**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Adoptive Placement Checklist**

**Child Placing Agency – International**

**Use of form:** Use of this form is voluntary. However, child placing agencies may use this form as a tool to assist in meeting the adoptive placement records requirements under the Administrative Code Chapters DCF 37 Information to be Provided to Foster Parents, DCF 53 Adoption Information Search and Disclosure, DCF 51 Preadoption Training, DCF 54 Child Placing Agencies and DCF 56 Foster Home Care for Children; and, under the Wisconsin Statutes Chapter 48 Children’s Code.

Note: Child Welfare Licensing Specialists may also use this form during monitoring visits to document compliance with these rules. Personally identifiable information gathered on this form will only be used 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:** Review the facility’s adoptive placement records and place a check or date in the box under the child’s name to indicate compliance. Write “N/A” if an item is not applicable.

**Note:**

 **\*\*\*IR is a visa from Non-convention country**

 **\*\*\*IH is a visa from a Hague country**

 **\*\*\* IR or IH 3 means the child has been adopted in the foreign country. Child does not have to re-adopted in Wisconsin but must register the adoption under ss 48.97.**

**\*\*\*IR or IH 4 means the child has not been adopted in the foreign country but family has been given legal custody of the child (may be referred as guardianship, custody decree)**

|  |  |
| --- | --- |
| Name – Child Placing Agency      | Facility ID Number      |
| Address – Child Placing Agency (Street, City, State, Zip Code)      |
| Name – Licensing Specialist      | Date – Records Review      |
|       of       Records Reviewed (Total Number of Records Reviewed / Total Number of Records) |
| **A.** | **Child / Birth Parent Records** |
| 1. | Name of child |       |       |       |       |
| 2. | Birthdate 54.06(2)(a)2.a. |       |       |       |       |
| 3. | Referral information / Vital statistics 54.06(2)(a)2.a.(this will vary depending on the country- some countries provide little information) |       |       |       |       |
| 4. | Documentation that a child is available for adoption from originating country (**Applies to IR4 only**) s.48.839(2)  **Acceptable documents:*** translation of court documentation that identifies the child is available for adoption
* document stating the child has been abandoned
* foundling certificate
* Child is an orphan
* Parents are deceased
* Parent gave up their parental rights
* A case study from the country that states that the child is available for adoption
* Or other documentation
 |       |       |       |       |
| 5. | [ ]  Yes or [ ]  No Finalized in sending country?  |       |       |       |       |
| 6. | Foreign adoption bond or ICPC 48.839(1)(a), 54.01(3m) (**Applies to IR4 only**) (Foreign Adoption Bond form- http://dcf.wisconsin.gov/forms/pdf/dcf\_f\_cfs0137.pdf) |       |       |       |       |
| 7. | Date of foreign adoption decree (acceptance)or custody decree 54.06(2)(a)2.a.* **IR or IH 3-** the adoption decree date (the date that the court of foreign jurisdiction issued the degree), if available
* **IR or IH 4-** Placement order or Guardianship ( the date the court of foreign jurisdiction orders guardianship to the agency or parents)
 |       |       |       |       |
| 8. | School reports (if available) 54.06(2)(a)2.e. |       |       |       |       |
| 9. | Case notes and / or treatment plan showing progress of child and family (if available) 54.06(2)(a)2.f. |       |       |       |       |
| 10. | Date – medical exam 54.04(2)(c), 56.09(4)(a), **if available for IR/IH 3, this would be required for IR/IH 4** |       |       |       |       |
| 11. | Date – dental exam (if over 3 years of age) 54.04(2)(f)1. and 2., 56.09(4)(a) and (e) (if available), **if available of IR/IH 3, this would be required for IR/IH 4** |       |       |       |       |
| 12. | Record of immunizations (if available) 54.04(2)(c)2., 56.09(11)(a)7. |       |       |       |       |
| 13. | Medical records (if available ) 54.04(2)(i) |       |       |       |       |
| 14. | Social, emotional and environmental history of the child (if available) 54.04(2)(i)5. |       |       |       |       |
| **B.** | **Adoptive Family Records** |
| 1. | Name of adoptive family |       |       |       |       |
| 2. | Adoption application 54.04(1)(f)7. |       |       |       |       |
| 3. | SAFE Questionnaire I 54.04(1)(h), 56.16(1)(n)  |       |       |       |       |
| 4. | SAFE Questionnaire II54.04(1(h), 56.16(1)(n) |       |       |       |       |
| 5. | SAFE Psychosocial Inventory54.04(1)(h), 56.16(1)(n) |       |       |       |       |
| 6. | SAFE Home Study (signed and dated)54.04(1)(h), 56.16(1)(n) |       |       |       |       |
| 7. | SAFE Home Study update (signed and dated), if applicable54.04(1)(h) |       |       |       |       |
| 8.  | Pre-adoptive placement training - 25 hours of core competency **(first time adoptive parents only and IR/IH 4 only**) 54.01(3m), 51.05(1)\*\*Prior to 9.1.2018, pre-adoptive placement training was 16 hours of core competency and 2 hours of orientation for first time adoptive parents.  |       |       |       |       |
| 9. | Pre-adoptive placement training – 6 of the 25 training hours must be in person, **(first time adoptive parents only and IR/IH 4 only)** 51.06\*\*Prior to 9.1.2018, this was not a requirement. |       |       |       |       |
| 10. | Pre-adoptive placement training –6 of the 25 training hours must be child specific**(first time adoptive parents only and IR/IH 4 only**) 51.06\*\*Prior to 9.1.2018, this was not a requirement. |       |       |       |       |
| 11. | Pre-adoptive placement training no more than 5 of the 25 training hours were using books or periodicals **(first time adoptive parents only and IR/IH 4 only**). 51.06\*\*Prior to 9.1.2018, this was not a requirement. |       |       |       |       |
| 12. | Fee agreement (per agency policy) 54.01(3m), 54.02 (2)(d)1.a., 56.04(4)(b)6. |       |       |       |       |
| 13. | Adoptive Parent Agreement 54.04(1)(f)7. |       |       |       |       |
| 14. | Post-placement services or documentation of refusal of the adoptive family 54.04(1)(g)10. |       |       |       |       |
| **C.** | **Foster Home Licensing (if required) (IR/IH 4 only)** |
| 1. | BID forms 54.01(3m), 56.05(1)(f)1. (All non-client household members 10 years old and over) |       |       |       |       |
| 2. | CBC results (All adult household members ) 54.01(3m), 56.05(1)(f)4., 48.685(4m)(a) |       |       |       |       |
| 3. | Response to Caregiver Background Check (IBIS) 54.01(3m), 56.05(1)(f)2.a. |       |       |       |       |
| 4. | For convictions, copies of police reports for agency to determine if substantially related to the care of children or not 54.01(3m), 48.685(5m)  |       |       |       |       |
| 5. | Fingerprint checks on foster parents, if applicable (**child welfare children only for Adam Walsh**) 54.01(3m), 56.05(1)(f)b. |       |       |       |       |
| 6. | Child abuse or neglect check in each county in **Wisconsin** that each foster parent and all adult household members have lived in for the past 5 years shall be completed at initial licensing or if there is a break in licensure 54.01(3m), 56.05(1)(f)2.c |       |       |       |       |
| 7. | Child abuse or neglect check for **each state besides Wisconsin** that each foster parent and all adult household members have lived in for the past 5 years for initial licensing or if there is a break in licensure (if applicable) 54.01 (3m), 56.05(1)(f)2.d |       |       |       |       |
| 8. | Reverse Sex Offender check 54.01(3m), 56.05(1)(f)2.e.Website to conduct the check: <http://offender.doc.state.wi.us/public/> |       |       |       |       |
| 9. | Foster home licensing checklist (DCF-F-CFS0787 optional) 54.04(1)(f)2. |       |       |       |       |
| 10. | Current foster home license certificate with all exceptions and the Level of Care on the license 54.04(1)(f)2., 56.04(5)(c) |       |       |       |       |
| 11. | Verification of property insurance or waiver 54.04(1)(f)2., 56.04(4)(a)2. and (4)(b)2., 56.05 (4)(b) |       |       |       |       |
| 12.  | Verification of vehicle insurance or waiver 54.04(1)(f)2., 56.04(4)(a)2., 56.04(4)(b)2., 56.05(3)(a) |       |       |       |       |
| 13. | Vaccination of Pets 54.01(3m), 56.08(3)(a.) |       |       |       |       |
| 14. | Health exam for all household members 56.04(4)(a)3. and (4)(b)5., 56.05(1)(e)2. |       |       |       |       |
| 15. | References 56.13(4)(b), 54.01(3m)* Level 1: none required
* Level 2: 3 from non-relatives
* Level 3 and 4 : 4 references: 3 from non-relatives, 1 from a related adult (preferable an adult child)
 |       |       |       |       |
| 16. | Fire inspection (if required by CPA) 56.04(4)(a)5. and (b)3., 54.01(3m) |       |       |       |       |
| 17. | Water test (if required by CPA) 56.04(4)(a)6. and (b)4., 54.01(3m) |       |       |       |       |
| 18. | Employment history 5 years prior to application 56.04(4)(a)7., 54.01(3m) |       |       |       |       |
| 19. | Notification of any previous licensure as foster parent or any other type of caregiver for children, name of licensing agency and period during which license was held 56.04(4)(a)8., 54.01(3m) |       |       |       |       |
| 20. | Licensing modification application, if applicable 56.04(4)(c)2., 54.01(3m) |       |       |       |       |
| 21. | Written approval to combine care of foster children with regular part-time care of other non-related children or adults or to conduct business or provide services in the foster home, if applicable. 56.09(2)(a), 54.01(3m)**Note: The agency may not allow a foster parent who operates a foster home with a Level 3 to 5 certification to also operate a licensed family child care center under Ch. DCF 250 or a certified child care home under Ch. DCF 202 in the foster home.** |       |       |       |       |
| 22. | Information for Out-of-Home Care Providers Part A must be provided to the physical custodian before the prospective physical custodian agrees to the placement of the child or no later than two days after the child is placed with the physical custodian. CFS-872A- Mandatory form ) DCF 37, 54.01(3m), s. 48.371 \*If agencies have the information and it is not on the mandatory form, agencies may attach the information to the mandatory form and write on the mandatory form “ See attachments”.  |       |       |       |       |
| 23.  | Information for Out-of-Home Care Providers Part B must be provided to the physical custodian before the prospective physical custodian agrees to placement of the child or no later than 7 days after the child is placed with the physical custodian. home) (CFS-872B, Mandatory form) DCF 37, 54.01(3m) s c.48.371(3) \*If agencies have the information and it is not on the mandatory form, agencies may attach the information to the mandatory form and write on the mandatory form “ See attachments”.  |       |       |       |       |
| 24. | Disaster Plan 54.01(3m), 56.08(10m) |       |       |       |       |
| 25. | Drawing of layout of home 56.04(4)(a)5m., 54.01(3m) |       |       |       |       |
| 26. | Monthly contact with foster parent 54.01(3m), 56.18(1)(a) * Level 1 & 2: one per month
* Level 3 & 4: two per month
 |       |       |       |       |
| 27. | Monthly contact with foster child 54.01(3m), 56.19(1)(a) * Level 1 & 2 : one per month
* Level 3 & 4: every other week
 |       |       |       |       |
| 28. | Notification to the clerk of the school district when a license is issued. 54.01(3m), 48.62(3), if applicable, 1. Name of foster home parents. 56.16(1)(L)1.
 |       |       |       |       |
|  | 1. Address and phone number of the foster parents. 56.16(1)(L)2
 |       |       |       |       |
|  | 1. Type of children expected to be placed in the foster home. 56.16(1)(L).3.
 |       |       |       |       |
|  | 1. Name, address and phone number of contact person form the CPA with whom school staff can communicate when necessary. 56.16(1)(L)4.
 |       |       |       |       |
| 29.  | Notification to clerk of the school district when a child is placed in a foster home. 54.01(3m), 48.64 (1r), if applicable, 1. The name, address, and phone number of the foster parent.. 56.15(1)(a).4.a.
 |       |       |       |       |
|  | 1. The name of the foster child. 56.15(1)(a)4.b.
 |       |       |       |       |
|  | 1. Information about the child required by the school, as allowed under any applicable confidentiality laws. 56.15(1)(a)4.c.
 |       |       |       |       |
| 30. | Signed statement indicating applicant has received the following: |       |       |       |       |
|  | 1. Brochure explaining the foster parent insurance program including how to file a claim 56.04(4)(a)9.b., 54.01(3m)
 |       |       |       |       |