



CUSTODIAL TEAM MEETING DOCUMENTATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES - FOSTER CARE
SFN 306 (12-2024)

A custodial team meeting must be utilized at any point when placement decisions need to be made related to the child's permanence through adoption.

Directions: This form is to be completed by the Custodial Case Manager and/or Supervisor. A minimum of 7 days prior to the Custodial Team Meeting, the custodial team must receive the updated Protective Capacities Progress Assessment (PCPA), part A, B and C of SFN 306, and if applicable, any SFN 201 Relative Family Fact Finding Forms that were completed. If additional space is required, please utilize a blank piece of paper and include it in the youth's file.

A. YOUTH INFORMATION

Youth/Sibling Group Information	
Name (First, Last)	Date of Birth
Name (First, Last)	Date of Birth
Name (First, Last)	Date of Birth
Name (First, Last)	Date of Birth
Indicate the child(ren)'s preferences regarding adoption	

B. TPR AFFIDAVIT SUBMITTED

Date Submitted

C. INTERESTED FAMILIES

Specify below who have indicated wanting to be a potential adoptive option. *You may utilize the completed SFN 201 or completed home assessment for reference, if applicable.

Interested Adoptive Family 1	
Name(s)	
Location (City and State)	Relationship to the Child(ren)
Current Level of Communication/Relationship with the Child(ren)	
Authorized Licensing Agency and Type, if applicable <input type="checkbox"/> ND DHHS <input type="checkbox"/> PATH <input type="checkbox"/> Tribe (Name): <input type="checkbox"/> Kinship Placement <input type="checkbox"/> Other (Specify):	
What has your contact been like with this family?	
In your assessment, describe the family's full understanding of the child(ren) and their needs, or any concerns below.	

Interested Adoptive Family 2	
Name(s)	
Location (City and State)	Relationship to the Child(ren)
Current Level of Communication/Relationship with the Child(ren)	
Authorized Licensing Agency and Type, if applicable <input type="checkbox"/> ND DHHS <input type="checkbox"/> PATH <input type="checkbox"/> Tribe (Name): <input type="checkbox"/> Kinship Placement <input type="checkbox"/> Other (Specify):	
What has your contact been like with this family?	
In your assessment, describe the family's full understanding of the child(ren) and their needs, or any concerns below.	

Interested Adoptive Family 3	
Name(s)	
Location (City and State)	Relationship to the Child(ren)
Current Level of Communication/Relationship with the Child(ren)	
Authorized Licensing Agency and Type, if applicable <input type="checkbox"/> ND DHHS <input type="checkbox"/> PATH <input type="checkbox"/> Tribe (Name): <input type="checkbox"/> Kinship Placement <input type="checkbox"/> Other (Specify):	
What has your contact been like with this family?	
In your assessment, describe the family's full understanding of the child(ren) and their needs, or any concerns below.	

D. CUSTODIAL TEAM MEETING

Complete the information below during or within 7 days after the Custodial Team Meeting

Date of Meeting			
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>Type of Custodial Team Meeting</p><p><input type="checkbox"/> Partial Custodial Team Meeting</p><p>Select this meeting type when:</p><ul style="list-style-type: none">- The child/ren has been placed with a relative caregiver, they want to adopt, there are no significant concerns, and there are no alternative adoption options; or- Adoption recruitment efforts are needed.<p>Required Participants:</p><ul style="list-style-type: none">- Custodian - HSZ Director and/or Designee (Supervisor)- Custodial Case Manager- AASK Specialist- AASK Permanency Manager's attendance is recommended for any recruitment meetings</div><div style="width: 48%;"><p><input type="checkbox"/> Full Custodial Team Meeting</p><p>Select this meeting type when:</p><ul style="list-style-type: none">- There is more than one interested adoptive family;- There are concerns regarding an interested adoptive family;- Adoption recruitment efforts occurred and there is a need to identify an adoptive family; or- Deemed necessary by the Custodian.<p>Required Participants:</p><ul style="list-style-type: none">- Custodian - HSZ Director and/or Designee (Supervisor)- Custodial Case Manager- AASK Specialist- CFS Field Service Specialist</div></div>			
Member's Name(s) and Agency Role(s)			
<p>Discuss the following:</p> <ul style="list-style-type: none">- Review most recent PCPA, case details, and discuss the youth's needs, strengths, challenges, Tribal enrollment, and current services.- Review sibling(s) information: Relation (half, full, step, etc.), current level of contact, location, relationship, communication, etc.- Provide an overview of the relative search work, including who was contacted, when, how, and what were the responses. Review Family Fact Finding Forms, if applicable. <p>Custodial case manager may include any notable discussion below. If none, you may skip.</p>			
Discussion Comments			

E. DECISION AND DEVELOPING THE ADOPTION PLAN (If adoption recruitment services are needed, skip this section and complete section F.)

Identified prospective adoptive family:

Name (First, Last) for Provider 1	Phone Number for Provider 1	Name (First, Last) for Provider 2	Phone Number for Provider 2
Email Address for Provider 1		Email Address for Provider 2	
Address	City	State	ZIP Code

Provide a detailed description of the reasons why the team made the above permanency plan for the child(ren). Be specific. (Ex: established bond, have resided in the home for a significant amount of time, relationship, sibling connection, ICWA, able to meet the youth's needs, relative considerations, etc. Include information regarding any concerns)

E. DECISION AND DEVELOPING THE ADOPTION PLAN (continued)

Plan for notifying the identified adoptive family (when, who, how). Section G must be completed prior to AASK initiating contact with the identified family.

Plan for notifying those not identified as the adoptive options, including current non-adopting caregivers (when, who, how)

Plan for notifying the child(ren) (when, who, how, additional supports needed)

Plan for the transitioning into the adoption home

Examples:

- If siblings are not currently placed together, address how sibling visits will be increased to assist with the transition plan.
- If an adoption Interstate Compact on Placement of Children (ICPC) request is needed, please provide a SFN 869 to Adults Adopting Special Kids (AASK).

If ICWA applies, describe next steps (when, who, how, additional supports needed)

Additional information regarding timeframes and steps needed

List any concerns or triggers the child(ren) have surrounding adoption, and the plan to address these concerns

F. ADOPTION RECRUITMENT SERVICES

Complete this section only if adoption recruitment services are needed.

Type of Recruitment Services
<input type="checkbox"/> Wendy's Wonderful Kids (WWK)* <input type="checkbox"/> General Recruitment <input type="checkbox"/> Both WWK and General Recruitment
<small>*If WWK is chosen, the Team must allow the WWK Recruiter to reach out to relatives that may have been previously ruled out.</small>
Family characteristic requests (Ex: 1 or 2 parent, youth should be the oldest, specific training or knowledge requirement of the family, level of relative contact to be expected, etc.)
Describe Indian Child Welfare Act (ICWA) Compliance, if applicable
General Location (Examples: anywhere in the US, Midwest)
If recruitment is needed for siblings who are not placed together, address how sibling visits will be increased with the steps needed to place siblings together while in foster care.

F. ADOPTION RECRUITMENT SERVICES (continued)

Recruitment methods, which allows AASK, a program of Catholic Charities North Dakota, to release non-identifying information regarding the named child, including photographs, filming, and/or videoing for the purposes of adoption recruitment. This release remains in effect indefinitely until adoption finalization or the custodian revokes recruitment in writing to the AASK Specialist.

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|---|---|---|
| <input type="checkbox"/> AASK Recruitment Fliers | <input type="checkbox"/> AASK Heart Times Newsletter | <input type="checkbox"/> ND Heart Gallery (an additional ROI is required) |
| <input type="checkbox"/> AASK Social Media | <input type="checkbox"/> Adopt Us Kids (www.adoptuskids.org) | <input type="checkbox"/> Flyers and info at ND agencies and businesses |
| <input type="checkbox"/> Connect Our Kids Tool (www.connectourkids.org) | <input type="checkbox"/> Adopt America Network (www.adoptamericanetwork.org) | <input type="checkbox"/> News Outlets and Segments |
| <input type="checkbox"/> The Reel Hope Project, including their website and social media | <input type="checkbox"/> AASK Website (www.aasknd.org) | <input type="checkbox"/> Other (specify): _____ |

Approval to accept inquiries from families who do not have an approved adoption home assessment? ☐ Yes ☐ No

Custodial authorization for family review of child information:

I hereby authorize AASK to share child specific information from the AASK file with any inquiring prospective adoptive family.

☐ Yes ☐ No (if no, AASK will request individual family authorization on a case by case basis.)

Custodial Representative Signature	Authorization End Date	Date Signed
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If the child(ren) does not previously know, describe the plan for notifying the child(ren) of their recruitment plan (when, who, how, additional supports needed)

What is the child(ren)'s preferences regarding adoption recruitment efforts?

Additional Information, if applicable:

Date of Next Custodial Team Meeting (these should occur every 6 months for recruitment youth)

G. NEXT STEPS

Within 7 days of the custodial team meeting, the custodial agency completes the following: (Note: AASK is unable to contact the chosen adoptive option or begin recruitment services without the following):

- ☐ Complete and save this document with the Director's signature in the child/ren's adoption file in Sharepoint.
- ☐ Complete and save SFN 793 into the child/ren's adoption file in Sharepoint.
- ☐ Complete and save SFN 854 into the child/ren's electronic file.
- ☐ Is an outgoing adoption ICPC needed? ☐ No ☐ Yes; provide SFN 869 to AASK.

H. CUSTODIAN APPROVAL

HSZ Director completes the following within 7 days of the custodial team meeting.

After reviewing the Custodial Team Meeting information, does the Director agree with the decision/rationale stated for permanency of the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional comments or items that require further review before final decision		
Printed Name	Signature	Date