**Adoption Case Closure Checklist**

**Use of form:** Use of this form is required upon adoption finalization. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1) (m), Wisconsin Statutes]*.*

**Instructions:** Public Adoption Supervisors will ensure that all documents listed in Section 2: Central Birth Registry are emailed or mailed to DCF. Public Adoption Supervisors will ensure that all documents listed in Section 3: Closed Adoption Files are uploaded into eWiSACWIS and attached to the child’s pre-adoptive case. If a document cannot be uploaded into eWiSACWIS it should be marked as N/A and an explanation should be provided at the bottom of each section including the corresponding document number.

**Note:** Documents that cannot be uploaded into eWiSACWIS due to volume or type of document (e.g., medical records or x-rays) should be sent to the Adoption Records Search Program at DCF using the address in Section 2.

Do not upload duplicate forms or documents that are were uploaded to eWiSACWIS previously in the pre-adoptive case unless it an updated form with new information.

**Completed Form:** Email to [**DCFAdoptionClosure@wisconsin.gov**](mailto:DCFAdoptionClosure@wisconsin.gov).

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| **SECTION 1: ADOPTION FINALIZATION INFORMATION** | | | | | | | |
|  | The adoption was finalized while the child was under the guardianship of DCF through the Public Adoptions program. | | | | | | |
|  | ICPC was involved in the placement of the child with their adoptive home. | | | | | | |
|  | An adoption was not finalized because the child reached the age of majority. | | | | | | |
| **Case Information** | | | | | | | |
| Pre-TPR Case Name | | | | | | | Pre-TPR Case Number |
| Pre-Adoptive Case Name | | | | | | | Pre-Adoptive Case Number |
| Adoptive Case Name | | | | | | | Adoptive Case Number |
| **Child’s Information** | | | | | | | |
| Child Full Birth Name | | | | | | | |
| Child Birthdate (mm/dd/yyyy) | | | | Pre-Adoptive Person ID | | | |
| Child Full Adoptive Name | | | | | | | |
| Adoption Finalization Date (mm/dd/yyyy) | | | | Adoptive Person ID | | | |
| **Birth Parent’s Information** | | | | | | | |
| Birth Mother Full Name | | | | | | Birth Mother eWiSACWIS Person ID | |
| Birth Mother TPR Date (mm/dd/yyyy) | | Birth Mother TPR County (County Name, State) | | | | | |
| Birth Father Full Name | | | | | | Birth Father eWiSACWIS Person ID | |
| Birth Father TPR Date (mm/dd/yyyy) | | Birth Father TPR County (County Name, State) | | | | | |
| **Adoptive Parent’s Information** | | | | | | | |
| Adoptive Parent 1 Full Name | | | | | Adoptive Parent 1 eWiSACWIS Person ID | | |
| Adoptive Parent 2 Full Name | | | | | Adoptive Parent 2 eWiSACWIS Person ID | | |
| Adoptive Parents eWiSACWIS Provider Number | | | Adoption County (County Name, State) | | | | |

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| **Previous Adoption Information** | | | | | | | | | | |
| If yes, list all of the child’s previous legal full names | | | | | | | | | | |
| If yes, list all of the child’s previous adoptive parents’ full name(s) | | | | | | | | | | |
| **Adoption Agency’s Information** | | | | | | | | | | |
| Agency Name | | | | | | | | | | |
| Public Adoption Professional Name | | | | Public Adoption Supervisor Name | | | | | | |
| **SECTION 2: CENTRAL BIRTH REGISTRY DOCUMENTS** | | | | | | | | | | |
| The following documents are sent to DCF Central Birth Registry by either email or mail at the time of TPR; they should **not** be uploaded into eWiSACWIS. | | | | | | | | | | |
|  | Family History Questionnaire – Medical/Genetic Information (DCF-F-CFS0149-E) | | | | | | | | | |
|  | Family History Questionnaire – Pregnancy and Delivery Information (DCF-F-CFS0149A-E) | | | | | | | | | |
|  | Affidavit of Consent | | | | | | | | | |
| **Email:** | | [DCFAdoptionClosure@wisconsin.gov](mailto:DCFAdoptionClosure@wisconsin.gov) | **Mail:** | | Adoption and Post-Permanency Support Section  Attn: Central Birth Registry  201 W. Washington Ave  P.O. Box 8916  Madison, WI 53708-8916 | | | | | |
|  | The agency has emailed or mailed the required documents checked above. | | | | | | | | | |
| **SECTION 3: CLOSED ADOPTION FILE DOCUMENTS** | | | | | | | | | | |
| The following documents are into eWiSACWIS using the “Imaging” options. Please utilize the outlined categories and types identified in each subsection. | | | | | | | | | | |
| **Child’s Medical Records & History** | | | | | | | | | | |
| The following documents should be uploaded into the pre-adoptive case:   * Category: Participant Document * Type: Other Participant Document | | | | | | | | | | |
| **#** | **Document(s) Title/Type** | | | | | | **Document(s) Uploaded to eWiSACWIS** | | | |
|  | Birth records and newborn hospital report | | | | | | Yes | | | N/A |
|  | Medical exams and hospital records, physician reports, physical therapy and occupational therapy notes and reports, and other related documents | | | | | | Yes | | | N/A |
|  | Psychological and psychiatric reports for the child (if applicable) | | | | | | Yes | | | N/A |
|  | Dental reports for the child (if applicable) | | | | | | Yes | | | N/A |
| N/A Explanation: | | | | | | | | | | |
| **Social History / Case Notes** | | | | | | | | | | |
| The following documents should be uploaded into the pre-adoptive case:   * Category: Participant Document * Type: Other Participant Document | | | | | | | | | | |
| **#** | **Document(s) Title/Type** | | | | | | **Document(s) Uploaded to eWiSACWIS** | | | |
|  | Summary on History of Child Provided for Foster Care or Adoptive Placement (If available and completed) e.g., narratives, summaries, social/medical history documentation, oral case presentations from permanency roundtables, child specific recruitment form, and information from out-of-home care providers – Parts A and B | | | | | | Yes | | | N/A |
|  | Information collected regarding biological family and/or alleged/adjudicated father that is not already uploaded into eWiSACWIS | | | | | | Yes | | N/A | |
|  | Letters and pictures from birth parents | | | | | | Yes | | N/A | |
|  | Birth certificate | | | | | | Yes | | N/A | |
|  | Adoption Portfolio Contents Acknowledgement (DCF-F-CFS2260) | | | | | | Yes | | N/A | |
| N/A Explanation: | | | | | | | | | | |
| **Legal Information** | | | | | | | | | | |
| The following documents should be uploaded into the pre-adoptive case:   * Category: Legal * Type is listed with each document | | | | | | | | | | |
| **#** | **Document(s) Title/Type** | | | | | | **Document(s) Uploaded to eWiSACWIS** | | | |
|  | Signed Original Dispositional Order – Protection or Services (JC-1611)   * Type: JIPS Dispositional Order | | | | | | Yes | | N/A | |
|  | Signed TPR Transcript   * Type: Transcript | | | | | | Yes | | N/A | |
|  | Signed Guardianship Order   * Type: Guardianship Order | | | | | | Yes | | N/A | |
|  | Signed Order on Petition for Adoption (JC-1647)   * Type: Adoption Order | | | | | | Yes | | N/A | |
|  | Signed Certified Copies of the Orders for TPR (Voluntary 1638 and Involuntary JC-1639)   * Type: Termination of Parental Rights   Any Amended TPR Orders   * Type: Termination of Parental Rights | | | | | | Yes | | N/A | |
|  | Paternity Notices and Summons   * Type: Other Legal Documents | | | | | | Yes | | N/A | |
|  | Statement Regarding the Likelihood of the Child’s Adoption (Acceptance / Guardianship Letter)   * Type: Correspondence | | | | | | Yes | | N/A | |
| N/A Explanation: | | | | | | | | | | |
| **Education Information** | | | | | | | | | | |
| The following documents should be uploaded into the pre-adoptive case:   * Category: Education * Type: Other Education | | | | | | | | | | |
| **#** | **Document(s) Title/Type** | | | | | | **Document(s) Uploaded to eWiSACWIS** | | | |
|  | School Reports (Child Specific Information) | | | | | | Yes | | N/A | |
|  | M-Team Evaluations, IEP, and 504 Plans (if applicable) | | | | | | Yes | | N/A | |
| N/A Explanation: | | | | | | | | | | |
| **Service Benefit Documentation** | | | | | | | | | | |
| The following documents should be uploaded into the pre-adoptive case:   * Category: Adoption * Type: Other Adoption | | | | | | | | | | |
| **#** | **Document(s) Title/Type** | | | | | | **Document(s) Uploaded to eWiSACWIS** | | | |
|  | Social Security, VA, SSI Documentation (such as correspondence, notifications, and denials) | | | | | | Yes | | N/A | |
| N/A Explanation: | | | | | | | | | | |
| **Additional Adoption Documentation** | | | | | | | | | | |
| The following documents should be uploaded into the pre-adoptive case:   * Category: Adoption * Type is listed with each document | | | | | | | | | | |
| **#** | **Document(s) Title/Type** | | | | | | **Document(s) Uploaded to eWiSACWIS** | | | |
|  | Signed Report of Adoption (DPH-F-05022)   * Type: Other Adoption | | | | | | Yes | | N/A | |
|  | Signed Record of Adoption (DCF-F-CFS0139-E)   * Type: Other Adoption | | | | | | Yes | | N/A | |
|  | Signed Adoption Placement Agreement   * Type: Other Adoption | | | | | | Yes | | N/A | |
|  | Signed Acknowledgement Receipt of Adoption Assistance Information (DCF-F-2672)   * Type: Other Adoption | | | | | | Yes | | N/A | |
| N/A Explanation: | | | | | | | | | | |
| **Verification of Adoption Documents** | | | | | | | | | | |
| The following documents should have been uploaded previously into the pre-adoptive case utilizing the type listed.   * If the document was previously uploaded, check “Yes”. * If the document was not uploaded, please upload the document and check “Yes”. * If the document was not uploaded and you are unable to upload the document, check “N/A” and provide an explanation. | | | | | | | | | | |
| **#** | **Document(s) Title/Type** | | | | | | **Document(s) Verified in eWiSACWIS** | | | |
|  | Court Report for TPR (DCF-F-CFS2117-E)   * Type: Other Legal Document | | | | | | Yes | | N/A | |
|  | Adoption Investigation Report (DCF-F-CFS0857-E)   * Type: Other Legal Document | | | | | | Yes | | N/A | |
|  | Recommendation of Guardian   * Location: Legal - Images | | | | | | Yes | | N/A | |
|  | Current Home Studies of Adoptive Parents   * Look up by Provider * Location: Licenses Tab | | | | | | Yes | | N/A | |
|  | Information for Physical Custodians, Part B   * Location: Planning Tab | | | | | | Yes | | N/A | |
|  | Religious Preference of Birth Parents   * Location: * Adoption Investigation Report to Circuit Court | | | | | | Yes | | N/A | |
|  | Verify Any Exceptions Requested and Approved   * Look up by Provider * Location: Licenses Tab | | | | | | Yes | | N/A | |
| N/A Explanation: | | | | | | | | | | |
| **SECTION 4: ACKNOWLEDGEMENT** | | | | | | | | | | |
| By adding my name, I am verifying the case closure summary sheet has been completed accurately and that the required checklist items have been uploaded into the Pre-Adoptive Case listed above. If an item is not completed, an explanation is provided below the individual section. | | | | | | | | | | |
|  | | | | | |  | |  | | |
| Public Adoption Supervisor Full Name        Region | | | | | |  | | Date (mm/dd/yyyy) | | |