

Children, Youth, and Families				DATE
Archiv	ed Record	ds Me	mofor Adoption	
TO: Adoption Archives Adoption Program Manager		FROM: (	NAME, OFFICE, REGION)	
CHILD'S BIRTH NAME	DATE OF BI	RTH	CHILD'S ADOPTED NAME	
BIRTH PARENT NAME		BIRTH PARENT NAME		
ADOPTIVE PARENT NAME		ADOPTIVE PARENT NAME		
DATE OF ADOPTION DECREE SUPERIOR COURT WHERE ADOPTION WAS FINALIZED				
Number of Volumes:		Number of Boxes:		
Redacted disclosure (USB stick) password:				
HQ Office Use Only				
<ul> <li>All required documents in file or in file upload.</li> <li>The Child and Family Medical Background Report (DCYF 13-041),</li> <li>Pre Adoption Disclosure is in file upload </li> <li>The Post Placement Report (DCYF 27-107)</li> <li>The Adoption Decree</li> <li>The Dismissal of Dependency Order</li> </ul> This record was sent to Headquarters without being properly prepared for archiving. The following documents were not sent in the file or in file upload. The Child and Family Medical Background Report (DCYF 13-041) The Child and Family Medical Background Report (DCYF 13-041) The Child and Family Medical Background Report (DCYF 13-041) was unsigned Pre-Adoption Disclosure was not uploaded The Post Placement (DCYF 27-107) The Adoption Decree The Dismissal of Dependency Order				
Disposition:				
<ul> <li>File Archived</li> <li>E-mail or telephone call to social worker re</li> <li>File returned to case worker for proper arc</li> </ul>	• •	sing doc	uments	
Number of Volumes:		Number of Boxes:		