CFS 596-D
Rev 7/2010

State of Illinois
Department of Children and Family Services

LICENSING COMPLAINT INVESTIGATION CHECKLIST – LICENSED FACILITY

[Date]
[Licensee's Name]
[Facility Name]
[Facility Address - Street Address]
[Facility Address - City, State, Zip Code]
[Facility Type]
[Provider ID #]
[Complaint Investigation #]

Yes	N/A	A. Task Completed By Licensing Representative
		CFS 596, Licensing Complaint Record
		Placement Clearance Desk notified of receipt of complaint, if applicable
		Completed records check
		Immediate site visit required and conducted, if applicable
		Immediate site visit not required and initial site visit conducted within 2 days
		CFS 596-A, Licensing Complaint Investigation Summary
		CFS 596-B, Licensing Complaint Investigation Interview Notes
		30 day extension of time requested / approved, if applicable (provide approval dates: _____)
		CFS 596-C, Licensing Complaint Investigation Findings – Licensed Facility
		CANTS 21A (CA/N Investigation Report) received, if applicable
		CFS 596-G, Protective Plan, if applicable
		Uninvolved Owner/Licensee or Governing Body -- notification correspondence, if applicable • **CFS 596-02**, Notice to Owner/Licensee or Governing Body of Licensing Complaint Investigation • **CFS 596-01, 03** OR **04**
		Licensee -- notification correspondence, if applicable • **CFS 596-01, 03** OR **04**
		CFS 596-05, Notice to Complainant, if complaint known
		Contact caseworker for each child in a foster home for information regarding complaint
		Notify the caseworker for each child in a foster home when a protective and/or safety plan is implemented
		Notify the caseworker for each child in a foster home that the licensing investigation is completed and of the outcome of the investigation
		CFS 596-L, Notice to Guardian ad Litem of Foster Home Licensing Complaint Investigation (when appropriate)

B. Follow-Up Actions (Include any observations that should be discussed with the licensing supervisor or other DCFS/agency staff)

Certification:

I hereby certify that all activities identified in this report did occur. I further certify that my findings in this report are based on facts obtained during the investigation and my professional judgment about those facts.

Date: _____ _____
Licensing Representative

I have reviewed the Licensing Complaint Investigation: [ ] Approved [ ] Disapproved

Date: _____ _____
Licensing Supervisor

For an investigation conducted by a private agency licensing unit:

I have reviewed the Licensing Complaint Investigation: [ ] Approved [ ] Disapproved

Date: _____ _____
Agencies & Institutions Licensing Representative