**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Adoptive Placement Checklist – Child Placing Agency – Domestic**

**Use of form:** Use of this form is voluntary. This form is used by licensing representatives to review adoptive home records to ensure compliance with DCF 37 Information to be Provided to Out-Of-Home Care Providers, 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. Child Welfare Licensing representatives may use this form during monitoring visits to document compliance with these rules. This form may also be used as a self-study by child placing agencies to review compliance with these rules. Personally identifiable information gathered on this form will only be used to verify compliance with rules. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes].

**Instructions:** While at the child placing agency, licensing representatives should review 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.

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| Name – Child Placing Agency      | Address (Street, City, State, Zip Code)      | Telephone Number      |
| **A.** | **Child / Birth Parent Records** |
| 1. | Name of child |       |       |       |       |
| 2. | Birthdate 54.06(2)(a)2.a. |       |       |       |       |
| 3. | Copy of Termination of Parental Rights order for both parents (TPR) and / or death certificate if the parent is deceased 54.01(3m), s 48.81(2) |       |       |       |       |
| 4. | Date of placement 54.06(2)(a)2.a. |       |       |       |       |
| 5. | Voluntary placement agreement signed by the parent or court order 54.06(2)(a)2.d., 54.06(2)(a)2.c. (DCF-F-CFS1590 or an equivalent form) |       |       |       |       |
| 6. | Foster parent placement agreement 54.06(2)(a)3., s. 48.64(1m) |       |       |       |       |
| 7. | Type of adoption: D = Domestic; I = Independent; ICPC = Interstate; PA = Public Adoption; R = Relative; SP = Step-parent |       |       |       |       |
| 8. | Birth parent affidavit (if available) (DCF-F-CFS0142 not a requirement) 54.01(3m), s. 48.433(2) |       |       |       |       |
| 9. | Adoption search explained DCF 53, 54.04(1)(g)13. |       |       |       |       |
| 10. | Birth parent counseling (not a requirement) |       |       |       |       |
| 11. | Family History Questionnaire Medical / Genetic (**DCF-F-CFS0149 mandatory, if adopted in Wisconsin**) 54.04(1)(g)13., s. 48.425(1) |       |       |       |       |
| 12. | Family History Questionnaire Medical / Genetic – Pregnancy and Delivery Information (**DCF-F-CFS0149A mandatory, if adopted in Wisconsin**) 54.04(1)(g)13.,s. 48.425(1) |       |       |       |       |
| 13. | Documentation of compliance that agency has asked about ICWA 54.05(1) |       |       |       |       |
| 14. | If the child is enrolled or eligible for enrollment, the agency must comply with 48.028:1. Documentation of the agency contacting the tribe
 |       |       |       |       |
|  | 1. Documentation from the tribe responding to the agency’s inquiry
 |       |       |       |       |
| 15. | ICPC (**DCF-F-CFS0100A mandatory form** is completed and approved) 54.01(3m), s. 48.98, if out of state child |       |       |       |       |
| 16. | School reports (if available) 54.06(2)(a)2.e. |       |       |       |       |
| 17. | Case notes and / or treatment plan showing progress of child and family 54.06(2)(a)2.f. |       |       |       |       |
| 18. | Date – medical exam 54.04(2)(c), 56.09(4)(a) |       |       |       |       |
| 19. | Date – dental exam 54.04(2)(f) 1. and 2., 56.09(4)(a) and (e) |       |       |       |       |
| 20. | Record of immunizations 54.04(2)(c)2., 56.09(11)(a)7. |       |       |       |       |
| 21. | TB test 54.04(2) (c) 3. |       |       |       |       |
| 22. | Medical records 54.04(2)(i) |       |       |       |       |
| 23. | Signed consent for emergency surgical care 54.04(1)(b)4. |       |       |       |       |
| 24. | Signed consent for immunizations 54.04(1)(b)4. |       |       |       |       |
| 25. | Signed consent for routine medical exams and treatment 54.04(1)(b)4. |       |       |       |       |
| **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 II 54.04(1(h), 56.16(1)(n) |       |       |       |       |
| 5. | SAFE Psychosocial Inventory 54.04(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 applicable 54.04(1)(h) |       |       |       |       |
| 8. | Agency informed prospective adoptive parents about adoption assistance (Mandatory Form [DCF-F-2672](https://dcf.wisconsin.gov/files/forms/doc/2672.docx)) 54.04(1)(g)12. |       |       |       |       |
| 9. | Fee agreement (per agency policy) 54.02(2)(d)1.a. |       |       |       |       |
| 10. | Adoptive Parent Agreement 54.04(1)(f)7. |       |       |       |       |
| 11. | Post-placement services 54.04(1)(g)10. |       |       |       |       |
| 12. | Order of Adoption or Record of Court Action 54.01(3m), s. 48.91(3) |       |       |       |       |
| 13. | Pre-adoptive placement training **(first time adoptive parents only)** – 25 hours of core competency 54.01(3m), 51.05(1) |       |       |       |       |
|  | * 6 of the 25 training hours must be in person 51.06(1)(a)
 |       |       |       |       |
|  | * 6 of the 25 training hours must be child specific 51.06(1)(b)
 |       |       |       |       |
|  | * training using books or periodicals may not exceed 5 hours 51.06(2)

*Prior to 09/01/2018, pre-adoptive placement training was 16 hours of core competency and 2 hours of orientation for first time adoptive parents. The above are ‘post-09/01/2018’ requirements.* |       |       |       |       |
| **C.** | **Foster Home Licensing (Required if Domestic, Independent, Public Adoption and ICPC)** |
|  | BID forms (All non-client household members 12 years old and over) 54.01(3m), 56.055(1)(a)1. |       |       |       |       |
|  | CBC results (All adult household members) 54.01(3m), 56.055(2)(a), s. 48.685(2)(am) |       |       |       |       |
|  | Response to Caregiver Background Check (IBIS) 54.01(3m), 56.055(2)(a), s 48.685(2)(am) |       |       |       |       |
|  | Fingerprint checks on foster parents initially licensed after 01/01/2008, or if there was any break in licensure 54.01(3m), 56.055(1)(b), 56.055(2)(b) |       |       |       |       |
|  | Results of check with local law enforcement per info on BID if applicable 54.01(3m), s. 48.685 |       |       |       |       |
|  | Reverse Sex Offender check 54.01(3m), 56.055(2)(c)*Website to conduct the check:* [*http://offender.doc.state.wi.us/public/*](http://offender.doc.state.wi.us/public/) |       |       |       |       |
|  | Criminal history records search from any other jurisdiction in which a non-client resident lived **outside the state of Wisconsin** in the past 3 years 54.01(3m), 56.055(2)(d) |       |       |       |       |
|  | For convictions, copies of police reports for agency to determine if substantially related to the care of children 54.01(3m), s. 48.685(5m), 12.06, 56.055(3)(a-c) |       |       |       |       |
|  | 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), 56.055(2)(e)1. |       |       |       |       |
|  | 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), 56.055(2)(e)2. |       |       |       |       |
|  | Information on the discharge status of any household member that served in the armed forces 54.01(3m), 56.055(2)(f) |       |       |       |       |
|  | Foster home licensing checklist (DCF-F-CFS0787 optional) 54.04(1)(f)2. |       |       |       |       |
|  | Current foster home license certificate with all exceptions and the Level at which the home is certified 54.04(1)(f)2., 56.04(5)(a) |       |       |       |       |
|  | Verification of property insurance or waiver 56.04(4)(a)2., 56.04(4)b.2., 54.01(3m) |       |       |       |       |
|  | Verification of vehicle insurance 56.05(3)(a), 56.05(4)(b), 54.01(3m) |       |       |       |       |
|  | Vaccination of Pets 54.01(3m), 56.08(3)(a) |       |       |       |       |
|  | Health exam for all household members 56.04(4)(a)3. and (4)(b)5., 56.05(1)(e)2. |       |       |       |       |
|  | References 56.13(4)(b), 54.01(3m)* Level 1: none required
* Level 2: 3 from non-relatives
* Level 3 & 4: 4 references – 3 from non-relatives, 1 from a related adult (preferable an adult child)
 |       |       |       |       |
|  | Fire inspection (if required by CPA) 56.04(4)(a)5., 56.04(4)(b)3., 54.01(3m) |       |       |       |       |
|  | Water test (if required by CPA) 56.04(4)(a)6., 56.04(4)(b)4., 54.01(3m) |       |       |       |       |
|  | Employment history 5 years prior to application 56.04(4)(a)7., 54.01(3m) |       |       |       |       |
|  | 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) |       |       |       |       |
|  | Licensing modification application, if applicable 56.04(4)(c)2., 54.01(3m) |       |       |       |       |
|  | 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.*  |       |       |       |       |
|  | Information for Out -of-Home Care Providers Part A must be provided to the physical custodian before the prospective physical custodian agrees to placement of the child or no later than 2 days of when a child is placed with the physical custodian.(CFS872A - Mandatory Form) 37.03(2)(a)1., 54.01(3m), s. 48.371 |       |       |       |       |
|  | Information for Out-of-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. (CFS872B - Mandatory Form) 37.03(2)(a)2., 54.01(3m), s. 48.371(3)  |       |       |       |       |
|  | Disaster Plan 54.01(3m), 56.08(10m) |       |       |       |       |
|  | Drawing of layout of home 54.01(3m), 56.04(4)(a)5m. |       |       |       |       |
|  | Monthly contact with foster parent 54.01(3m), 56.18(1)(a) and (b)* Level 1 & 2: 1 per month
* Level 3 & 4: 2 per month
 |       |       |       |       |
|  | Monthly contact with foster child 54.01(3m), 56.19(1)(a) and (b)* Level 1 & 2: 1 per month
* Level 3 & 4: every other week
 |       |       |       |       |
|  | Notification to the clerk of the school district when a license is issued 54.01(3m), s. 48.62(3)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.
 |       |       |       |       |
| 30. | Notification to clerk of the school district when a school-age child is placed in a foster home 54.01(3m), 48.64(1r)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.
 |       |       |       |       |
| 31. | Signed statement indicating applicant has received the following:1. Brochure explaining the foster care reimbursement and rate structure clothing allowance 56.04(4)(a)9.a., 54.01(3m)
 |       |       |       |       |
|  | 1. Brochure explaining the foster parent insurance program including how to file a claim 56.04(4)(a)9.b., 54.01(3m)
 |       |       |       |       |
|  | 1. Notice that the licensing agency may contact the Wisconsin department of justice and any similar agency in another state, any federal or local law enforcement agency, any social services agency or any other public or private agency to determine if there is any reason specified under s. 48.685, Stats., Ch. DCF 12, s. DCF 56.05(1)(a)3. or any other part of this chapter for the applicant to not be granted a license 56.04(4)(a)9.c.
 |       |       |       |       |
| **D.** | **Step-parent Adoption (only requirements):** |
| 1. | Caregiver background check 54.01(3m), s. 48.88(2)(c) |       |       |       |       |
| 2. | Screening consisting of (1) interview 54.01(3m), s. 48.88(2)(c) |       |       |       |       |
| 3. | Agency report to court within 30 days 54.01(3m), s. 48.88(2)(c) |       |       |       |       |
|  |  |  |  |  |  |  |
|  | **NAME – Licensing Representative** |  | **SIGNATURE – Licensing Representative** |  | **DATE – Records Reviewed** |  |