DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Children and Family Services
CFS-380 (Rev. 05/2004)

STATE OF WISCONSIN

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 HFS 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.

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

		General Information								Medical Records						
	Name - Child	Birthdate	Vital statistics on child and family. 54.06(2)(a)2.a.	Source of referral, date of placement, and terms. 54.06(2)(a)2.a.	Legal documents (i.e., birth records and court reports / orders). 54.06(2)(a)2.c. and s. 48.63(1)	Original social study and investigation. 54.06(2)(a)2.b.	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.	Permanency Plan (county or court plan may be accepted if it contains the Permanency Plan). ss. 48.38, 48.355(2e), 938.38(2) and 938.355(2e)	Date - medical exam. 56.09(4)(a) and (e)	Date - dental exam. 56.09(4)(a) and (e) and 54.04(2)(f)1. and 2.	Record of immunizations. 56.09(11)(a)7. and 54.04(2)(c)2.	TB test. 54.04(2)(c)3.	Prenatal and birth history. 54.04(2)(i)	Developmental history. 54.04(2)(i)	Previous illness, injuries, surgery. 54.04(2)(i)
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	Medical Records (continued)							HFS 38 Requirements																					
	Medical tests, if applicable. 54.04(2)(i)	Social, emotional and environmental history of the child. 54.04(2)(i)	Height and weight record. 54.04(2)(i)	Health history of the child's family including mental or emotional problems. 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.	Case manager has been assigned. 38.10(1)(a)	Biophychosocial or other assessment. 38.10(4)(b)1.	Treatment team consists of:	▪ Parents / legal guardians	▪ The child	▪ Treatment foster parents	▪ Person from providing agency	▪ Person from purchasing agency	▪ At least one person on the team has clinical training related to child's primary needs. 38.10(4)(a)	Treatment plan goals include:	▪ Health, emotional and behavioral stability.	▪ Daily living and community integration.	▪ Education.	▪ Supervision and safety.	▪ Communication skills.	▪ Legal status.	▪ Permanency planning issues. 38.12(3)(b)	Treatment team has reviewed the plan at least every 3 months. 38.12(3)(c)	Treatment Plan Review documents the progress of child and / or plan revisions. 38.12(3)(c)	Plan revisions are based on direct contact with the child and discussions with persons relevant to the child's situation. 38.12(3)(d)	Documentation that social worker is seeing child at least every other week in a variety of settings. 38.10(2)(k)1.
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SIGNATURE – Person Completing Form

Date Signed