

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 – Child Care Center	Address (Street, City, Zip Code)	Telephone Number	Facility ID Number
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___ of ___ Records Reviewed (Total Number of Records Reviewed / Total Number of Records)

	Name – Child	59.07(1)2. Birthdate	59.07(1)4. Date – 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)	Visit Plan 59.05(12)	Additional Records for Children in Hold-Over Rooms	Information on weekend stay, if applicable 59.05(3)(a)	
1.												
2.												
3.												
4.												
5.												
6.												
SIGNATURE – Licensing Specialist		Date Signed	SIGNATURE – Facility Representative						Date Signed			