



## **Licensed Child Caring Agency Site Visit Report Adoption Agency**

**Licensee:** Agape Adoptions

**Date of site visit:** July 12, 2022

**Board President:** John Wilson

**Executive Director:** Myriam Avery, MA

**Director of Social Services:** Debby Fields, LMHC

**Licensing Coordinator:** Tom Heidt with Holly Ivey

**Other regulatory or accrediting agencies:**

Hauge Accreditation until 2/22/2023. They are currently in the process with the Intercountry Adoption Accreditation and Maintenance Entity, but will eventually be transferred to the Center for Excellence in Adoption Services (CEAS). Also licensed in the State of Washington and Alaska

**Program Compliance:**

The program was found to be compliant or will be compliant with:

[OAR 413-215-0001 to 0136](#) Licensing Umbrella rules

[OAR 413-215-0401 to 0481](#) Licensing Adoption Agencies

Personnel records were reviewed and compliance with required background checks was documented for the employees in the program.

**Type of Adoptions provided:**

Domestic (Indy/Private) \_\_ SNAC (DHS Foster Adopt) \_\_ International (Hague) **X** Home Studies **X**

**Program Description:**

Agape Adoptions is a non-profit agency based in Sumner, Washington. They began operations in Washington in March of 2010 and became licensed in Oregon in February of 2012. Agape is in the process of reaccreditation for Hague as their approval is due to expire on February 22, 2023. Originally, Agape took over almost one thousand families from a Seattle based agency, Americans Adopting Orphans. Agape Adoptions has international placement programs in Bulgaria, China, Dominican Republic, Honduras, Hong Kong, Romania, Uganda. Agape provides the full array of adoption services including home study, placement, and post placement services. Agape Adoptions believes that every child deserves their own supportive family to provide permanency, unconditional love and acceptance. The agency currently has twelve staff, including two social workers who live in Oregon. Agape Adoption's proposed budget for 2022 is \$450,000. Over the last two-year review period, the Agency has averaged ten adoptions per year. During that time, Agape Adoptions completed eleven home studies on Oregon families and currently are working with eight additional families.

**Disruptions/dissolutions in the last review period:**

None.

**Average daily population served – number of families currently serving:**

In the three states where Agape is licensed, they have:

25 Families in the home study process

104 Families waiting for referral or travel

299 Post placement reports processed in the last two years, including 49 for families in Oregon.

**Number of placements in each of the last two years:**

2021 - 10

2020 - 10

**Program Strengths:**

The Executive Director wrote that the agency:

- Believes that unwavering advocacy for waiting children and highly personalized services for adoptive families are necessary for a successful adoption and that they are dedicated to both.
- Is devoted to ensuring waiting children are placed with a family that is committed to them and their needs.
- Provides adoptive families with highly personalized care and in-depth parent training and education programs.
- Is a trusted partner for families across the U.S. who are embarking on the life changing journey of adoption.
- Is a fully Hague accredited child placing agency.
- Agape's fees are less than most other adoption agencies.

**Program Challenges:**

- COVID resulted in significant staff shortages. Social work staff have been difficult to find and retain which resulted in an increased workload for the current staff.
- China has been the agency's biggest program, but it is still closed. This has been very challenging as many families are still waiting and the child they are matched with will be much older than what they originally planned.
- The Hague accreditation process is very expensive and extensive. They are in the process of renewing their Hague accreditation.

**Changes that have occurred in the last 2 years:**

- Agape opened a program in Honduras. They are considering programs in Columbia, Ecuador, and India.
- The Agency just signed a new five year lease on their office in Sumner, Washington.
- The agency recently switched to a new bookkeeper who will be a better fit for their needs.

**Lawsuits:**

None.

**Grievances and complaints filed in the last two years:**

None.

**Corrective Actions and Timeframes:** Please submit the following to verify compliance.

**413-215-0061 Licensing Umbrella Rules: Personnel**

(3) Personnel Files. The child-caring agency and its contractors must have a personnel file for each employee that is maintained for a minimum of two years after the termination date of each employee and includes all of the following:

(d) Annual performance evaluations.

**Corrective Action 1: Moving forward, the agency must commit to completing annual performance evaluations on each employee.** Two of the four personnel files were missing evaluations in 2020.

**413-215-0446 Adoptive Family Recruitment and Screening**

An adoption agency must have a recruitment and screening process that meets all of the following standards:

(2) Orientation. The adoption agency must provide orientation for the adoptive family before the adoption agency approves the home study. The orientation must include the following information:

(a) The adoption program, policies, and procedures of the adoption agency.

**Corrective Action 2: The agency must provide prospective adoptive parents with information regarding the adoption program as well as policies and procedures of the agency.** It was not clear in the documentation if clients are provided with this information.

Within 45 days of receipt of this report, the agency must submit a letter of verification indicating they are in compliance with the specific rules cited above and describing how compliance will be maintained going forward. Along with the letter of verification, the agency must submit any and all specific documentation requested in the body of this report. The letter of verification and any additional requested documents can be emailed directly to or sent by regular mail to the following address:

Tom Heidt, Licensing Coordinator  
 Department of Human Services  
 Children's Care Licensing Program  
 201 High Street SE, Suite 500  
 Salem, Oregon 97301  
 Phone: 503-480-4825  
 E-Mail: [Tom.Heidt@DHSOHA.State.OR.US](mailto:Tom.Heidt@DHSOHA.State.OR.US)

**Recommendations:**

None.

**Exceptions:**

None.

**Changes in License:**

None.

| Summary of Review                                                                              |     |    |     |                             |                             |
|------------------------------------------------------------------------------------------------|-----|----|-----|-----------------------------|-----------------------------|
| Program and Services<br>413-215-0011(2)                                                        | Yes | No | N/A | Corrective Actions/Comments | Corrective Action Completed |
| Program and services are in scope of license                                                   | X   |    |     |                             |                             |
| Governance of the Agency<br>413-215-0021                                                       | Yes | No | N/A | Corrective Actions/Comments | Corrective Action Completed |
| (1)(a) Minimum of 5 board members                                                              | X   |    |     |                             |                             |
| (2)(f) Formally evaluate the exec. Director's performance annually                             | X   |    |     |                             |                             |
| (2)(g) Approves annual budget                                                                  | X   |    |     |                             |                             |
| (2)(h) Obtain and review an annual independent financial review or audit of financial records. | X   |    |     |                             |                             |
| (2)(k) Written quality improvement program                                                     | X   |    |     |                             |                             |
| (2)(l) Meeting minutes                                                                         | X   |    |     |                             |                             |

| <b>Executive Director or Program Director</b><br>413-215-0021                                                                                                                                                                                                                                                                                           | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                 | <b>Corrective Action Completed</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|----------------------------------------------------------------------------------------------------|------------------------------------|
| (3)(a) knowledge of requirements for providing care and treatment appropriate to programs                                                                                                                                                                                                                                                               | X          |           |            |                                                                                                    |                                    |
| (3)(g) Approval from BCU                                                                                                                                                                                                                                                                                                                                | X          |           |            |                                                                                                    |                                    |
| <b>Contractors</b> (if applicable)<br>413-215-0061(6)                                                                                                                                                                                                                                                                                                   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                 | <b>Corrective Action Completed</b> |
| (a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215                                                                                                                                                                                                                                                      | X          |           |            |                                                                                                    |                                    |
| (b)(B) Contract includes the following:<br>(i) Services provided<br>(ii) Contractor fees<br>(iii) Disclosure of information from contractor to agency<br>(iv) Lines of authority<br>(v) Adherence to rules, including background check<br>(vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability | X          |           |            |                                                                                                    |                                    |
| <b>Supplemental Information Provided by CCA</b>                                                                                                                                                                                                                                                                                                         | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                 | <b>Corrective Action Completed</b> |
| Documents as indicated on the form titled "Renewal Licensing Required Documents"                                                                                                                                                                                                                                                                        | X          |           |            | The agency is working on securing the Certificate of Occupancy for the office building they lease. |                                    |
| Documents as indicated on form titled "Required Financial Documents and Information"                                                                                                                                                                                                                                                                    | X          |           |            |                                                                                                    |                                    |
| All required policies and procedures as identified in the "Umbrella Rules"                                                                                                                                                                                                                                                                              | X          |           |            |                                                                                                    |                                    |
| All required policies and procedures as identified in "Agency Type Specific Rules"                                                                                                                                                                                                                                                                      | X          |           |            |                                                                                                    |                                    |
| <b>Physical Plant</b>                                                                                                                                                                                                                                                                                                                                   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                 | <b>Corrective Action Completed</b> |
| 413-215-0051(1) Sufficient safe space, equipment, and office equipment                                                                                                                                                                                                                                                                                  | X          |           |            |                                                                                                    |                                    |
| 413-215-0091(12) License is posted in common area at each facility                                                                                                                                                                                                                                                                                      | X          |           |            |                                                                                                    |                                    |

| <b>Personnel Files</b><br>413-215-0061                                                                                                                                                                                                                                    | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                | <b>Corrective Action Completed</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|---------------------------------------------------------------------------------------------------|------------------------------------|
| Staff Name                                                                                                                                                                                                                                                                | X          |           |            |                                                                                                   |                                    |
| Position                                                                                                                                                                                                                                                                  | X          |           |            |                                                                                                   |                                    |
| (3)(g) Date of Hire                                                                                                                                                                                                                                                       | X          |           |            |                                                                                                   |                                    |
| (3)(a) record of education, training and previous employment                                                                                                                                                                                                              | X          |           |            |                                                                                                   |                                    |
| (1)(b) & (3)(b) reference checks completed and documented                                                                                                                                                                                                                 | X          |           |            |                                                                                                   |                                    |
| (1)(a) & (3)(c) Background check completed and documented                                                                                                                                                                                                                 | X          |           |            |                                                                                                   |                                    |
| (3)(d) Annual performance evaluations                                                                                                                                                                                                                                     |            | X         |            | Performance evals were missing in 2 of the 4 files reviewed.                                      |                                    |
| (3)(f) Record of personnel actions                                                                                                                                                                                                                                        | X          |           |            |                                                                                                   |                                    |
| (3)(g) Termination date, reason for termination                                                                                                                                                                                                                           |            |           | X          |                                                                                                   |                                    |
| (3)(h) Current job description (1)(c) Employee meets minimum qualifications stated in current job description                                                                                                                                                             | X          |           |            |                                                                                                   |                                    |
| Meets the qualifications in 413-215-0416                                                                                                                                                                                                                                  | X          |           |            |                                                                                                   |                                    |
| <b>New Employee Orientation – Umbrella Requirements (30 days)</b><br>413-215-0061(4)                                                                                                                                                                                      | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                                                                | <b>Corrective Action Completed</b> |
| (a) Agency policies and procedures                                                                                                                                                                                                                                        | X          |           |            |                                                                                                   |                                    |
| (b) Ethical and professional guidelines                                                                                                                                                                                                                                   | X          |           |            |                                                                                                   |                                    |
| (c) Organizational lines of authority                                                                                                                                                                                                                                     | X          |           |            |                                                                                                   |                                    |
| (d) Attributes of population served                                                                                                                                                                                                                                       | X          |           |            |                                                                                                   |                                    |
| (e) & (5)(a) to (c) Mandatory reporting that includes:<br>(a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36<br>(b) legal responsibility to immediately report<br>(c) legal responsibility to report is personal to the employee | X          |           |            | This was a previous corrective action, but the agency was able to successfully address the issue. |                                    |
| (f) Privacy laws                                                                                                                                                                                                                                                          | X          |           |            |                                                                                                   |                                    |
| (g) Emergency procedures                                                                                                                                                                                                                                                  | X          |           |            |                                                                                                   |                                    |

| Ongoing Training<br>413-215-0421                                                                                                                                                                                                                                      | Yes | No | N/A | Corrective Actions/Comments                    | Corrective Action Completed |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|------------------------------------------------|-----------------------------|
| (2) <b>Social services staff and contracted providers</b> complete 10 hours minimum training on issues related to adoption                                                                                                                                            | X   |    |     | Training hours far exceed Licensing standards. |                             |
| (3) <b>Social services staff and those who provide adoption services</b> complete training in all of the following areas:                                                                                                                                             |     |    |     |                                                |                             |
| (3)(a) Potential short and long term effects of prenatal exposure to alcohol, drugs, and poor nutrition                                                                                                                                                               | X   |    |     |                                                |                             |
| (3)(b) Potential effects of separation and loss                                                                                                                                                                                                                       | X   |    |     |                                                |                             |
| (3)(c) Process of developing emotional ties to an adoptive family                                                                                                                                                                                                     | X   |    |     |                                                |                             |
| (3)(d) Normal child and adolescent development                                                                                                                                                                                                                        | X   |    |     |                                                |                             |
| (3)(e) Potential effects of physical abuse, sexual abuse, neglect, and institutionalization on the development of the child                                                                                                                                           | X   |    |     |                                                |                             |
| (3)(f) Potential issues of race, culture, and identity; issues of acculturation and assimilation; and if applicable, the effects of having been adopted internationally                                                                                               | X   |    |     |                                                |                             |
| (3)(g) Emotional adjustment of adopted children and their families                                                                                                                                                                                                    | X   |    |     |                                                |                             |
| (3)(h) Open adoption                                                                                                                                                                                                                                                  | X   |    |     |                                                |                             |
| 413-215-0061(5) Mandatory reporting that includes:<br>(a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36<br>(b) legal responsibility to immediately report<br>(c) legal responsibility to report is personal to the employee | X   |    |     |                                                |                             |
| <i>Intercountry Adoptions</i> 413-215-0476(1)(d) Employees and volunteers are trained about the adoption laws and procedures of sending country.                                                                                                                      | X   |    |     |                                                |                             |
| Comments:                                                                                                                                                                                                                                                             |     |    |     |                                                |                             |



| <b>Adoption Files Compliance</b>                                                                                        | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                    | <b>Corrective Action Completed</b> |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-------------------------------------------------------|------------------------------------|
| 413-215-0431(3) Adoption records are permanently retained and stored in a fire-retardant, locked location.              | X          |           |            |                                                       |                                    |
| Name of Family                                                                                                          | X          |           |            |                                                       |                                    |
| <b>Orientation (before approving of home study)<br/>413-215-0446(2)</b>                                                 | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                    | <b>Corrective Action Completed</b> |
| (a) Adoption program, policies and procedures                                                                           |            | X         |            | Documentation regarding this requirement was lacking. |                                    |
| (b) Needs and characteristics of children available                                                                     | X          |           |            |                                                       |                                    |
| (c) Attachment, separation, and loss issues                                                                             | X          |           |            |                                                       |                                    |
| (d) Importance of cultural and ethnic identity to the child                                                             | X          |           |            |                                                       |                                    |
| (e) Effects of adoption on child and family                                                                             | X          |           |            |                                                       |                                    |
| (f) Adoption process                                                                                                    | X          |           |            |                                                       |                                    |
| (g) Rights and responsibilities of adoptive family and agency                                                           | X          |           |            |                                                       |                                    |
| (h) Information on potential risks and challenges                                                                       | X          |           |            |                                                       |                                    |
| (i) Pre-placement, placement, and post-legal adoption services and resources                                            | X          |           |            |                                                       |                                    |
| <b>Training</b>                                                                                                         | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b>                    | <b>Corrective Action Completed</b> |
| 413-215-0451(3)(a) <b>6 hour</b> minimum pre-adoptive training and education before home study                          | X          |           |            |                                                       |                                    |
| <b>413-215-0456(1) 10 hours documented orientation and training independent of home study and covers the following:</b> |            |           |            |                                                       |                                    |
| (a) Possible short and long term effects of prenatal exposure to alcohol, drugs and poor nutrition                      | X          |           |            |                                                       |                                    |
| (b) Effects of separation and loss                                                                                      | X          |           |            |                                                       |                                    |
| (c) Process of developing emotional ties to an adoptive family                                                          | X          |           |            |                                                       |                                    |
| (d) Normal child and adolescent development                                                                             | X          |           |            |                                                       |                                    |

|                                                                                                                                                                                                                            |            |           |            |                                    |                                    |
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| (e) Research on potential effect on child's development from physical abuse, sexual abuse, neglect, institutionalization, and multiple caregivers                                                                          | X          |           |            |                                    |                                    |
| (f) Issues related to race, culture, and identity                                                                                                                                                                          | X          |           |            |                                    |                                    |
| (g) Acculturation, assimilation, and if applicable, effects of international adoption                                                                                                                                      | X          |           |            |                                    |                                    |
| (h) Emotional adjustment of adopted children and their families                                                                                                                                                            | X          |           |            |                                    |                                    |
| (i) Intercountry adoption (if applicable)                                                                                                                                                                                  | X          |           |            |                                    |                                    |
| (2) Documented reasonable efforts to prepare prospective parents for each child under consideration <i>before</i> the earliest of the following; (a) child is placed (b) travel to child's country for purpose of adoption | X          |           |            |                                    |                                    |
| (3) Appropriate methods of training used                                                                                                                                                                                   | X          |           |            |                                    |                                    |
| <b>(4)(a) Agency provided detailed written information on the following subjects:</b>                                                                                                                                      |            |           |            |                                    |                                    |
| (A) Resources for financial support                                                                                                                                                                                        | X          |           |            |                                    |                                    |
| (B) Medical assistance availability                                                                                                                                                                                        | X          |           |            |                                    |                                    |
| (C) Support services                                                                                                                                                                                                       | X          |           |            |                                    |                                    |
| (D) Identification of organization or individual who will be involved in proposed placement                                                                                                                                | X          |           |            |                                    |                                    |
| (E) Potential ramifications of a failure of birth                                                                                                                                                                          |            |           | X          |                                    |                                    |
| <b>Home Study</b><br>413-215-0451                                                                                                                                                                                          | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b> | <b>Corrective Action Completed</b> |
| (1)(a) Individual interviews completed with each household member                                                                                                                                                          | X          |           |            |                                    |                                    |
| (1)(b) Joint interview with couple (if applicable)                                                                                                                                                                         | X          |           |            |                                    |                                    |
| (1)(c) On-site evaluation of home and compliance with CF979                                                                                                                                                                | X          |           |            |                                    |                                    |
| <b>(2)Written Home Study includes all of the following:</b>                                                                                                                                                                |            |           |            |                                    |                                    |
| (a) Dates and places of interviews                                                                                                                                                                                         | X          |           |            |                                    |                                    |
| (b) Identity of each child to be considered for placement (if known)                                                                                                                                                       | X          |           |            |                                    |                                    |
| (c) Motivation for adoption                                                                                                                                                                                                | X          |           |            |                                    |                                    |
| (d) Family's plan for honoring ethnic and cultural heritage                                                                                                                                                                | X          |           |            |                                    |                                    |
| (e) Education or training needs                                                                                                                                                                                            | X          |           |            |                                    |                                    |

|                                                                                                                                                                                                                                                                                                                                    |            |           |            |                                    |                                    |
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| (f) Need for support services and description of current support system                                                                                                                                                                                                                                                            | X          |           |            |                                    |                                    |
| (g) Life experiences and challenges                                                                                                                                                                                                                                                                                                | X          |           |            |                                    |                                    |
| (h) Marriage status or relationship                                                                                                                                                                                                                                                                                                | X          |           |            |                                    |                                    |
| (i) Names and ages of children in home                                                                                                                                                                                                                                                                                             | X          |           |            |                                    |                                    |
| (j) Names and ages of children not living in the home                                                                                                                                                                                                                                                                              | X          |           |            |                                    |                                    |
| (k) Parenting skills and values                                                                                                                                                                                                                                                                                                    | X          |           |            |                                    |                                    |
| (l) Lifestyle                                                                                                                                                                                                                                                                                                                      | X          |           |            |                                    |                                    |
| (m) Home and community                                                                                                                                                                                                                                                                                                             | X          |           |            |                                    |                                    |
| (n) Health                                                                                                                                                                                                                                                                                                                         | X          |           |            |                                    |                                    |
| (o) Religion or spiritual beliefs                                                                                                                                                                                                                                                                                                  | X          |           |            |                                    |                                    |
| (p) Employment and finances                                                                                                                                                                                                                                                                                                        | X          |           |            |                                    |                                    |
| (q) Safety information and safety issues                                                                                                                                                                                                                                                                                           | X          |           |            |                                    |                                    |
| (r) Minimum 4 references - not related                                                                                                                                                                                                                                                                                             | X          |           |            |                                    |                                    |
| (s) Compliance with background check rules                                                                                                                                                                                                                                                                                         | X          |           |            |                                    |                                    |
| (t) Release of information                                                                                                                                                                                                                                                                                                         | X          |           |            |                                    |                                    |
| (u) Background check from every state lived in for last 5 years                                                                                                                                                                                                                                                                    | X          |           |            |                                    |                                    |
| (v) Background check from every country lived in last 5 years                                                                                                                                                                                                                                                                      | X          |           |            |                                    |                                    |
| (w) Assessment of all information gathered and recommendations                                                                                                                                                                                                                                                                     | X          |           |            |                                    |                                    |
| (x) Signed approval or denial by social services supervisor to use home for adoption                                                                                                                                                                                                                                               | X          |           |            |                                    |                                    |
| 413-215-0461 Pre-placement evaluation                                                                                                                                                                                                                                                                                              | X          |           |            |                                    |                                    |
| <b>INTERCOUNTRY ADOPTIONS</b><br>413-215-0476                                                                                                                                                                                                                                                                                      | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b> | <b>Corrective Action Completed</b> |
| (1) In <u>compliance with foreign law</u> and makes reasonable efforts to learn and understand requirements in sending country                                                                                                                                                                                                     | X          |           |            |                                    |                                    |
| (2) <u>Compliance by foreign representatives</u> (if applicable) Reasonable efforts are made to ensure:<br>(a) Compliance with laws and procedures of sending country<br>(b) Licensed or otherwise authorized<br>(c) Does not engage in practices that are not in best interests of child or exploitation, trafficking of children | X          |           |            |                                    |                                    |

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| (d) No pattern of licensing suspensions or sanctions<br>(e)&(f) Full disclosure                                                                                                                                                                                                                                                                                                                                                                                                                 |   |  |  |  |  |
| (3) <u>Pre-placement determination of compliance.</u> Authorized service or person has certified that:<br>(a) Child is qualified for adoption<br>(b) Necessary consents and determination made that placement in best interests of child<br>(c) Proper emigration and immigration permits<br>(d) Child's social and medical history or reasons why it could not be obtained                                                                                                                     | X |  |  |  |  |
| (4) <u>Child information requirements</u><br>(reasonable efforts made)<br>(a) Date the authority in sending country took custody and reasons why child in custody<br>(b) Child's history<br>(c) Information on child's immediate family<br>(d) Information on child's cultural, racial, religious, ethnic, and linguistic background<br>(e) Child's medical information<br>(f) Videotapes and photographs of child (date)<br>(g) Health risks specific to region or country where child resides | X |  |  |  |  |
| (5) Information in section (4) is provided to prospective adoptive parents at least 2 weeks before adoption or placement for adoption, or date which the prospective adoptive parents travel to sending country to complete adoption procedures                                                                                                                                                                                                                                                 | X |  |  |  |  |
| (6) The file documents all of the following:<br>(a) Efforts of the agency to obtain the information<br>(b) Reasons why agency was not able to obtain information<br>(c) All communications with prospective adoptive parents (contents, dates, manner information was provided)                                                                                                                                                                                                                 | X |  |  |  |  |
| (7) <u>Post placement and post-legalization</u><br>(a) Ensure appropriate measures to transfer child                                                                                                                                                                                                                                                                                                                                                                                            | X |  |  |  |  |

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| (b) Post placement reports<br>(c) Home visit (1-4 months) documented in the post placement report<br>(d) Original post-placement report is filed with the court and forwarded to the department<br>(e) Parents are informed of other available post-placement services and resources<br>(f) Adoption not finalized in sending country;<br>(A) agency monitors and supervises placement, (B) informs importance of finalizing in U.S. and (C) advise parents means of obtaining proof of citizenship and SSN |  |  |   |  |  |
| 413-215-0481 Prior to placing a child in another country, reasonable efforts are made to search for prospective adoptive parents in the U.S.                                                                                                                                                                                                                                                                                                                                                                |  |  | X |  |  |
| <b>Comments:</b> Home studies are detailed and well written.                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |   |  |  |

| <b>Adoption Finalization</b><br>413-215-0471                                                      | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b> | <b>Corrective Action Completed</b> |
|---------------------------------------------------------------------------------------------------|------------|-----------|------------|------------------------------------|------------------------------------|
| (1) Documents required for filing with court are promptly provided to adoptive family or attorney | X          |           |            |                                    |                                    |
| (2) Agency promptly files all required documents with the court                                   | X          |           |            |                                    |                                    |

| <b>Records and Documentation</b><br>413-215-0071                                                                                                        | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Corrective Actions/Comments</b> | <b>Corrective Action Completed</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|------------------------------------|------------------------------------|
| (1) Stored safely                                                                                                                                       | X          |           |            |                                    |                                    |
| (2) Permanent, legible, dated, and signed                                                                                                               | X          |           |            |                                    |                                    |
| (3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out. | X          |           |            |                                    |                                    |
| (7) Permanent registry of each child                                                                                                                    | X          |           |            |                                    |                                    |

Licensing Coordinator's Signature: Tom Heidt

Date: 7-21-2022

Manager Review: HL Gish

Date: 7-20-2022