

COLOMBIA POST-PLACEMENT REPORTS

REQUIREMENTS OF THE VISIT

Please take note of the following Colombian regulations:

1. All home visits and reports must be completed by a social worker on agency letterhead.
2. Interviews must be conducted with the parents and any other adults living in the home with the adopted children and adolescents.
3. Interviews must be conducted with the adopted children and adolescents living in the home. If the age and development of the adoptees does not allow them to be interviewed, social workers should interact with the adopted children and adolescents using techniques such as observation and playful interactive activities.
4. Each child must have an individual report (information on siblings cannot be combined into one report).

THE WRITTEN REPORT

It is very important that the reports are completed and submitted in a timely manner and that they are written according to the guidelines presented below in terms of format, subject matter, and length. **Each bullet point or topic must be adequately addressed (in the order presented below), or the report may be rejected by the Colombian authorities.** Please take special care to spell the country name correctly (Colombia, not Columbia).

When you have returned home from Colombia, your local worker will be provided some of the basic information required for the General Information section (such as the SIM numbers, etc.) for inclusion in your written report.

I. GENERAL INFORMATION

- Name of child placing agency: Children's Home Society of Minnesota
- Name of agency preparing the report: Name of local agency
- Country where report is prepared: USA
- SIM Application Number of the Adoption Process in Colombia (located on the *Documento de Asignación*):
- SIM Petition Number of the child or adolescent in Colombia (located on the *Formato Informe Integral*):
- Regional Office where the Administrative Process for the Restorations of Rights of the Child or Adolescent was developed (located on the *Formato Informe Integral*):
- Name of the child or adolescent prior to adoption:
- Current name of the child or adolescent:
- Child's date of birth:
- Child's current age at time of this report:
- Report Number (example Report #1, Report #2, etc.):
- Name of adoptive parents:
- Family address:
- Date of adoption decree:
- Date of nationalization:
- Date of Report:
- Contacts with family (List type of contact including phone, office and home visits):

II. EVALUATION

Health of the Child:

- Weight
- Height

- Eating habits, preferred food, foods not accepted, relevant topics
- Pediatric and/or specialized assessment
- Recent illnesses, hospitalizations, accidents (number, frequency and follow up care)
- Bowel control (developmentally appropriate?)
- Potty training (if applicable)
- Sleep Patterns: Normal ___ Altered ___ Why: _____
- If the child has known diagnoses or pathologies, please clarify the current condition, diagnosis, development, prognosis and treatment.

Development:

- Development of motor skills
- Language development
- Cognitive development
- Development of personality (socio-affective development)

Schooling:

- Name of school
- Teaching model (in-person, virtual, home school, public or private institution)
- Skills and interests
- Preferred activities
- School adaptation (performance, achievements, extracurricular activities)

Adaptation:

- Child or adolescent's usual mood
- Attachment between parents and child
- Relationship dynamics with their siblings (if applicable)
- Describe the child's integration to the family environment and friends
- Describe the interactions of the child with his/her extended relatives
- Child's integration in other social contexts
- Inquires made by the child about his/her origins, biological family and/or memories
- Child's interest in establishing contact with his/her biological family
- Any special issues which may be present
- Any reports by the child regarding experiences during their time in the Colombian protection system

Areas of Possible Difficulties:

- If applicable, include information on difficulties the child has had with the parents or extended family
- If applicable, describe crisis situations currently experienced in the placement
- Describe any counseling or therapy or other interventions received by the child

Recommendations to the Family:

- Describe any interventions, suggestions or recommendations given to the child, parents or extended family during this post-placement visit.

III. PROFESSIONAL CONCEPT

Statement regarding professional opinion regarding status of placement.

- Social Worker Signature
- Social Worker Name and Credentials
- License Number

PHOTOGRAPHS

Must include at least **6-8 photographs** of the child in his/her environment. Include pictures of the child alone and with parents, siblings and extended family. **PHOTOS MUST BE PRINTED ON GLOSSY PHOTOGRAPHIC PAPER OR THE REPORTS WILL BE REJECTED BY COLOMBIA.** Please attach original photos to a sheet and mark each image with captions (date, place, names) or create a single page with the photos imported, placed and labeled with captions, then print through a photo printing service. Use multiple pages if needed.