

## Adoptive Placement Checklist – Child Placing Agency – Domestic

**Use of form:** Use of this form is voluntary. However, use as a review document by child placing agencies will help ensure compliance with adoptive placement records requirements under the Administrative Codes DCF 37 Information to be Provided to Foster Parents, DCF 53 Adoption Information Search and Disclosure, DCF 54 Child Placing Agencies and DCF 56 Foster Home Care for Children and under the Wisconsin Statutes Chapter 48 Children’s Code. 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 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 box under child's name to indicate compliance. Write "N/A" if an item is not applicable.

|                                                                |                       |
|----------------------------------------------------------------|-----------------------|
| Name – Child Placing Agency                                    | Facility ID Number    |
| Address – Child Placing Agency (Street, City, State, Zip Code) |                       |
| Name – Licensing Specialist                                    | Date – Records Review |

**A. Child / Birth Parent Records**

|                                                                                                                                                       |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 1. Name of child                                                                                                                                      |  |  |  |  |
| 2. Birthdate 54.06(2)(a)2.a.                                                                                                                          |  |  |  |  |
| 3. Copy of TPR order 54.01(3m), s. 48.81(2)                                                                                                           |  |  |  |  |
| 4. Date of placement 54.06(2)(a)2.a.                                                                                                                  |  |  |  |  |
| 5. Voluntary placement agreement (DCF-F-CFS1590 optional) 54.06(2)(a)2.d.                                                                             |  |  |  |  |
| 6. Type of adoption<br>D = Domestic; I = Independent; ICPC = Interstate; SN = Special needs;<br>F = Foster conversion; R = Relative; SP = Step-parent |  |  |  |  |
| 7. Birth parent affidavit (DCF-F-CFS0142 not a requirement) 54.01(3m), s. 48.433(2)                                                                   |  |  |  |  |
| 8. Adoption search explained DCF 53, 54.04(1)(g)13.                                                                                                   |  |  |  |  |
| 9. Birth parent counseling 54.04(1)(c), 54.06(2)(a)2.                                                                                                 |  |  |  |  |
| 10. Family History Questionnaire Medical / Genetic (DCF-F-CFS0149 mandatory) 54.04(1)(g)13.                                                           |  |  |  |  |
| 11. Family History Questionnaire Medical / Genetic – Pregnancy and Delivery Information (DCF-F-CFS0149A mandatory) 54.04(1)(g)13.                     |  |  |  |  |
| 12. Compliance with ICWA 54.05(1)                                                                                                                     |  |  |  |  |
| 13. ICPC (DCF-F-CFS0100A mandatory) 54.01(3m), s. 48.98, if applicable                                                                                |  |  |  |  |
| 14. Permanency plans and reviews (DCF-F-CFS2132 optional) 54.04(1)(g)8., s. 48.38 (placements 6 months or longer)                                     |  |  |  |  |
| 15. School reports 54.06(2)(a)2.e.                                                                                                                    |  |  |  |  |
| 16. Case notes and / or treatment plan showing progress of child and family 54.06(2)(a)2.f.                                                           |  |  |  |  |
| 17. Date – medical exam 54.04(2)(c), 56.09(4)(a)                                                                                                      |  |  |  |  |
| 18. Date – dental exam 54.04(2)(f)1. and 2., 56.09(4)(a) and (e)                                                                                      |  |  |  |  |
| 19. Record of immunizations 54.04(2)(c)2., 56.09(11)(a)7.                                                                                             |  |  |  |  |

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| 20. | TB test 54.04(2)(c)3.                                                |  |  |  |  |
| 21. | Medical records, if applicable 54.04(2)(i)                           |  |  |  |  |
| 22. | Signed consent for emergency surgical care 54.04(1)(b)4.             |  |  |  |  |
| 23. | Signed consent for immunizations 54.04(1)(b)4.                       |  |  |  |  |
| 24. | 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.  | Adoptive home study (includes foster home assessment / evaluation) 54.04(1)(g)11.                                               |  |  |  |  |
| 4.  | Home study updates (per agency policy) 54.02(2)(d)1.a.                                                                          |  |  |  |  |
| 5.  | Adoption assistance explained, if applicable – doesn't apply to independent adoptions (DCF-F-CFS0074-E optional) 54.04(1)(g)12. |  |  |  |  |
| 6.  | Adoption assistance application, if applicable 54.04(1)(g)12.                                                                   |  |  |  |  |
| 7.  | Fee agreement (per agency policy) 54.02(2)(d)1.a.                                                                               |  |  |  |  |
| 8.  | Adoptive Parent Agreement 54.04(1)(f)7.                                                                                         |  |  |  |  |
| 9.  | Post-placement services 54.04(1)(g)10.                                                                                          |  |  |  |  |
| 10. | Order of Adoption or Record of Court Action 54.01(3m), s. 48.91(3)                                                              |  |  |  |  |
| 11. | Pre-adoptive placement training 54.01(3m), s. 48.84, 51.10                                                                      |  |  |  |  |

**C. Foster Home Licensing (Required if Domestic, Independent, Special Needs and ICPC.)**

|     |                                                                                                                                                                           |  |  |  |  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 1.  | Foster home placement agreements (DCF-F-CFS0107-E optional) 54.04(1)(f)7., 54.06(2)(a)3.                                                                                  |  |  |  |  |
| 2.  | Signed statement indicating applicant has received authorization for licensing agency to contact DOJ and / or federal or local law enforcement 54.01(3m), 56.04(4)(a)9.c. |  |  |  |  |
| 3.  | BID forms 54.01(3m), 56.05(1)(f)1. (All household members 10 years old and over)                                                                                          |  |  |  |  |
| 4.  | DOJ criminal history results 54.01(3m), 56.05(1)(f)2.a.                                                                                                                   |  |  |  |  |
| 5.  | Response to Caregiver Background Check (IBIS) 54.01(3m), 56.05(1)(f)2.a.                                                                                                  |  |  |  |  |
| 6.  | For convictions, copies of police reports for agency to determine if substantially related or not 54.01(3m)                                                               |  |  |  |  |
| 7.  | Foster home licensing checklist (DCF-F-CFS0787 optional) 54.04(1)(f)2.                                                                                                    |  |  |  |  |
| 8.  | Current foster home license certificate 54.04(1)(f)2., 56.04(5)(a)                                                                                                        |  |  |  |  |
| 9.  | Verification of property and vehicle insurance or waiver 54.04(1)(f)2., 56.04(4)(a)2. and (4)(b)2., 56.05(3)(a) and (4)(b)                                                |  |  |  |  |
| 10. | Reverse Sex Offender check 54.01(3m), 56.05(1)(f)2.e.                                                                                                                     |  |  |  |  |
| 11. | Vaccination of Pets 54.01(3m), 56.08(3)(a.)                                                                                                                               |  |  |  |  |
| 12. | Health exam for all in household 56.04(4)(a)3. and (4)(b)5., 56.05(1)(e)2.                                                                                                |  |  |  |  |
| 13. | References from 3 non-relatives 56.13(4)(b), 54.01(3m)                                                                                                                    |  |  |  |  |

|     |                                                                                                                                                                                                                             |  |  |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 14. | Fire inspection (if required by CPA) 56.04(4)(a)5. and (b)3., 54.01(3m)                                                                                                                                                     |  |  |  |  |
| 15. | Water test (if required by CPA) 56.04(4)(a)6. and (b)4., 54.01(3m)                                                                                                                                                          |  |  |  |  |
| 16. | Employment history 5 years prior to application 56.04(4)(a)7., 54.01(3m)                                                                                                                                                    |  |  |  |  |
| 17. | 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)                             |  |  |  |  |
| 18. | Licensing modification application, if applicable 56.04(4)(c)2., 54.01(3m)                                                                                                                                                  |  |  |  |  |
| 19. | 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) |  |  |  |  |
| 20. | Information for Foster Parents (CFS-872A and 872B mandatory) DCF 37, 54.01(3m), s. 48.371                                                                                                                                   |  |  |  |  |
| 21. | Disaster Plan 54.01(3m), 56.08(10m)                                                                                                                                                                                         |  |  |  |  |
| 22. | Monthly contact with foster parent 54.01(3m), 56.18(1)(a)                                                                                                                                                                   |  |  |  |  |
| 23. | Monthly contact with foster child 54.01(3m), 56.19(1)(a)                                                                                                                                                                    |  |  |  |  |
| 24. | <b>Additional requirements for special needs adoptions:</b><br>Signed statement indicating applicant has received the following:                                                                                            |  |  |  |  |
| a.  | Brochure explaining the foster care reimbursement and rate structure including clothing allowance 56.04(4)(a)9.a., 54.01(3m)                                                                                                |  |  |  |  |
| b.  | Brochure explaining the foster parent insurance program including how to file a claim 56.04(4)(a)9.b., 54.01(3m)                                                                                                            |  |  |  |  |
| c.  | Annual home study updates 51.07(6), 54.01(3m)                                                                                                                                                                               |  |  |  |  |
| d.  | Fingerprint check, if applicable 54.01(3m)                                                                                                                                                                                  |  |  |  |  |
| e.  | Child abuse and neglect registry check (WI) 54.01(3m)                                                                                                                                                                       |  |  |  |  |
| f.  | Child abuse and neglect registry check (out-of-state, if applicable) 54.01(3m)                                                                                                                                              |  |  |  |  |
| 25. | <b>Requirements for step-parent and relative adoptions:</b><br>Screening consisting of the following:                                                                                                                       |  |  |  |  |
| a.  | Caregiver background check 54.01(3m), s. 48.88(2)(c)                                                                                                                                                                        |  |  |  |  |
| b.  | Screening consisting of (1) interview 54.01(3m), s. 48.88(2)(c)                                                                                                                                                             |  |  |  |  |
| c.  | Agency report to court within 30 days 54.01(3m), s. 48.88(2)(c)                                                                                                                                                             |  |  |  |  |