DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence

**Child Record Checklist – Group Homes**

**Use of form:** This form is used by licensing representatives to review group home child records to ensure compliance with DCF 57.38(1). This form may also be used as a self-study by group homes to review compliance with these rules. Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** While at the group home, licensing representatives should review the group home records in accordance with Licensing Activity Standards and determine whether each file contains the required information. Address each item on the checklist. Enter **✓** (or date) to indicate compliance; enter **NC** to indicate noncompliance; or enter **NA** if the item is not applicable. If additional space for comments is needed, attach a separate sheet. The child’s name, birthdate and placement date must be entered.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name – Group Home | | | | Address – Group Home (Street, City, State, Zip Code) | | | | Telephone Number – Group Home | | | |
| **General Information** | | | | | | | | | | | |
| Name of Child (include any alias) 57.38(1)(a) | | | |  |  |  | | | |  | |
| Birthdate 57.38(1)(a) | | | |  |  |  | | | |  | |
| Date of Placement | | | |  |  |  | | | |  | |
| Gender 57.38(1)(a) | | | |  |  |  | | | |  | |
| Information on exits and evacuation routes 57.19(8)(a) | | | |  |  |  | | | |  | |
| Recent photograph 57.38(1)(b) | | | |  |  |  | | | |  | |
| Written copy of resident rights 57.19(8)(b) | | | |  |  |  | | | |  | |
| House rules 57.19(8)(c) | | | |  |  |  | | | |  | |
| Voluntary placement agreement or court order 57.38(1)(c) | | | |  |  |  | | | |  | |
| Referral information; e.g., court reports, assessments 57.38(1)(d) | | | |  |  |  | | | |  | |
| Information for Out-of-Home Care Provider – Part A   * Provider must document efforts to obtain Part A from the placing agency. * Provider must notify the Out of Home Care Specialist at 608-422-6937 if placing agency refuses to provide the form. | | | |  |  |  | | | |  | |
| Information for Out-of-Home Care Provider – Part B   * Provider must document efforts to obtain Part B from the placing agency. * Provider must notify the Out of Home Care Specialist at 608-422-6937 if placing agency refuses to provide the form. | | | |  |  |  | | | |  | |
| Name, address and phone of placing agency, parent, guardian, legal custodian 57.38(1)(e) | | | |  |  |  | | | |  | |
| Initial assessment 57.23(1)(a) | | | |  |  |  | | | |  | |
| Treatment plan 57.23(2)(a) | | | |  |  |  | | | |  | |
| Treatment plan review 57.23(2)(b) | | | |  |  |  | | | |  | |
| Post-discharge plan 57.38(1)(h) | | | |  |  |  | | | |  | |
| Medical consent and signed releases 57.38(1)(i)1. | | | |  |  |  | | | |  | |
| Name of physician 57.38(1)(i)(2) | | | |  |  |  | | | |  | |
| Name of dentist 57.38(1)(i)2. | | | |  |  |  | | | |  | |
| Dates of medical exams 57.38(1)(i)3. | | | |  |  |  | | | |  | |
| Routine physical exams and immunizations for residents under 6 years old 57.37(1)(10) | | | |  |  |  | | | |  | |
| Dates of dental exams 57.38(1)(i)3. | | | |  |  |  | | | |  | |
| Immunizations 57.38(1)(i)4. | | | |  |  |  | | | |  | |
| Illnesses and accidents 57.38(1)(i)5. | | | |  |  |  | | | |  | |
| Medications and treatments 57.38(1)(i)6. | | | |  |  |  | | | |  | |
| Allergies 57.38(1)(i)7. | | | |  |  |  | | | |  | |
| Physical limitations 57.38(1)(i)8. | | | |  |  |  | | | |  | |
| Name of school 57.38(1)(j) | | | |  |  |  | | | |  | |
| Current grade 57.38(1)(j) | | | |  |  |  | | | |  | |
| Religious preference 57.38(1)(k) | | | |  |  |  | | | |  | |
| Incident reports 57.38(1)(L) | | | |  |  |  | | | |  | |
| Resident rights denied or limited 57.38(1)(m) | | | |  |  |  | | | |  | |
| Disposition of any grievances 57.38(1)(m) | | | |  |  |  | | | |  | |
| Inventory of clothing and possessions 57.38(1)(n) | | | |  |  |  | | | |  | |
| Non-medical signed releases 57.38(1)(o) (if applicable) | | | |  |  |  | | | |  | |
| Discharge summary 57.38(1)(p) | | | |  |  |  | | | |  | |
| * Dates of the resident’s stay 57.20(1)(a) | | | |  |  |  | | | |  | |
| * Reason for discharge 57.20(1)(b) | | | |  |  |  | | | |  | |
| * Summary of incident 57.20(1)(c) | | | |  |  |  | | | |  | |
| * Description of type of admission 57.20(1)(d) | | | |  |  |  | | | |  | |
| * Any other relevant information 57.20(1)(e) | | | |  |  |  | | | |  | |
| Complete accounting of resident’s personal belongings upon discharge 57.20(5) | | | |  |  |  | | | |  | |
| Reasonable and Prudent Parenting Decisions on form DCF-F-5124  57.245(2)(e) | | | |  |  |  | | | |  | |
| **Additional treatment plan requirements for custodial and expectant mothers** | | | | | | | | | | | |
| Parenting skills 57.36(2)(a) | | | |  |  |  | | | |  | |
| * Prenatal and other health care services 57.36(2)(a)1. | | | |  |  |  | | | |  | |
| * Child development 57.36(2)(a)2. | | | |  |  |  | | | |  | |
| * Bathing and hygiene 57.36(2)(a)3. | | | |  |  |  | | | |  | |
| Parenting skills 57.36(2)(a) (Continued) | | | |  |  |  | | | |  | |
| * Child safety 57.36(2)(a)4. | | | |  |  |  | | | |  | |
| * Child guidance and behavior management 57.36(2)(a)5. | | | |  |  |  | | | |  | |
| * Domestic violence issues, SIDS, Shaken Baby Syndrome, and mental health and alcohol and other drug abuse counseling 57.36(2)(a)6. | | | |  |  |  | | | |  | |
| * Nutrition and meal planning 57.36(2)(a)7. | | | |  |  |  | | | |  | |
| Life skills 57.36(2)(b) | | | |  |  |  | | | |  | |
| * Family planning and relationships 57.36(2)(b)1. | | | |  |  |  | | | |  | |
| * Independent living skills, economic self-sufficiency, budgeting and job skills 57.36(2)(b)2. | | | |  |  |  | | | |  | |
| * Accessing community resources, transportation, and transitional housing 57.36(2)(b)3. | | | |  |  |  | | | |  | |
| **Additional requirements of treatment plan for residents under 6 years old 57.37(3)** | | | | | | | | | | | |
| Schedule of meals and feeding and types of food introduced 57.37(3)(a) | | | |  |  |  | | | |  | |
| Toileting and diapering procedures 57.37(3)(b) | | | |  |  |  | | | |  | |
| Sleep and nap schedule 57.37(3)(b) | | | |  |  |  | | | |  | |
| Communication methods and comforting techniques 57.37(3)(c) | | | |  |  |  | | | |  | |
| Developmental history 57.37(3)(e) | | | |  |  |  | | | |  | |
| Medical history and medication management 57.37(3)(f) | | | |  |  |  | | | |  | |
|  |  |  |  | | | |  | |  | |  |
|  | **NAME – Licensing Representative** |  | **SIGNATURE – Licensing Representative** | | | |  | | **DATE – Records Reviewed** | |  |