**DEPARTMENT OF CHILDREN AND FAMILIES**

# Division of Safety and Permanence

# ICPC Report on Child's Placement Date, Change of Placement, or Placement End

**Use of form:** Complete this form to confirm out-of-state placement of child(ren), to initiate supervision or close an interstate compact, per s.48.988, Wis. Stats. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

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| --- | --- |
| **TO:** Name – Receiving State/County      | **FROM:** Wisconsin ICPC DCF/DSP  P. O. Box 8916 Madison, WI 53708-8916 |
| **IDENTIFYING INFORMATION** |
| Name – Child (Last, First MI)      | Birthdate – Child      | eWiSACWIS Case ID      |
| Date – ICPC Placement Decision (100A Approval)      |
| Name – Worker Completing Form       | Name – Agency of Worker Completing Form      |
| **INITIAL PLACEMENT** |
| Name – Placement Resource      | Placement Type      |
| Address – (Street, City, State, Zip Code)      | Placement Date (mm/dd/yyyy)      |
| **PLACEMENT UPDATE** |
| [ ]  Placement Type Changed/Conversion[ ]  Placement Address Changed | Date of Change:      | New Placement Type, if applicable      |
| New Placement Address, if applicable – (Street, City, State, Zip Code)      |
| **COMPACT / PLACEMENT CLOSURE** |
| Date of Compact / Placement Closure:       |
| Why is the Compact (ICPC) closing? |
|  | [ ]  Placement Request Withdrawn |
|  | [ ]  Placement Denied |
|  | [ ]  100A Approval Expired |
|  | [ ]  Placement Closure |
|   | If Compact is closing due to a placement closure, document the reason for placement closure below: |
|  | [ ]  Child Ran Away | [ ]  Death of Child |
|  | [ ]  Child Reached the Age of Majority | [ ]  Placement Breakdown |
|  | [ ]  Sending State (WI) Requested Return | [ ]  Guardianship Established | Date:       |
|  | [ ]  Sending State (WI) Terminated Custody | [ ]  Adoption Finalized in Receiving State  | Date:       |
|  | [ ]  Transferred to Another State | [ ]  Adoption Finalized in Sending State | Date:       |
|  | [ ]  Receiving State Requested Return | [ ]  Unilateral Termination without Concurrence |
|  | [ ]  Action/Treatment Complete (Regulation 4) | [ ]  Legal Custody Returned - Other |
|  | [ ]  Other | Detail:       | [ ]  Legal Custody Returned - Parent |
| Please explain the reason for the Compact closure/placement ending. If the placement ending is the result of a placement breakdown or a requested return of the child, please describe the plans for the child and how the child will return to WI:      |
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|  |  |  |  |  |
|  | **SIGNATURE** – Wisconsin ICPC Specialist |  | Date Signed |  |