

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**


Distribution: X & Z

**Policy Guide 2012.05**

**CASEWORKER REQUIRED PRE-ADOPTIVE COLLATERAL CONTACTS  
CFS 486, ADOPTION CONVERSION FORM**

**DATE:** April 20, 2012

**TO:** All DCFS and Private Agency Child Welfare Staff, and Supervisors and Rules and Procedures Bookholders

**FROM:** Richard H. Calica, Director 

**EFFECTIVE:** Immediately

**I. PURPOSE**

The purpose of this Policy Guide is to implement an Office of the Inspector General recommendation that caseworker conduct pre adoptive collateral interviews with at least 3 subjects involved with the adoptive child and family in order to confirm the suitability of the adoptive placement. Previously, workers writing the home-study have interviewed the adoptive parents, and much of the self-reporting, without interviewing any “collateral” subjects, who may have provided information either positive of the arrangement or possibly of concern for the welfare of the child if the adoption were to be finalized. The **CFS 486, Adoption Conversion Assessment** form (attached) has been revised to reflect the new required collateral contacts.

**II. PRIMARY USERS**

Primary users of this Policy Guide are Statewide Adoption Coordinators, their staff, and DCFS and Private Agency Child Welfare Staff, and Supervisors

**III. CASEWORKER HOME-STUDY COLLATERAL INTERVIEWS**

Pre-adoptive Home Studies of wards or former wards, conducted for the certification process of adoptive families, now require caseworkers to interview at the minimum three child and professional collaterals, especially school personnel to objectively ensure the accuracy of the information being provided.



Caseworker doing the home study should interview at least three other persons as collaterals. These collaterals should have contact with the child and/or family, knowledge regarding any special needs of the child and be able to comment on the foster parent's interaction and care of the child. These collateral contacts should be interviewed to ascertain that there are no concerns regarding the foster parent's ability to care for the minor. Should any concerns be noted, then it is the caseworker's responsibility to address them via services or whatever else is applicable prior to proceeding with the adoption.

**Required collateral contacts may include but are not limited to the following people; (Must have at a minimum 3 collateral contacts.)**

1. Teacher/School Personnel/Day Care Provider/0 to 3 provider (one is mandatory depending on the child's age);
2. Licensing worker (Mandatory if Licensed Provider);
3. Medical professional or service provider; or
4. Other person who has regular contact with the child

#### **IV. ATTACHMENTS**

Revised **CFS 486, Adoption Conversion Assessment** form

#### **V. QUESTIONS**

Questions about this policy guide may be directed to the Office of Child and Family Policy at 217-524-1983, by e-mail to OCFP – Mailbox or by fax to 217-557-0692. Persons or agencies not on Outlook can e-mail questions to [cfpolicy@idcfs.state.il.us](mailto:cfpolicy@idcfs.state.il.us).

#### **VI. FILING INSTRUCTIONS**

Please file this Policy guide immediately following Procedures 309.130, Placement Considerations.

State of Illinois  
Department of Children and Family Services

**ADOPTION CONVERSION ASSESSMENT**

**Name of Family:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date(s) of Contact:** \_\_\_\_\_

**Adoptive Mother**

**Adoptive Father**

Birth Date: \_\_\_\_\_

Religion: \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Children to be Adopted**

	<b>Name</b>	<b>DOB</b>	<b>Gender</b>	<b>Religion</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**Other Child(ren)/Adults in Household**

	<b>Name</b>	<b>DOB</b>	<b>Gender</b>	<b>Religion</b>	<b>Relationship</b>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

## ADOPTION CONVERSION ASSESSMENT

Name of Family: \_\_\_\_\_

### I. Adoptive Child's Summary

#### A. History and Background

1. Child abuse/neglect history, including why any siblings came into the system, with details of their needs.
2. Placement history
  - (a) Number and type
  - (b) Reason(s) for moves
3. Medical/mental health history of both parents
4. Medical/mental health of child

#### B. Current Level of Functioning and Projection of Child's Possible Future Service Needs

Use the factors identified on the child's CFS 2017, Child Caregiver Matching Tool, or if the child is receiving specialized/treatment foster care, use the CFS 418, Levels of Care Assessment Form to provide a narrative description of the following:

1. Medical
2. Mental Health
3. Behavioral
4. Emotional
5. Developmental
6. Educational

#### C. Child's Attachment to Significant Others

1. Prospective Adoptive Family
  - (a) Length of placement
  - (b) Indicators of attachment
2. Past caretakers
  - a) Evaluation of relationship
  - (b) Recommendation for continued involvement
3. Biological family (including siblings)
  - (a) Evaluation of relationship
  - (b) Recommendation for continued involvement
    - Expressed desire of biological family
    - Expressed preferences and feelings of the child
    - Recommendation of Permanency Worker
  - c) Religion and religious training

#### 4. Racial, Ethnic and/or Cultural Identity

Decisions made under the Interethnic Placement Act (IEPA). If race, culture, or national origin has been raised as a consideration in the placement or change of placement of the child whose needs are being assessed on this form, follow the procedures contained in Procedures 301, Placement and Visitation Services, Section 301.60(b)(4) and complete form CFS 2018, Interethnic Placement Act Assessment Form. Attach the completed CFS 2018 to the Individualized Assessment of Child for Purposes of Adoption.

## ADOPTION CONVERSION ASSESSMENT

Name of Family: \_\_\_\_\_

### D. Child's Understanding of Adoption

1. Understanding of what adoption means
2. Understanding of personal history
3. Expressed desire of child

### E. Projected Eligibility for Adoption Assistance

## II. Adoptive Family Summary

### A. Description of Adoptive Parent(s)

1. Marital history and current status
2. Health status  
Does the adoptive parent(s) have any health or physical conditions that might prevent them from meeting the child's health and developmental needs over time?
3. Employment history and income of family
4. Criminal history
5. Plan of financial support for child
6. Is the adoptive parent(s) able to communicate with the child in the child's primary language or mode of communication?

### B. Adoptive Parent Assessment

1. Motivation to adopt
  - (a) Possible issues to consider or explore further (i.e. love/attachment loyalty, obligation, penance/guilt, rescue, anger, infertility, religious beliefs)
2. Understanding of child's background and history
3. Understanding of biological family's medical and mental health history
4. Demonstrated ability to meet child's future needs
  - (a) Historical
  - (b) Anticipated response to child's future needs
  - (c) Responses to behavioral issues of child
    - Management of children's problematic behaviors (i.e. sexual acting out, aggression, lying, stealing)
  - (d) Religious
  - (e) Child's Strengths and abilities
    - Fostering and encouraging child's talents and interests (eg. musical, athletic, academic, etc.)
    - Communicating in child's primary means of communication (language other than English, sign language, etc.)
5. If a CFS 2018, IEPA Assessment Form has been completed: demonstrated capacity to meet child's racial, ethnic or cultural identity needs
6. Understanding of child's grief and separation and loss issues
7. Continued contact with child's significant others
  - (a) Family's willingness for further contact
  - (b) Family's plan to accomplish further contact
8. Indicators of attachment to child
9. Assessment of expectations for child
10. Plan for sharing background information with child (describe)

## ADOPTION CONVERSION ASSESSMENT

Name of Family: \_\_\_\_\_

11. Plan for future adoption and continued foster parenting (describe)
  - (a) Assessed effect on adoptive child
  - (b) Adoptive family's understanding of the differences between foster care and adoption
12. Child's integration into primary and extended family
13. Child care plan
14. Current and anticipated use of community resources
15. Knowledge of post-adoption services
  - (a) Adoption assistance
  - (b) Adoption preservation services
  - (c) Contracted search services
16. Plan for succession of guardianship due to incapacity or untimely death
  - (a) Has a back-up caregiver been named?
  - (b) What is the back-up caregiver's current involvement with the family?
  - (c) Have discussions been held with the back-up caregiver regarding the actual process to change or transfer guardianship?
17. Completion of adoption certification training

### **C. Description of Other Children in Home**

1. Understanding and acceptance of adoption
2. Quality of relationship to adoptive child(ren)

### **D. Compliance of Home with Licensing Standards or Home of Relative Placement Guidelines**

### **E. Required Collateral Contacts (Must have a minimum of 3 collateral contacts)**

1. Teacher/School Personnel/Day Care Provider/0 to 3 provider (one is mandatory depend on child's age)
2. Licensing worker (Mandatory if Licensed Provider)
3. Medical professional or Service Provider
4. Other person who has regular contact with the child

**ADOPTION CONVERSION ASSESSMENT**

**Name of Family:** \_\_\_\_\_

**III. Recommendations**

**A. Summary of Adoptive Family's Strengths**

Ability to meet child's needs and provide permanency for child

**B. Capacity of child to benefit from adoption by this family**

**C. Further Services or Training Needed**

1. Identification of problem areas
2. Problem resolution and plan for services and/or training including timeline

**D. Recommendation Regarding Adoption Conversion**

\_\_\_\_\_

Permanency/Adoption Worker

\_\_\_\_\_

Date Prepared

\_\_\_\_\_

Supervisor

\_\_\_\_\_

Date

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