**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**CHILD RECORD – SHELTER CARE FACILITIES**

**Use of form:** Use of this form is mandatory to comply with DCF 59.07(1)(a). Failure to comply may result in issuance of a noncompliance statement. 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:** Upon admitting a child into shelter care, shelter care staff shall obtain the following information from the child, law enforcement personnel, and if possible, the child’s parents. If additional space is needed, attach separate sheet(s).

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| --- | --- | --- | --- | --- | --- | --- |
| **A. CHILD INFORMATION** | | | | | | |
| Name (include any alias) 59.07(1)(a)(1). | | | | | | |
| Gender 59.07(1)(a)1.  Male  Female | Birthdate (mm/dd/yyyy) 59.07(1)(a)2. | | | Date of Placement or Respite Care (mm/dd/yyyy) 59.07(1)(a)4. | | |
| Type of Placement or Service: Pending Court Action  Voluntary Placement  Respite Care Service | | | | | | |
| Alleged offense, if applicable 59.07(1)(a)6. | | | | | | |
| Religious preference 59.05(9) | | | | | | |
| Name – School 59.07(1)(a)11. | | Current Level 59.07(1)(a)11 | | | Immediate previous living arrangement 59.07(1)(a)(10 | |
| **B. CHILD’S MEDICAL INFORMATION** | | | | | | |
| Name – Physician to be called in an emergency 59.07(1)(a)7. | | | | | | Telephone Number |
| Name – Dentist 59.05(13)(c) | | | | | | Telephone Number |
| Allergies, including allergies to food or medication 59.07(1)(a)8. | | | | | | |
| Special care requirements 59.07(1)(a)8. | | | | | | |
| Chronic ailments 59.05(13)(b) | | | | | | |
| Special diets 59.05(13)(b) | | | | | | |
| Medical treatments received while in care and dates of each 59.07(1)(a)8. Attach documentation. | | | | | | |
| **C. PERSON / AGENCY LEGALLY RESPONSIBLE FOR THE CHILD** 59.07(1)(a)5. | | | | | | |
| Name – Person / Agency | | | | | | Telephone Number |
| Address (Street, City, State, Zip Code) | | | | | | |
| **D. PARENT OR GUARDIAN** 59.07(1)(a)9. | | | | | | |
| Name – Person / Agency | | | | | | Telephone Number |
| Address (Street, City, State, Zip Code) | | | | | | |
| **Name – Person / Agency to be notified in an emergency** 59.07(1)(a)3. | | | | | | Telephone Number |
| **E. DISCHARGE INFORMATION** | | | | | | |
| Date of Release 59.07(1)(a)12. | | | Destination 59.07(1)(a)12 | | | |