

Department of Early Education and Care
RESIDENTIAL CARE CHILDREN'S RECORD CHECKLIST

Instructions: Place a check mark in the box to indicate that the required information is in the record. Use "NA" to indicate "not applicable". A blank section indicates non-compliance.

Licensee Name: _____

Program Name: _____

Date of Review: _____

Checklist completed by: _____

| | | | | | | |
|---|--|--|--|--|--|--|
| FACE SHEET 3.10(1)(a) | | | | | | |
| 1.Name (indicate by initials) | | | | | | |
| Date of Admission | | | | | | |
| Birth Date | | | | | | |
| Birth Place | | | | | | |
| Citizenship | | | | | | |
| Language | | | | | | |
| 2.Father's Name | | | | | | |
| Mother's Name | | | | | | |
| Marital Status | | | | | | |
| 3.Emergency contact | | | | | | |
| Name | | | | | | |
| Telephone Number | | | | | | |
| Address | | | | | | |
| Relationship | | | | | | |
| 4.Sex | | | | | | |
| Race | | | | | | |
| Height | | | | | | |
| Weight | | | | | | |
| Hair Color | | | | | | |
| Eye Color | | | | | | |
| I.D. Marks | | | | | | |
| Medical Conditions | | | | | | |
| Allergies | | | | | | |
| Medications | | | | | | |
| 5.Self-Preservation Ability | | | | | | |
| 6.Referring Agency | | | | | | |
| Social Worker's Name | | | | | | |
| Telephone Number | | | | | | |
| 7.Custody, Guardianship, Commitment Status | | | | | | |
| 8.Discharge Date | | | | | | |
| Location after Discharge | | | | | | |
| 9.Follow-up Responsibility | | | | | | |

EEC RESIDENTIAL CARE CHILDREN'S RECORD CHECKLIST

| | | | | | | |
|---|--|--|--|--|--|--|
| Indicate child's initials & admit date: | | | | | | |
| Referral Information 3.10(1(b)) | | | | | | |
| 3.05(1)(f) & (g) | | | | | | |
| Placement is appropriate | | | | | | |
| Preventive Services | | | | | | |
| Alternatives Explored | | | | | | |
| Evaluation of: | | | | | | |
| Physical Factors | | | | | | |
| Social Factors | | | | | | |
| Emotional Factors | | | | | | |
| Intellectual Factors | | | | | | |
| Service Plan 3.10(1)(c), 3.05(4) | | | | | | |
| For Group Care: | | | | | | |
| Developed and reviewed by: | | | | | | |
| Advanced Degree Person | | | | | | |
| Child Care Worker | | | | | | |
| Case Manager | | | | | | |
| Education Staff | | | | | | |
| Referral Source | | | | | | |
| Parents | | | | | | |
| Consult with Child | | | | | | |
| Within 6 weeks of admission | | | | | | |
| For shelter Care: | | | | | | |
| Within 7 days of admission | | | | | | |
| Review/Revise existing plan | | | | | | |
| Advanced Degree Review | | | | | | |
| Includes Discharge Plan & Review Date | | | | | | |
| Individual Plan Includes Documentation of: | | | | | | |
| Needs | | | | | | |
| Services | | | | | | |
| Person Responsible | | | | | | |
| In the following areas: | | | | | | |
| Educational | | | | | | |
| Vocational | | | | | | |
| Health | | | | | | |
| Medical | | | | | | |
| Dental | | | | | | |
| Ancillary Services | | | | | | |
| Behavior Management | | | | | | |
| Life Skills | | | | | | |
| Social Services | | | | | | |
| Family work | | | | | | |
| Psychological | | | | | | |
| Psychiatric | | | | | | |
| Counseling | | | | | | |

EEC RESIDENTIAL CARE CHILDREN'S RECORD CHECKLIST

| | | | | | | |
|--|--|--|--|--|--|--|
| Child's initials & admit date: | | | | | | |
| For Teen Parent Programs: Parenting Skills | | | | | | |
| Service Plan Reviews 3.10(1)(d), 3.05(5) Group Care: every 6 mo | | | | | | |
| Dates: | | | | | | |
| Review of legal status/ guardianship | | | | | | |
| Alternatives to Residential | | | | | | |
| Shelter: every 15 days | | | | | | |
| Includes Recommendations for Discharge: Date | | | | | | |
| Placement | | | | | | |
| Responsible Person | | | | | | |
| Discharge Plan 3.10(1)(e), 3.05(7) In care 45 days +: Date of plan | | | | | | |
| Anticipated Discharge date | | | | | | |
| Recommended Placement | | | | | | |
| Follow-up Services | | | | | | |
| Person(s) Responsible | | | | | | |
| In care less than 45 days: Services Provided | | | | | | |
| Location After Discharge | | | | | | |
| Person Responsible for care | | | | | | |
| For Emergency Discharges: Circumstances of Discharge | | | | | | |
| Follow-up Services provided: 3.10(1)(f), 3.06(12) | | | | | | |
| Health Services 3.10(1)(g), 3.06(4) Emergency Medical, Dental, and Mental Health Services Documented | | | | | | |
| Non-emergency admit: Medical Exam 30 days prior or 2 weeks after admit, or documentation of recent exam | | | | | | |
| Emergency admit + 14 days: Medical Exam | | | | | | |
| Dental Exam | | | | | | |
| Scheduled w/in 7 Days if no documentation of recent exam | | | | | | |
| Lead Poison Screening for Children 2-6 Years of Age | | | | | | |
| Immunizations & TB test | | | | | | |
| Record of Medications | | | | | | |

EEC RESIDENTIAL CARE CHILDREN'S RECORD CHECKLIST

| | | | | | | |
|--|--|--|--|--|--|--|
| Child's Initials & admit date: | | | | | | |
| Authorizations & Consents | | | | | | |
| 3.10(1)(h) | | | | | | |
| Placement Agreement 3.05(2)(d) | | | | | | |
| Terms/Methods for Payment | | | | | | |
| Provision of Direct Services | | | | | | |
| Training/Education | | | | | | |
| Contacts between facility/ child and others* | | | | | | |
| Family visits - restrictions* | | | | | | |
| Other contacts - restrictions* | | | | | | |
| Judicial approval for anti- psychotic medications* | | | | | | |
| Responsibility for Counseling family | | | | | | |
| Responsibility for transport | | | | | | |
| Responsibility for After Care | | | | | | |
| Discharge Criteria | | | | | | |
| For shelter care: dates of service/discharge plan meetings | | | | | | |
| Medical consents: | | | | | | |
| Interstate compact (if applic) | | | | | | |
| Correspondence 3.10(1)(i) | | | | | | |
| Incident Reports 3.10(1)(j), 3.04(3)(h) | | | | | | |
| Records are Dated, Signed, and Legible 3.10(3) | | | | | | |

*Note: The individual placement agreement must be child specific. A general format may be adapted for individual use.