


County Department of Social Services Madison

Submitted By Connie Harris

Title Director

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Project Title Child Health History and Background project

Category (Please select one) Innovations in Services to Customers

Project Description and Summary

What did you do?

Describe your program or project. What did you do? What is the history behind the program/project? What did you hope to accomplish? What was your timeline? Your budget? How did you identify your objectives? How well did you use available resources?

We have taken the DSS 5102 (Non Identifying Background Information form) and the DSS 5103 (Adoption Health History form) and have revised them – removing information referencing adoption – and we ask parents to complete the forms when children come into foster care. We also sometimes have the CPS In Home SW complete these forms with the parents if we believe the children may ultimately come into foster care.

This information is shared on a need-to-know basis with foster care providers, the child's physician, mental health providers, etc. and has proven to be helpful in ensuring that the child's health and well-being needs are met.

We also have the information in the child's file for adoptive parents if the

child's permanency is achieved through adoption. Too often, by the time the child is ready to be adopted, the parents have "disappeared" and this vital background and health history is lost forever. We have found that by being pro-active and obtaining this information up front, we can better serve the child and pass this information along for them for the future if reunification is not achieved.

Project Success and Impact

What was the outcome?

Was your program/project a success? What was the

impact? How did you

measure the impact? How

widespread is the impact of your program/project? How

were you able to overcome obstacles and challenges?

Did your program/project meet your established objectives?

The project has been very successful with social workers being able to obtain this information from the parents most of the time.

The project cost nothing, is easily done and is meeting our objectives of helping us ensure the health and well-being of the children with whom we are working since we readily have this information on hand from the beginning and we can pass it on should the child be adopted.