



201 East Washington Avenue, Room E200
P.O. Box 8916
Madison, WI 53708-8916
Telephone: 608-266-8787
Fax: 608-266-5547

Governor Scott Walker
Secretary Eloise Anderson

Division of Safety and Permanence

August 23, 2016

Child Welfare Licensing Memo Series 2016-19L

To: Private Child Placing Agencies
From: Ron Hermes
Bureau Director 
Re: Domestic and International Annual Data Request

PURPOSE

The purpose of this memo is to provide direction for the collection of data regarding the number of private domestic and international adoptions that occur each year in Wisconsin. This data is used for state and federal reporting, and to develop and implement effective interventions to reduce discontinuity in adoptive families.

BACKGROUND

In 2015, the Department of Children and Families (DCF) requested each licensed Child Placing Agency (CPA) licensed for private domestic and international adoptions to provide information for all private domestic and international adoptions the agency facilitated for the period of January 1, 2010 to December 31, 2015 and that occurred in Wisconsin.

INFORMATION SUMMARY

Based on the information gathered, the Department determined ongoing data collection is necessary to gain a better understanding of the adoptions occurring in Wisconsin. The Department is requesting, under its authority in DCF 54.06(6), that each CPA licensed for private domestic and international adoptions provide information for all private domestic and international adoptions finalized by the agency in Wisconsin each year.

CPAs will access their agency specific spreadsheet in the new Adoption Data folder located in the Provider Information Exchange (PIE) site. CPAs completing private domestic and international adoptions will have access to the folder at any time, allowing data to be entered throughout the year. The PIE lead for the CPA will have access to the folder and will need to enter all finalized adoptions that occurred in Wisconsin each year, no later than January 31st of the following year. Attached is a sample of the spreadsheet with instructions. Failure to comply with this request may result in licensing action.

CENTRAL OFFICE CONTACT: Adoption Policy Specialist
Bureau of Permanence & Out-of-Home Care
PO Box 8916
Madison, WI 53708
608 422-6905
dcfadoption@wisconsin.gov

MEMO WEB SITE: <http://dcf.wisconsin.gov/cwportal/policy>

Attachments: International and Domestic Adoptions in Wisconsin Report
Instructions and Sample Adoption Finalization Spreadsheet

Thank you for providing the information regarding finalized international and domestic adoptions and guardianships completed by your agency between **January 1, 2016 and December 31, 2016!** DCF has modified the data collection tool from last year. This guide provides instruction for completing the spreadsheet. Should you have any questions, please contact DCF staff: can be reached by phone, 608-422-6905 or dcfadoption@wisconsin.gov.

Each agency will submit their ALL data in this Excel spreadsheet. *Please do not modify the spreadsheet or use another spreadsheet to submit your answers.* If you are having trouble with any part of this, please contact DCF staff and we will be happy to assist you.

1. Select the correct sheet to enter the child and household information:

THE SECOND SHEET (BLUE TAB), IS FOR DOMESTIC ADOPTIONS
THE THIRD SHEET (PURPLE TAB) IS FOR INTERNATIONAL ADOPTIONS

2. Once you have selected the correct sheet to enter information on, enter the following information:

Row three is pre-filled as an example for you. Please fill in all information to the best of your ability.

AGENCY NAME: Please enter the name of your private child placing agency in column A. Please ensure that the agency name is in each row that you enter data into

CHILD'S INFORMATION: Follow the prompts in row 2 to fill in all requested information for the child.

Last Name: at time of adoption

Middle: at time of adoption

First Name: at time of adoption

Gender: please choose one option from the drop down list

- Female
- Male

Child Identifies as transgender? Please choose one response

- Yes
- No

Race: please choose one option from the drop down list

Ethnicity: please choose one option from the drop down list

Date of Birth: *please enter all dates in the following format: MM/DD/YYYY*

Date of Adoption: the date that the adoption was finalized: **MM/DD/YYYY**

Age at Time of Finalization: the child's age at the time the adoption was finalized. *Please choose one from the drop down list*

Adoption Type: please choose one option from the drop down list:

- Non-relative: An adoption of a child to parent(s) who have no prior immediate or extended familial relationship to the adoptive child
- Relative: The adoptive child has an immediate or extended familial relationship to the adoptive parent(s).
- Safehaven: The infant was placed for under the Safehaven statute.
- Step-parent: Adoptive parent is the adoptive child's step-parent.
- Post-Placement Only: The adoption was finalized in another state or country and the agency is providing required post-finalization contacts.

ICWA Status? (DOMESTIC ONLY!) *Is the child a member of a recognizable tribe?*

- Yes
- No

Out of State Adoption? (DOMESTIC ONLY!) *Please choose one response from the drop down list:*

- Yes: the adoption was finalized in another state
- No: the adoption was finalized in Wisconsin

ICPC: (DOMESTIC ONLY!) *Interstate Compact on the Placement of Children: Please choose Yes or No from the drop down list:*

- Yes: ICPC statutes and process does apply to the adoptive child
- No: ICPC statutes did not apply to the adoptive child

State Where Adoption Occurred: (DOMESTIC ONLY!) *Please choose a state from the drop down list of U.S. states*

Country of Origin: (INTERNATIONAL ONLY!) Please indicate the country from which the child was adopted from the drop down list.

Re-adopted in US? (INTERNATIONAL ONLY!) Was the child re-adopted in the US?

- Yes
- No
- Uncertain

Adopted with Siblings? Was the child adopted as part of a sibling group? *Please choose one option:*

- Yes
- No

Discontinuity? To the best of your knowledge, since finalization of the adoption or guardianship has the child been placed into Out-of-Home Care or has the adoption been dissolved? *Please choose one option:*

- Yes: Child living out of home
- Yes: dissolved (adoption dissolved)
- Uncertain
- No

Does the child have special needs? *Does the child have any known emotional, behavioral, or physical needs? Physical needs includes medical needs. Please choose one option from the drop down list:*

- Yes-emotional
- Yes-behavioral
- Yes-physical (includes medical)
- Yes-emtional&behavioral
- Yes-behavioral&physical
- Yes-emotional and physical
- Yes-emotional,behavioral&physical
- No

Qualify for AA or At-Risk Determination? *Please select one option from the drop down list:*

- Yes: Adoption Assistance: the child qualifies for Adoption Assistance
- Yes: At-Risk Determination (the child has been determined to have a high likelihood of being at risk for developing special needs in the future but at the time of the adoption did not qualify for adoption assistance)
- No: child does not receive adoption assistance or qualify as at-risk

HOUSEHOLD INFORMATION: these questions address **adoptive household** characteristics at the time of finalization

County of residence: *indicate the county that the adoptive parents resided in at the time of finalization:*

- Outside of Wisconsin
- Choose one of the Wisconsin counties from the drop down list

Zip Code: *please select one option from the drop down list of all Wisconsin zip codes:*

- Outside of Wisconsin

- Choose one of the zip codes from the drop down list

Relationship Status: *relationship status of the adoptive parent(s) at time of finalization:*

- Married
- Cohabiting, unmarried
- Single
- Divorced
- Widowed
- Other

Annual Household Income: *total household income at the time of finalization. Select one option from the drop down list.*

Number of other children receiving care in the household: *the total number of children in addition to the adoptive child who, at the time of finalization, are receiving care in the adoptive household . Choose one response from the drop down list:*

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

ADOPTIVE PARENT(S) 1 &2: Please enter the adoptive parent's information in the corresponding rows.

Last Name

Middle Name

First Name

Date of Birth: please enter all dates in the following format: MM/DD/YYYY

Gender: please choose one option from the drop down list

- Female
- Male

Race: please choose one option from the drop down list

Ethnicity: please choose one option from the drop down list

Hispanic/Latino?: Choose Yes or No

Highest Educational Level Achieved: what is the highest level of education the adoptive parent has completed?

- Less than high school
- High school degree or equivalent
- Some college
- Associate degree
- Bachelor degree
- Graduate/PhD/Professional

Number of Previous Adoptions: How many children has this parent previously adopted? Please choose one option from the drop down list:

- 0
- 1
- 2
- 3
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Optional Notes: please use this space to provide any information you feel is pertinent to explain the data you provided. Please note that this column is OPTIONAL!

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sheet 2, the BLUE sheet is for DOMESTIC ADOPTIONS

sheet 3, the PURPLE sheet is for INTERNATIONAL ADOPTIONS

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