# Policy / Procedure Checklist – Child Placing Agency

**Use of form:** Completion of this form is voluntary. The child placing agency shall develop written policies and procedures for the following categories. Policies and procedures must be submitted to the department as part of a complete application per s. 48.66(2) and (3). Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** Whenever policies are created or updated, a dated copy should be sent to your licensing specialist along with a completed policy checklist. Use the checklist to identify the page number on which you address each point for ease in reference and review. Policies should be dated and the pages numbered.

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| **Policy Name/No.** | | **Page No.** | **STATEMENT OF PURPOSE** | | | | | |
|  | |  | A description of the geographical area to be served | | | | | |
|  | |  | The types of children to be accepted into care | | | | | |
|  | |  | The services to be provided | | | | | |
|  | |  | The program objectives | | | | | |
|  | |  | A statement that indicates that the child placing agency shall provide services to children who need and seek its care without discrimination on the basis of race or cultural identification, sex, sexual orientation, age, creed, ancestry, disability, political affiliations, religious beliefs, color, or national origin | | | | | |
|  | |  | A description of your agency’s requirements for foster parents in order to be licensed by your agency | | | | | |
|  | |  | If agency is participating in legal risk adoptions, policy and procedure regarding legal risk placements | | | | | |
| **Policy Name/No.** | | **Page No.** | **PERSONNEL** | | | | | |
|  | |  | Job specifications for all positions of 6 months or longer duration in the agency | | | | | |
|  | |  | Staffing patterns | | | | | |
|  | |  | Method of wage adjustments | | | | | |
|  | |  | Retirement program | | | | | |
|  | |  | Health and other insurance programs | | | | | |
|  | |  | Vacation, sick leave, holidays and leaves of absences | | | | | |
|  | |  | Probationary status | | | | | |
|  | |  | Termination procedures | | | | | |
|  | |  | Agency chain of command | | | | | |
|  | |  | Grievance procedures | | | | | |
|  | |  | Employment outside the agency | | | | | |
|  | |  | For the specific job classification for which application is being made: compensation, hours of work, job specifications, and performance evaluations | | | | | |
|  | |  | Within one year of original licensure, written material concerning the process and content of orientation, staff development and in-service training programs for agency employees | | | | | |
|  | |  | Agency disciplinary procedures | | | | | |
| **Policy Name/No.** | | **Page No.** | **POLICIES AND PROCEDURES** | | | | | |
|  | |  | Intake policies that include asking the referring person or agency to indicate if the child or one of the child’s parents is of American Indian descent | | | | | |
|  | |  | Written policies for placement and discharge of children from service | | | | | |
|  | |  | Policy on how the licensee will ensure that all foster homes are licensed according to DCF 56 | | | | | |
|  | |  | Establish a permanency plan (administrative plan) for every child in foster care per state statute 48.38 | | | | | |
|  | |  | Development and review of treatment plans | | | | | |
|  | |  | Aftercare plans for foster children to ensure continuity in managing a child’s needs after the placement ends | | | | | |
|  | |  | Policies for placement and discharge from service | | | | | |
|  | |  | Post placement services for adoptive families | | | | | |
|  | |  | Developing and updating home studies which includes how often home studies are updated | | | | | |
|  | |  | If the child placing agency is located in a private home, description of what services will be provided in the licensee’s home, statement of whom else resides in the private home and will any household members have access to any clients | | | | | |
|  | |  | Procedures on all recommended and required medical services and follow services | | | | | |
|  | |  | Procedures to ensure proper immunizations of foster children | | | | | |
|  | |  | Health (initial and annual) exams of children including TB tests | | | | | |
|  | |  | Procedures for hospitalization of children | | | | | |
|  | |  | Dental exams (every 6 months) and follow up appointments | | | | | |
|  | |  | Procedure to ensure that all children have appropriate clothing | | | | | |
| **Policy Name/No.** | | **Page No.** | **RESIDENT RIGHTS** | | | | | |
|  | |  | Description of resident rights and grievances procedure | | | | | |
|  | |  | Description of foster parent rights and grievance procedure | | | | | |
| **Policy Name/No.** | | **Page No.** | **INDIAN CHILDREN** | | | | | |
|  | |  | Compliance with the Indian Child Welfare Act | | | | | |
| **Policy Name/No.** | | **Page No.** | **RECORDS** | | | | | |
|  | |  | Permanent register of all children accepted for service and placement | | | | | |
|  | |  | Record storage that ensures that records are protected from fire damage, theft and unauthorized scrutiny | | | | | |
|  | |  | Procedures governing access to files | | | | | |
|  | |  | Procedures which ensure that information is released only in accordance with ss. 48.432, 48.433, and 48.93m Stats., and DCF 53 | | | | | |
|  | |  | Procedure on reporting and following up on Serious Incident Reports | | | | | |
| **Policy Name/No.** | | **Page No.** | **FINANCING** | | | | | |
|  | |  | Establish and maintaining an accounting system that enables a child-placing agency to accurately report income and disbursement by the cost categories in the cost and service report | | | | | |
|  | |  | Fee policy for all services that the agency provides | | | | | |
|  | |  | Refund Policy | | | | | |
|  | |  | Policy for the secure and judicious use of the funds which includes sound budgeting, disbursement, and audit control procedures | | | | | |
|  | |  | Maintaining a system of business management and staffing to ensure complete and accurate accounts, books and records | | | | | |
| **Policy Name/No.** | | **Page No.** | **DEPARTMENT MEMOS** | | | | | |
|  | |  | Policy on how to ensure that the agency receives department memos | | | | | |
| **Policy Name/No.** | | **Page No.** | **ELECTRONIC RECORDS** | | | | | |
|  | |  | Personnel Records | | | | | |
|  | |  | Resident Records | | | | | |
|  | |  | Other Records | | | | | |
| **COMMENTS:** | | | | | | | | |
|  |  | | |  |  |  |  |  |
|  | **NAME – Licensee / Authorized Representative** | | |  | **SIGNATURE – Licensee / Authorized Representative** |  | **DATE – Signed** |  |