**Permanency Readiness and Preparation**

**Use of form:** A child’s successful permanence involves a planning process that begins early in the case process. Consultation and staffings are critical for each child’s success. The following are guidelines to lead discussion among professional child welfare staff in the planning process. This is NOT all-inclusive but is designed as a tool to facilitate the permanency planning process. The topics below are meant to guide discussion that should be based upon the individual child’s developmental capabilities.

**NOTE:** If the permanency plan is TPR / Adoption please review the Intake Policy of the Department of Children and Families, Adoptions Section and legislation such as adherence to the mandatory placement requirements identified in the Indian Child Welfare Act (ICWA) and the Multi-Ethnic Placement Act.

|  |  |
| --- | --- |
| Name – Child (Last, First, MI      | Birthdate – Child (mm/dd/yyyy)      |
| Name – Assigned Worker       | Email Address – Worker      | Telephone Number – Worker      |
| Name – County      | Date TPR is Scheduled      | Case eWiSACWIS ID      |
| [ ]  Yes [ ]  No Is this an ICWA case? If “Yes” provide tribal name and contact person. |
| Name – Tribe: |       |  |
| Name – Contact Person: |       |  Telephone No.: |       |
|  |
| [ ]  Yes [ ]  No Is this placement approved by the Tribe? Explain actions taken. |
|       |
| **I. CHILD’S CURRENT PLACEMENT** |
| The child is either in a “family” setting or a “treatment” setting. Select the appropriate section and answer the questions regarding the child’s current living arrangement. |
| **FAMILY SETTING (If not applicable, go to “TREATMENT SETTING” below.)** |
| A. | The child currently resides in a: [ ]  Foster home [ ]  Level 1 [ ]  Level 2 [ ]  Level 3 [ ]  Level 4 [ ]  Level 5  |
|  | [ ]  Yes [ ]  No If the child is Native American does the placement meet the requirements specified in ICWA? Explain actions taken. |
|  |       |
|  | [ ]  Yes [ ]  No Has the foster parent(s) indicated a desire to adopt or assume guardianship? |
|  | [ ]  Yes [ ]  No Is this provider able to meet the long-term needs of the child? Explain. |
|  |       |
|  |  |  |
|  | [ ]  Relative / Kinship Care Home |
|  | [ ]  Yes [ ]  No Has the relative or kinship care provider indicated a desire to adopt or assume guardianship; including subsidized guardianship?[ ]  Yes [ ]  No Is the relative or kinship care provider currently a licensed foster home? |
|  | [ ]  Yes [ ]  No If “No”, could the home / family meet the requirements for the home study? If “No”, explain. |
|  |       |
|  | If the caretaker identified above has not indicated a desire to adopt or assume guardianship, what actions will be developed to ensure timely permanence for the child? |
|  |       |
| B. | Describe the setting in which the child resides. |
|  |       |
| **TREATMENT SETTING** |
| A. | The child currently resides in a: [ ]  Medical facility [ ]  Group home [ ]  Residential Care Center [ ]  Correctional facilityName of facility or group home:       |
| B. | Describe the situation or condition that precipitated the current placement. |
|  |       |
|  | If the child is Native American describe how the placement meets the requirements specified in ICWA? |
|  |       |
| C. | Describe how this placement meets the requirements of a “least restrictive” requirement. |
|  |       |
|  | [ ]  Yes [ ]  No Has the child demonstrated the ability to adapt to a family setting with ordinary placement preparation (preparation completion in three months or less)? If “No”, what barriers exist with regard to the child’s transition and adaptation to a family setting? |
|  |       |
| **II. SIBLING PLACEMENT CONSIDERATIONS** |
| A. | [ ]  Yes [ ]  No Does the child have siblings in care? If “No”, proceed to section III. |
| B. | [ ]  Yes [ ]  No Are the siblings currently placed together? |
|  | [ ]  Yes [ ]  No If “Yes”, is the plan to maintain their placement together in an adoptive or guardianship home? |
|  | [ ]  Yes [ ]  No Does the child have siblings with whom he / she should be placed if currently not together? If “Yes”, list siblings and placement. |
|  |       |
|  | If not placed together currently, describe the process that led to the decision to separate the children in foster care. |
|  |       |
|  | What are the arrangements for ongoing contact with siblings? |
|  |       |
|  | [ ]  Yes [ ]  No If the appropriateness of placement together is undetermined, is an evaluation by a therapist needed regarding sibling reunification? |
| **III. FAMILY CONSIDERATIONS** |
| A. | [ ]  Yes [ ]  No Is the child continuing visits with birth mother? |
| B. | [ ]  Yes [ ]  No Is the child continuing visits with birth father? |
| C. | [ ]  Yes [ ]  No Is the child hoping for, or expecting, reunification with the birth parents? If “Yes”, explain. |
|  |       |
| D. | [ ]  Yes [ ]  No Have birth relatives been explored as resources? If “No”, explain. |
|  |       |
| E. | [ ]  Yes [ ]  No Does a relationship exist between the child and relative(s) that is beneficial to the child? If “Yes”, identify the relative(s) and describe the nature of the relationship / attachment. |
|  |       |
| F. | [ ]  Yes [ ]  No If this is an Indian child, has the Indian custodian been thoroughly explored as a resource? Explain. |
|  |       |
| **IV. CHILD’S UNDERSTANDING AND FUNCTIONING**  |
| A. | [ ]  Yes [ ]  No Has the child been informed of the termination of parental rights (TPR)? If “No”, explain the reason. |
|  |       |
| B. | [ ]  Yes [ ]  No Has the child been informed of the pending adoption / guardianship? If “No”, explain the reason.      |
|  | If “Yes”, who presented the idea of adoption / guardianship to the child?[ ]  Therapist [ ]  County worker [ ]  Permanency consultant [ ]  Tribal worker [ ]  Foster parent |
|  | [ ]  Other – Specify:  |       |
|  | Date presented to child (mm/dd/yyyy):       |
|  | What issues were discussed and how was the child engaged in the conversation?      |
| C. | What does the child say he / she wants for a future living situation (e.g., “I want to live with birthparents, live with sibs, stay with foster parents”)? |
|  |       |
| D. | [ ]  Yes [ ]  No Is the child currently willing to participate in planning for permanence? Explain. |
|  |       |
| **V. ATTACHMENT** |
| A. | [ ]  Yes [ ]  No Is the child attached to the current caretaker? If “Yes”, describe the relationship. |
|  |       |
| B. | [ ]  Yes [ ]  No Has the child made previous healthy attachments? If “Yes”, explain. |
|  |       |
|  | If “No”, what is the child’s capacity to attach to a caretaker? |
|  |       |
| **VI. COUNSELING AND OTHER SERVICE NEEDS** |
| A. | [ ]  Yes [ ]  No Does the child currently have a therapist? If “Yes”, list name(s) of therapist(s) and length of time services have been provided. |
|  |       |
| B. | [ ]  Yes [ ]  No Does the child have a diagnosis? Explain. |
|  |       |
| C. | What evaluations of the child have been completed? Include the resource name, dates and conclusions. |
|  |       |
| D. | What other evaluation, culturally relevant services, or assistance are indicated for the child? |
|  |       |
|  | [ ]  Yes [ ]  No Is the child currently willing and able to work through grief and loss issues? Explain.  |
|  |       |
| **VII. PERMANENT PLACEMENT CONSIDERATIONS AND READINESS** |
| A. | [ ]  Yes [ ]  No [ ]  Unknown Are there **potential permanent resources** for the child? |
|  | If “**Unknown”**, list recruitment methods to be utilized. |
|  |       |
|  | If “**Yes**”, list contact information including potential permanent resource family and adoption agency name if TPR / Adoption is the plan. |
|  |       |
|  | If “**No**”, explain why the child is unable to be matched with a permanent family at this time. |
|  |       |
|  | What is the most appropriate permanency plan for the child at this time?[ ]  Reunification [ ]  Adoption [ ]  Guardianship with a relative (48.977) |
| **VIII. SUMMARY AND RECOMMENDATION** |
| Summarize the child’s information above including any strengths, challenges or unmet needs. |
|       |
| Provide the resulting recommendation regarding the child’s readiness for permanence and, when applicable, any steps deemed necessary to improve the child’s potential for readiness.      |
| Rate the child’s legal permanency status (reunification, guardianship, adoption). For the definition of each rating go to:<http://dcf.wisconsin.gov/children/foster/permanency_roundtables/pdf/prt_legal_permanency_status.pdf> [ ]  Very Good[ ]  Good[ ]  Fair[ ]  Uncertain[ ]  Poor |
| If the child’s rating is BELOW Good, contact the assigned State Permanency Consultant to discuss next steps. If the child’s rating is at Good or above, email the completed form to the SNAP Supervisor. The SNAP Supervisor contact information can be found at: <http://dcf.wisconsin.gov/children/adoption/programs_services/special_needs/ctysnap/snap_map.htm> |