



Clear

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.

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