**DEPARTMENT OF CHILDREN AND FAMILIES**

# Division of Safety and Permanence

# ICPC Report on Child's Placement Date, Change of Placement, or Placement End

**Use of form:** Complete this form to confirm out-of-state placement of child(ren), to initiate supervision or close an interstate compact, per s.48.988, Wis. Stats. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TO:** Name – Receiving State/County | | | | | | | **FROM:** Wisconsin ICPC  DCF/DSP  P. O. Box 8916  Madison, WI 53708-8916 | | | | | | | |
| **IDENTIFYING INFORMATION** | | | | | | | | | | | | | | |
| Name – Child (Last, First MI) | | | | | | Birthdate – Child | | | | | | eWiSACWIS Case ID | | |
| Date – ICPC Placement Decision (100A Approval) | | | | | | | | | | | | | | |
| Name – Worker Completing Form | | | | | | Name – Agency of Worker Completing Form | | | | | | | | |
| **INITIAL PLACEMENT** | | | | | | | | | | | | | | |
| Name – Placement Resource | | | | | | | | | | | Placement Type | | | |
| Address – (Street, City, State, Zip Code) | | | | | | | | | | | Placement Date (mm/dd/yyyy) | | | |
| **PLACEMENT UPDATE** | | | | | | | | | | | | | | |
| Placement Type Changed/Conversion  Placement Address Changed | | | | | Date of Change: | | | | | | New Placement Type, if applicable | | | |
| New Placement Address, if applicable – (Street, City, State, Zip Code) | | | | | | | | | |
| **COMPACT / PLACEMENT CLOSURE** | | | | | | | | | | | | | | |
| Date of Compact / Placement Closure: | | | | | | | | | | | | | | |
| Why is the Compact (ICPC) closing? | | | | | | | | | | | | | | |
|  | | Placement Request Withdrawn | | | | | | | | | | | | |
|  | | Placement Denied | | | | | | | | | | | | |
|  | | 100A Approval Expired | | | | | | | | | | | | |
|  | | Placement Closure | | | | | | | | | | | | |
|  | | If Compact is closing due to a placement closure, document the reason for placement closure below: | | | | | | | | | | | | |
|  | | | Child Ran Away | | | | | Death of Child | | | | | | |
|  | | | Child Reached the Age of Majority | | | | | Placement Breakdown | | | | | | |
|  | | | Sending State (WI) Requested Return | | | | | Guardianship Established | | | | | Date: | |
|  | | | Sending State (WI) Terminated Custody | | | | | Adoption Finalized in Receiving State | | | | | Date: | |
|  | | | Transferred to Another State | | | | | Adoption Finalized in Sending State | | | | | Date: | |
|  | | | Receiving State Requested Return | | | | | Unilateral Termination without Concurrence | | | | | | |
|  | | | Action/Treatment Complete (Regulation 4) | | | | | Legal Custody Returned - Other | | | | | | |
|  | | | Other | Detail: | | | | Legal Custody Returned - Parent | | | | | | |
| Please explain the reason for the Compact closure/placement ending. If the placement ending is the result of a placement breakdown or a requested return of the child, please describe the plans for the child and how the child will return to WI: | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
|  | |  | | | | | | | |  |  | | | |  |
|  | | **SIGNATURE** – Wisconsin ICPC Specialist | | | | | | | |  | Date Signed | | | |  |