



# 437.01 Foster/Adoptive Family Assessment Summary/Pre-Placement Investigation...



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CHAPTER 4, Adoption and Birth Parent Services

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## 437.01 Foster/Adoptive Family Assessment Summary/Pre-Placement Investigation Instructions

- NOTE: SCDSS shall not deny a person the opportunity to become a foster or adoptive parent because of the family's or the child's race, color or national origin (RCNO). Culture shall not be used as a proxy for RCNO. Families willing to foster and/or adopt children of a different RCNO shall not be subjected to differential treatment, including extra scrutiny.

I. Family Composition For purposes of licensing, interviewing and assessing, an individual who spends significant amounts of time in an applicant's household can be considered a household member. Include non-custodial children who visit and anyone who routinely spends evenings or weekends.

### II. Address

- Residential Address: Physical location of the home.  
Mailing Address: (self explanatory)  
Directions: (self explanatory)  
Phone Numbers: (self explanatory)

III. Contacts During Assessment Minimum of 2 home visits (minimum of 1 family interview and 1 interview per individual). Document interviews with adult household members and children over age 6. May also interview adult children of applicant.

IV. Motivation to Foster and/or Adopt

- A. Why has the family chosen to extend family through fostering and/or adopting?
- B. How long has the family been thinking about their decision?
- C. What made them decide to apply now?
- D. What does the family believe they have to offer a child? Do they want to "save" the child? Do they expect the child to be appreciative of their efforts? Do their own children need a playmate? Are they lonely or want someone to take care of them?
- E. What does the family believe will be the hardest and easiest thing which they will have to deal with as a foster and/or adoptive parent?
- F. What changes does the family believe they will be making in their family, household and schedule to accommodate a child?
- G. If there is a fertility problem, what are the family's feelings and resolution of the issues?
- H. Are both parents equally motivated to foster and/or adopt?
- I. Describe the extended family support, especially for single parents.
- J. If single parent, who will be the other sex role model?

V. Family History: Answer separately for both mother and father (if applicable)

- A. When and where born?
- B. Describe their family composition. Birth order.
- C. Describe the relationship applicant's parents had with each other, with applicant, with other children in the home when growing up.
- D. If applicant's parents are still living, describe their current relationship with the applicant and with other siblings.
- E. Describe the current relationship between the applicant, siblings and other relatives.
- F. How many years were applicant's parents married? Had either of them had a previous marriage? Number?
- G. What responsibilities and chores did applicant have around the house as a

child? Did he/she ever work part time? If yes, what was it?

H. How were problems solved between parents and as a family?

I. What happened when applicant's parents disagreed?

J. How were applicants disciplined by their parents? How does applicant feel about this type of discipline?

K. Education/work history of applicant's parents.

L. Health history of applicant's parents and siblings. Indicate causes of death, if applicable.

M. Did applicant's parents and siblings have any substance abuse/mental health issues?

N. Was applicant or siblings the victim of any child abuse/neglect?

## VI. Children/Parenting Experiences

- A. How many children were born to each applicant? Provide names and birth dates. Any health problems or special needs?
- B. What is the current situation, accomplishments of adult children?
- C. What is current relationship with adult children? Are they supportive of the parent's decision to foster/adopt children? Any evidence of estranged relationships?
- D. How many children has the applicant adopted or fostered in the past? Do these children currently live with them? How did they incorporate each child into the home? Which types of children were most easily incorporated? Which were the most challenging?
- E. How did children change their marriage?
- F. Does the applicant have other experiences with children that relate to parenting?
- G. Were any biological children ever in foster care, adopted, or lived with relatives? If yes, describe circumstances in detail.
- H. If they have a child who is not an adult not living with them, where is he/she living? Describe the reasons he/she is living elsewhere (if not an adult). Do the applicants financially support the child? Does he/she visit? How often? In the applicant's home? Do the applicants visit the child? How often?
- I. For each of the children currently in the home:
  - 1. What are some of their accomplishments?
  - 2. What grade do they attend? Overall, how are they doing in school?
  - 3. What age did applicant find the most satisfying? The most difficult?

4. How does applicant describe each child's personality?
5. What special interests and/or talent does each child have?
6. Describe each child's behavior. Are there concerns about child's behavior?
7. What does each parent enjoy most about each child? Least?
8. What are the applicant's expectations of each child?
9. What is the applicant's involvement with each child's educational and recreational activities? Do the parents (one or both) attend school conferences, ball games, etc.?
10. What is the child's attitude about another child coming into the home to live?

J. How do the children relate to parents and interact with one another in their home? Does one dominate? Is there sibling rivalry? How do they argue? How are disputes settled?

K. Does the family have any plans for increasing the size of their family through birth or adoption through another source including a private adoption agency? Are they licensed through a private agency?

## VII. Marital History/Relationship

- A. How would applicants describe their marital relationship? Any separations/trial separations? Any marital counseling? Any history of domestic violence?
- B. How many years have they been married? (Obtain copy of marriage license.)
- C. When and how did they meet? Length of courtship?
- D. Has either been married before? If so, when and for what reasons did the marriage end? (Obtain copies of divorce petitions and divorce decrees.) How is this marriage different from previous ones?
- E. If applicant is a single parent, has he/she previously experienced or is he/she currently involved in a long-term relationship with a "significant other"? If yes, describe the nature of the relationship and, if ended, the reasons for its end. What role would the "significant other" play in the home? (Determine if the "significant other" should be considered a household member.)

## VIII. Family Relationships/Functioning/Coping Ability

- A. How are decisions made within the family?
- B. What is important to the parents as individuals and a couple?
- C. How do they resolve disagreements or problems in the home? What happens when they disagree?
- D. How are household responsibilities/duties assigned and/or divided?
- E. How do they deal with stress?
- F. What losses have parents experienced in their lifetime (e.g. loss due to the death of a parent, sibling, spouse, child, or other relative or due to divorce of parents or spouse)?
- G. Where does the family usually go on vacation? Do vacation plans include children? Will foster/adoptive children be included in these plans?
- H. Does the family have pets? If yes, what kind? Is the pet important to the whole family or to a particular member? What arrangements can be made if the pet presents a problem for the foster or adoptive child? Is pet routinely seen by a veterinarian? (Review DHEC inspection regarding rabies vaccinations.)
- I. What hobbies/activities does each family member enjoy doing? What kinds of hobbies/activities are they involved in at this time? To what social groups do family members belong? What activities do they enjoy as a family? How often do these groups meet or activities occur?
- J. What does each family member identify as his/her:
  - 1. Strengths
  - 2. Limitations
  - 3. Successes
  - 4. Failures

## IX. Work and Educational History (to be provided for each applicant)

- A. Are applicants currently employed outside the home? If yes, what is the current occupation? How long have they had the job? Does their employment ever take them out of town and/or require overnight trips? If so, how often? What are their working hours?
- B. What other occupation and/or employment have they had? Reasons for leaving each previous employment. Has applicant ever been fired? If so, why?

C. What do they like most and least about working outside the home, or inside the home, if applicable?

D. Have either ever served in the military? If yes, when? Were they honorably discharged? Date of discharge? (Obtain copy of discharge papers.)

E. What educational experiences have they had --educational level obtained, GED, attended technical school or college, or other employment training? If college graduate, what was their major? Include names of schools and colleges and courses of study. Any future educational plans?

#### X. Medical/Mental Health History (to be provided by/on each applicant and household member)

- A. Has applicant or household member ever had any serious illness?
- B. Has applicant or another household member ever been hospitalized? If yes, when, for what?
- C. Has applicant or another member of the household ever been treated for any emotional, mental health or addiction problems? If yes, by whom? When? Where? For what problems? Is applicant or other household member currently receiving treatment for the problem? Is medication prescribed? Review criminal records checks for any DUI offenses as a possible indicator of substance abuse. Worker will instruct applicant to complete the necessary authorization forms from their various medical/mental health providers to authorize those providers to disclose the protected health information to DSS in order to evaluate the applicant's fitness and suitability.
- D. Information received from therapist or physician regarding the applicant's ability to become a resource parent or regarding the impact of any other household member's presence in the home.
- E. Give dates and results of medicals on all household members, including height and weight. (Medical reports on file in case record.)

#### XI. Financial

- A. What is the family's monthly gross income? What is the "take-home" pay? (verification required) Financial forms will need to be completed.
- B. Is family receiving TANF or Food Stamps?
- C. What are the monthly expenses?

- D. Do they pay child support for any children not living with them? How much? Is it current? If not, how much arrearage?
- E. Who is responsible for budgeting and managing the family's money?
- F. Does the family have savings and other assets?
- G. Can the family provide for the child without being dependent on board payments or subsidies? What financial assistance do they expect to receive for a child?
- H. Has any family member ever been convicted of writing bad checks? Has any property ever been repossessed? Ever filed for bankruptcy?
- I. Will family's medical insurance cover an adopted child? What are the family's plans to include the child in their will? Who will care for child in case of parent's death? Has this been discussed with this individual? What was their reaction? Include information obtained after contacting this person.

## XII. Religious Affiliation

- A. What role does religion play in the family's life?
- B. Does the family attend church? What is the religious denomination? Does the entire family attend?
- C. In what church related activities do they participate? How often?
- D. If a child is placed with the family and either child or birth parent requests that the child attend a different religious denomination, how would the family handle it?
- E. If an older child preferred not to attend church, how would the family handle it?

## XIII. Discipline

- A. What forms of discipline do they use? If corporal punishment is used, are they willing to terminate the use of corporal punishment, and knowledgeable of and receptive to the use of other methods of discipline?
- B. Do applicants fully understand the agency's policy prohibiting the use of corporal punishment?
- C. Do parents agree on how to discipline? If no, how are these issues settled?
- D. Do the parents exhibit the ability to understand/recognize disruptive behaviors placed children may display and appropriately respond to that

behavior? (How would you handle ---?)

E. Do discipline practices reflect realistic expectations, flexibility, and tolerance?

F. How would applicants discipline a foster or an adopted child?

XIV. Child Care Arrangements: include informal or unlicensed persons if they are providing care on a routine basis (Central Registry and Sexual Offender checks required).

- A. Child care provider used: type, name, address, and telephone number.
- B. Frequency/reason used.
- C. Results of interviews with any and all child care providers and full time baby-sitters. Results of Central Registry and Sexual Offender checks on any non-licensed providers.
- D. Baby-sitters (non-routine) used: name, address, in baby-sitter's home or applicant's home, frequency, reason.

XV. Home and Community

- A. Physical description of the house, yard, neighborhood and surrounding area. Describe the number of rooms in the house.
- B. Does the family own or rent their home?
- C. How long have they lived at their current address? How many times has the family moved? Reasons for the moves.
- D. Is home a subsidized housing unit? If so, will an increase in family size create a problem?
- E. Is residence in a high crime area? (Verified by law enforcement.)
- F. Describe the sleeping arrangements and storage space for the children. Describe the sleeping arrangements for the other household members. Would small children be within calling distance of the parents? Are sleeping arrangement consistent with standards of care?
- G. Is there a swimming pool? Is it secured? What is the plan for supervision?
- H. Are firearms locked in a storage container? If applicant has firearms and ammunition, where are they stored and secured?
- I. What schools would a child attend?
- J. What recreational facilities are in or near the neighborhood?

K. Accessibility of other community resources, e.g. medical, special school placements.

L. How would the children be transported to and from school and other activities/appointments? Is transportation consistent with public safety laws, e.g. car seats?

M. Would the family be able to transport the child to the school he/she attended before removal?

N. Give dates and results of both DHEC inspection (including lead inspection) and fire inspection. Document correction of any cited deficiencies or recommendations.

## XVI. Other Household Members

- A. Other than applicant, and applicant's children, is there anyone else living in the household or who stays overnight in the home on a repeated basis? If yes, provide name, age, and occupation. Is any member of the household a paramour of the adoptive parent?
- B. How long have they lived in applicant's house? Is this a temporary or permanent arrangement? If temporary, how long will they be in the household?
- C. What were the circumstances leading to their residing with the family?
- D. Describe how they participate with applicant's family. Do they contribute to the household income?
- E. What household responsibilities does he/she assume in the home? Amount of time spent in the home.
- F. What has been the individual's involvement with children?
- G. What does the individual think about the applicant's fostering and/or adopting?
- H. What changes does the individual anticipate that the addition of another child will make in the family?
- I. Will the individual be involved in child care? How?
- J. Education/Work history
- K. Medical history, current medical status.
- L. Any previous mental health or addiction history?
- M. Results of background checks (SLED, SO, CR. Fingerprinting).

## XVII. Training (information should be obtained from the trainers)

- A. Have applicants received the required number of training hours? Did the Applicant(s) participate in group or individual training?
- B. How did the applicant(s) participate in training?
- C. Did they demonstrate a basic understanding of the foster care and adoption programs and its goals?
- D. Did applicants exhibit in training the ability to be self analytical and make changes in their behavior and lifestyle to meet the needs of the child?
- E. Was training received by any other parent figure (e.g. grandmother) who will be parenting the foster child?

## XVIII. References (three non-relatives who have known applicants for last 3 years)

- What were references opinions of the applicant's ability to foster and/or adopt children? Are they aware of any personal problems the family may be experiencing?

## XIX. Law Enforcement (SLED) Check/ Fingerprinting/Central Registry of Child Abuse and Neglect Check/Sex Offender Registry Check (on all household members age 18 and older)

- A. What were the dates/results of each inquiry for each required household member?
- B. If a report reflected convictions that do not automatically bar placement under 20-7-1642, describe and give details regarding the charges, outcomes, treatments lifestyle changes, etc. along with the resulting recommendation administrative authority regarding licensure/approval.
- C. Adoptive home denials need to be discussed with the Office of General Counsel. Foster home denials need to be discussed with the County Attorney.
- D. For a pardon of crimes listed in Section 20-7-1642, the agency may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine if the applicant is suitable.

## XX. Working With the Child/Agency/Biological Family

- A. What problems do they think they will have in keeping information about a child confidential? (Must inform applicant of agency's policy regarding confidentiality and indicate in assessment that this was done.)
- B. Do they think they will have any difficulty not pressing the child for information about his/her past?
- C. How do they think they will react to information voluntarily provided to them by the child about his/her past life, e.g. if the information is bizarre, graphic, violent, sexually explicit? (Must inform applicant of the need to share such information with child's worker and indicate in assessment that this was done.)
- D. How do they think they will be able to handle:
  - 1. Contact between the child and the agency's worker, including required visits in the home, and unannounced visits (if appropriate)?
  - 2. Contact between the child and any other professional who may be working with a child, including the GAL?
  - 3. Sharing the child with his/her biological siblings and other family members (when appropriate)?
- E. How do they feel about:
  - 1. Meeting with the biological parents to obtain/share information regarding the child (if appropriate)?
  - 2. Jointly attending medical appointments, educational conferences, etc. with the biological parents (if appropriate)?
  - 3. Actively participating (if appropriate) in meetings/staffings that include agency staff, biological parents, community members, and other support systems for the purpose of providing input regarding the needs of the child/family?
  - 4. Attending or at a minimum providing a written report for Foster Care Review Board?
- F. Does the applicant understand that a child has two sets of parents? Can they objectively discuss this with a foster or adopted child?
- G. How does the family feel about the temporary nature of foster care and "letting a child go"?
- H. How does the family view their role as "non-blood" parents? Does the

family understand the nature and purpose of adoption and/or foster care?

I. Do parents understand that being a foster parent does not guarantee the adoption of a child?

J. What is their attitude toward biological parents who have voluntarily placed or released their children or who have had their children removed from their care?

K. How will medical emergencies be handled? Does the applicant understand the responsibility to inform the agency immediately of medical problems, injuries, crisis incidents?

L. Do they understand that the authority to make decisions concerning major surgery and other high risk procedures remains with the biological parents unless parental rights have been terminated or a court has given that authority to DSS? If DSS has that authority, then DSS must consent.

## XXI. Family Preference in Child (include information from Child Factor Checklist)

- A. Is family applying for a specific child and do not want to be considered for other children?
- B. For how many children would the family like to be licensed/approved?
- C. What age range are they interested in? Do they understand how the age of a child placed may affect the family dynamics, e.g. oldest biological child no longer the oldest, or the youngest no longer the baby, and losing that role in the family?
- D. What are the handicaps, behavior, maltreatment background, family background, medical problems, emotional problems which a family can or cannot accept? (Use Child Factor Checklist)
- E. What is the family's understanding and acceptance of openness between birth parents/siblings and children? Describe the type of openness which the family could accept.
- F. What is the family's understanding of children's normal behavior? What about implications of parenting children with certain problems?
- G. If parents initially expressed an interest in younger children but now want older children, explain.
- H. How much notice will the family require prior to placement?
- I. What is the applicant's understanding and acceptance of legal risk?
- J. Would the family agree to be licensed as foster parents for a specific child whose permanent plan is TPR/Adoption?

K. Willingness to maintain contact between the adopted child and his biological family and/or siblings.

L. Understanding of the adoptive child's need to know about their past and potential for searching out birth parents in the future.

## XXII. Recommendation

- A. Address family's overall motivation and understanding of the purpose of foster care and/or adoptions and their ability to provide quality foster care or adoptive services. Discuss family's willingness to share information. Identify the family's strengths and weaknesses. Assess the family's understanding of developmental needs and skills of children and an understanding of the dynamics of child abuse and neglect. (If family is being assessed/licensed for a specific child, analyze if this family has sufficient resources, preparation, and overall capacity to protect, nurture, and provide for the child on a daily basis, short or long term.) Describe the type of agency support that may be needed.
- B. Recommend approval or denial. If making an approval, make recommendation of the type child(ren) for whom this family could provide care, and behaviors that can and cannot be accepted, number of children, sex, and age range. If they want a special needs child, what makes family suitable? (Homes should not routinely be licensed for "birth-18" but for the specific age child as determined by the assessment process. If making a denial, explain reasons and how this was discussed with family and the family's reaction.

## XXIV. Signatures (self explanatory)

## Referenced Documents

## Revision Comments

NOTE added to stress that RCNO shall not be used in making placement decisions or in assessing potential adoptive families.

Section 437.01, III. deleted so that physical description of adoptive parents are not

recorded.

Section XXII, H. deleted so that applicants are not asked about their ability to handle a transracial placement. This section is now XXI.