

CHILD RECORD CHECKLIST – GROUP FOSTER HOMES

Use of form: Use of this form is voluntary. However, use as a review document by group foster homes will help ensure compliance with HFS 57.38(1). Licensing specialists may also use this form during monitoring visits to document compliance with these rules. Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

Instructions: A check mark indicates the required information is in the child's file. The child's name, birthdate and placement date must be entered. If additional space is needed, attach separate sheet(s).

| Name – Group Foster Home | | | | | | | | | | | | | | Facility ID Number | | | | | | | | | | | | | |
|---|-----------|------------------|--------------------|-------------------------------|--|---|--|--|--|---------------------------------|---|----------------------------------|-------------------------------|---|-----------------------------|---------------------------------------|--|-------------------------|------------------------------------|--|-----------------------------------|------------------------------|---|---|---|---|-------------------------------|
| Address (Street, City, State, Zip Code) | | | | | | | | | | | | | | Telephone Number – Group Foster Home | | | | | | | | | | | | | |
| Name – Child (include any alias) | Birthdate | Date – Placement | Gender 57.38(1)(a) | Recent photograph 57.38(1)(b) | Voluntary placement agreement or court order 57.38(1)(c) | Referral information, e.g. court reports, assessments 57.38(1)(d) | Name, address and phone of placing agency, parent, guardian, legal custodian 57.38(1)(e) | CFS-872A and CFS-872B if family operated 57.38(1)(g) | Treatment plan and reviews 57.38(1)(h) | 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 and 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 and current grade 57.38(1)(i) | 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) | Discharge summary 57.38(1)(p) |
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| SIGNATURE – Person Completing Form | | | | | | | | | | | | | | | | | | Date Signed | | | | | | | | | |