**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**CHILD RECORD CHECKLIST – SHELTER CARE FACILITIES**

**Use of form:** Use of this form is voluntary. However, use as a review document by shelter care facilities will help ensure compliance with DCF 59. 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. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** A check mark indicates the required information is in the child’s file. Date of placement and birthdate must be entered. If additional space is needed, attach a separate sheet. Signatures should be obtained following the exit interview if applicable.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name – Shelter Care Facility | Address (Street, City, Zip Code) | | | Telephone Number | | Facility ID Number | |
| of       Records Reviewed  (Total Number of Records Reviewed / Total Number of Records) | | **Child** | **Child** | | **Child** | | **Child** |
| Name (Include any alias) | Name (Include any alias) | | Name (Include any alias) | | Name (Include any alias) |
| Birthdate | Birthdate | | Birthdate | | Birthdate |
| Date of Placement | Date of Placement | | Date of Placement | | Date of Placement |
| DCF-F-CFS2389 Child Record – Shelter Care Facilities 59.07(1) | |  |  | |  | |  |
| Documentation of eligibility for placement 59.05(1m) | |  |  | |  | |  |
| Temporary Physical Custody Request 59.05(1m) | |  |  | |  | |  |
| **Placement extension if applicable 59.05(3)(b)** | |  |  | |  | |  |
| Documentation that house rules have been explained at admission 59.05(5)(d) | |  |  | |  | |  |
| Visitation Plan 59.05(12) | |  |  | |  | |  |
| **Reasonable and prudent parenting decisions on form DCF-F-5124-E 59.07(1)(a)2.b.** | |  |  | |  | |  |
| Information for Out-of-Home Care Provider – Part A  • Provider must document efforts to obtain Part A from the placing agency.  • Provider must notify the Out of Home Care Specialist at 608-422-6937 if placing agency refuses to provide the form. | |  |  | |  | |  |
| Information for Out-of-Home Care Provider- Part B  • Provider must document efforts to obtain Part B from the placing agency.  • Provider must notify the Out of Home Care Specialist at 608-422-6937 if placing agency refuses to provide the form. | |  |  | |  | |  |
| **SIGNATURE** – Licensing Specialist | | Date Signed | **SIGNATURE** – Facility Representative | | | | Date Signed |