lights up when she has visitors, and it just makes my day to see her smile!" She loves to listen when others read, and her foster brothers have started reading their

books aloud to keep Alexandria entertained. When one of her brothers had to prepare for a speech at school, Alexandria was his practice audience. Her smiling face and congratulatory hugs gave him the confidence to continue.

The park and the zoo make Alexandria so happy! She looks at everything and points at her favorite animals. The giraffes get her most excited of all! At home, she really enjoys her stuffed animals and toys. You can often find her grinning ear to ear as she pushes buttons on her favorite toy, which plays music and has colorful lights. When she goes to bed, she snuggles with her Blue's Clues stuffed dog. She does well at home and in school.

Her foster mother explains what a wonderful girl Alexandria is: "Her smile and happy personality make it easy to love and care for Alexandria! She's a joy to be around." Would you like to be the recipient of Alexandria's love and smiles?

What makes it great?

It focuses on her strengths and includes:

- Positive information about how she interacts with others
- Strengths and positive personality traits
- Things that are important to her
- Appeal to family

REFERENCES AND ADDITIONAL RESOURCES

[*Examples of well-written public photolisting narratives*](#). AdoptUSKids. July 2017.

[*Engaging youth in writing photolisting narratives*](#). AdoptUSKids. October 2020.

[*Quick-Reference Photolisting Guide*](#). AdoptUSKids. August 2020.

[*Creating Effective Narratives for Children Waiting to be Adopted*](#). AdoptUSKids. December 2017.

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 foster 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*, and Policy [15.1 Adoption Disclosure](#)).

- 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 foster 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 foster 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, Health Services Authorization for Non-TennCare Eligible**](#) 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, Health Services Confirmation and Follow-Up Notification](#) 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
9th Floor, UBS Tower
315 Deaderick Street
Nashville, TN 37243

- 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 Foster 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 foster 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/FPS 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 foster 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. Within 90 days of the child entering full guardianship, and no pre-adoptive family is identified and the child has a goal of adoption
 2. Within 30 days of a child considered as needing a legal risk placement and the child has a goal of adoption, the termination of parental rights petition has been filed with the court, or the court has made a finding relieving the department from making reasonable efforts for all parents
 3. For children placed in full guardianship who are placed in a foster home that is willing to adopt
 4. For children in full guardianship with a goal of adoption and ***no pre-adoptive family identified***, a Special Called Child and Family Team meeting shall be convened within 30-90 days of the child entering full guardianship or within 30 days of a child being considered as legal risk and every thirty days thereafter. The goal of the CFTM is to review home studies and identify a permanent family who can meet the lifelong needs, support the best interests, and provide permanency through adoption for the child. The team will determine each month whether a meeting is needed if no family has been identified and there are additional inquiries/home studies to review.
 5. For children in full guardianship who are ***placed in a foster home that is willing to adopt***, the team will convene a Special Called Child and Family Team Meeting to determine if adoption by the foster family is in the child's best interest. The decision to move forward with adoption by the foster family must be made in the context of a Child and Family Team Meeting. The child and family team must discuss and document why adoptive placement with the foster family is in the child's best interest and how the family is able to meet the child's needs.

Who: FSW, Permanency Specialist, Provider Agency Worker, Foster Parent, GAL, Therapist, Child/Youth (as determined appropriate), Child/Youth by Proxy, CASA volunteer, other participants as applicable

For children in full guardianship with a goal of adoption or for DCS custodial children who are considered legal risk, and no pre-adoptive family is identified, a Special Called Child and Family Team meeting shall be convened within 90 days of the child entering full guardianship or within 30 days of the child being considered as legal risk. In order to identify a legal risk placement for these children, there must be a sole or dual goal of adoption, and a petition

for termination of parental rights filed with the court, or the court has made a finding relieving the Department from making reasonable efforts for all parents.

The goal of the CFTM is to review home studies and match children with permanent families who can meet the lifelong needs, support the best interests, and provide permanency through adoption. The team will determine each month whether a meeting is needed if no family has been identified and there are additional inquiries/home studies to review.

For children in full guardianship who are placed in a foster home that is willing to adopt, the team will convene a Special Called Child and Family Team Meeting to determine if adoption by the foster family is in the child's best interest. The decision to move forward with adoption by the foster family must be made in the context of a Child and Family Team Meeting. The child and family team must discuss and document why adoptive placement with the foster family is in the child's best interest and describe the family's capacity to meet the child's needs.

A. Participants and Responsibilities:

1 DCS Permanency Specialist

The Permanency Specialist assumes the following responsibilities:

- a) Completes the pre-placement and presentation summaries and presentation book for children placed in level 1, level 4, and medically fragile placements.
- b) Works with the Provider Agency Worker to ensure completion of the pre-placement and presentation summaries and the presentation notebook for children placed in level 2 and level 3 placements.
- c) Ensures each team member has a copy of the child's presentation summary. If the child/youth is served by a provider agency, the Provider Agency Worker and Permanency Specialist will share responsibility for distributing the presentation summary to all team members.
- d) Ensures all AdoptUSKids (AUK)/other inquiries have been reviewed
- e) Ensures the following for any home study considered in the Special Called CFTM.
 - ◆ Home studies are current within two (2) years and completed by a licensed clinical social worker or a licensed child-placing agency. The FSW/Permanency Specialist confirms there have been no changes in the family's composition or circumstances since the home study was completed. If changes have occurred since the home study was completed, an addendum to the study is required for the study to be considered in the selection process.
 - ◆ When considering legal risk placements, the Child and Family Team secures home studies from Contract Provider Agencies or DCS Placement Unit.

- ◆ To protect the confidentiality of all families being considered, all identifying information should be redacted for any home study included in the Special Called CFTM. Refer to DCS Policy [32.6, De-Identification of Client Protected Health Information and Use of Limited Data Sets](#), Section B.1.
 - ◆ Ensure redacted home studies are distributed to each team member prior to the scheduled CFTM.
- f) Schedules the Special Called CFTM and notifies team members of the meeting time and location via email or other written correspondence.
 - g) Facilitates the Special Called CFTM to ensure the group maintains focus on the child/youth's strengths and needs.
 - h) Articulates the purpose of the Special Called CFTM.
 - i) Reminds team members to be aware of personal biases and value judgments as well as how these biases can influence matching decisions.
 - j) Moves the team through the decision-making framework and guides the group toward consensus.
 - k) Ensures that federal guidelines are taken into consideration such as ICWA, MEPA, IEPA, ASFA, and ICPC. Refer to DCS Policy [16.24 Children of Native American Heritage](#), DCS Policy [16.2 Multi-Ethnic Placement Act/as Amended by the Inter-Ethnic Adoption Provision of 1996 \(AKA: MEPA/IEPA Inter-Ethnic Placement Act\)](#), and DCS Policy [1.30 Interstate Compact on the Placement of Children](#).
 - l) Ensures presentation summary and home studies are properly secured and/or shredded after the CFTM for in-person meetings. Requests that team members properly dispose of paper copies and delete any electronic copies of presentation summaries and home studies for virtual meetings.

2. Child/Youth (by proxy)

Prior to the CFTM, children/youth shall have been engaged about their desires for a permanent family; however, they shall not be made 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 child/youth's FSW
- b) The child/youth's Permanency Specialist
- c) Applicable sections of the child/children's Life Story Book
- d) The Guardian Ad Litem

- e) CASA Volunteer
- f) Child/youth's Foster Parent
- g) Child/youth's Therapist
- h) Older youth might actively be engaged at some level in identifying a permanent family, such as reviewing non-identifying family profiles/narratives.

3. Family Service Worker

The child/youth's FSW assumes the following responsibilities:

- a) Documents the Special Called CFTM on the [*Child and Family Team Meeting Summary CS-0747*](#) and in TFACTS.
- b) Helps the Permanency Specialist gather information for the completion of the pre-placement and presentation summaries and presentation book.
- c) Assists the Permanency Specialist in planning the Special Called CFTM and inviting all appropriate team members.
- d) Presents the child to the Special Called CFTM by thoroughly discussing the child's strengths and needs and provides a detailed description of past recruitment efforts and reasons why the child is not currently placed in a permanent home. The FSW should have a solid understanding of the child's history, desires, and feelings about adoption; and be prepared to share this information with the child and family team.
- e) Assists team in identifying and/or clarifying adoption-specific issues that may affect permanency such as loss and grief, sibling placement, bonding, etc.
- f) Ensures a guardian ad litem has been appointed to consent to the adoption of a child who is mentally disabled, age 14 years or older.

4. Provider Agency Adoption Worker (if applicable)

- a) Completes the pre-placement and presentation summaries and presentation books for children in Level 2 or 3 continuum placements.
- b) Assists the FSW and Permanency Specialist in planning the Special Called CFTM and inviting all appropriate team members.
- g) Assists the FSW in presenting the child to the Special Called CFTM by thoroughly discussing the child's strengths and needs and providing a detailed description of past recruitment efforts and reasons why the child has not been placed in a permanent home. The Provider Agency Worker should have a solid understanding

of the child's history, desires, and feelings about adoption; and be prepared to share this information with the child and family team.

- c) Assists team in identifying and/or clarifying adoption-specific issues that may affect permanency such as loss and grief, sibling placement, bonding, etc.
- d) Ensures a guardian ad litem has been appointed to consent to the adoption of a child who is mentally disabled, age 14 years or older.
- h) Ensures home studies are current within two (2) years and completed by a licensed clinical social worker or a licensed child-placing agency. The Provider Agency worker confirms there have been no changes in the family's composition or circumstances since the home study was completed. If changes have occurred since the home study was completed, an addendum to the study is required to be considered in the selection process.

5. Child/Youth's Foster Parent (if applicable)

The Foster Parent will have the following responsibility:

- Describe daily strengths and needs of the child as related to parenting, school and/or therapeutic issues, and assist the team in identifying issues which may affect permanency.

6. Child/Youth's Therapist

The Child/Youth's Therapist will have the following responsibility:

- Assist team in identifying and/or clarifying clinical and/or mental/behavioral health needs that may affect permanency and assist the team in identifying what services will be needed to support permanency. If the therapist is not available to attend the CFTM, the FSW, Permanency Specialist, and/or the Provider Agency Worker will gather recommendations from the therapist to share with the team.

7) Other Participants

It may be necessary to include other participants based on the needs and best interest of the child/youth. Other potential Child and Family Team members may include but not be limited to the DCS Educational Specialist, DCS Health Unit Representative, and/or the DCS Independent Living Specialist. If the child is American Indian or Alaska Native, the appropriate tribal representative must be invited to the Special Called CFTM. The team may seek input or additional information about the families being considered by contacting the Foster Parent Support worker or Agency Worker for the family prior to the Special Called CFTM.

B. Preparation for the Special Called CFTM:

1. The primary goal of the Special Called CFTM is to identify the family whose strengths best match the child's needs.
2. The child/youth should have had all other options for permanence thoroughly explored and exhausted, including all birth family connections and prior attachments/significant relationships through the diligent search and archeological dig processes. When there appears to be no possibility of reaching permanence through adoption with a birth relative or kinship family, the FSW, Provider Agency Worker (if applicable), and the Permanency Specialist must review the following information prior to a request for the Special Called CFTM:
 - a) the barriers to an adoptive placement with the current foster or kinship family;
 - b) the results of past attempts to place the child/youth with birth relatives or kinship family; and
 - c) determine whether the conditions that prevented or disrupted the child/youth's placement with previous foster/kinship families are still present and what efforts are being made to address the conditions.
3. The decision regarding placement of siblings for the purpose of adoption must be made prior to the Special Called CFTM and documented in the DCS case record.

C. Selection Process:

1. The FSW and Provider Agency Worker (if applicable) will present the child to the Special Called CFTM by thoroughly discussing the child's strengths and needs and give detailed reasons why the child does not have a current permanent placement. The FSW and Provider Agency Worker (if applicable) assists the team in identifying and/or clarifying adoption-specific issues that may affect permanency, such as loss and grief, sibling placement, bonding, etc.
2. The Permanency Specialist will present each family in a non-identifying manner through the facilitation process and document each family's strengths and needs as they relate to the child's strengths and needs, as presented by the FSW and Provider Agency Worker
3. The team will make every effort to consider the family's perspective on how they will meet the child's specific needs, based on their home study and information gathered from the family or their agency prior to the Special Called CFTM. Some criteria that can be used to consider the appropriateness of potential adoptive families for a specific child or sibling group include:
 - ◆ The prospective adoptive family's capacity to understand and be responsive to the child's safety needs that may have been compromised in his or her past.
 - ◆ The prospective adoptive parent's ability to meet the current expenses of caring for the child or sibling group.

- ◆ The capacity of the family to successfully parent the child to adulthood.
 - ◆ The availability of extended family or other adults in the family's life who could assume responsibility for the child, if necessary.
 - ◆ Other children in the family. Attention should be given to the ages of the children already in the family relative to the child to be added to the family and how the children already in the family feel about the adoption of the child. Attention should also be given to other unrelated children placed with the family for adoption or if the family recently added another child to the family through birth or adoption.
 - ◆ The willingness and capacity of the family to adopt all members of a sibling group.
 - ◆ The family's support system outside of agency support.
4. It is important for all team members to be aware of personal biases and value judgments as well as how these biases can influence matching decisions.
 5. Other team members will provide any other thoughts/insights to the discussion regarding the child and/or the family.
 6. The team will come to a consensus in choosing up to three (3) families that would best meet the child's needs.

D. Visiting Potential Families and Reconvening the Team:

Within 30 days, a home visit to the chosen potential families (by at least two members of the child's team) will be completed by the FSW, Provider Agency Worker, Permanency Specialist and/or Team Leader to further discuss the family's willingness or desire to provide permanency through adoption. 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.

1. For families outside of Tennessee, other methods might be used to gain additional information about the family and share information about the child. Such methods might include but are not limited to video recordings submitted by the family and video conferencing.
2. A recorder among the staff attending the home visits must be identified who can observe the family's interactions with each other, their responses to questions, and any nonverbal cues noted.
3. After all home visits are made, the FSW and home visit attendees will reconvene the Special Called CFTM within 30 days of the initial meeting to discuss the interviews, observations and provide overall feedback of the home visits.

4. 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 prospective adoptive placement. An additional family (if one has been identified during the original Special Called CFTM) that is also capable of meeting the child's needs may be chosen as a secondary placement option if the identified prospective adoptive family declines placement of the child/youth in their home.

E. Presentation:

1. The FSW, Provider Agency Worker, Permanency Specialist and/or Team Leader shall notify the family of the team's decision. Families whose home studies were presented but who were not selected will also be notified of the team's decision.
2. The FSW, Provider Agency Worker, Permanency Specialist and/or Team Leader will present the child to the prospective adoptive family, utilizing the presentation summary, ensuring full disclosure. Information presented should be non-identifying, and form [***CS-1039, Confidentiality for Full Disclosure***](#) must be explained and signed prior to full disclosure. (See DCS [***Policy 15.1 Adoption Related Disclosure***](#)) The child's full disclosure should include:
 - a) Child's complete medical history and information
 - b) CPS Referral information
 - c) Current description of child
 - d) History of trauma
 - e) Mental health information
 - f) Child developmental history information
 - g) Psychological tests/evaluations
 - h) Education records
 - i) Social information concerning the child
 - j) Immediate birth family and other birth relative information back several generations, including family medical and hereditary conditions
 - k) Parenting and placement history
 - l) Reason for adoptive placement
 - m) Legal status
 - n) In the case of legal risk placements, the DCS FSW/PS and/or Contract Provider Worker conveys the following information to the legal risk family.

- ◆ Legal-risk placement involves DCS custodial children in foster care with a dual or sole goal of adoption, and a Termination of Parental Rights (TPR) referral has been filed with the court.
 - ◆ Legal risk placements involve a risk that the child may not be freed for adoption. However, the risk is substantially reduced once a dual or sole goal of adoption is added to the child's permanency plan and the Department initiates proceedings to terminate parental rights.
 - ◆ A legal-risk placement is considered a foster care placement until such time that the child is legally freed for adoption, and the foster family is required to continue engagement with the biological/legal family as determined by the CFT and the Permanency Plan.
 - ◆ Most children in these circumstances eventually become freed for adoption, but there are still no guarantees.
 - ◆ If TPR is granted and there is no appeal, the child can potentially exit foster care to adoption within 60 days from the date of Full Guardianship if it's in the child's best interest.
- o) Child's readiness for adoption
 - p) Placement recommendations
 - q) Eligibility for Adoption Assistance Subsidy
3. The FSW, Provider Agency Worker, Permanency Specialist and/or Team Leader will provide the family with information regarding pre-adoption and post-adoption support services that are available to adoptive families.
 4. The prospective adoptive parents will be given the presentation notebook, which will include the child's non-identifying information. If the placement of the child with the prospective adoptive parents does not occur, they will return all materials to DCS.
 5. The family must be given sufficient time to review the information provided to them in the presentation summary and presentation notebook and make an informed decision about their ability to meet the child's needs and provide permanency for the child.
 6. If the family has advised the FSW, Provider Agency Worker, Permanency Specialist and/or Team Leader of their decision to proceed with pre-adoptive placement, a CFTM to include the newly identified family will reconvene to determine a transition plan. The transition plan must include the following:
 - a) Details of when and where pre-placement visits with the child will take place;
 - b) The level of supervision needed for pre-placement visits and how feedback on those visits will occur;

- c) Details regarding medical, mental/behavioral health, educational, and any other well-being needs of the child must be arranged prior to placement in the home; and
 - d) The family will be given information on the types of behaviors and emotions that children may experience during the transition period as well as information about the services and supports that are available to the family during the transition period.
7. After the family has had full disclosure and agreed to move forward with pre-adoptive placement of the child, the FSW, Provider Agency Worker, Permanency Specialist, and/or the Child's Therapist will present the family to the child and prepare them for the transition to the pre-adoptive home. Child preparation can include the following:
- a) Sharing pictures and videos of the pre-adoptive family with the child/youth;
 - b) Sharing the pre-adoptive family's profile with the child/youth;
 - c) Working with the child/youth to develop a list of questions and sharing the pre-adoptive family's responses with the child. These questions can also be a part of the initial introductory discussions between the child and family; and
 - d) Processing the child/youth's feelings and emotions related to the transition in a therapeutic environment.

F. Documenting the Special Called CFTM:

1. Using Form [**CS-0747, Child and Family Team Meeting Summary**](#), the Family Service Worker will document the CFTM noting the following:
 - a) Information regarding why an adoptive placement is needed, including details about the child's current placement and barriers to identifying an adoptive placement.
 - b) Document the team's discussion regarding the child's strengths and needs.
 - c) Document the team's discussion of each family's strengths and experiences, as they relate to the family's ability to meet the child's needs. Document any concerns noted by the team upon review of the family's home study.
 - d) Document the team's decision regarding each family's ability to meet the child's physical, emotional, and/or behavioral needs.
 - e) Document up to three (3) families that the team has selected for home visits. Document how each family is best suited to meet the child's needs.
 - f) Document any action steps pertaining to the decisions made by the team, who is responsible for each action step, and the timeframe for completion of each action step.

II. 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 foster parent or child's therapist, if appropriate.

A. Presentation and Information Gathering

The FSW/Provider Agency Worker, 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 foster 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.

III. PREPARING FOSTER PARENTS FOR PHYSICAL PRESENTATION

What: Prepare foster 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

A. Special Called CFTM

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

B. Foster Parent's Role

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

1. Partnership: Include foster parents in child's preparation for presentation whenever possible;
2. Permission: Discuss with the foster 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 foster 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 foster parents' role in providing feedback to the FSW regarding the child's feelings and behaviors during placement process;
6. Ceremony: Invite the foster parents' participation in planning and attending the adoption ceremony.

C. Support

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

IV. 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.

A. Site

Choose a comfortable, private site familiar to the child if possible (foster home, parks, zoos, or area county office). Notify the foster 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 Foster 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.

V. 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 foster/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.

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 Foster Parent Support (FPS) 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 FPS 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.

VI. PROTOCOL FOR MAKING ADOPTIVE PLACEMENTS

What: Protocol for Making Adoptive Placements.

When: Full guardianship has been obtained or the placement is Legal Risk.

Who: Permanency Specialist or Designated Staff

A. Initial Adoption Discussion

When the permanency goal changes to a dual goal or sole goal of Adoption or when the TPR petition has been filed, the DCS Family Service Worker (FSW) and/or the Provider Agency Worker will begin to discuss adoption with the current foster family to assess the family's willingness to provide permanency for the child/youth through adoption. If the foster family expresses a desire to adopt the child/youth, a Special Called CFTM will be convened to document the team's decision regarding whether adoption by the foster family is in the child's best interest. See [CFTM Guidelines for Identifying an Adoptive Family](#).

B. Preparing to Make the Adoptive Placement

1. Once a child has been in care for nine months or when the petition for Termination of Parental Rights (TPR) is filed (whichever event occurs sooner), the FSW/Permanency Specialist (PS) or Provider gathers the information needed to write the Pre-Placement and Presentation Summaries. The DCS Permanency Specialist/FSW or the Contract Provider representative completes the Pre-Placement/Presentation Summary within 30 days of the child entering Full Guardianship for children entering full guardianship with an identified adoptive family and within 60-90 days for children entering full guardianship without a permanent family identified. See Work Aid: Documentation Needed for Pre-Placement Summary Outline for additional information about required documentation.
2. Within 30 days of the child/youth being placed in full guardianship **and** the current foster 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. Within 60 days of the child/youth being placed in full guardianship, the child will be registered on AdoptUSKids for recruitment of an adoptive family. Within 90 days of the

child/youth being placed in full guardianship, an archeological dig will be completed.

3. Once a prospective adoptive family has been identified, the PS, FSW, Provider Agency Worker and/or Team Leader meets with the family to provide full disclosure and discuss the child's eligibility for adoption assistance. Full disclosure must be given to all adoptive families, whether it is a foster/kinship parent adoption or a new placement. (See [**DCS Policy 15.1 Adoption Related Disclosure**](#) and [**DCS Policy 15.11 Adoption Assistance**](#)).
4. If the prospective adoptive family decides to move forward with adoption, the PS/FSW prepares [**CS-0460, Intent to Adopt Placement Agreement**](#) and has the family sign to demonstrate their intent to adopt the child/youth. 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.
5. The Permanency Specialist completes the Application for Adoption Assistance, and secures appropriate signatures and approvals.
6. 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).
7. The PS provides the family with a list of adoption attorneys so the family can secure an attorney. A listing of adoption attorneys is available on the DCS website at: [**https://www.tn.gov/dcs/program-areas/foster-care-and-adoption/adoption/attorneys.html**](https://www.tn.gov/dcs/program-areas/foster-care-and-adoption/adoption/attorneys.html). The adoption attorney listing is intended and shall be used for informational purposes only to share with adoptive parents. It is strictly prohibited for any DCS employee or Contract Provider representative to make any recommendation or comment to influence the decision or selection of legal representation regarding the finalization of an adoption.
8. Once an adoption attorney is selected by the family, the PS obtains an attorney fee letter and subsequent approval of non-recurring expenses and enters a case services request in TFACTS.
9. Putative Father Registry searches must be submitted by designated parties ten (10) days prior to a termination of parental rights hearing, adoption petition proceeding, or finalization proceeding. Effective May 5, 2023, for out-of-state putative father registry checks, the response must be filed with the court immediately upon receipt by the petitioner and prior to the finalization of the adoption unless waived by the court.

10. The PS/Provider Agency worker completes and submits DCS form [CS-0816](#), [Confidential Court Report](#), and attachments to the court clerk.
11. The Attorney files a petition to adopt and secures a court date for adoption finalization.
12. If the current foster family is adopting the child, the adoption should be completed within 90 days of the child being placed in full guardianship (provided the court did not issue any additional requests for information and the child has been in the home for the required time period).
13. If the adoptive placement is a new placement, the adoption should be completed within 60 days after the end of the 6 month placement supervision period (provided the court did not issue any additional requests for information). Effective July 1, 2023, adoption finalization can occur if the child has been placed in the pre-adoptive home for at least three (3) months and adoption by the pre-adoptive family is in the child's best interest.
14. Once finalization has occurred, the PS secures a certified copy of the final order of adoption, restricts, and closes the adoption case.
15. The Adoptive family can request a new social security number from the social security administration after adoption finalization. If a new number is given, the family must provide the new social security number to the Permanency Specialist/Subsidy Specialist as soon as it is received.

Important Points to Remember:

- Foster Home Board Payments continue until adoption finalization.
- Adoption Assistance payments do not start until adoption finalization.
- Birth name remains the legal name until finalization.
- Social Security number can only change if the adoptive family requests and is granted a new number following finalization.
- Foster parent adoptions should be completed 90 days of the child being placed in full guardianship.
- New Placement Adoptions should be completed within 60 days after the end of the 6-month placement period. Effective July 1, 2023, adoption finalization can occur if the child has been placed in the pre-adoptive home for at least three (3) months and adoption by the pre-adoptive family is in the child's best interest.
- Out-of-state adoptive placements must be approved through the ICPC office and will be considered Foster/Adoptive homes until finalization. See [ICPC Procedures Manual](#) and [Protocol for ICPC and Unique Care Agreement](#).

VII. 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

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: _____

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:

FSW

VIII. 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, foster 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 on AdoptUSKids \(AUK\)](#).

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 [14.14, Removal: Safety and Permanency Considerations](#)).

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 foster parents need preparation, encouragement, and support, DCS carefully assesses all foster 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 foster 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 Foster Family who is considering signing an Intent to Adopt
- Eligible for SAT & ICCS: Foster 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 ensuring 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.

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 ten prior to the filing of the petition. (See DCS Policy [1.5.4, 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

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, unless the court finds it is in the best interest of the child to reduce the waiting period to three months. 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

A. Certificate of Birth by Adoption

Complete Tennessee Department of Health, Office of Vital Records [*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

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

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 on AdoptUSKids \(AUK\)*](#).

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

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 form [CS-0677, Adoption Record Face Sheet \(Closed\)](#).

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 form [CS-0677, Adoption Record Face Sheet \(Closed\)](#), but that have been prepared during the period of service in a given case record until the copy of form [CS-0422, Transfer, Mail, and Acknowledgment of Case Records, Record Materials, and Forms](#) 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.

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

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

- 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 form [CS-0523, Interstate Compact Report on Child's Placement Status \(ICPC 100B\)](#). 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 on AdoptUSKids \(AUK\)](#)

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

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.