SEVERE ABUSE OF ADOPTED CHILDREN COMMITTEE

REPORT

SEPTEMBER 2012

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Office of the Family & Children's Ombudsman
September 2012

Governor Gregoire:

We are pleased to submit the Report on Severe Abuse of Adopted Children. This report is a joint project of the Children’s Administration and the Office of the Family and Children’s Ombudsman and examines ways to improve our adoption system, protect children and strengthen families.

To assist our work, we convened a multi-disciplinary group of professionals within the child welfare and adoption system. The report’s objective analysis of adoption issues and corresponding recommendations resulted from the efforts and collective knowledge of this workgroup. We appreciate the contributions of each member and the dedication they brought to this project.

The report recommendations address each phase of the adoption process from assessing and training prospective adoptive parents, to support services for adopted children and their families. In order to implement the majority of these recommendations, it is essential that CA develop a detailed work plan identifying a strategy and timeframe to carry out these reforms.

While cases of severe abuse and neglect of adopted children are not unique to Washington State, our state is in the forefront of efforts to strengthen the adoption process to address this issue. Thank you for your leadership and commitment to excellence in our child welfare system.

Sincerely,

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Director Ombudsman  
Office of the Family & Children Ombudsman

Denise Revels Robinson  
Assistant Secretary  
Children’s Administration
SEVERE ABUSE OF ADOPTED CHILDREN
REPORT

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In response to troubling issues identified by the Office of the Family and Children’s Ombudsman (OFCO) concerning cases of severe child abuse and neglect of adopted children, Governor Gregoire requested that Children’s Administration (CA) and OFCO convene a workgroup to examine these issues and make recommendations to improve the adoption process and protect children.

This workgroup was co-chaired by Denise Revels Robinson, Assistant Secretary of CA and Mary Meinig, Director of OFCO. Members of the workgroup represent various professions and organizations including: Children’s Administration; private child placing agencies who conduct domestic and international adoptions; the Office of the Attorney General; the court; public defense attorneys; the Governor’s Office; researchers; and medical professionals. The workgroup conducted a thorough review of the adoption process with formal presentations discussing the following topics: Case Reviews of Incidents of Severe Abuse of Adopted Children & Common Elements; Legal Framework- International Convention, Federal and State Laws and Regulations Governing Adoptions and Child Placing Agencies; International Adoption Process; Domestic Adoption Process; Foster Care Adoption Process; Adoption Home Studies and Post Placement Reports; Medical Perspective on Child Maltreatment including Starvation; and a Summary of Research on Adoption Attachment and Abuse. Additionally, co-chairs Revels Robinson and Meinig met with representatives from private adoption agencies throughout the state.

RECOMMENDATIONS
The report recommendations are grouped under the following categories: State Oversight of Child Placing Agencies; Assessing Prospective Adoptive Families; and Training and Post Adoption Support Services. As discussed in more detail in this report, implementation of most recommendations involve amending state law, administrative regulations, or agency policies. Almost all recommendations would likely require additional resources for implementation.

State Oversight of Child Placing Agencies

- Strengthen State Oversight of Child Placing Agencies Providing Adoption Services by Enacting Administrative Rules Consistent with The Hague Convention and Federal Laws and Regulations
- The Department Should Develop and Distribute a List of Key Concerns or “Red Flags” regarding Troubled Adoptions
- The Department Should Establish a Procedure to Track Adoption Disruption and Dissolution
Assessing Prospective Adoptive Families

- Strengthen Qualifications for Individuals Conducting Adoption Home Studies and Post Placement Reports
- Enhance Minimum Requirements for Adoption Home Studies
- Establish Procedures to Ensure that all Adoption Home Studies are Filed or Recorded as Currently Required by State Law
- CA Should Establish an Internal Committee to make Adoption Decisions for Dependent Children
- Enhance Minimum Requirements for Post-Placement Reports

Training and Post Adoption Support Services

- Improve Training and Preparation for Prospective Adoptive Parents
- Create Minimum Training Requirements for Child Placing Agency Staff
- Provide Training to Professionals Who are Directly or Indirectly Involved with the Adoption Process
- Enhance Support Services for Adoptive Families

PARALLEL EFFORTS TO STRENGTHEN ADOPTIONS

In addition to this workgroup, there are at least two other current projects aimed at improving services to adoptive children and families. Casey Family Programs in Seattle is coordinating efforts to explore ways to create a community response to unmet support needs of adoptive families throughout Washington State. Additionally, the Division of Behavioral Health Resources is leading a workgroup to study mental health services for adoptive families. Areas of focus identified by this workgroup include: improve access to services for adopted children; establish an individualized plan for pre-adoption and post adoption supports for each adoptive family; expand evidence based parenting training programs such as the “Incredible Years”¹; and improve education of prospective adoptive parents about mental health issues.

CONCLUSION

It is the intent of the workgroup that these recommendations will assist the governor, the secretary of the department, legislators, stakeholders and private agencies to institute improvements to our adoption process to better protect children and strengthen families.

¹ Information about the Incredible Years training program is available at: http://www.incredibleyears.com/.
# Table of Contents

**Introduction** ................................................................................................................................. 1

**Section 1 – Workgroup Responses to Questions** ........................................................................... 6

**Section 2 - Recommendations** ...................................................................................................... 10

A. State Oversight of Child Placing Agencies – Recommendations .................................................. 10
   A2. The Department Should Develop and Distribute a List of Key Concerns or “Red Flags” regarding Troubled Adoptions ................................................................................................................................. 11
   A3. The Department Should Establish a Procedure to Track Adoption Disruption and Dissolution ........................................................................................................ 12

B. Assessing Prospective Adoptive Families – Recommendations ................................................... 13
   B1. Strengthen Qualifications for Individuals Conducting Adoption Home Studies and Post Placement Reports .................................................................................................................. 13
   B2. Enhance Minimum Requirements for Adoption Home Studies .................................................. 14
   B3. Establish Procedures to Ensure that all Adoption Home Studies are Filed or Recorded as Currently Required by State Law ......................................................................................... 16
   B4. Require an Independent Review and Approval of Adoption Home Studies ................................ 17
   B5. CA Should Establish an Internal Committee to make Adoption Decisions for Dependent Children ......................................................................................................................... 17
   B6. Enhance Minimum Requirements for Post-Placement Reports ................................................... 18

C. Training and Post Adoption Support Services – Recommendations .............................................. 19
   C1. Improve Training and Preparation for Prospective Adoptive Parents ......................................... 19
   C2. Create Minimum Training Requirements for Child Placing Agency Staff .................................. 20
   C3. Provide Training to Professionals Who are Directly or Indirectly Involved with the Adoption Process .................................................................................................................... 22
   C4. Enhance Support Services for Adoptive Families ......................................................................... 22

**Conclusion** ...................................................................................................................................... 24

**Appendix A** ...................................................................................................................................... 25

**Appendix B** ...................................................................................................................................... 37
INTRODUCTION

An international adoption ends in a fatality of 13 year old child

Thirteen year old GH and her 9 year old brother EH came to Washington State through an international adoption in 2008. There are also seven biological children between the ages of 7 and 18 years old in this family. The parents completed an approved adoption home study but failed to fully cooperate with the post placement assessment, services and report process after the adoptions were finalized. The fatal abuse suffered by this child raised questions about whether there were red flags that might have been identified through increased state oversight of child placing agencies or enhanced requirements for adoption home studies and post placement services and reports.

GH died from hypothermia in the yard of her family’s home. On the night of her death, GH had been kept outside for an extended period of time as punishment for “being rebellious”. Prior to her death, the family reports GH had been pretending to be cold and pretending to have trouble walking. The family states that she took off her clothes and was throwing herself on the ground, they were checking on her every 10-15 minutes. An autopsy found a knot on GH’s head and parallel lines on her legs possibly from being hit with something. GH had lost 30 pounds in one year prior to her death.

The parents and oldest sibling physically punished the children with plumbing pipes and a glue stick. In addition to being physically punished, GH and her adopted brother also endured:

- Food withheld as punishment. When fed, youth was given cold leftovers and frozen vegetables.
- Youth was made to use an outhouse that was placed on the family’s property instead of the bathroom inside the house. This was punishment for youth using the bathroom and touching things without washing her hands.
- Youth locked in closets and the bathroom and made to sleep in the barn.
- Youth was excluded from celebrating family holidays.
- Youth was often made to eat outside and was locked out of house.
- Parent cut off GH’s hair as a punishment.

The adoptive parents were arrested and charged with homicide by abuse and assault of a child.
The vast majority of adoptive parents provide loving homes to children in need and play an essential role in our child welfare system. These individuals deserve our appreciation and should be commended for their dedication and commitment to their children. Over the course of 2010-2011, however, The Office of the Family and Children’s Ombudsman (OFCO) 2011 Annual Report documented an alarming cluster of cases of severe child abuse and neglect occurring in adoptive or pre-adoptive placements. Eleven of the fifteen cases OFCO reviewed occurred in 2011. These cases include children who were adopted: from the Washington state foster care system; from the foster care systems of other states; from foreign countries; and through private agencies or through private adoption facilitators. What is particularly disturbing is that in these cases, the child abuse and neglect occurred in homes that had been scrutinized and approved by public or private child welfare agencies as appropriate adoptive homes for the child, and/or finalized by the court as an adoption.

Common elements related to child abuse and neglect noted in several of these cases include:

- Locking the child in a room;
- Withholding food from the child;
- Disparaging remarks about the child and discrediting the child as being untruthful;
- Exaggerating or misstating the child’s negative behaviors;
- Forcing the child to remain outside the home;
- Denying the child access to toilet facilities; and
- Isolating the child from the community, such as removing the child from public school.

In October 2011, OFCO brought these issues to the attention of the Governor’s Office and Children’s Administration (CA) and recommended that Washington State in partnership with private child welfare agencies convene a workgroup of experts and leaders within the child welfare community to examine these issues in greater detail. At Governor Gregoire’s request, CA and OFCO convened a statewide workgroup in February 2012 to address these concerns. The workgroup was co-chaired by Denise Revels Robinson, Assistant Secretary of CA and Mary Meinig, Director of OFCO. Cases of severe abuse of adopted children are not unique to Washington State and in fact, this is a national issue. Washington however is the only state that we know of that is partnering with public and private organizations and agencies to examine this issue and improve the adoption process to protect children.

Members of the workgroup represent various professions and organizations within the child welfare and adoption system including: Children’s Administration; private child placing agencies who conduct domestic and international adoptions; the Office of the

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2 Available at: http://www.governor.wa.gov/ofco/reports/default.asp
3 Appendix A.
Attorney General; the court; public defense attorneys; the Governor’s Office; researchers; and medical professionals.

The workgroup established the following subcommittees which met separately and addressed specific areas of the adoption process:

- Home Study and Approval Process;
- Determining the Appropriate Match: Adoptive Parents for the Child; and
- Lessons Learned: Education and Training.

The full workgroup met on February 21, 2012, March 12, 2012, May 11, 2012 and August 16, 2012. Presentations at these meetings addressed the following topics:

- Case Reviews of Incidents of Severe Abuse of Adopted Children & Common Elements- Mary Meinig, OFCO
- Legal Framework- International Convention, Federal and State Laws and Regulations Governing Adoptions and Child Placing Agencies- Sheila Huber, AAG
- International Adoption Process- MaryAnn Curran, World Association for Children & Parents
- Domestic Adoption Process- Cheramy Hassen, Children’s Home Society
- Foster Care Adoption Process- Pam McKeown, CA
- Adoption Home Studies and Post Placement Reports- Carol Mikkelsen, Amara
- Medical Perspective on Child Maltreatment including Starvation- Dr. Rebecca Wiester, Harborview Medical Center
- Summary of Research on Adoption Attachment and Abuse- Dr. Eric Trupin, University of Washington School of Medicine, Department of Psychiatry & Behavioral Services
- Recommendations from each Subcommittee

Additionally, CA Assistant Secretary Denise Revels Robinson and OFCO Director Ombudsman Mary Meinig met with representatives of private domestic and international child placing agencies throughout the state. These meetings were held on May 7, 2012 in Seattle, May 11, 2012 in Olympia and on May 22, 2012 in Spokane.

This report contains the findings, lessons learned and recommendations of the statewide work group. The work group was asked to address concerns and make recommendations in the following three types of adoptions:

1) Children adopted from other countries living in Washington state;
2) Children adopted privately – through agencies or facilities – in Washington State;
3) Children adopted from other states;
4) Children adopted from Washington State’s foster care system.

Section 1 of this report explores questions raised by incidents of severe abuse and neglect of adopted children. Specifically, the workgroup was asked to provide input on the following questions and topics:

- Are abuse and neglect, including withholding food, on the rise, and are they more prevalent in adoptive families?
Does age, race, gender play a role in abuse of adopted children?
Are changes needed in the adoption process involving foreign and cross race adoptions and the adoption of children from the foster care system?
What are the lessons learned from the case situations reviewed? What are the implications or recommendations for day to day child welfare practice?
Are incident rates of child abuse and neglect in adoptive families commensurate with incident rates in biological parent families?
Do permanency goals and initiatives to increase adoptions have unintended consequences for child safety?
Are child welfare agencies able to maintain adequate data regarding long-term outcomes of children adopted from the foster care system?

Although strong data is not available to definitively answer many of these questions, the collective knowledge of the workgroup provides valuable insight on these issues and helps frame the recommendations discussed in this report.

Section 2 discusses specific recommendations to improve the adoption process, strengthen families and enhance the safety and welfare of adopted children. The workgroup identified issues at every stage of the adoption process that warrant further action. These recommendations are grouped under the following categories:

- **State Oversight of Child Placing Agencies – Recommendations**
  - Strengthen State Regulations and Oversight of Child Placing Agencies
  - Develop and Distribute a List of Key Concerns or “Red Flags” regarding Troubled Adoptions
  - Track Adoption Disruption and Dissolution

- **Assessing Prospective Adoptive Families – Recommendations**
  - Strengthen Qualifications for Individuals Conducting Adoption Home Studies and Post Placement Reports
  - Enhance Minimum Requirements for Adoption Home Studies and Post-Placement Reports
  - Ensure that all Adoption Home Studies are filed with the Court as required by State Law
  - Require an Independent Review and Approval of Adoption Home Studies
  - Establish an Internal Committee within CA to make Adoption Decisions for Dependent Children

- **Training and Post Adoption Support Services - Recommendations**
  - Improve Training and Preparation for Prospective Adoptive Parents
  - Establish Minimum Training Requirements for Child Placing Agency Staff
  - Provide Training for Professionals Directly or Indirectly Involved with the Adoption Process
  - Enhance Support Services for Adoptive Families

Most of these recommendations require amendment of the Washington Administrative Code (WAC) and/or the Revised Code of Washington (RCW). A review of current Washington State laws and regulations governing adoptions revealed a lack of depth
and detail in many areas of the adoption process. For example, sections of the WAC regulating private adoption agencies address minimum requirements for adoption home studies and post-placement reports in a cursory manner, if at all.\textsuperscript{5} By comparison, federal laws and regulations implementing requirements for international adoptions under the Hague Convention\textsuperscript{6} extensively address each phase of the adoption process. Other states, such as Oregon have enacted regulations aligned with The Hague Convention standards. Many of the recommendations made in this report mirror requirements found either in federal laws or in regulations from other states.

\textsuperscript{5} WAC 388.148.1115 through 388-148-1135.

\textsuperscript{6} The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption is an international agreement to establish safeguards to ensure that intercountry adoptions take place in the best interests of the child and applies to adoptions between the United States and other member countries. The Convention provides a framework to ensure that adoptions take place in the best interests of children and to prevent the abduction, sale, or trafficking of children. Full text of The Hague Convention is available at \url{http://www.hcch.net/index_en.php?act=conventions.text&cid=69}.
Section 1

WORKGROUP RESPONSES TO QUESTIONS

As part of their charge, the workgroup was asked to provide input on the following questions and topics. Some of these questions require further study and evaluation as the workgroup is not aware of strong data addressing the question posed. However, the collective experience and knowledge of the workgroup provides valuable insight on each of these issues. Finally, workgroup members did not always arrive at a consensus and the thoughtful responses summarized below may conflict in some respects.

Are abuse and neglect, including withholding food, on the rise, and are they more prevalent in adoptive families?

Generally, adoption is a protective factor with respect to child abuse and neglect. The work group is not aware of specific studies that address the prevalence of starvation and serious abuse or neglect of adopted children. Cases of serious starvation are actually quite rare. However, the potential for abuse and neglect increases when an adoptive family is ill prepared and/or ill matched with a child who suffers from unidentified and/or untreated trauma, abuse and/or neglect.

Withholding food or sending a child to bed without dinner historically was not considered abusive. However, when the child has a history of prior abuse and neglect or if this is practiced consistently, the withholding of food is cruel, and inhuman. This practice is also quite ineffective and usually leads to food hoarding and stealing and multiple other maladaptive behaviors. The spiral of abuse then begins as the parent increases other punishment and additional food restriction to address the “bad” behaviors. Additionally, when an adoptive family utilizes this method of discipline or punishment with a child who has a history of abuse and neglect, there are serious physiological and psychological implications and a greater potential for egregious abuse.

Does age, race, gender play a role in abuse of adopted children?

Again, this question requires strong data and the workgroup is not aware of studies examining this issue. Demographically there are still a disproportionate number of children of color and, male children in state care. These groups of children tend to experience longer stays in care; present with maladaptive behaviors for a sustained period of time; often have untreated and/or undiagnosed complex trauma; and experience ongoing difficulty in temporary care and transitioning to a permanent family.

Are changes needed in the adoption process involving foreign and cross race adoptions and the adoption of children from the foster care system?

The short answer is yes. Although we have done a much better job of addressing the social, emotional and cultural needs of children in state care, we have not done as well in assessing and meeting the needs of children placed from other countries.
This report provides multiple recommendations for changes to the adoption process, both international and domestic, as well as of children from foster care. The workgroup believes that changes are necessary and stand by these recommendations as worthy of consideration.

What are the lessons learned from the case situations reviewed? What are the implications or recommendations for day to day child welfare practice?

1. Pay attention to red flags and have administrative support to address concerns and even change a child’s placement when there are indicators that a child’s long term outcome may be poor. In some cases, there can be a reluctance to be more curious and dig deeper in presence of red flags when children are adopted or placed with relatives.

2. Work with the courts to protect children when there are safety concerns regarding a potential placement. Additionally, assessment of a potential placement must not only address immediate safety concerns, but the long term well being of the child.

3. As with corporal punishment, the withholding of food from foster children and adoptees should be prohibited and addressed along with support for appropriate and effective parent skills. Home study workers should address the prospective parents’ food and discipline philosophy, practice and rules. Additionally, social workers should talk to children about the food rules in their pre-adopt home and should ask about between meal snacks, if they are ever hungry, what happens if they get food without asking, etc.

4. The Children’s Administration’s current safety framework assesses safety threats to children involved in the child welfare system, but it is not comprehensive enough for adoption issues. A universal home study assessment tool should be devised to prepare and assess an adoptive family’s suitability for infant, special needs or inter-country adoption. This assessment should also address the adoptive family’s motivation for adopting, whether it is based on a sense of family or religious motivation, and their ability to meet the needs of the child/children they are seeking to adopt. There should also be an extended post-placement assessment period for all adoptions to assess the child’s well being and the overall functioning of the family unit.

5. Avoid bias or group think regarding perceptions of a family as well as bias as to a child’s age - i.e. that older children can protect themselves or will tell us when there is abuse.

6. Children’s Administration and private agency adoption social workers should have ongoing training regarding the principles and techniques of psychosocial casework.

7. When working with a sibling group, it is important that the pre-adopt family is fully committed to all the children. An adoption of a sibling group should never be
completed if the pre-adopt parents expressed a focused interest in one child, but not the sibling group. A pre-adopt family’s hesitance to adopt a child’s siblings should be respected and a family should never be talked into taking children.

8. Families who have not served as the foster parents should be given the child’s case file for a full review prior to meeting the child to ensure they are making an informed decision regarding placement. Prepare the biological children in the family and assess their readiness for the adoption as well as the adults.

9. Practitioners must guard against over reliance on child interviews as children often don’t disclose abuse while still living in the home where the abuse is taking place.

**Are incident rates of child abuse and neglect in adoptive families commensurate with incident rates in biological parent families?**

Generally, adoption is a protective factor with respect to child abuse and neglect. Rates of abuse are not elevated for adoptive families compared to biological families. Instead, it seems the highest risk for abuse is with the presence of a step-parent. Most adoptions are successful, and it is difficult to predict risk before a placement occurs. Instead, the key to avoiding abuse is to take immediate action if behavior problems surface.

Adoptive families make a conscience decision to become parents. The placement of a child with their family is intentional. Therefore, if the abuse rates with adoptees are commensurate with birth families, we are not doing a very good job of screening, assessing and preparing families for adoption.

**Do permanency goals and initiatives to increase adoptions have unintended consequences for child safety?**

From our perspective, it is not the permanency goals that are at issue, but the practices that are implemented toward achieving those goals, and/or the many ways in which policy-based practice may be corrupted during implementation in a particular case, and the complexities of a multiple-system, multiple-government, non-standardized framework. Factors that contribute to negative outcomes for children include:

- Court ordered placements with a marginal provider
- Home studies that occur late in a case where the State must balance the damage to the child by a disruption and change of placement vs. adoption with a marginal caregiver
  - Insufficient time for careful transitions to permanent homes- especially when transitioning to an out of area home
  - Failure to utilize a selection committee or team decision making process when selecting a permanent home.
  - Biased decision making about moving a child from an identified “permanent home.” In many cases there is a focus on “child safety” and the emotional attachment of the child to the temporary caregiver rather than overall and future “child well being” when determining whether to move a child. As a result, if there is not an immediate safety risk it can be difficult to acquire support to change the child’s placement.
Permanency initiatives are often “numbers driven” and “time specific” which can adversely affect both practice and placement outcomes. When the driving force behind permanency initiatives is numbers, rushed and inadequate placements, adoption disruptions, multiple moves and longer stays in care result. Ensuring permanency is a very child focused and child specific process that requires both a preparation and transition process. When numbers and outcomes are the driving force, the effective preparation and transition of children to permanence can suffer.

Are child welfare agencies able to maintain adequate data regarding long-term outcomes of children adopted from the foster care system?

It is unclear if child welfare agencies have the capability or capacity to maintain adequate data in this area. However, it was suggested that within Children’s Administration, Adoption Support Program Managers may be able to track disrupted children adopted from foster care adoptions state wide.

Currently, there is no system in place to track International or domestic adoption dissolutions/disruptions and there are no federal requirements or standards for collecting this data. Only a few states now keep track of children permanently returned to the system during or after the adoption.7

The return of the child to foster care should not be viewed as a bad thing. Often parents have very difficult children who need the structure of temporary, therapeutic care. Adoptive parents should not be discouraged from seeking this assistance. Lots of adoptive parents whose children are in foster care are really good parents who are involved in the case plan.

7 See Post, D. and Zimmerman, B. supra note 4 and Kennedy, K. infra note 16.
Section 2

RECOMMENDATIONS

The recommendations discussed below are grouped under the following categories: State Oversight of Child Placing Agencies; Assessing Prospective Adoptive Families; and Training and Post Adoption Support Services. Many of these recommendations are based on requirements found either in federal laws governing international adoptions under the Hague Convention or on regulations from other states.

The recommendations discussed in this section aim to create additional levels of protection and address issues identified by the workgroup, such as:

- “Red flags” (such as criminal history, substance abuse, or financial problems) that were not sufficiently addressed in the home study or post placement report process
- Adoptive parents’ failure to comply with post adoption report requirements
- Limited post-adoption support for adoptive families experiencing difficulties
- Adoptive parents not receiving full information about a child’s history or psychological status
- Adoptive parents who, unable to meet the high needs of the child, placed the child out-of-state

A: State Oversight of Child Placing Agencies – Recommendations


The work group identified the need to revise and strengthen Washington State regulations governing child placing agencies as a key issue. Meetings with private child placing agencies also identified concerns regarding inadequate state oversight of child placing agencies and individuals providing adoption services in Washington State. The need for stronger oversight of child placing agencies and enforcement of regulations is not unique to Washington State, other states are struggling with this issue as well.

Federal law and regulations implementing the Hague Convention for intercountry adoptions provide strict requirements for the accreditation of agencies providing adoptions.

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adoption services as well as for procedures of intercountry adoptions.\textsuperscript{10} Other states, such as Oregon have used these standards to regulate child placing agencies involved with international or domestic adoptions.\textsuperscript{11} Washington State should enact regulations governing child placing agencies that set minimum requirements for:

- Agency Staff Qualifications, Supervision and Training;
- Agency Policies and Procedures
- Services for Birth Parents
- Adoptive Family Recruitment and Screening
- Adoptive Home Studies
- Information, Education and Training for Adoptive Parents
- Evaluation and Selection of Adoptive Families
- Post Placement Assessment and Reports
- Adoption Finalization
- Agency Data Collection and Reporting
- Agency Complaint Investigation and Response

State Oversight should also include establishing a Registry to:

- Receive and maintain records of complaints about licensed agencies and action taken by such agency to resolve each complaint;
- Track compliance with any actions applicable to the resolution of complaints; and
- Produce reports designed to show possible patterns of complaints.\textsuperscript{12}

\textit{Many of the topics listed above are addressed in greater detail in the following recommendations.}

\textbf{Implementation} - Stricter state oversight of child placing agencies and the adoption process can be accomplished through enacting new WACs. Illinois and Oregon regulations governing child placing agencies may serve as a useful model.\textsuperscript{13} Effective state oversight of child placing agencies would likely require additional state resources.

\textbf{A2: The Department Should Develop and Distribute a List of Key Concerns or “Red Flags” regarding Troubled Adoptions}

It was clear in both the full workgroup and the subcommittee meetings that there is a great deal of ‘practice wisdom’ on issues of concern which should be red-flagged and shared with professionals involved with the adoption process. It is recommended that Children’s Administration develop and publish common areas of concern for state and

\textsuperscript{10} Id. Unlike Washington State licensing requirements – which must be met – the accreditation standards permit agencies to be in “substantial compliance.”

\textsuperscript{11} ORS 109, \url{http://www.leg.state.or.us/ors/109.html}; OAR 413-215-0401 thru 0481, \url{http://www.dhs.state.or.us/policy/childwelfare/manual_2/ii-c13.pdf}.

\textsuperscript{12} 22 CFR 96.70

private agencies to consider when screening and assessing families during all phases of an adoption and specifically, when conducting adoption home studies and post placement supervision and reports.

**Implementation** - Identifying and disseminating common areas of concern or “red flags” can be accomplished through Children’s Administration practices and procedures and can be accomplished within existing resources. CA’s training partnership with the University of Washington School of Social Work provides an opportunity to include “lessons learned” and common factors in troubled adoptions in training curriculums for social workers.

**A3: The Department Should Establish a Procedure to Track Adoption Disruption and Dissolution**

Adoption disruption describes an adoption process that ends after the child is placed in an adoptive home and before the adoption is legally finalized. Adoption dissolution occurs when an adoptive placement ends after the adoption is legally finalized, resulting in the child's return to (or entry into) foster care or placement with new adoptive parents.\(^\text{14}\) The workgroup discussed that a child placing agency might be notified by an adoptive parent or another agency, but that there is no formal procedure to track adoption disruptions and dissolutions. Other states, such as Oregon and Illinois require private adoption agencies to report adoption disruptions and dissolutions to a state agency.\(^\text{15}\)

Unfortunately, there is no national data regarding adoption disruption or dissolution and states are not required to track or report these figures. Florida is among the few states tracking disrupted and dissolved adoptions. In 2008-2009, Florida had nearly 200 dissolved or disrupted adoptions. There were 3,777 total adoptions that same year. However, most of the dissolved adoptions are actually adoptions that took place in previous years.\(^\text{16}\) Individual studies consistently report adoption disruption and dissolution rates ranging from about 10 to 25 percent—depending on the population studied, the duration of the study, and geographic or other factors.\(^\text{17}\)

Washington should establish a procedure to document adoption disruption and dissolution. Procedures should require:

- That the adoption agency submits to the Department a written report within 14 days after a disruption or dissolution is reported to the adoption agency if the adoption agency was involved in the adoption home study of


\(^\text{15}\) Illinois Licensing Standards for Child Welfare Agencies, Section 401.530, Annual Report for Illinois Licensed adoption Agencies (CFS 596-Q); and Oregon Administrative Rule, fn 8.


\(^\text{17}\) *Supra* note 14.
the family, the placement of the child, or the supervision of the adoptive placement.
  - The agency’s report shall include a description of: services provided in an attempt to preserve the placement; and the agency’s efforts to arrange for replacement services, including foster care.\(^\text{18}\)

- Documentation in FamLink\(^\text{19}\) if known, when:
  A child’s pre-adoptive placement disrupts and the child comes back into foster care; when an adopted child is placed in foster care due to allegations of child abuse or neglect; or when an adopted child’s adoption dissolves through death or termination of parental rights.

**Implementation**—Establishing a process to document cases of adoption disruption and dissolution could be accomplished through enacting WACs governing child placing agencies as well as Children’s Administration policies regarding children adopted through the state child welfare agency. The tracking, reporting and documentation of these cases would likely require additional state resources.

**B. Assessing Prospective Adoptive Families -Recommendations**

**B1. Strengthen Qualifications for Individuals Conducting Adoption Home Studies and Post Placement Reports**

Under current law, qualifications to conduct an adoption home study or post placement report require that a person have a master's degree in social work or a related field and one year of experience in social work, or a bachelor's degree and two years of experience in social work, or a person not having such qualifications if the court makes specific findings that the person has reasonably equivalent experience. There are no requirements for the supervision of individuals conducting adoption home studies.\(^\text{20}\)

Discussions with the workgroup as well as during meetings with child placing agencies revealed concerns about the lack of sufficient education, training or experience of some individuals conducting adoption home studies and post placement reports. The work group also stressed the clinical skills and professional judgment necessary to assess a prospective adoptive parent and properly complete a home study. Particularly troubling to some committee members were accounts of unlicensed, independent “home study providers.” Although the final home study is reviewed by the court, these independent providers are not subject to either state or private agency supervision or oversight.

Minimum qualifications for individuals conducting adoption home studies should require:\(^\text{21}\)

- A master’s degree from an accredited program of social work education or

\(^{18}\) See OAR 413-215-0411

\(^{19}\) FamLink is the DSHS CA case management information system.


\(^{21}\) See 22 CFR 96.37(e)
another human service field; or
- A bachelor's degree from an accredited program of social work education; or
- A combination of a bachelor's degree in another human service field and experience in family and children's services or adoption.

Additionally, individuals conducting an adoption home study must be supervised through a Washington State child placing agency and the supervising agency employee must possess the following qualifications:
- A master's or doctorate degree from an accredited program in social work, psychology, guidance and counseling, or a similar subject area.
- Two years of experience in family and children's services, one year of which must include providing adoption services.
- And if the agency provides intercountry adoption services, the supervisor must have experience in intercountry adoptions.

**Implementation**- Establishing higher qualification and education requirements for individuals conducting adoption home studies and post placement reports requires amending both the RCW and WAC. Hague Convention requirements codified in 22 CFR 96.37 may serve as a model.\(^\text{22}\) This recommendation will likely require additional state resources.

**B2. Enhance Minimum Requirements for Adoption Home Studies**

Current requirements for adoption home studies in Washington State are general in nature.\(^\text{23}\) For example, the report must investigate the home environment, family life, health, facilities, and resources of the applicant. It must include a background check of any criminal history or child abuse/neglect history and the report must address the following issues:
- The concept of adoption as a lifelong developmental process and commitment;
- The potential for the child to have feelings of identity confusion and loss regarding separation from the birth parents;
- If applicable, the relevance of the child's relationship with siblings and the potential benefit to the child of providing for a continuing relationship and contact between the child and known siblings;
- Disclosure of the fact of adoption to the child;
- The child's possible questions about birth parents and relatives; and
- The relevance of the child's racial, ethnic, and cultural heritage.

The workgroup noted a disparity in the quality and content of adoption home study reports and stressed the importance that these reports critically assess the applicant, and not simply gather and report information. Also discussed was the use of

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\(^{22}\) Supra note 8.

psychological evaluations and assessments in the adoption home study process. The workgroup recommends further study to determine if assessment tools (such as the PSI or AAPI-2)\textsuperscript{24} should be utilized in conducting adoption home study reports.

An effective adoption home study must assess and substantiate the overall ability of an applicant to parent a prospective adoptive child. State law and regulations should require that at a minimum adoption home studies include:\textsuperscript{25}

- An individual interview with each applicant parent as well as with each member of the applicants' household, as applicable.
- If the applicants are a couple, an additional, joint interview with the couple.
- If the applicants have minor or adult children, individual interviews with each child, as applicable.
- An on-site evaluation of the applicants' home to determine whether the home is in full compliance with minimum foster care licensing safety standards.

The home study must, at minimum, include the following information:

- The applicants' motivation for adoption.
- The family's plan for honoring the child's ethnic and cultural heritage.
- Education or training needs of the adoptive parents, including education and training for children having special needs.
- The applicants' need for support and description of current support system.
- Life experiences and challenges of the applicants.
- Marriage status or relationship of the applicants.
- The names and ages of the applicants' children in the home as well as of children not living in the home.
- The applicants' parenting skills, child discipline practices, beliefs, attitudes towards education and values.
- The applicants' home and family life.
- The safety and appropriateness of the applicants' home.
- The applicants' community, including school resources.
- The applicants' health.
- The applicants' religion or spiritual beliefs, as applicable.
- The applicants' employment, finances and ability to support the family.
- Safety information and safety issues discussed with the applicants.
- Minimum of four confidential references not related to the applicants, and statutory protection for confidentiality of the references remarks.
- Criminal history check and a child abuse and neglect history from every state in which the individual has lived within the preceding five years for each member of the household age 18 or older. Checks are also required for a household member under the age of 18 if there is reason to believe

\textsuperscript{24} The Parenting Stress Index, 3\textsuperscript{rd} Edition (PSI) Identifies parent-child problem areas in parents of children ages 1 month-12 years. The Adult Adolescent Parenting Inventory (AAPI-2) is an inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations.

\textsuperscript{25} See 8 CFR 204.3(e); 22 CFR 96.47; and OAR 413-215-0451
that the household member may pose a safety threat to children placed in the home.

- Documentation that a child abuse and neglect history was requested from any other country in which a member of the household age 18 or older has lived within the preceding five years, and the response if any.
- Whether the applicant previously applied for an adoption home study, copies of the prior studies, and the outcome of any prior home studies.
- Summary assessment of the home and any recommendations.
- Signed approval or denial by a social services supervisor to use the home for adoption.

**Implementation**- Enhanced minimum requirements for adoption home studies will require amending the RCW and WAC. Federal regulations and Oregon administrative rules may serve as a useful model. Setting higher standards for adoption home studies will likely require additional state resources.

**B3. Establish Procedures to Ensure that all Adoption Home Studies are Filed or Recorded as Currently Required by State Law**

Washington state law requires that a pre-placement report, whether positive or negative, must be filed with the court. Members of this work group report that in practice, this does not occur. Additionally, there is no record when a prospective adoptive parent withdraws from an adoption home study process with one agency prior to completion, and seeks another adoption home study from a different agency in hopes of obtaining a favorable report.

Steps to address this issue could include:

- Enact Washington State Superior Court Rules establishing procedures to file all adoption home studies, whether positive, negative or incomplete with the county superior court.
  - Procedures should facilitate filing of an adoption home study either before or after an adoption petition has been filed and cause number assigned.
- Alternatively, establish a registry within CA or the courts and require that all adoption home studies be filed with the registry and listing the outcome as approved, denied or withdrawn/incomplete.

**Implementation**- Assuring that all adoption home studies, whether positive, negative or incomplete, are filed with the court or recorded with a state agency could require amending the RCW, enacting WACs and/or Superior Court Rules. This recommendation will also require additional state resources either within the court system, Children’s Administration, or both.

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26 8 CFR 204.3(e); 22 CFR 96.47; and OAR 413-215-0451.
27 RCW 26.33.190(5) states in pertinent part: “The person requesting the report shall designate . . . in writing the county in which the preplacement report is to be filed. If the person requesting the report has not filed a petition for adoption, the report shall be indexed in the name of the person requesting the report and a cause number shall be assigned . . . Any subsequent preplacement reports shall be filed together with the original report.”
B4. Require an Independent Review and Approval of Adoption Home Studies
The workgroup believes this requirement is necessary in order to ensure that reports submitted to the court hearing the adoption meet minimum requirements and are competently prepared by a qualified individual.

State law or regulations should require that all adoption home studies be reviewed by at least one other professional who also meets the statute-required qualifications for preparing such reports. This review would ensure that the home study:
- Was performed by a qualified individual;
- Was conducted in accordance with applicable state and federal laws and regulations; and
- Includes all required information.\(^{28}\)

**Implementation**- Establishing a process for the independent review of adoption home studies will require amending the RCW\(^{29}\), the WAC and CA policies. This will also require additional state resources.

B5. CA Should Establish an Internal Committee to make Adoption Decisions for Dependent Children
The work group voiced concern that a child’s current placement during the course of a dependency may become by default, the identified “adoptive placement” out of a sense of expediency and without a critical inquiry if such placement is in the long term best interest of the child. While the department ultimately bears the responsibility of consenting to a legally free child’s adoption\(^{30}\), shared decision making and including information from various professionals involved in the child’s case will help ensure that a critical objective review takes place.

In order to gain perspective and insight into the best adoptive placement for a specific child, the department should seek the involvement of an internal advisory committee to provide input regarding adoption placements for dependent children. The committee should include:
- The child’s Division of Children and Family Services social worker(s),
- The social workers’ supervisor and,
- Other key agency staff.

The adoption advisory committee should have access to relevant information and evaluate, and document factors\(^{31}\) including:
- The physical, emotional, social, behavioral, educational, and other individual needs of the child.
- The child's need for continued contact with siblings, biological parents, relatives, foster parents, and other persons significant to the child.
- The ability and willingness of the prospective adoptive parents to accept the risks and challenges inherent in the proposed placement.

\(^{28}\) See, 22 CFR 96.47  
\(^{29}\) Amending RCW 26.33.190  
\(^{30}\) RCW 13.34.210  
\(^{31}\) See also the factors listed in CA Practices & Procedures Guide, Section 5362 Placement Selection & Decision
Input and recommendations from other professionals involved with the child’s case.

**Implementation**- This recommendation focuses on adoption decisions for dependent children, implementation therefore involves modification of the “Adoption Review” process as set forth in CA policies. CA identified this recommendation as a priority and one that could be accomplished within existing resources.

**B6. Enhance Minimum Requirements for Post-Placement Reports**
Existing state law sets general requirements for post-placement reports required before finalizing adoptions. The report must determine the nature and adequacy of the placement and if the placement is in the best interest of the child. The report must also “. . . contain all reasonably available information concerning the physical and mental condition of the child, home environment, family life, health, facilities and resources of the petitioners, and any other facts and circumstances relating to the propriety and advisability of the adoption. The report shall also include, if relevant, information on the child's special cultural heritage, including membership in any Indian tribe or band.”

Both the workgroup and discussions with child placing agency representatives identified problems with post-placement reports including: reliance on self-reported information from the adoptive parents; inadequate information and objective assessment; and failure by the adoptive parent to cooperate with the report process after the adoption has been finalized (in international adoptions). Additionally, as a family’s circumstances may change over time, standards should address when and how often post-placement reports should be done for cases where the adoption is finalized. For example, for intercountry adoptions, Russia requires post placement reports at six months, twelve months, twenty-four months and thirty-six months after placement.

In the post-placement phase, the child placing agency or department monitors and supervises the child’s placement to ensure that the placement remains in the best interests of the child and produces post-placement reports as required by State law or by the child’s country of origin. State law and regulations should require that at a minimum the post-placement report should include documentation of:

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32 Modification of the “Adoption Review” process as set forth in CA Practices & Procedures Guide, Section 4690 could fulfill this recommendation.
33 Washington law (RCW 26.33.200) requires a post placement report to be filed within 60 days of the appointment of a post placement investigator – and before finalization of the adoption. Once the adoption is finalized, no further monitoring or supervision of the placement is required under state law and adoptive parents are legally in the same position as a biological parent. In international adoptions, some countries require the placing agency to continue to monitor and file reports about the family and the well being of the child after the adoption is final. The adoptive parent’s obligation to comply with the agency requirements is pursuant to a contract between the parent and the adoption agency.
34 RCW 26.33.220(1)
A home visit with the family within the first 30 days following placement. The frequency of contacts is dependent on the child’s age and special needs and the family’s adjustment to the child. 
- Any change in the adoptive family relating to health, finances, or composition that could affect the child. 
- Providing the adoptive parents with any medical information on a child’s birth family received by the agency after the child was placed for adoption.
- If the placement appears likely to disrupt, the agency must document its efforts to--
  - Provide necessary services to preserve the placement; if appropriate, and 
  - Provide a new adoptive home placement for the child or foster care if needed if disruption occurs.
- Collateral contacts with professionals involved with the family or child.
- Follow up contacts with personal references for the adoptive parents.
- Private agencies should establish incentives or other measures to ensure full cooperation of the adoptive parents with the post-placement reports, where the post-placement report is not required as a condition of finalizing the adoption, but instead is pursuant to contract.

**Implementation**- Heightened standards for post-placement reports will require amendments to the RCW and the WAC. Oregon regulations governing post-placement reports may serve as a useful model.\(^{36}\) Implementation of this recommendation will likely require additional state resources.

### C. Training and Post Adoption Support Services –Recommendations

**C1. Improve Training and Preparation for Prospective Adoptive Parents**
Prospective adoptive parents must have realistic expectations regarding the challenges of adoption, an understanding of the child’s specific history and needs, and the benefits of post adoption services. The workgroup believes that more training is needed for individuals considering adoption. Specific topic areas identified by the workgroup include trans-racial adoptions and the effects of early childhood trauma. Additionally, training should also target the circumstances of specific parents. For example, training for relative families should address establishing safe boundaries and relationships between the child and the birth parents, while training for families adopting an older child from a foreign country should address the child’s cultural and language issues.

State regulations should require that the adoption agency provide a minimum of ten hours of training for the adoptive family before approval of the home study. The training should include the following information\(^ {37}\):
- The adoption program, policies, and procedures of the adoption agency.

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\(^{36}\) OAR 413-215-0466(6).

\(^{37}\) See, OAR 413-215-0456
The rights and responsibilities of adoptive parents and the adoption agency.

The potential risks and challenges inherent in adoption.

The needs and characteristics of children available for adoption.

Attachment, separation, and loss issues for children and families, including attachment disorders and other emotional problems that institutionalized or traumatized children and children with a history of multiple caregivers may experience, before and after their adoption.

The importance of cultural and ethnic identity to the child and ways to foster these identities.

The long-term implications for a family that has become multicultural through adoption.

The effects of adoption on the child and family.

The agency must also provide training to prepare the adoptive parent for a particular child. This includes information and counseling on:

- The child’s history and cultural, racial, religious, ethnic, and linguistic background; and
- Any other medical, social, background, birth history, educational data, developmental history, or any other data known about the particular child.

All agencies conducting intercountry adoptions must comply with the training requirements of the Hague Convention and related federal laws and regulations, regardless of whether the child’s country of origin is a member of the Hague Convention or not.

**Implementation** - These training requirements can be established by enacting WACs governing child placing agencies and adoptions. Oregon regulations addressing adoptive parent training may serve as a useful model. Implementation of this recommendation will require additional state resources.

**C2. Create Minimum Training Requirements for Child Placing Agency Staff**

As previously discussed in this report, the workgroup identified concerns with the education, training and qualification of adoption agency employees and other individuals conducting home studies, post-placement reports and providing other adoption services. Setting both minimum qualifications and training requirements will help address this issue. Current state regulations do not address training requirements specific to adoption workers for child placing agency staff.

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38 22 CFR 96.48
39 Amending WAC 388-148.
40 OAR 413-215-0456
41 See Recommendation B1, p13.
42 WAC 388-148
State regulations should require that an adoption agency provide a minimum of ten hours of basic orientation training to newly hired social services employees on the issues that arise with adoptive placement including:

- The potential short- and long-term effects of prenatal exposure to alcohol, drugs, and poor nutrition.
- The potential effects of separation and loss.
- The process of developing emotional ties to an adoptive family.
- Normal child and adolescent development.
- The potential effects of physical abuse, sexual abuse, neglect, and institutionalization on the development of the child.
- The potential issues of race, culture, and identity; issues of acculturation and assimilation.
- The effects of having been adopted internationally.
- The emotional adjustment of adopted children and their families.
- Open adoption.
- Benefits of continued relations with siblings.
- Adoption support.

State regulations should also require that child placing agency employees who provide adoption-related social services that involve the application of clinical skills and judgment (home studies, child background studies, counseling services, parent preparation, post-placement and other similar services) also receive no less than thirty hours of training every two years on current and emerging adoption practice issues.

**Implementation**—Establishing professional training requirements for child placing agency employees can be accomplished through enacting WACs. Oregon regulations and Federal regulations implementing The Hague Convention may serve as a useful model as well as the training requirements in Ohio for individuals conducting adoption home studies and post-placement reports. Required training addresses topics such as: Family and Child Assessment; Birth Parent Counseling; Post Adoption Services; Adoption Assistance; Placement Strategies; Pre-Finalization Adoption Services; Cultural Issues in Permanency Planning; Achieving Permanency Through Interagency Collaboration; Openness in Adoption; and Gathering and Documenting Background Information. Implementation of this recommendation will require additional state resources.

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43 See, 22 CFR 96.38 and OAR 413-215-0421
44 22 CFR 96.38
45 22 CFR 96.38 and OAR 413-215-0421
46 The Ohio Code of Regulations (OCR 3107.014 and OCR 3107.015) mandates training for all adoption assessors. [http://codes.ohio.gov/orc/3107.014](http://codes.ohio.gov/orc/3107.014). The training curricula are organized into two Tiers: Tier I is foundational information needed within the first six months of practice, and Tier II is advanced adoption training, provided after one to three years of adoption practice. Each tier includes 36 hours of training. [http://www.adoptioninstitute.org/proed/proOHIO.html](http://www.adoptioninstitute.org/proed/proOHIO.html)
C3. Provide Training to Professionals Who are Directly or Indirectly Involved with the Adoption Process

The work group believes that professionals, (such as judges, court commissioners, attorneys, psychologists, social workers, CASA/GALs, teachers etc) directly involved in the adoption process should be encouraged, through continuing education requirements, to participate in training relevant to adoption. Additionally, other professionals such as teachers; medical providers, child day care workers; and social services providers who work with adoptive families also need a greater awareness of the risk factors that impact the adjustment of some adopted children and the challenges these youth face.\(^{47}\)

The department should work with professional organizations and associations to develop and provide training on adoption issues to professionals involved directly or indirectly with the adoption process.

**Implementation**- This recommendation does not require amending state law or regulations. Efforts to educate these professionals should target university-based educational programs as well as in-service and continuing education programs and conferences such as the annual Children’s Justice Conference. Additional resources likely will be required to implement this recommendation.

C4. Enhance Support Services for Adoptive Families

Studies show that most adopted children come to their new families with elevated risks for developmental, physical, psychological, emotional, or behavioral challenges and that the use of clinical services by adoptive families is about triple the rate reported by birth families.\(^{48}\)

Lack of support services for adoptive families was identified as a contributing factor to failed adoptions. In one study almost 57 percent of families with an adopted child, said that they needed child guidance and mental health services, but only 26 percent reported actually receiving these services.\(^{49}\) Issues that are not addressed early in the adoption can become significant problems later and lead to involvement with the juvenile offender or dependency systems. As previously discussed in this report, other agencies, both public and private are leading efforts to address unmet support needs of adopted families and improve access to mental health services.\(^{50}\) These efforts should be expanded.

Adoption support services should include a range of services including education and referral, respite, advocacy, therapeutic counseling, academic tutoring and preservation

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\(^{48}\) Id.


\(^{50}\) *Supra* page III.
of families in crisis. Services must be coordinated across systems such as schools and medical or mental health providers and connect families with a range of resources. In some cases, a child’s special needs – developmental disabilities or severe physical impairments for example – will require long term support. The range of support services must also be designed to provide ongoing assistance and be able to meet the family’s needs as their situation changes. To effectively work with adoptive families, service providers must have specialized knowledge related to adoption and foster care. Adoptive parents must be educated about the benefit and range of post-adoption services available. Services must also be offered in a non-judgmental empathic manner. A parent’s willingness to recognize challenges and seek assistance should be viewed as a parental strength and not a weakness. Families should perceive these services as beneficial support and not as needless oversight or supervision.  

CA in partnership with private agencies should support or develop a continuum of post-adoption services for adoptive families. Services should include:

- Adoptive Parent Support Groups;
- Psychological Therapy and Counseling that is Adoption Competent;
- Respite Care;
- Education Related Services such as tutoring;
- Continuing Education through Seminars and Conferences; and
- Recreational Opportunities

**Implementation** - Developing a range of support services with qualified providers who have an understanding of adoption and foster care issues, demands collaboration between various state agencies, child placing agencies and service providers and will require additional state resources. Washington State should consider programs established in other states to assist and support adoptive families such as *The Adoption and Guardianship Preservation Program* in Illinois which offers an array of services including: assessment, intensive therapeutic services, support groups for children and parents, 24-hour crisis intervention, case management and advocacy services, and limited cash assistance.

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51 See Smith, note 47.
53 About half of child welfare adoptive families expressed the need for tutoring for their child, but only 15-19% received this service. Smith, fn 47, page 31.
54 *Post Adoption and Guardianship Services*, Illinois Department of Children and Family Services, (2007), [http://www.state.il.us/DCFS/docs/Post_Adopt.pdf](http://www.state.il.us/DCFS/docs/Post_Adopt.pdf). See also, Ohio State’s Post-Adoption Special Services Subsidy is a state funded subsidy to help adoptive families in need of special services when other sources of assistance are unavailable or inadequate to meet the needs of the child. [http://www.orgsites.com/oh/frua/OhioPAS.pdf](http://www.orgsites.com/oh/frua/OhioPAS.pdf).
Next Steps- Children’s Administration will Establish a Work Plan to Implement Recommendations

In order to implement the majority of these recommendations, it is essential that CA develop a detailed work plan, approved by the Assistant Secretary, identifying a strategy to carry out these reforms. The work plan should identify and prioritize recommendations accepted for implementation, describe tasks necessary to implement each recommendation, assign responsibility for completing tasks, and establish a reasonable timeframe for implementation. The work plan should also provide for periodic status reports and progress reviews to address any delays or barriers to implementation.

CONCLUSION

This workgroup was convened in response to tragic cases of severe abuse and even death of adopted children. While there are common elements, each of these cases is unique and we are not able to identify a single factor or factors in the adoption process that would have protected these children from harm. By reviewing these cases however, we learned of areas in our adoption process that could be strengthened to protect children from risk, such as:

- Requiring individuals conducting adoption home studies to have adequate education, training or licensing requirements;
- Requiring adoption home studies and post-placement reports to include full information, objectivity and a critical assessment of the adoptive family;
- Requiring prospective adoptive parents to have adequate education, training and preparation to adopt a child;
- Strengthening regulations governing licensed adoption agencies to increase the state’s ability to monitor the performance of child placing agencies; and
- Improving supports and services that will strengthen adoptive families.

The adoption process is highly complex, governed by international convention, federal and state law and agency regulations and can involve foreign countries, the state child welfare system, private child placing agencies, individual parents, various professionals, and the courts. It is our intent that the recommendations in this report will assist the governor, the secretary of the department, legislators, and private agencies to institute changes to our adoption process. For example, many of the recommendations prescribing requirements for child placing agency and the adoption process can be addressed through the department’s rule making authority.55 Other recommendations, such as addressing minimum qualifications for individuals conducting home studies and post placement reports, may require amending state law.56

Special recognition and thanks to the members of this workgroup for the vitality and professional expertise they contributed to this project. All members approached this work with a critical eye, discerning both what works and weaknesses in our current system and with a willingness to pursue necessary changes to strengthen families and protect children.

55 RCW 74.15.030 and RCW 34.05.310 thru .395.
56 Qualifications of individuals conducting an adoption home study are set forth in RCW 26.33.
Appendix A

[Excerpt from OFCO 2012 Annual Report]

CHILD ABUSE AND NEGLECT IN ADOPTIVE AND OTHER PERMANENT PLACEMENTS

Over the course of 2010, the Office of the Family and Children’s Ombudsman noted a pattern of severe child abuse and neglect occurring in adoptive, pre-adoptive or guardianship placements and began tracking these cases. What is striking is that in these cases, the child abuse and neglect occurred in homes that had been scrutinized and approved as a licensed foster home, identified as a pre-adoptive placement for the child, and/or finalized by the court as an adoption or guardianship.

Identifying, assessing and finalizing a permanent placement for a child in state care is a complex process and often involves competing policy goals. In an effort to prevent children from languishing in the foster care system, state and federal law require the department to establish permanency within a specific time period. Additionally, federal law provides a financial incentive for states to increase the number of children adopted from state care. The department is also mandated to improve placement stability by reducing the number of out-of-home placements a child experiences. The paramount concern of our child welfare system however is the health and safety of the child and the child’s right to a safe, stable and permanent home. Professionals in the child welfare system must therefore balance expediting a permanent outcome, and assuring the safety and welfare of the child. This becomes more difficult when there are identified concerns regarding the long term viability of a placement, but that do not necessarily require the child’s immediate removal from the home.

Some child welfare professionals have raised concern that initiatives to increase adoptions and decrease the time children spend in foster care, such as the shortened timeframes to file for termination of parental rights under the Adoption and Safe Families Act might lead to inadequate selection and preparation of adoptive homes. Additionally, parents adopting children with special needs often face challenges such as finding necessary services in their community and paying for such services.

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57 RCW 13.34.145(1)(c) states: “Permanency planning goals should be achieved at the earliest possible date, preferably before the child has been in out-of-home care for fifteen months. In cases where parental rights have been terminated, the child is legally free for adoption, and adoption has been identified as the primary permanency planning goal, it shall be a goal to complete the adoption within six months following entry of the termination order.” The Adoption and Safe Families Act (ASFA) of 1997, Pub. L. No. 105-89, 111 Stat. 2115, requires that the child welfare agency file for termination of parental rights if a child is in foster care for 15 of the most recent 22 months.

58 ASFA, Pub. L. No. 105-89, 111 Stat. 2115

59 BRAAM Settlement Agreement, See http://braamkids.org/SettlementAgreement.pdf; http://www.dshs.wa.gov/ca/about/imp_settlement.asp

60 RCW 13.34.020

ADOPTION TRENDS IN WASHINGTON STATE

In Washington State, the number of adoptions of children involved with the state child welfare agency has increased by 94% from 2002 to 2009 and saw a 66% increase from 2008 to 2009. Nationally, there was a more moderate increase in adoptions of 12% from 2002 to 2009.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>2002</td>
<td>2003</td>
</tr>
<tr>
<td>WA ST</td>
<td>1,074</td>
</tr>
<tr>
<td>US TOTAL</td>
<td>51,419</td>
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</tbody>
</table>

The significant increase in adoptions in Washington State however has not resulted in a decrease in the number of children in foster care waiting to be adopted. In fact, between 2002 and 2009, the number of Washington State children in foster care waiting to be adopted has increased by 8%, while nationally the number of children waiting to be adopted has decreased by 14%.

<table>
<thead>
<tr>
<th>Children in Public Foster Care who are Waiting to be Adopted</th>
<th>FY 2002 - FY 2009</th>
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<tr>
<td>2002</td>
<td>2003</td>
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<tr>
<td>WA ST</td>
<td>2,649</td>
</tr>
<tr>
<td>US TOTAL</td>
<td>133,894</td>
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</tbody>
</table>

CHILD ABUSE AND NEGLECT IN ADOPTIVE AND PERMANENT PLACEMENTS: CASE SUMMARIES

Described below are cases in which children suffered severe abuse and or neglect in adoptive or permanent placements. OFCO learned of eleven of these children’s cases in 2011, three in 2010 and one in 2009. This section of our report does not examine whether or not action by a state child welfare agency could have prevented harm to a child. Rather the purpose is to summarize the history of each case, identify various allegations of abuse or neglect and describe areas of concern regarding the child’s placement.

Common elements related to child abuse and neglect noted in several of these cases include:

- Child locked in a room;
- Withholding food from the child;
- Disparaging remarks about the child and discrediting the child as a liar;

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For the purposes of this table, “a child waiting to be adopted” includes children in foster care on the last day of the Federal Fiscal Year who have a goal of adoption and/or whose parental rights have been terminated. It excludes children 16 years old and older, whose parental rights have been terminated and who have a goal of emancipation.
Exaggerating or misstating the child’s negative behaviors;
Forcing the child to remain outside the home; denying the child access to toilet facilities;
Isolating the child from the community, such as by removing the child from public school;
High conflict-hostile relationship between the parent/caregiver and child welfare agency workers; and
The parent/caregiver’s financial stress.

OFCO believes that further analysis may provide answers to questions such as:
- Are incident rates of child abuse and neglect in adoptive homes commensurate with incident rates in biological parent homes?
- Is a child’s age, race or gender associated with a higher risk of child abuse or neglect in permanent placements?
- Do permanency goals and initiatives to increase adoptions have unintended consequences on child safety?
- Are existing laws and policies governing the selection and establishment of adoptive placements sufficient to safeguard the child’s safety and well being?
- Are child welfare agencies able to maintain adequate data regarding long term outcomes of children adopted from the foster care system?
- Are there red flags that warrant heightened scrutiny in the adoption process?

In October 2011, OFCO brought these issues to the attention of the Governor’s Office and Children’s Administration and recommended that Washington State in partnership with private child welfare agencies convene a work group of experts and leaders within the child welfare community to examine these issues in greater detail. At Governor Gregoire’s request, CA is working with OFCO to address these concerns.

In a letter dated October 17, 2011 to Children’s Administration Colleagues, Assistant Secretary Denise Revels Robinson addressed concerns about a recent case in which an adoptive mother and step-father had been charged with multiple counts of assault and unlawful imprisonment of their adopted children. This letter states in part:

*Governor Chris Gregoire and DSHS Secretary Susan Dreyfus have asked me to look at concerns raised by the Office of Family and Children’s Ombudsman about abuse occurring in adoptive homes. Concerns are in three areas: those involving children adopted from other countries, those from other states and those from Washington’s foster care system. Regarding Washington’s adoptions, we are looking at how we assess and ensure that the children and the family are the right match. We are in the process of implementing unified home studies, in which we have one comprehensive, quality home study for foster homes and possible subsequent adoption.*

**ADOPTION CASES**

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64 Accurate data on failed adoptions can be difficult to obtain, because a child’s records may be closed, first and last names and social security number may be changed, and other identifying information may be modified.
65 [http://ca.dshs.wa.gov/intranet/topstory/robinson102111.asp](http://ca.dshs.wa.gov/intranet/topstory/robinson102111.asp)
**BK- 9 years old**

BK became dependent in Washington State in 2003. At six years of age, she was adopted in 2007 by a relative living outside of the State. The relative who adopted BK had two biological sons who were eight and ten years older than the adopted child. At the age of nine years, BK was beaten to death by her seventeen year old adoptive brother.

The adoption home study of this relative failed to mention prior history of child abuse in this home. Prior to the adoption, an allegation of child abuse by the father for beating his son with a belt was founded for physical abuse. While the relative divorced her husband after this incident, the home study states that the relative has contact with the father and that they remain friends working together for their sons.

After BK was placed out-of-state in this relative’s home, and after the adoption was finalized there were eight referrals for child abuse and/or neglect reported to the state child welfare agency. The state did not investigate any of these referrals. The school nurse contacted the state child welfare agency several times with concerns because of ongoing injuries to the child. Many details are unknown at this time because the fatality occurred out of state, but it is known that the child endured:

- Multiple injuries while placed in the out-of-state relative’s home. The child reported being kicked, thrown, hit in the head with a shovel, bruises to her face and body were observed.
- Child was accused of stealing food.
- Child’s clothes and toys were kept outside.
- Child was forced to stay outside in inclement weather.
- Adoptive parent had knowledge of child’s ongoing physical abuse by an older sibling and failed to protect.

The sibling admitted to killing BK and has been sentenced to 50 years in prison.

**AD and BD- 16 year old twins**

AD and BD, teenage twins, were adopted internationally when they were approximately 2 years old. There is significant CPS history on the family prior to the children being placed into protective custody. Previous allegations included: multiple allegations of physical abuse and other inappropriate discipline, parents withholding food, and concerns about the children being under weight and overall well-being.

When interviewed the adoptive mother spoke with open hostility about the children. The mother described that the family no longer attend certain community events due to people making comments about how sad and malnourished the adopted children looked. The children were homeschooled as the mother did not want the teachers feeling sorry for them because they are “all sad” and looked like they are starved at home. The mother referred to the adopted twins as “monsters” and reported that one child had multiple mental health disorders. Previous contacts with the child’s school did not substantiate the behaviors reported by the mother.

The adoptive mother and her current husband physically punished the adopted children with a board made of splintered wood. When law enforcement found the board, the bottom third was covered in dried blood. In addition to being physically punished, the twins were subject to discipline which included:
Food withheld as punishment. When fed, the youth were given moldy food, or inadequate amounts of food which the youth would ration.

Food was kept in locked refrigerator and pantry. The youth would “steal” food when they had not eaten for one to two days. The social worker observed a can of open corn in an adopted child’s bedroom which had been pried open with scissors.

The adopted children were locked in their bedrooms and forced to urinate and defecate in the room.

The biological children in the home were not subject to abuse or mistreatment.

DCFS filed for dependency and the parents were incarcerated on assault and maltreatment charges.

**MB- 10 years old**

In 2008, at 8 years of age, MB was adopted in a different state. The adoptive parents sent MB to live in Washington with their adult son and his paramour. In 2011, CPS received a referral and found that MB weighed 51 pounds and was severely malnourished with several non-accidental injuries, indicating physical abuse. There were no CPS referrals related to MB in Washington State prior to her removal from the home.

- Child had multiple marks from the WA caregiver hitting the child with an extension cord, belts and wires. The child was also burned with cigarettes.
- Caregiver stated that the child had Fetal Alcohol Syndrome (FAS) as an explanation for why the child was so thin. No medical documentation has been found to support child is FAS.
- Child slept in the bathtub and outside.
- Caregiver withheld food.
- Child was made to wear diapers.
- Child was given medication that was not prescribed to her. No medical treatment was sought for a known kidney infection.

**JD- 17 years old, MD- 14 years old and LD- 12 years old**

SD and RD were licensed foster parents in Washington State for seven years. In addition to their three biological children, they adopted five girls: JD and two other children who are now adults were adopted in 2000; and MD and LD were adopted in 2003.

Post-adoption, CPS received two referrals, one describing family conflict and a second referral alleging withholding food, inappropriate discipline and emotional abuse of a child. In 2011 CPS received a referral alleging that the father sexually abused two of the adopted children, MD and LD. CPS then removed the three adopted children JD, MD and LD.

The CPS investigation determined:

- Sexual abuse of the children by the adoptive father occurred over several years;
- The adoptive mother knew of the sexual abuse and failed to protect;
- The adoptive mother told the children not to tell anyone about the sexual abuse;
- Children report they were hit with a board with nails sticking out;
- The adoptive mother told the children she would kill them if she could get away with it;
The parents claim that MD has FAS, lies and steals food, has killed animals and urinates in inappropriate places;

- MD was locked in her room, with no furniture, and the windows boarded-up with a bucket to use as a toilet;
- The parents failed to obtain routine dental care for JD, resulting in braces calcifying to her teeth; and
- One of the children was isolated from the community, homeschooled and not involved in extracurricular activities.

The adoptive father committed suicide and the adoptive mother was arrested for unlawful imprisonment and criminal mistreatment.

**BN- 17 years old and CN- 18 years old**

GM has adopted ten children between the ages of 9 and 18. In 1997, two children, BN and CN were adopted in Washington State while GM was a licensed foster parent. Eight children were adopted in another state.

During a CPS investigation in 201, the children disclosed being:

- Taped to a chair;
- Hit with a broomstick;
- Put in a closet; and
- Forced by the mother to touch a sibling’s private parts.

Following a DLR/CPS investigation, allegations of child neglect by GM were founded.

**GH- 13 years old and EH- 9 years old**

13 year old GH and her 9 year old brother EH came to Washington State through an international adoption in 2008. There are also seven biological children between the ages of 7 and 18 years old in this family.

GH died from hypothermia in the front yard of her family’s home. On the night of her death, GH had been outside for an extended period of time as punishment for “being rebellious”. Prior to her death, the family reports GH had been pretending to be cold and pretending to have trouble walking. The family states that she took off her clothes and was throwing herself on the ground, they were checking on her every 10-15 minutes. An autopsy found a knot on GH’s head and parallel lines on her legs possibly from being hit with something. GH had lost 30 pounds in one year prior to her death.

The parents and oldest sibling physically punished the children with plumbing pipes and a glue stick. In addition to being physically punished, GH and her adopted brother also endured:

- Food withheld as punishment. When fed, youth was given cold leftovers and frozen vegetables.
- Youth was made to use an outhouse that was placed on the family’s property instead of the bathroom inside house. This was punishment for youth using the bathroom and touching things without washing her hands.
- Youth locked in closets and the bathroom and made to sleep in the barn.
- Youth was excluded from celebrating family holidays.
Youth was often made to eat outside and was locked out of house.

Parent cut off GH’s hair as a punishment.

The adoptive parents were arrested and charged with homicide by abuse and assault of a child.

**TJ- 13 years old, NJ- 11 years old, GJ- 8 years old and MJ- 8 years old**

Adoptive parents of TJ, NJ, GJ and MJ were licensed foster parents in Washington State for six years and the children were adopted in Washington State.

13 year-old TJ was taken to the emergency room and was severely malnourished, hypothermic and weighed 49 pounds. He also had 2 broken ribs and evidence of healed rib fractures and a very low body temperature. Three other adopted siblings were also malnourished. TJ disclosed:

- Getting in trouble for stealing food.
- Not getting enough to eat. There were days when they would get nothing to eat but a piece of bread and their stomachs would hurt. TJ ate dog food and was forced to drink his own urine.
- Not being allowed to go to the bathroom unsupervised and often wetting his bed because he did not like going to the bathroom supervised. He was made to wash the bedding outside in extreme temperatures. He was made to stand in the middle of the living room on a plastic bag and would urinate on himself when not given permission to use the bathroom.
- Not given warm clothing to wear in cold weather.
- Not being allowed to eat when the other children would eat.
- Being locked out of house on the porch as a form of punishment and had cold water poured on them if they made noise.
- All of the children were home schooled, had little outside interaction and were socially isolated.
- Child was spanked with paddle, sometimes until he bled.
- Family has biological children that were not treated in this way.

The adoptive parents have been criminally charged and there is a no contact order with the children in effect.

**LW- 6 years old and FW- 10 years old**

Siblings LW and FW were adopted by their foster parent in 2010. CWS allowed the adoption of these children despite the following concerns:

- The foster parent expressed significant concerns about her ability to manage the behavior of the children, particularly the 6yo, with the limited support available through adoption support.
- The foster parent’s financial situation was tenuous and it was clear she was reliant on either foster care payments or adoption support payments for basic living expenses. The foster parent claimed she was not provided with full information about the children’s history and psychological status, and she was not being sufficiently compensated for their care.

Four months after the children were adopted CPS received a referral alleging physical abuse and emotional abuse of FW by the adoptive mother. The CPS investigation revealed additional concerns:

- Withholding of food as punishment and the children’s lack of weight gain;
Adoptive mother described FW as having multiple mental disorders; child pulling out clumps of his hair; and physical discipline of a traumatized child

CPS determined that the allegation of physical abuse was founded. The adoptive mother continued to use physical discipline FW despite signing a safety plan not to do so. LW and FW remain in the home and the family received support services.

MH - 15 years old

MH was adopted at four years of age. The adoptive parents relinquished their parental rights to MH when she was 15. The adoptive mother described the youth as having animal-like behaviors at the time they adopted her. As a child, the youth was diagnosed with Reactive Attachment Disorder, Oppositional Disorder, Attention Deficit Disorder and Dissociative Disorder.

The adoptive parents sent the youth out-of-state three times due to her alleged behaviors. The youth was sent out-of-state at the age of seven and two years later returned to the adoptive home. Eight months after the child’s return to the adoptive home, she was sent out of state for two more years. One month after returning home, the youth was sent out of state for the second time. The youth returned home when the facility she was sent to closed. The youth was not receiving any therapy after she returned to the home at age twelve.

In her adoptive home, the youth was
- locked in her bedroom
- forced to get permission to shower, eat and read
- choked and spanked
- deprived of food
- socially delayed due to isolation

MJ - 14 years old and KJ - 6 years old

MJ was removed from the home after law enforcement and CPS learned of ongoing sexual abuse of MJ by her adoptive father and the adoptive mother’s failure to protect. MJ’s younger sibling KJ remains in the care of her adoptive mother.

CPS received a referral that MJ had been raped by a family member. The CPS and law enforcement investigations determined that the father:
- Exposed MJ with pornography;
- Set up cameras to covertly record MJ and incidents of her sexual abuse; and
- Sexually exploited and raped MJ repeatedly over an eight month period.

The CPS investigation also determined that the mother:
- Knew of the father’s sexual abuse of MJ and failed protect;
- Was aware that the father set up a camera to record MJ and failed to protect;
Mislead medical professionals to believe that the sexual abuse had already been reported to CPS and law enforcement;
Allowed the father to remain in the home after learning of the ongoing sexual abuse;
Enlisted MJ to advocate for the father’s release from jail;
Blamed MJ for the abuse; and
Hit MJ with a belt leaving marks and bruises.

Other areas of concern include: social isolation of the children, caregivers discrediting child’s credibility, lack of hygiene and unsanitary conditions of child’s living area, and the use of food as a tool of manipulation and punishment.

The adoptive father was convicted of rape and other multiple charges related to MJ’s sexual abuse.

**RN- 4 years old**
The adoptive parents were relatives of RN and the dependency court originally placed the child in their care over DCFS objection and concerns regarding the relatives’ criminal histories. The relatives obtained a private home study and adopted this child in 2008 over continued DCFS objection.

CPS later learned that:
- **The adoptive mother:**
  - Sent the child to other people's homes to live for extended periods of time;
  - Stated that she hates child and wishes she never adopted her;
  - Beats the child;
  - Doesn't feed her or give her liquids every day; and
  - Locks her in the closet.
- **The adoptive father had relapsed on meth;**
- **The child had been seen with multiple bruises and injuries, including injuries to her face.**

The parents voluntarily placed RN into care with a relative, and DCFS later filed a dependency.

The adoptive mother was criminally charged with assault of a child.

**LD- 4 years old and CS- 18 years old**
WS and DS are licensed foster parents. They have adopted 3 children and they planned to adopt LD, a 4 year old, legally free foster child who was in their care. Before LD’s adoption was finalized, DLR/CPS substantiated allegations of abuse/neglect by WS and DS of their teenage adopted daughter CS. The Department concluded that it could not in good faith, recommend another child be adopted by these parents and therefore, LD was removed from this foster /pre-adopt home.

In 2010, DLR/CPS received several reports alleging:
- **The mother hit CS in the face with a closed fist;**
- **The father pushed her up against a wall and held her there for several minutes;**
- **The parents on several occasions locked CS outside of the home;**
- **The parents placed CS in a homeless teen shelter (CS reportedly has the mental age of 7-9 years old and is naive).** CS missed the curfew and lacked shelter for the night. The parents would not allow C back in the home and showed no regard for her safety.
• CS’ mother slapped her on the face several times with an open hand and pushed her.
• CS’ mother grabbed her by the hair and hit her head against the mirror.
• CS’ father was present and failed to protect her from physical abuse.
• A consulting Dr. said that CS had a "clinical diagnosis" of a mild concussion.

DLR/CPS concluded the allegation of neglect and physical abuse were founded and their foster care license was revoked.

**HS and AS- 4 year old twins**

In 2009, CWS approved adoption of two children HS and AS by their foster parents, despite the concerns of numerous involved professionals. The foster parents had previously unsuccessfully requested to be considered for adoption of their grandchildren. A month after the children were adopted, CPS received a referral alleging physical abuse of the children. The children were subsequently removed due to physical abuse. OFCO made an adverse finding against the department for approving the couple’s adoption home study despite documentation of the following concerns:

• The adoptive mother’s marital history with men who were physically abusive or abused substances;
• The adoptive father’s mental health history and high conflict and extended custody battle over his daughter which included allegations of sexual and physical abuse;
• A “valid” foster care licensing infraction for providing poor hygiene (infrequent bathing and head lice) for the dependent children they later adopted;
• The CWS worker’s concerns about the children’s unhealthy physical appearance (dark circles under their eyes, low weight, poor skin tone) and delayed development (speech and walking) in the foster home prior to their adoption, as well as the lack of a physically and emotionally nurturing environment in the home;
• The CWS worker’s concerns regarding the lack of attachment between the children and the adoptive mother;
• Concerns about the foster parents’ failure to ensure the children’s consistent medical care, for example, failure to follow up on treatment of a seizure disorder and failure to involve the children in recommended therapeutic services;
• CWS worker’s concerns that the foster mother continued to speak of the children having multiple medical conditions despite medical testing indicating the absence of these conditions;
• Concerns about an inappropriate focus by the foster mother on controlling and limiting the children’s intake and selection of foods;
• Lack of cooperation by the foster parents with the children’s visits with their older sibling who had been living in the same placement until being moved to a grandparent;

The adoptive parents’ parental rights were terminated and their foster care license was revoked.

**PRE-ADOPTIVE PLACEMENT CASE**

**Foster Parent AT**

“AT” was a licensed foster parent who planned to adopt two sibling groups of five foster children, who are now 8, 11, 14, 15 and 20 years old. Four of the five children were eventually removed from AT’s care
due to founded allegations of negligent treatment and maltreatment of a child. Allegations included that the foster parent:

- Hit child in the face, leaving bruises;
- Pulled children’s hair, slapped children across the face and made children tell school staff they were beating each other up;
- Threw child to the ground;
- Inequitable and harsh punishment of the children;
  - Emotional abuse;
  - Child punished for “stealing food”;
  - Children isolated from friends;
  - Children called foul names; and
  - Child forced to urinate and defecate outside and pick up their fecal matter with plastic bags as punishment.

Other concerns include:

- Exaggerating child’s behaviors –
  - For example, AT described one child as “very ill,” and “very sociopathic,” stealing, lying, destroying property and requiring constant supervision. School staff and subsequent foster parent report no such behaviors.
  - Significant mental health diagnosis of child and prescription of psychotropic medications based primarily on AT’s description of the child’s behaviors.

- Inadequate source of independent income. Foster parents are required to have sufficient regular income to maintain their own family, without the foster care payments made for the children in care. It is unclear if AT met this requirement. She had previously declared bankruptcy and appeared to be dependent on foster care reimbursements for basic living expenses.

Following a DLR/CPS investigation, allegations of child abuse and neglect by this foster parent were founded and her foster care license was revoked.

GUARDIANSHIP CASE

SN- 14 years old

At the age of 13, SN had been living in a guardianship with his former foster parent since 2008 and had resided in this foster home since 2005. This foster parent previously had a guardianship of another teen which was terminated after the placement disrupted. There had also been other disruptions of long term teen foster care placements in this home.

The guardian described SN as having many behavior problems including stealing, lying, urinating and defecating in his room. SN had an alarm on his bedroom door and no bedding on his bed. One referral to CPS alleged that he had to urinate in a coffee can in his bedroom as he was not allowed to leave his room at night to go to the bathroom. The guardian denied he was not allowed to leave his room at night for the bathroom, though he was frequently confined to his room for punishment. SN stated that the guardian would get angry if he woke her up going to the bathroom at night, so they agreed that he would use the coffee can instead.
SN was eventually moved from this placement at his request and the guardianship was vacated. SN’s Body Mass Index was below the 10\textsuperscript{th} percentile in the latter months of his guardianship. SN and other foster children placed in the foster home later disclosed:

- Kitchen cabinets being locked so children could not help themselves to food
- Child in trouble for stealing food at night
- Child was getting many failing grades at school, did not participate in sports
- Foster parent and her boyfriend often eating different (better) food than what was given to foster children
- Foster children were not allowed to eat snacks with the foster parent’s family prior to the main dish at 4\textsuperscript{th} July celebration
- Foster children ages 9-18 having to be in bed by 7:30 or 8 pm, even on weekends and in summer
- Child put on multiple psychotropic medications at guardian’s request, prescribed by a nurse practitioner at the community mental health center.
- Basic supplies such as toilet paper and feminine products were rationed in foster home
- Foster parent had multiple boyfriends coming to the home, some of whom scared the foster children.

Since being removed from the guardian’s care, SN is at normal weight, is off all but one of the psychotropic medications, is receiving several A grades at school, excelling in sports, and participating in several extramural activities.
# Appendix B

## Implementing Recommendations

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>CHANGE IN RCW, WAC OR POLICY</th>
<th>EXISTING OR ADDITIONAL RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1- Strengthen State Oversight of Child Placing Agencies Providing Adoption Services by Enacting Administrative Rules Consistent with the Hague Convention and Federal Laws and Regulations</td>
<td>This recommendation can be accomplished through enacting WACS. Illinois and Oregon regulations may serve as a model.</td>
<td>Additional resources.</td>
</tr>
<tr>
<td>A2- The Department Should Develop and Distribute a List of Key Concerns or “Red Flags” regarding Troubled Adoptions</td>
<td>This could be accomplished by changes to CA policy.</td>
<td>Existing resources</td>
</tr>
<tr>
<td>A3- The Department Should Establish a Procedure to Track Adoption Disruption and Dissolution</td>
<td>Gathering data regarding broken adoptions requires changes to WAC and CA policy. (Amending WAC 388-148). For example Illinois requires licensed agencies to submit an annual report, which includes data on adoption disruptions and dissolutions.</td>
<td>Additional resources</td>
</tr>
<tr>
<td>B1- Strengthen Qualifications for Individuals Conducting Adoption Home Studies and Post Placement Reports</td>
<td>Implementation of this recommendation can be accomplished through changes to the WAC and RCW. (Amending RCW 26.33.190 and RCW 26.33.020 and WAC 388-148). Hague Convention requirements codified in 22 CFR 96.37 may serve as model.</td>
<td>Additional resources</td>
</tr>
<tr>
<td>B2- Enhance Minimum Requirements for Adoption Home Studies</td>
<td>This can be implemented by amending the RCW and WAC. (Amending RCW 26.33.190). Federal regulations and Oregon Administrative Rule may serve as model.</td>
<td>Additional resources</td>
</tr>
<tr>
<td>B3- Establish Procedures to Ensure that all Adoption Home</td>
<td>This can be implemented by amending RCW 26.33.190(5) and possibly</td>
<td>May require additional court resources.</td>
</tr>
</tbody>
</table>

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67 Illinois DCFS Annual Report for Illinois Licensed Adoption Agencies, at: [http://www.state.il.us/DCFS/docs/CFS596Q.pdf](http://www.state.il.us/DCFS/docs/CFS596Q.pdf)


69 8 CFR 204.3(e); 22 CFR 96.47; and OAR 413-215-0451. (Websites in fn #1 and #4)
<table>
<thead>
<tr>
<th>Studies areFiled orRecorded as Currently Required by State Law</th>
<th>Washington State Court General Rules and/or Superior Court Rules.</th>
<th>Additional resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B4- Require an Independent Review and Approval of Adoption Home Studies</strong></td>
<td>This will require changes to the RCW, WAC (Amending RCW 26.33.190) and CA policy.</td>
<td></td>
</tr>
</tbody>
</table>

**B5- CA Should Establish an Internal Committee to make Adoption Decisions for Dependent Children**  
Implementation can be accomplished by amending CA Policies. Modification of the “Adoption Review” process as set forth in CA Practices & Procedures Guide, Section 4690 could fulfill this recommendation. CA has identified this recommendation as a priority for implementation.  
**Existing Resources**

**B6- Enhance Minimum Requirements for Post-Placement Reports**  
Implementation requires changes to the RCW and WAC. (Amending RCW 26.33.220). Oregon regulations may serve as model.  
**Additional resources**

**C1- Improve Training and Preparation for Prospective Adoptive Parents**  
Training requirements can be established in the WAC. (Amending WAC 388-148). Oregon regulations may serve as model.  
**Additional resources**

**C2- Create Minimum Training Requirements for Child Placing Agency Staff**  
This can be implemented by amending the WAC. (WAC 388-148). Oregon regulations and Federal regulations implementing Hague Convention may serve as model.  
**Additional resources**

**C3- Provide Training to Professionals Who are Directly or Indirectly Involved with the Adoption Process**  
No changes in existing laws, regulations or policies required to implement this recommendation.  
**Existing resources**

**C4- Enhance Support Services for Adoptive Families**  
No changes in existing laws, regulations or policies required to implement this recommendation. Requires coordinated efforts among public and private child welfare agencies and service providers.  
**Additional resources**

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70 OAR 413-215-0466(6).
71 OAR 413-215-0456
72 22 CFR 96.38 and OAR 413-215-0421.