1. Understand (and apply) the purpose of a permanency plan, the different types and when to change the permanency plan.

The Permanency Plan guides casework and decision making in the case towards the goal of the plan. The Permanency Plans are:
   a. Reunification – goal to return the child to home of the parent, guardian or non-custodial parent
   b. Guardianship – Permanent guardianship ordered by the juvenile court, stays in effect until the child is 18
   c. Adoption – Goal is to place a child and finalize adoption with an identified family. The Permanency Plan should change from Reunification to Adoption when Reunification is no longer the goal.
   d. Adoption Preparation – Goal for a child who would otherwise be placed for adoption, but requires a specialized placement (group home or therapeutic foster care) and/or has unique behavioral or other issues which may temporarily prevent permanent placement with a family. The goal should change to Adoption when the child can successfully step down from placement and/or when the child’s therapist, worker, etc. and the child believe the child is ready to live with a family.
   e. Planned Alternative Permanent Placement – All other Permanency Plans have been considered and ruled out in the best interests of the child.

2. Review who is consulted regarding changing the case plan goal for a child.

   The child, family, assigned workers/supervisors, court participants, service providers (including therapists if applicable)

3. Understand the purpose of Child Assessment Preparation Training.

   One purpose is to facilitate a child’s permanent placement through timely decision making and planning.

4. Review and understand the different Quads for adoption

   a. Quad 1 indicates a child is legally free for adoption with an identified placement – workers are encouraged to expedite the process of finalization
   b. Quad 2 indicates a child is legally free but without an identified placement – emphasis is on locating a family – if the worker reads assessments and locates multiple appropriate families it is recommended the worker submit at least 3 choices
c. Quad 3 indicates legal barriers (recommendation to terminate but no petition filed or pending trial) but with an identified placement

d. Quad 4 indicates the child’s goal is adoption but no placement has been identified and parental rights have not been terminated

5. Understand the age of consent for adoption.

Oklahoma’s age of consent is 12

6. Review policy on timeframes for Adoption Consultation.

The Consultation should occur 10 days after the child’s worker notifies an adoption consultant of the need for consultation. The assigned Permanency worker and the adoption consultant are required to attend the consultation. The Adoption Consultant then has responsibility to schedule the Criteria Staffing. The Adoption Specialist should also notify any other parties who should be present (such as a placement contractor or Tribal worker).

The Criteria Staffing should occur no later than 30 days after the Adoption Consultation.

7. Understand the purpose of the 602 Report and review the qualifications of the report.

The 602 is a generated report that includes children with the goal of adoption. Children are added to this report when either a) The worker enters a goal of adoption on an ISP or Progress Report and it is approved by the supervisor in KIDS or b) The worker changes the goal to adoption on the Permanency Plan screen in KIDS and the supervisor has approved it in KIDS.

8. Understand the timeframes for post-adoptive placements.

The length of the post-adoptive placement period when a child is placed with an adoptive family with whom they have not lived with prior to authorization is normally 6 months.

9. Review and apply Multi-Ethnic Placement Act (MEPA)

MEPA states placement of a child cannot be delayed or denied due to race, color or national origin of the adoptive parents

10. Review and apply Indian Child Welfare Act (ICWA) and understand placement preferences and exceptions.

Indian children must be placed for adoption according to the placement preferences established by the Indian Child Welfare Act; the only exception to this is when the court has made a Good Cause finding.
11. Review and apply policy regarding disclosure for adoption.

Disclosure to the prospective adoptive family must occur by law, be face to face and include the child’s Permanency worker. Disclosure must be completed before visits occur.

12. Understand the barriers to adoption and apply strategies to overcome those barriers.

Barriers to adoption often include the child’s wishes and fears. The child age 12 or older has the right to consent, but their concerns should be discussed, as often these fears are based on incorrect information and/or assumptions about adoption. The best way to overcome these issues is to involve the child in the process, discuss and attempt to address their fears, respect their wishes (for example, a certain type of family) while also encouraging the child to explore possible options. A tool which can be used effectively during this process is the Adoption Guidebook.

13. Understand barriers of sibling placement and apply strategies to overcome those barriers.

When barriers, even those provided exception in policy (such as safety issues between siblings), exist, one strategy to discuss and attempt to overcome barriers is to hold a Family Team Meeting to discuss the placement of siblings.

If siblings are going to be placed separately for adoption, the Criteria Staffing form must include the District Director’s signature.

14. Understand who is qualified to determine eligibility for adoption assistance.

Only the Adoption Specialist can make that determination.

15. Understand the different types of trauma.

a. Acute—a single traumatic event that is limited in time, during this event one goes through many different feelings, thoughts and physical reactions that add to the child’s sense of being overwhelmed or powerless. Example: child being removed from a relative to go to an adoptive placement.

b. Chronic—experiencing multiple traumatic events, the effects of chronic trauma build on each new event reminding them of earlier traumas. Example: a child removed due to sexual abuse is then sexually abused in-care.

c. Complex—exposure to chronic trauma inside and outside the system and the impact of such exposure on the child. Our kids who experience complex trauma at a young age are affected in nearly every aspect of their development and functioning. Example: a child removed from an adoptive parent for abuse.

16. Review forms needed to finalize the adoption process.
In order to finalize the adoption of a child, the Medical and Social History Report for Adoption, Form 04AN347E is required by statute to be completed.