

Child Placing Agency Foster Child Record Checklist

Use of form: This form is used by Licensing Specialists to review Foster Child Records to ensure compliance with DCF 54 Child Placing Agencies. This form may also be used as a self-study by Child Placing Agencies to review compliance with licensing requirements. Personally identifiable information will only be used to identify individual records. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: While at the Child Placing Agency, Licensing Specialists should review children's foster care records in accordance with Licensing Activity Standards and determine whether each file contains the required information. Address each item on the checklist. Enter **C** (or date) to indicate compliance; enter **NC** to indicate noncompliance; or enter **NA** if the item is not applicable. If additional space for comments is needed, attach a separate sheet.

Name – Child Placing Agency	Address (Street, City, Zip Code)	Telephone Number		
___ of ___ Records Reviewed (Total Number of Records Reviewed / Total Number of Records)	Name – Child	Name – Child	Name – Child	Name – Child
General Information				
Birthdate. 54.06(2)(a)2.a., 56.09(11)(a)2.				
Date of placement. 54.06(2)(a)2.a.				
Source of referral. 54.06(2)(a)2.a.				
Completed Information for Foster Parents Part A. 54.06(2)(a)2.a. (within 48 hours of placement) (Meets vital statistic requirement and original social study and investigation)				
Completed Information for Foster Parents Part B. 54.06(2)(a)2.a. (within 48 hours of placement) (Meets vital statistic requirement and original social study and investigation)				
Caseworker assigned. 56.15(1)(a)1., 54.01(3m)				
Notification to the clerk of the school district in which a foster home is located when a school-age child is placed. 56.15(1)(a)4. and 54.01(3m)				
<ul style="list-style-type: none"> • Name, address and telephone number of foster parent. 56.15(1)(a)4.a. • Name of foster child. 56.15(1)(a)4.b. • Information about the child required by school and applicable laws. 56.15(1)(a)4.c. 				
Aftercare Plan following discharge. 56.17(2)(q). and 54.01(3m)				
Legal documents (i.e., court order or voluntary placement agreement). 54.06(2)(a)2.c. and s. 48.63(1)				
School reports. 54.06(2)(a)2.e.				
Case notes and / or treatment plan showing progress of child and family. 54.06(2)(a)2.f.				

	Name – Child	Name – Child	Name – Child	Name – Child
General Information (continued)				
Contact Requirements				
<ul style="list-style-type: none"> Level 1 or 2 – one in-person contact with the child each calendar month. 56.19(1)(a)., 54.01(3m) 				
<ul style="list-style-type: none"> Level 3 or 4 – one in-person contact with the child at least every other week. 56.19(1)(b)1., 54.01(3m) 				
<ul style="list-style-type: none"> If a Level 1 or 2 child is placed in Level 3 to 5, one in-person contact with the child each calendar month. 56.19(1)(b)2., 54.01(3m) 				
<ul style="list-style-type: none"> Level 5 – program manager shall have at least one in-person contact with the child every other week in the foster home. 56.19(1)(c)2., 54.01(3m) 				
<ul style="list-style-type: none"> Level 5 – licensing agency, placing agency, supervisory agency, representative other than the program manager shall have one in-person contact with the child at least every week. 56.19(1)(c)1., 54.01(3m) 				
Medical Records				
Date – Medical exam. 56.09(4)(a), 54.04(2)(c)				
Date – Dental exam. 56.09(4)(a) and (e) and 54.04(2)(f)1. and 2.				
Record of immunizations. 54.04(2)(c)2.				
TB test. 54.04(2)(c)3.				
Medical tests, if applicable. 54.04(2)(i)				
Signed consent for emergency surgical care. 54.04(1)(b)4.				
Signed consent for immunizations. 54.04(1)(b)4.				
Signed consent for routine medical exams and treatment. 54.04(1)(b)4.				
Level 3 to 5 Only				
Treatment plan within 30 days of placement. 56.17(2)(b), 54.01(3m)				
Treatment plan goals include: 56.17(2)(b), 54.01(3m)				
<ul style="list-style-type: none"> Health, emotional and behavioral stability. 56.17(2)(b)3.b. 				
<ul style="list-style-type: none"> Daily living and community integration. 56.17(2)(b)3.c. 				
<ul style="list-style-type: none"> Education. 56.17(2)(b)3.d. 				
<ul style="list-style-type: none"> Supervision and safety. 56.17(2)(b)3.a. 				
<ul style="list-style-type: none"> Communication skills. 56.17(2)(b)3.e. 				
<ul style="list-style-type: none"> Legal status. 56.17(2)(b)3.f. 				
<ul style="list-style-type: none"> Permanency planning issues. 56.17(2)(b)3.f. 				
<ul style="list-style-type: none"> If child is 15 years of age or older, independent living transition. 56.17(2)(b)4. 				
Treatment team has reviewed the plan at least every 3 months. 56.17(2)(g), 54.01(3m)				

Treatment Plan Review documents the progress of child and / or plan revisions. 56.17(2)(k), 54.01(3m),56.17(2)(L)				
Child over 12 receives a copy of treatment plan. 56.17(2)(e), 54.01(3m)				

SIGNATURE – Licensing Specialist

 Date Signed