

EEC 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						

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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						

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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						

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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.