



CHILD FILE CLOSURE CHECKLIST

Section 1: To be completed by the Unit Supervisor

Abuse Report Number: _____

Additional Information

Report Name: _____

No. of Volumes: _____

Closure Date: _____

CLASSIFICATION

To: Central Files Room: Please be advised that the following items have been completed, placed in the appropriate order and are enclosed in the attached file.

- | | |
|---|--|
| <input type="checkbox"/> Abuse Report | <input type="checkbox"/> Final report of the Investigation |
| <input type="checkbox"/> Subjects and, if appropriate, facility abuse histories | <input type="checkbox"/> Affidavit of Understanding (CF-FSP 4008) |
| <input type="checkbox"/> Preliminary Report of Investigation | <input type="checkbox"/> Interim Placement Report (CF-FSP 2029) |
| <input type="checkbox"/> Log of Contacts and Supplemental Information (CF 460) | <input type="checkbox"/> Service Planning Checklist (CF-FSP 5031) |
| <input type="checkbox"/> Assessment Form(s) | <input type="checkbox"/> Medical, Psychological and Psychiatric Reports |
| <input type="checkbox"/> Notification Letters (if available) | <input type="checkbox"/> Criminal Records (FDLE and local) |
| <input type="checkbox"/> Undeliverable Mail | <input type="checkbox"/> School Records |
| <input type="checkbox"/> Signed Green Card(s) | <input type="checkbox"/> Photographs and other hard evidence (No. of Photos: _____) |
| <input type="checkbox"/> Green Card(s), returned | <input type="checkbox"/> Interstate Compact Forms |
| <input type="checkbox"/> Address Information Request Form | <input type="checkbox"/> Consent to Predisposition Study |
| <input type="checkbox"/> Correspondence to/from referrals | <input type="checkbox"/> Predisposition Study |
| | <input type="checkbox"/> Payment Vouchers, as appropriate |
| | <input type="checkbox"/> Legal Documents, Orders |
| | <input type="checkbox"/> Exception to Court Order Form |

The attached folder is ready for central filing.

_____	_____	_____	_____
Unit/Network	Unit Supervisor's Name (please print)	Initials	Date

Section 2: To be completed by the Central Files Room

TO: Unit Supervisor

The above referenced File has been received and filed.

Date File Received

File Clerk's Initials