

Child Caring Survey Form

Yes	No	Regulatory Requirement	Tag #
ADMINISTRATION			
		<p>Board of directors:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Seven (7) members <input type="checkbox"/> Meet quarterly <input type="checkbox"/> Written meeting minutes <input type="checkbox"/> Ensure continuing compliance with the regulations <input type="checkbox"/> Ensure staff receives ongoing training <input type="checkbox"/> Obtain CRC of the executive director prior to employment <input type="checkbox"/> Approve a mission statement to include: <input type="checkbox"/> Purpose, objective, scope of services to be provided 	0031
		<p>Executive director:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duties of the ED shall be determined by the board of directors <input type="checkbox"/> Be responsible for the facility/affiliates/written policies <input type="checkbox"/> Designated staff person shall be responsible for day to day operation of the program if the executive director is not available <input type="checkbox"/> Oversee and report to the board quarterly <input type="checkbox"/> Report to the board quarterly: <ul style="list-style-type: none"> <input type="checkbox"/> Provide evaluation of program services <input type="checkbox"/> Address measureable goals <input type="checkbox"/> Staff training <input type="checkbox"/> Incident reports <input type="checkbox"/> Process to evaluate program services/approved by board 	0041
		<p>Executive director (ED) shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Master's degree and 2 years experience/management in human services; or <input type="checkbox"/> Bachelor's degree and 4 years exp/management in human services program <p>Social Work; Sociology; Psychology; Guidance and counseling; Education; Religious education; Business administration; Criminal Justice; Public administration; Child-care administration; Nursing; Family Studies; or another human service field related to working with families and children</p>	0051
		<p>Treatment Director (TD) or person employed by the facility as responsible for supervising, evaluating or monitoring social work and related activities shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Master's degree and five (5) years in mental health treatment of children with emotional or behavioral disabilities and their families <input type="checkbox"/> Responsible for: <ul style="list-style-type: none"> <input type="checkbox"/> Supervision <input type="checkbox"/> Evaluation <input type="checkbox"/> Monitoring of the: <ul style="list-style-type: none"> <input type="checkbox"/> Treatment program <input type="checkbox"/> Social work <input type="checkbox"/> Other treatment staff 	0053
		<ul style="list-style-type: none"> <input type="checkbox"/> A facility providing treatment service for more than 30 children shall employ a separate TD other than the ED <input type="checkbox"/> A facility providing treatment service for 30 or fewer children may utilize the ED in a dual role as TD. Must use 50% of his duties supervising the treatment program. ED must then meet the qualifications of TD 	0055
		<p>Employee responsible for social work, counseling, or planning and coordinating these services for a child shall have at least a bachelor's degree in a human services</p>	0071
		<p>Employee responsible for supervising, evaluating or monitoring the daily work of direct child care staff shall possess at least:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 years of education from a college/university and 2 years of work experience in a child-caring facility or <input type="checkbox"/> High school diploma (or GED) and at least 5 years of work experience in a child-caring facility 	0081

	Direct care staff/supervision of a child shall possess at least a high school diploma/GED	0091
	Employee responsible for varied job responsibilities and falls within more than 1 of the categories specified, they shall meet the more rigorous qualifications	0101
	Facility contracting a SW or TD not on the staff shall document that the SW or TD meets the qualifications. Contract for provision of service shall be on file at the facility, and shall specify the qualifications of the SW or social services professional	0111
	Written work schedule/policy for utilization of relief staff	0161
	Must have a staff responsible for planning/coordinating of social services for child/family	0171
	Social services staff carry no more than 15 child/family	0181
	Personnel policies/procedures	0191
	<input type="checkbox"/> Facility shall retain all records, books, and reports related to financial conditions and status for auditing purposes for a minimum of 5 years <input type="checkbox"/> Make available all records, books, and financial information for review, inspection, auditing and photocopying by the cabinet or designee, authorized federal/state agency reviewers and auditors	0323
	National accreditation within 2 years of initial licensure	0325
	Facility shall comply with applicable state and local law relating to: <ul style="list-style-type: none"> <input type="checkbox"/> Construction <input type="checkbox"/> Sanitation <input type="checkbox"/> Building maintenance 	0331
	All fire suppression and fire protection equipment, systems, devices, and safeguards shall be maintained in good working order and tested for proper operation annually	0341
	Emergency drills quarterly and documented for each of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Fire <input type="checkbox"/> Tornado or severe thunderstorm warning <input type="checkbox"/> Flash flood, if applicable 	0801
	Emergency plan shall designate a suitable shelter for event of an emergency	0811
	A climate control system shall be provided as follows: <ul style="list-style-type: none"> <input type="checkbox"/> A minimum temperature of 65 degrees F maintained in cold weather conditions <input type="checkbox"/> In warm weather conditions and period of extreme heat, an occupied space shall be properly ventilated <input type="checkbox"/> If not air-conditioned and the temperature in an occupied space exceeds 85 degrees F, the facility shall: <ul style="list-style-type: none"> <input type="checkbox"/> Use a fan to circulate air <input type="checkbox"/> Ventilated to outside air <input type="checkbox"/> Ice water is readily available and served to residents <input type="checkbox"/> Staff frequently monitor residents for signs of heat-related illness 	0351
	Health/medical care policy which includes provisions for the care & disposition of an ill child/emergency care	0581
	Develop procedure for a child requiring a specific provision for an infectious medical condition	0641
	If child dies while in the care of facility (operated/supervised) facility shall immediately notify: <ul style="list-style-type: none"> <input type="checkbox"/> County coroner <input type="checkbox"/> Child's parent <input type="checkbox"/> Guardian/custodian; and <input type="checkbox"/> Cabinet staff 	0691
	Verbal report of the death shall be made immediately to the Commissioner of DCBS	0701
	Written comprehensive report from the ED outlining the incident shall be forwarded to the Commissioner's Office, DCBS, on the next working day following the verbal report	0711
	If death occurred as a result of alleged abuse or neglect, the ED of the facility shall make verbal and written reports as required by KRS 620.030(1) and (2)	0721
	Transportation: <ul style="list-style-type: none"> <input type="checkbox"/> Vehicle insurance and registration <input type="checkbox"/> Seat for each child, child must remain seated while the vehicle in motion <input type="checkbox"/> Seat belt be used to secure the child <input type="checkbox"/> Child never left unattended in a vehicle <input type="checkbox"/> Complaint with court-ordered transportation 	0841

	Driver may transport/supervise alone a maximum of 4 children	0851
	Children under 40 inches tall or 40 lbs must have an approved safety/car seat	0861
	May not pick up or deliver a child under 6 to a location that requires crossing a street, unless the child is accompanied by an adult	0871
	<input type="checkbox"/> Vehicles must be maintained in safe mechanical and operable condition <input type="checkbox"/> Annual inspection by a qualified mechanic <input type="checkbox"/> If driver is not in his seat, the motor shall be turned off, keys removed, and brake set	0881
	Off-campus activities, the facility shall: <input type="checkbox"/> Safeguard the health and safety of the children during the activity <input type="checkbox"/> Written policy/procedure governing the activity <input type="checkbox"/> Maintain staff to child ratios Provide Transportation within compliance of regulation	1083
	<input type="checkbox"/> Serve meals that include foods from the 5 basic food groups/USDA <input type="checkbox"/> Meet needs of each child as to age/activity/prescribed diet/ITP	0891
	Menu planned at least 1 week in advance/dated/posted/and kept on file 1 year	0921
	<input type="checkbox"/> 3 meals a day shall be provided at regular intervals (except school meals) no longer than 14 hours lapse between dinner and breakfast/except weekends and holidays <input type="checkbox"/> Nourishing snack to be provided <input type="checkbox"/> May be part of daily food needs <input type="checkbox"/> Shall not replace a regular meal <input type="checkbox"/> Recorded on the menu <input type="checkbox"/> At least 1 hot meal a day is not hurried, allowing time for conversation <input type="checkbox"/> Food or withholding food shall not be used as punishment	0931
		0941
		0951
		0961
	Donated home processed foods shall be prohibited	0831
	Only pasteurized milk/USDA meat used	0971
	Food prepared to preserve nutritive value and heighten flavor/appearance	0981
	Same food shall be served to children/staff unless a food is not suitable due to: <input type="checkbox"/> Person's age <input type="checkbox"/> Dietary restriction <input type="checkbox"/> Religious preference	0991
	Encourage to eat the food served, but not subjected to coercion	0901
	<input type="checkbox"/> Table service to be provided to a child capable of eating at a table <input type="checkbox"/> Tables/chairs for meals: <input type="checkbox"/> Appropriately sized <input type="checkbox"/> Constructed of material that can be easily sanitized <input type="checkbox"/> Teach table service without subjecting child to embarrassment or ridicule	1001
		1011
		1021
	<input type="checkbox"/> Food inspection/kept on file/ meets local, state, federal regulations <input type="checkbox"/> If food service is contracted/applicable regulations shall apply	1031
		1041
	<input type="checkbox"/> Written policy/procedure relating to money belonging to child <input type="checkbox"/> Child have access to info regarding the balance of money	1131
		1141
	Written policy on visitation and communication	1161
	Religion/Culture/Ethnic origin: <input type="checkbox"/> Policy/demonstrate consideration for and sensitivity to: <input type="checkbox"/> Racial/cultural/ethnic/religious background of a child in care <input type="checkbox"/> Availability of activities appropriate to child's cultural/ethnic origin Except a religious practice that is destructive/physically dangerous, an opportunity shall be provided: <input type="checkbox"/> Practice the religious belief and faith of child's individual/family preference <input type="checkbox"/> Participate in a religious activity without coercion	1201
		1211
	If picture/slide/recording/other private personal effect of a child is used in fund-raising/promotional effort of the facility. Written permission from: <input type="checkbox"/> A parent or guardian, or <input type="checkbox"/> An authorized: <input type="checkbox"/> Representative of the Cabinet <input type="checkbox"/> Representative of Department of Juvenile Justice <input type="checkbox"/> Legal representative	1081

	<input type="checkbox"/> Child not be exploited for promotional purposes/manner that cause discomfort/embarrassment	1061
	<input type="checkbox"/> Child not to be used personally for a fund-raising purpose	1071
	If facility operates own school program, must have written policy/procedure: <input type="checkbox"/> School attendance <input type="checkbox"/> Teaching staff <input type="checkbox"/> School records <input type="checkbox"/> Educational supplies and equipment <input type="checkbox"/> Individual educational plans <input type="checkbox"/> Use of community school	1221
	Quiet area for designated study time	1271
	Chore/work assignment must not place child in physical danger	1281
	Chore/work assignment posted within the living unit	1291
	Child shall not directly discipline another child (except parent/child)	1381
	No handcuffs, weapons, mechanical or chemical restraints or other devices	1391
	Time out area is: <input type="checkbox"/> In sight/hearing of staff <input type="checkbox"/> Checked by staff at least every 5 mins until child is ready to rejoin activity	1401
	Clearly defined written policy/procedure for admission that defines age, sex and detailed description of the type of child served.	1451
	Written policy/procedure for the ITP process to include: <input type="checkbox"/> Assessment <input type="checkbox"/> Assignment <input type="checkbox"/> Designation of case coordinator <input type="checkbox"/> Development, implementation and evaluation of the ITP and family involvement	1551
	Written policy/procedure describing daily routine, rules, activities, & staff/child interaction that is conducive to treatment	1701
	<input type="checkbox"/> Planned program to provide a framework for daily living <input type="checkbox"/> Reviewed and revised as the needs of the individual child/group change <input type="checkbox"/> Routine to be written and available to each child <input type="checkbox"/> Rules to be clearly stated in a language a child can understand	1711 1721 1731
	Counseling/interviewing a child/family conducted in a private area	1751
	Substance abuse prevention and treatment available	1781
	Written policy/procedure for unplanned/emergency/inconstant discharges	1791
	Program Director approval for unplanned/emergency discharge	1801
	Written policy/procedure for maintenance/security/disposal of records	1891
	Record review requests should be forwarded within 24 hrs to: <input type="checkbox"/> Commissioner, DCBS if the child is committed to the Cabinet <input type="checkbox"/> Other legal custodian if the child is not committed to the Cabinet	1911
	After 3 years facility may archive records at Cabinet's designated centers or maintain records permanently at the facility	1941
	Cabinet archived records shall include child's name, case number, DOB and date the record was sent to the Cabinet	1943
	All records maintained by the facility shall be made available to the Cabinet or designee upon request	1945
	Children provided with clothing/footwear that is: <input type="checkbox"/> Clean <input type="checkbox"/> Well-fitting <input type="checkbox"/> Seasonal	1091
	Maintain a continuous program of personal hygiene	0771

	Children provided with individual personal hygiene articles	1111
	Children allowed to have personal belongings/property	1121
	Suspected incident of child abuse or neglect reported immediately	1051
	Suspected child abuse or neglect by an employee: <ul style="list-style-type: none"> <input type="checkbox"/> Document each incident <input type="checkbox"/> Keep each incident document on file <input type="checkbox"/> Make files accessible to the Cabinet 	1053
	Discipline: <ul style="list-style-type: none"> <input type="checkbox"/> Written policy/procedure governing disciplinary action <input type="checkbox"/> Utilized as an educational tool/related to child's initiating actions <input type="checkbox"/> Consistent with the child's ITP and in response to the child's misbehavior <input type="checkbox"/> Group of children not punished for the action of 1 or more individuals 	1341
	Discipline: the following shall not be allowed: <ul style="list-style-type: none"> <input type="checkbox"/> Cursing, Screaming, Name calling, Threatening of physical harm <input type="checkbox"/> Intimidation, Humiliation, Denial of food or sleep, Hitting <input type="checkbox"/> Corporal physical discipline, Unnecessarily rough handling <input type="checkbox"/> Other physical punishment, Denial of visitation w/ family or custody holder 	1351
	Discipline: the following shall not be allowed: <ul style="list-style-type: none"> <input type="checkbox"/> Cursing, Screaming, Name calling, Threatening of physical harm <input type="checkbox"/> Intimidation, Humiliation, Denial of food or sleep, Hitting <input type="checkbox"/> Corporal physical discipline, Unnecessarily rough handling <input type="checkbox"/> Other physical punishment, Denial of visitation w/ family or custody holder 	1361
	Discipline: the following shall not be allowed: <ul style="list-style-type: none"> <input type="checkbox"/> Cursing, Screaming, Name calling, Threatening of physical harm <input type="checkbox"/> Intimidation, Humiliation, Denial of food or sleep, Hitting <input type="checkbox"/> Corporal physical discipline, Unnecessarily rough handling <input type="checkbox"/> Other physical punishment, Denial of visitation w/ family or custody holder 	1371
	Physical management shall be used in an emergency or crisis situation only: <ul style="list-style-type: none"> <input type="checkbox"/> After attempts to de-escalate the situation by trained staff <input type="checkbox"/> To prevent a child causing injury to self/others or serious property damage or disruption of the program 	0885
	Physical management shall not be used as: <ul style="list-style-type: none"> <input type="checkbox"/> Punishment <input type="checkbox"/> Discipline <input type="checkbox"/> Convenience of staff 	0887
	Physical management shall be discontinued if a child displays: <ul style="list-style-type: none"> <input type="checkbox"/> Illness <input type="checkbox"/> Severe emotional or physical stress <input type="checkbox"/> Physical damage 	0889

NOTES:

Yes	No	Regulatory Requirement	Tag #
RESIDENTIAL PHYSICAL PLANT			
		Water supply shall be from an approved source and easily available: <input type="checkbox"/> Drinking fountain <input type="checkbox"/> Refrigerator <input type="checkbox"/> Cold water tap	0361 0361
		Plumbing, waste disposal systems and on-site sewage shall comply with applicable state laws	0371
		Building/contents: <input type="checkbox"/> Clean <input type="checkbox"/> Safe <input type="checkbox"/> In good repair	0381
		Maintenance plan shall be implemented	0391
		<input type="checkbox"/> Grounds/outdoor equipment - well kept <input type="checkbox"/> Exterior of building - in good repair	0401
		Interior of building and contents shall be in good repair	0411
		Garbage & trash: <input type="checkbox"/> Stored in separate area from the preparation & storage of food <input type="checkbox"/> Removed from premises regularly <input type="checkbox"/> Placed in a container that is cleaned regularly	0421
		Insecticides/pesticides/chemical poisons: <input type="checkbox"/> Plainly labeled <input type="checkbox"/> Stored in a secure, locked area	0431
		Bedroom - 3 linear ft between beds or set of bunk beds	0441
		Bedroom - No more than 4 residents	0451
		Bedroom - Individual bed for children over the age of 3: <input type="checkbox"/> Long & wide enough to accommodate child's size <input type="checkbox"/> Developmentally appropriate for child <input type="checkbox"/> Equipped with a support mechanism & clean mattress	0461
		A bed is not in the proximity of a radiator or heat outlet/exposed to drafts	0471
		Separate sleeping quarters for boys/girls over the age 5, except for a sibling as indicated in ITP	0481
		Storage space for personal belongings: <input type="checkbox"/> Closet and drawers; or <input type="checkbox"/> Closet for child's exclusive use and shelves within the closet	0491
		Child shall not be housed in a room, detached building or enclosure that has not been previously inspected and approved for resident use	0501
		<input type="checkbox"/> Clean bed linens that are laundered at least once a week <input type="checkbox"/> Waterproof mattress covering	0511
		Indoor living area - At least 35 sq. ft. per child	0521
		Indoor living area - Comfortable furnishings adequate for # of children served	0531
		Bathroom : for each 6 children residing in the living unit, the unit shall have: <input type="checkbox"/> 1 sink with hot & cold water <input type="checkbox"/> 1 toilet <input type="checkbox"/> 1 bathtub or shower with hot & cold water	0541
		Bathroom: child shall be provided with access to: <input type="checkbox"/> Toilet paper <input type="checkbox"/> Towels <input type="checkbox"/> Soap <input type="checkbox"/> Waste basket	0551
		Bathroom: <input type="checkbox"/> Each bathtub or shower has enclosure/screen for privacy <input type="checkbox"/> If there is more than 1 toilet located in the same bathroom, each toilet must be partitioned & include a door capable of remaining closed	0561
		Each bathroom has non-distorting mirror secured to a wall at convenient height	0571

		Fire evacuation written plan & diagram posted <input type="checkbox"/> Evacuation route and procedure <input type="checkbox"/> Location of fire extinguishers	0791
		Recreational equipment is maintained in usable/safe condition	1771
		<input type="checkbox"/> Swimming pool shall be staffed with a staff with current training as a lifesaver or water safety instructor by the American Red Cross, YMCA, or equivalent <input type="checkbox"/> The certificate of competency shall be prominently posted at pool <input type="checkbox"/> Lifeguards shall be dressed in swimming attire <input type="checkbox"/> Lifeguards assigned to the supervision of the pool shall not be subject to duties that would distract their attention from proper observation of persons in the pool area, or that would prevent immediate assistance to persons in distress in the water	0821

NOTES:

Yes	No	Regulatory Requirement	Tag #
PERSONNEL			
		Written ratio policy/ explanation of assignment to ensure health and safety of child/ implement the program	0121
		Ratios Institution with treatment: <input type="checkbox"/> 1:6 during waking hrs & 1:12 during sleeping hrs Group home: <input type="checkbox"/> 1:4 & 1 staff member must accompany a child who is away from the home	0131
		At least 1 staff member present in each building if a child is present	0141
		At least 1 staff member certified in first aid & CPR on premises if a child is present	0151
		Employee must be at least 18 years of age	0201
		Employment shall be governed by KRS 17.165, with regard to CRC	0211
		New CRC at least every 2 years on each employee or volunteer	0221
		An employee under indictment/legally charged with a violent or sex crime (KRS 17.165) shall be immediately removed from contact with a child within the facility until they are cleared of the charge	0231
		Staff/Volunteer shall submit to CA/N (922 KAR 1:470) Substantiated CA/N shall not be a volunteer or be employed by the facility	0233
		Each license shall report to the cabinet and each facility staff/volunteer shall report to the facility director, an incident that occurs subsequent to the most recent CA/N check if the staff: <input type="checkbox"/> Subject of a cabinet child abuse or neglect investigation <input type="checkbox"/> Found by the cabinet or court to have abused or neglected a child <input type="checkbox"/> Indicted for or charged with a violent or sex crime as defined in KRS 17.165	0235
		Individual shall not be left alone in the presence of a child if a CA/N check has not been completed	0237
		Determination by the cabinet of risk of potential harm by an employee to a child shall result in: <input type="checkbox"/> Investigation for evidence of child abuse or neglect, and <input type="checkbox"/> Removal of the employee from direct contact with a child <input type="checkbox"/> For the duration of the investigation; and <input type="checkbox"/> Pending completion of the appeal process (922 KAR 1:320)	0239
		Personnel record shall be maintained that includes: <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Social Security number <input type="checkbox"/> Employment date <input type="checkbox"/> Birth date <input type="checkbox"/> Evidence of current registration, certification, licensure, education credentials <input type="checkbox"/> Record of ongoing participation in staff development program <input type="checkbox"/> Record of performance evaluation <input type="checkbox"/> CRC check <input type="checkbox"/> CA/N check completed every 2 years <input type="checkbox"/> Personnel action <input type="checkbox"/> Application/resume/contract	0241
		Facility shall retain personnel record for at least 5 years after termination of employment	0243
		Document compliance w/ state/national professional standards/job description	0251
		Record of participation and successful completion of staff/volunteer development program	0261
		Staff development program shall be under the supervision of a designated staff	0271
		<input type="checkbox"/> Full time direct care staff shall have at least 40 hours of training <input type="checkbox"/> Part time direct care staff shall have at least 24 hours of training <input type="checkbox"/> Emergency and safety procedure <input type="checkbox"/> Principle/practice of child residential care <input type="checkbox"/> Behavior management, including de-escalation training <input type="checkbox"/> Physical management, using the technique <input type="checkbox"/> First Aid <input type="checkbox"/> Personnel orientation	0281

	Volunteer who functions as a professional or direct care staff w/out compensation shall meet the same requirements and qualifications	0291
	<p>Facility using physical management shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop and maintain clearly written policy/procedure governing the use of physical management of a child including a requirement for de-escalation plan, in accordance with 922 KAR 1:390, Section 4 <input type="checkbox"/> Staff who conduct physical management must complete at least 16 hours of annual training in approved methods of de-escalation and physical management from a nationally recognized accreditation organization approved by the cabinet, as part of the annual training to include: <ul style="list-style-type: none"> <input type="checkbox"/> Assessing physical and mental status, including signs of physical distress <input type="checkbox"/> Assessing nutritional and hydration needs <input type="checkbox"/> Assessing readiness to discontinue use of the intervention; and <input type="checkbox"/> Recognizing when medical or other emergency personnel are needed 	0293
	<p>Program director shall review and analyze instances of physical management in order to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assure compliance with tags 0884, 0885, 0887 and the facility policy <input type="checkbox"/> Provide documentation of a plan of action to prevent injury to a child/staff as a result of physical management; and <input type="checkbox"/> Review each incident no later than 1 working day after its use 	0295
	Develop/maintain clearly written policies/procedures governing professional boundaries for an employee/volunteer working with children	0297
	Develop/maintain clearly written policies/procedures governing smoking prohibitions 20 USC 7183 and 922 KAR 2:210, Section 3(10)	0299
	<p>Before accepting a child from another state or placing a child in another state, the facility shall be in compliance with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Interstate Compact on Placement of Children, KRS 615.030 and 615.040; and <input type="checkbox"/> Interstate Compact on Juveniles, KRS 615.010 	0301

NOTES:

Yes	No	Regulatory Requirement	Tag #
CHILD'S RECORD			
CHILD'S NAME: _____		DOB: _____	DOP: _____
		LOC: _____	
		Maintain in confidential/secure manner identifying info: <input type="checkbox"/> Name, ethnic origin, gender, DOB, SSN <input type="checkbox"/> Former residence <input type="checkbox"/> Name, address, & occupation of each parent, if available <input type="checkbox"/> Date of admission <input type="checkbox"/> Type of commitment <input type="checkbox"/> Commitment order/signed voluntary admission form <input type="checkbox"/> Birth certificate or record of birth <input type="checkbox"/> Current immunization certificate <input type="checkbox"/> Education records <input type="checkbox"/> Assessment data or social history <input type="checkbox"/> ITP and each review <input type="checkbox"/> Incident reports, copies in centralized location within the licensed facility <input type="checkbox"/> Chronological recording <input type="checkbox"/> Correspondence with court, family, custody holder <input type="checkbox"/> Discharge summary <input type="checkbox"/> Written consent	1861
		Obtained during intake, or documented it was requested and not available: Social history and needs assessment that includes: <input type="checkbox"/> medical <input type="checkbox"/> educational <input type="checkbox"/> developmental <input type="checkbox"/> family history	1501
		Referral acceptance based on assessment of child's needs, services the facility is designed to address and cannot be met in less restrictive setting	1461
		No acceptance if services are not available to meet the needs of the child	1471
		Written placement agreement with child's custodian	1481
		Preadmission interview with the child; or screening of child's available info if no preadmission interview due to emergency placement	1491
		Written consent from custodian: <input type="checkbox"/> Photograph/audio/video <input type="checkbox"/> Emergency/routine medical care <input type="checkbox"/> Release of case record information	1511
		Informed of child's rights/facility's responsibilities/facility's policy pertaining to services offered to the child	1521
		Child was informed of right to file a grievance	1531
		Child oriented to rules/consequences	1541
		Children shall be instructed in fire prevention/safety/fire emergency procedures	0781
		Arrangement for visitation that is not in conflict with ITP	1171
		Documentation of each visit in the case record of child	1181
		Access to phone to make/receive a phone call consistent with ITP/current court orders/and facility policy	1191
		Allow child to contact Cabinet staff by phone within 24 hours of the request made by the child	1193
		If a committed child makes a brief visit out of state, not accompanied by facility staff, the facility shall obtain prior consent from the cabinet staff member responsible for the case	0311
		If an emergency placement of a child into a licensed facility is made, the placement source shall be responsible for compliance with Interstate Compact	0321
		Service of a physician shall be made available to a child	0591
		Upon admission, facility shall consult with a physician if there is evidence that the child may require medical attention	0631

	Child's medical need shall be provided for as recommended by a licensed physician	0671
	Modified diet ordered from a licensed physician must be followed	0911
	Document the health information required and assure the confidentiality of the information	0761
	Staff shall follow licensed physician orders for: <input type="checkbox"/> Medicine <input type="checkbox"/> Prescription, and <input type="checkbox"/> Medical care	0601
	Initial health screen within 48 hrs by nurse/trained child care staff – DATE: _____ <input type="checkbox"/> Illnesses <input type="checkbox"/> Injury <input type="checkbox"/> Communicable disease <input type="checkbox"/> Immediate needs Physical exam within 2 weeks/unless last 12 mo/written report - DATE: _____ <input type="checkbox"/> Developmental history, if available - illnesses/operations/immunizations <input type="checkbox"/> Limitations that may prevent the child from participating in a scheduled activity <input type="checkbox"/> Visual exam DATE: _____ <input type="checkbox"/> Auditory exam DATE: _____ <input type="checkbox"/> Recommendations/orders for future care, treatment, exams <input type="checkbox"/> TB skin test, unless contraindicated <input type="checkbox"/> Other tests for communicable disease as indicated by medical/social history of child	0611
	Annual physical exam - DATE: _____ <input type="checkbox"/> Developmental history, if available - illnesses/operations/immunizations <input type="checkbox"/> Limitations that may prevent the child from participating in a scheduled activity <input type="checkbox"/> Visual exam DATE: _____ <input type="checkbox"/> Auditory exam DATE: _____ <input type="checkbox"/> Recommendations/orders for future care, treatment, exams <input type="checkbox"/> TB skin test, unless contraindicated <input type="checkbox"/> Other tests for communicable disease as indicated by medical/social history of child	0621
	Separate health record/maintained/kept on the premises and made available to: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse, or <input type="checkbox"/> Designated staff member <input type="checkbox"/> Each physical exam, including any recommendations for treatment <input type="checkbox"/> Previous & continuing health/medical history, if available <input type="checkbox"/> Record or report of each test, immunization, periodic reexamination, & physician order/instruction <input type="checkbox"/> Report & date of each dental exam/treatment <input type="checkbox"/> Authorization for regular and emergency medical, dental, and surgical care - signed at admission by legal guardian <input type="checkbox"/> Documentation of medication administered <input type="checkbox"/> Documentation of a special provision made for the child in accordance with a physician's order	0651 0661
	<input type="checkbox"/> Dental exam within last 6 months preceding admission or scheduled within 1 week of admission - DATE: _____ <input type="checkbox"/> Treatment of emergency dental needs by a licensed dentist is provided	0741
	Annual dental exam – DATE: _____	0751
	A child with a history or aggressive behavior or sexual acting out shall be assessed by the treatment team to ensure the safety of the child and other children in the facility including sleeping arrangements, with the appropriate measures included in the child's ITP	0883
	If a child caring facility accepts for placement a child who has been committed to DJJ for the commission of a sex crime, there shall be written policies and procedures for the segregation of that child from a child committed to the cabinet. Segregation shall include: Sight and sound separation for the following functions: <input type="checkbox"/> Sleeping <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Toiletry	0884

	During other functions at the facility not listed for segregation, it shall be prohibited for any physical and verbal contact between a child committed to DJJ for the commission of a sex crime and DCBS committed youth	0884
	Enrolled in an accredited school within 1 week	1241
	Ensure child attends an accredited school program the lawful number of days	1231
	If ineligible/unable to attend school, specific/individualized educational program	1251
	Education records maintained if facility is operating educational program	1261
	Receive payment for a job/within child labor laws/that is clearly differentiated from expected chore/work assignment in relation to the routine of daily living	1301
	<input type="checkbox"/> Work assignment/outside daily routine chore may not be used as punishment <input type="checkbox"/> An additional work assignment beyond daily routine chores may be: <ul style="list-style-type: none"> <input type="checkbox"/> Performed as restitution in intentional property damage <input type="checkbox"/> Given for violation of rules upon mutual agreement/no coercion between the child/supervisory staff 	1311
	Rest period of at least 10 minutes during each hour worked	1321
	Chore/work assignments not to negate facility's responsibility for maintenance or staff sufficient to maintain the facility	1331
	Staff shall interact with child in a warm/supportive/constructive/confidential manner and shall treat the child with respect	1741
	Recreational activity available to promote mastery of: <ul style="list-style-type: none"> <input type="checkbox"/> Developmental tasks <input type="checkbox"/> Development of relationships <input type="checkbox"/> Increase self-esteem in accordance to the child's ITP 	1761
	Independent living taught by facility to a child, 16 years old & older, who is in the custody of a state agency: <ul style="list-style-type: none"> <input type="checkbox"/> Money management and consumer awareness <input type="checkbox"/> Job search skills <input type="checkbox"/> Job retention skills <input type="checkbox"/> Educational planning <input type="checkbox"/> Community resources <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Emergency and safety skills <input type="checkbox"/> Legal skills <input type="checkbox"/> Interpersonal skills, including communication skills <input type="checkbox"/> Health care, including nutrition <input type="checkbox"/> Human development, including sexuality <input type="checkbox"/> Food management, including food preparation <input type="checkbox"/> Maintaining personal appearance <input type="checkbox"/> Housekeeping <input type="checkbox"/> Leisure activities <input type="checkbox"/> Voting rights and registration <input type="checkbox"/> Registration for selective service, if applicable <input type="checkbox"/> Self-esteem <input type="checkbox"/> Anger and stress management <input type="checkbox"/> Problem-solving skills; and <input type="checkbox"/> Decision-making and planning skills 	1949
	Independent living services are provided for child, 12-21 years old, who is in the custody of the Cabinet/as prescribed in ITP/in accordance with 42 U.S.C. 677(a)	1947
	Initial assessment within 24 hours - DATE: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Identifying information <input type="checkbox"/> Presenting problem <input type="checkbox"/> History (developmental, social, emotional health, & educational) <input type="checkbox"/> Current level of functioning, including strengths & weaknesses 	1561
	Initial ITP developed and implemented within 24 hours - DATE: _____	1571

	<p>Comprehensive Emotional and Behavioral Assessment: Completed by the Treatment Team within 21 days: DATE: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of emotional/behavioral/substance abuse problems & treatment <input type="checkbox"/> Current emotional/behavioral/developmental functioning, including strengths & weaknesses <input type="checkbox"/> Psychiatric/psychological evaluation - if recommended by treatment team <input type="checkbox"/> Functional evaluation of language, self-care, social effectiveness, & visual-motor – if recommended by treatment team <input type="checkbox"/> Social assessment - environment & home, religion, ethnic group, dev. history, family dynamics & composition, education <input type="checkbox"/> Recommendation for provision of treatment 	1581
	Coordinated treatment team approach in develop/implement/evaluate of ITP	1591
	<p>Comprehensive ITP:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Goals/objectives for permanence <input type="checkbox"/> Time frames for completion of each goal <input type="checkbox"/> Method for accomplishing each goal/objective <input type="checkbox"/> Person responsible for completion of each goal/objective <input type="checkbox"/> Projected discharge date/placement plan 	1601
	Comprehensive ITP developed within 21 days of admission: Date: _____	1611
	<p>Monthly treatment team review of child's and family's progress toward meeting each treatment goal:</p> <p>Jan____ Feb____ Mar____ Apr____ May____ June____ July____ Aug____ Sept____ Oct____ Nov____ Dec____</p>	1621
	Efforts to involve child/family in the monthly treatment team review	1631
	<p>Quarterly treatment team evaluation of ITP:</p> <p>Jan____ Feb____ Mar____ Apr____ May____ June____ July____ Aug____ Sept____ Oct____ Nov____ Dec____</p>	1641
	Additional assessment is completed upon recommendation of treatment team	1651
	Evaluation/assessment information is documented & maintained in record	1661
	Child is offered opportunity to sign ITP & ITP reviews	1671
	If child refuses to sign ITP or is developmentally unable to understand, this must be documented in record	1681
	Child and family/custodian shall receive a copy of the ITP	1691
	<p>____ Weekly individual counseling</p> <p>____ Weekly group counseling</p>	4771
	Weekly progress toward meeting the treatment goal is documented	1871
	Psychological, psychiatric, or other professional treatment services not provided by the facility are secured if child has an assessed need for such services	4751

NOTES:

Yes	No	Regulatory Requirement	Tag #
CHILD'S RECORD			
CHILD'S NAME: _____		DOB: _____	DOP: _____
		LOC: _____	
		Maintain in confidential/secure manner identifying info: <input type="checkbox"/> Name, ethnic origin, gender, DOB, SSN <input type="checkbox"/> Former residence <input type="checkbox"/> Name, address, & occupation of each parent, if available <input type="checkbox"/> Date of admission <input type="checkbox"/> Type of commitment <input type="checkbox"/> Commitment order/signed voluntary admission form <input type="checkbox"/> Birth certificate or record of birth <input type="checkbox"/> Current immunization certificate <input type="checkbox"/> Education records <input type="checkbox"/> Assessment data or social history <input type="checkbox"/> ITP and each review <input type="checkbox"/> Incident reports, copies in centralized location within the licensed facility <input type="checkbox"/> Chronological recording <input type="checkbox"/> Correspondence with court, family, custody holder <input type="checkbox"/> Discharge summary <input type="checkbox"/> Written consent	1861
		Obtained during intake, or documented it was requested and not available: Social history and needs assessment that includes: <input type="checkbox"/> medical <input type="checkbox"/> educational <input type="checkbox"/> developmental <input type="checkbox"/> family history	1501
		Referral acceptance based on assessment of child's needs, services the facility is designed to address and cannot be met in less restrictive setting	1461
		No acceptance if services are not available to meet the needs of the child	1471
		Written placement agreement with child's custodian	1481
		Preadmission interview with the child; or screening of child's available info if no preadmission interview due to emergency placement	1491
		Written consent from custodian: <input type="checkbox"/> Photograph/audio/video <input type="checkbox"/> Emergency/routine medical care <input type="checkbox"/> Release of case record information	1511
		Informed of child's rights/facility's responsibilities/facility's policy pertaining to services offered to the child	1521
		Child was informed of right to file a grievance	1531
		Child oriented to rules/consequences	1541
		Children shall be instructed in fire prevention/safety/fire emergency procedures	0781
		Arrangement for visitation that is not in conflict with ITP	1171
		Documentation of each visit in the case record of child	1181
		Access to phone to make/receive a phone call consistent with ITP/current court orders/and facility policy	1191
		Allow child to contact Cabinet staff by phone within 24 hours of the request made by the child	1193
		If a committed child makes a brief visit out of state, not accompanied by facility staff, the facility shall obtain prior consent from the cabinet staff member responsible for the case	0311
		If an emergency placement of a child into a licensed facility is made, the placement source shall be responsible for compliance with Interstate Compact	0321
		Service of a physician shall be made available to a child	0591
		Upon admission, facility shall consult with a physician if there is evidence that the child may require medical attention	0631
		Child's medical need shall be provided for as recommended by a licensed physician	0671

	Modified diet ordered from a licensed physician must be followed	0911
	Document the health information required and assure the confidentiality of the information	0761
	Staff shall follow licensed physician orders for: <input type="checkbox"/> Medicine <input type="checkbox"/> Prescription, and <input type="checkbox"/> Medical care	0601
	Initial health screen within 48 hrs by nurse/trained child care staff – DATE: _____ <input type="checkbox"/> Illnesses <input type="checkbox"/> Injury <input type="checkbox"/> Communicable disease <input type="checkbox"/> Immediate needs Physical exam within 2 weeks/unless last 12 mo/written report - DATE: _____ <input type="checkbox"/> Developmental history, if available - illnesses/operations/immunizations <input type="checkbox"/> Limitations that may prevent the child from participating in a scheduled activity <input type="checkbox"/> Visual exam DATE: _____ <input type="checkbox"/> Auditory exam DATE: _____ <input type="checkbox"/> Recommendations/orders for future care, treatment, exams <input type="checkbox"/> TB skin test, unless contraindicated <input type="checkbox"/> Other tests for communicable disease as indicated by medical/social history of child	0611
	Annual physical exam - DATE: _____ <input type="checkbox"/> Developmental history, if available - illnesses/operations/immunizations <input type="checkbox"/> Limitations that may prevent the child from participating in a scheduled activity <input type="checkbox"/> Visual exam DATE: _____ <input type="checkbox"/> Auditory exam DATE: _____ <input type="checkbox"/> Recommendations/orders for future care, treatment, exams <input type="checkbox"/> TB skin test, unless contraindicated <input type="checkbox"/> Other tests for communicable disease as indicated by medical/social history of child	0621
	Separate health record/maintained/kept on the premises and made available to: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse, or <input type="checkbox"/> Designated staff member <input type="checkbox"/> Each physical exam, including any recommendations for treatment <input type="checkbox"/> Previous & continuing health/medical history, if available <input type="checkbox"/> Record or report of each test, immunization, periodic reexamination, & physician order/instruction <input type="checkbox"/> Report & date of each dental exam/treatment <input type="checkbox"/> Authorization for regular and emergency medical, dental, and surgical care - signed at admission by legal guardian <input type="checkbox"/> Documentation of medication administered <input type="checkbox"/> Documentation of a special provision made for the child in accordance with a physician's order	0651 0661
	<input type="checkbox"/> Dental exam within last 6 months preceding admission or scheduled within 1 week of admission - DATE: _____ <input type="checkbox"/> Treatment of emergency dental needs by a licensed dentist is provided	0741
	Annual dental exam – DATE: _____	0751
	A child with a history or aggressive behavior or sexual acting out shall be assessed by the treatment team to ensure the safety of the child and other children in the facility including sleeping arrangements, with the appropriate measures included in the child's ITP	0883
	If a child caring facility accepts for placement a child who has been committed to DJJ for the commission of a sex crime, there shall be written policies and procedures for the segregation of that child from a child committed to the cabinet. Segregation shall include: Sight and sound separation for the following functions: <input type="checkbox"/> Sleeping <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Toiletry During other functions at the facility not listed for segregation, it shall be prohibited for any	0884

	physical and verbal contact between a child committed to DJJ for the commission of a sex crime and DCBS committed youth	
	Enrolled in an accredited school within 1 week	1241
	Ensure child attends an accredited school program the lawful number of days	1231
	If ineligible/unable to attend school, specific/individualized educational program	1251
	Education records maintained if facility is operating educational program	1261
	Receive payment for a job/within child labor laws/that is clearly differentiated from expected chore/work assignment in relation to the routine of daily living	1301
	<input type="checkbox"/> Work assignment/outside daily routine chore may not be used as punishment <input type="checkbox"/> An additional work assignment beyond daily routine chores may be: <ul style="list-style-type: none"> <input type="checkbox"/> Performed as restitution in intentional property damage <input type="checkbox"/> Given for violation of rules upon mutual agreement/no coercion between the child/supervisory staff 	1311
	Rest period of at least 10 minutes during each hour worked	1321
	Chore/work assignments not to negate facility's responsibility for maintenance or staff sufficient to maintain the facility	1331
	Staff shall interact with child in a warm/supportive/constructive/confidential manner and shall treat the child with respect	1741
	Recreational activity available to promote mastery of: <ul style="list-style-type: none"> <input type="checkbox"/> Developmental tasks <input type="checkbox"/> Development of relationships <input type="checkbox"/> Increase self-esteem in accordance to the child's ITP 	1761
	Independent living taught by facility to a child, 16 years old & older, who is in the custody of a state agency: <ul style="list-style-type: none"> <input type="checkbox"/> Money management and consumer awareness <input type="checkbox"/> Job search skills <input type="checkbox"/> Job retention skills <input type="checkbox"/> Educational planning <input type="checkbox"/> Community resources <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Emergency and safety skills <input type="checkbox"/> Legal skills <input type="checkbox"/> Interpersonal skills, including communication skills <input type="checkbox"/> Health care, including nutrition <input type="checkbox"/> Human development, including sexuality <input type="checkbox"/> Food management, including food preparation <input type="checkbox"/> Maintaining personal appearance <input type="checkbox"/> Housekeeping <input type="checkbox"/> Leisure activities <input type="checkbox"/> Voting rights and registration <input type="checkbox"/> Registration for selective service, if applicable <input type="checkbox"/> Self-esteem <input type="checkbox"/> Anger and stress management <input type="checkbox"/> Problem-solving skills; and <input type="checkbox"/> Decision-making and planning skills 	1949
	Independent living services are provided for child, 12-21 years old, who is in the custody of the Cabinet/as prescribed in ITP/in accordance with 42 U.S.C. 677(a)	1947
	Initial assessment within 24 hours - DATE: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Identifying information <input type="checkbox"/> Presenting problem <input type="checkbox"/> History (developmental, social, emotional health, & educational) <input type="checkbox"/> Current level of functioning, including strengths & weaknesses 	1561
	Initial ITP developed and implemented within 24 hours - DATE: _____	1571

	<p>Comprehensive Emotional and Behavioral Assessment: Completed by the Treatment Team within 21 days: DATE: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of emotional/behavioral/substance abuse problems & treatment <input type="checkbox"/> Current emotional/behavioral/developmental functioning, including strengths & weaknesses <input type="checkbox"/> Psychiatric/psychological evaluation - if recommended by treatment team <input type="checkbox"/> Functional evaluation of language, self-care, social effectiveness, & visual-motor – if recommended by treatment team <input type="checkbox"/> Social assessment - environment & home, religion, ethnic group, dev. history, family dynamics & composition, education <input type="checkbox"/> Recommendation for provision of treatment 	1581
	Coordinated treatment team approach in develop/implement/evaluate of ITP	1591
	<p>Comprehensive ITP:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Goals/objectives for permanence <input type="checkbox"/> Time frames for completion of each goal <input type="checkbox"/> Method for accomplishing each goal/objective <input type="checkbox"/> Person responsible for completion of each goal/objective <input type="checkbox"/> Projected discharge date/placement plan 	1601
	Comprehensive ITP developed within 21 days of admission: Date: _____	1611
	<p>Monthly treatment team review of child's and family's progress toward meeting each treatment goal:</p> <p>Jan____ Feb____ Mar____ Apr____ May____ June____ July____ Aug____ Sept____ Oct____ Nov____ Dec____</p>	1621
	Efforts to involve child/family in the monthly treatment team review	1631
	<p>Quarterly treatment team evaluation of ITP:</p> <p>Jan____ Feb____ Mar____ Apr____ May____ June____ July____ Aug____ Sept____ Oct____ Nov____ Dec____</p>	1641
	Additional assessment is completed upon recommendation of treatment team	1651
	Evaluation/assessment information is documented & maintained in record	1661
	Child is offered opportunity to sign ITP & ITP reviews	1671
	If child refuses to sign ITP or is developmentally unable to understand, this must be documented in record	1681
	Child and family/custodian shall receive a copy of the ITP	1691
	<p>____ Weekly individual counseling</p> <p>____ Weekly group counseling</p>	4771
	Weekly progress toward meeting the treatment goal is documented	1871
	Psychological, psychiatric, or other professional treatment services not provided by the facility are secured if child has an assessed need for such services	4751

NOTES:

Yes	No	Regulatory Requirement	Tag #
CHILD'S RECORD			
CHILD'S NAME: _____		DOB: _____	DOP: _____
		LOC: _____	
		Maintain in confidential/secure manner identifying info: <input type="checkbox"/> Name, ethnic origin, gender, DOB, SSN <input type="checkbox"/> Former residence <input type="checkbox"/> Name, address, & occupation of each parent, if available <input type="checkbox"/> Date of admission <input type="checkbox"/> Type of commitment <input type="checkbox"/> Commitment order/signed voluntary admission form <input type="checkbox"/> Birth certificate or record of birth <input type="checkbox"/> Current immunization certificate <input type="checkbox"/> Education records <input type="checkbox"/> Assessment data or social history <input type="checkbox"/> ITP and each review <input type="checkbox"/> Incident reports, copies in centralized location within the licensed facility <input type="checkbox"/> Chronological recording <input type="checkbox"/> Correspondence with court, family, custody holder <input type="checkbox"/> Discharge summary <input type="checkbox"/> Written consent	1861
		Obtained during intake, or documented it was requested and not available: Social history and needs assessment that includes: <input type="checkbox"/> medical <input type="checkbox"/> educational <input type="checkbox"/> developmental <input type="checkbox"/> family history	1501
		Referral acceptance based on assessment of child's needs, services the facility is designed to address and cannot be met in less restrictive setting	1461
		No acceptance if services are not available to meet the needs of the child	1471
		Written placement agreement with child's custodian	1481
		Preadmission interview with the child; or screening of child's available info if no preadmission interview due to emergency placement	1491
		Written consent from custodian: <input type="checkbox"/> Photograph/audio/video <input type="checkbox"/> Emergency/routine medical care <input type="checkbox"/> Release of case record information	1511
		Informed of child's rights/facility's responsibilities/facility's policy pertaining to services offered to the child	1521
		Child was informed of right to file a grievance	1531
		Child oriented to rules/consequences	1541
		Children shall be instructed in fire prevention/safety/fire emergency procedures	0781
		Arrangement for visitation that is not in conflict with ITP	1171
		Documentation of each visit in the case record of child	1181
		Access to phone to make/receive a phone call consistent with ITP/current court orders/and facility policy	1191
		Allow child to contact Cabinet staff by phone within 24 hours of the request made by the child	1193
		If a committed child makes a brief visit out of state, not accompanied by facility staff, the facility shall obtain prior consent from the cabinet staff member responsible for the case	0311
		If an emergency placement of a child into a licensed facility is made, the placement source shall be responsible for compliance with Interstate Compact	0321
		Service of a physician shall be made available to a child	0591
		Upon admission, facility shall consult with a physician if there is evidence that the child may require medical attention	0631
		Child's medical need shall be provided for as recommended by a licensed physician	0671

	Modified diet ordered from a licensed physician must be followed	0911
	Document the health information required and assure the confidentiality of the information	0761
	Staff shall follow licensed physician orders for: <input type="checkbox"/> Medicine <input type="checkbox"/> Prescription, and <input type="checkbox"/> Medical care	0601
	Initial health screen within 48 hrs by nurse/trained child care staff – DATE: _____ <input type="checkbox"/> Illnesses <input type="checkbox"/> Injury <input type="checkbox"/> Communicable disease <input type="checkbox"/> Immediate needs Physical exam within 2 weeks/unless last 12 mo/written report - DATE: _____ <input type="checkbox"/> Developmental history, if available - illnesses/operations/immunizations <input type="checkbox"/> Limitations that may prevent the child from participating in a scheduled activity <input type="checkbox"/> Visual exam DATE: _____ <input type="checkbox"/> Auditory exam DATE: _____ <input type="checkbox"/> Recommendations/orders for future care, treatment, exams <input type="checkbox"/> TB skin test, unless contraindicated <input type="checkbox"/> Other tests for communicable disease as indicated by medical/social history of child	0611
	Annual physical exam - DATE: _____ <input type="checkbox"/> Developmental history, if available - illnesses/operations/immunizations <input type="checkbox"/> Limitations that may prevent the child from participating in a scheduled activity <input type="checkbox"/> Visual exam DATE: _____ <input type="checkbox"/> Auditory exam DATE: _____ <input type="checkbox"/> Recommendations/orders for future care, treatment, exams <input type="checkbox"/> TB skin test, unless contraindicated <input type="checkbox"/> Other tests for communicable disease as indicated by medical/social history of child	0621
	Separate health record/maintained/kept on the premises and made available to: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse, or <input type="checkbox"/> Designated staff member <input type="checkbox"/> Each physical exam, including any recommendations for treatment <input type="checkbox"/> Previous & continuing health/medical history, if available <input type="checkbox"/> Record or report of each test, immunization, periodic reexamination, & physician order/instruction <input type="checkbox"/> Report & date of each dental exam/treatment <input type="checkbox"/> Authorization for regular and emergency medical, dental, and surgical care - signed at admission by legal guardian <input type="checkbox"/> Documentation of medication administered <input type="checkbox"/> Documentation of a special provision made for the child in accordance with a physician's order	0651 0661
	<input type="checkbox"/> Dental exam within last 6 months preceding admission or scheduled within 1 week of admission - DATE: _____ <input type="checkbox"/> Treatment of emergency dental needs by a licensed dentist is provided	0741
	Annual dental exam – DATE: _____	0751
	A child with a history or aggressive behavior or sexual acting out shall be assessed by the treatment team to ensure the safety of the child and other children in the facility including sleeping arrangements, with the appropriate measures included in the child's ITP	0883
	If a child caring facility accepts for placement a child who has been committed to DJJ for the commission of a sex crime, there shall be written policies and procedures for the segregation of that child from a child committed to the cabinet. Segregation shall include: Sight and sound separation for the following functions: <input type="checkbox"/> Sleeping <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Toiletry During other functions at the facility not listed for segregation, it shall be prohibited for any	0884

	physical and verbal contact between a child committed to DJJ for the commission of a sex crime and DCBS committed youth	
	Enrolled in an accredited school within 1 week	1241
	Ensure child attends an accredited school program the lawful number of days	1231
	If ineligible/unable to attend school, specific/individualized educational program	1251
	Education records maintained if facility is operating educational program	1261
	Receive payment for a job/within child labor laws/that is clearly differentiated from expected chore/work assignment in relation to the routine of daily living	1301
	<input type="checkbox"/> Work assignment/outside daily routine chore may not be used as punishment <input type="checkbox"/> An additional work assignment beyond daily routine chores may be: <ul style="list-style-type: none"> <input type="checkbox"/> Performed as restitution in intentional property damage <input type="checkbox"/> Given for violation of rules upon mutual agreement/no coercion between the child/supervisory staff 	1311
	Rest period of at least 10 minutes during each hour worked	1321
	Chore/work assignments not to negate facility's responsibility for maintenance or staff sufficient to maintain the facility	1331
	Staff shall interact with child in a warm/supportive/constructive/confidential manner and shall treat the child with respect	1741
	Recreational activity available to promote mastery of: <ul style="list-style-type: none"> <input type="checkbox"/> Developmental tasks <input type="checkbox"/> Development of relationships <input type="checkbox"/> Increase self-esteem in accordance to the child's ITP 	1761
	Independent living taught by facility to a child, 16 years old & older, who is in the custody of a state agency: <ul style="list-style-type: none"> <input type="checkbox"/> Money management and consumer awareness <input type="checkbox"/> Job search skills <input type="checkbox"/> Job retention skills <input type="checkbox"/> Educational planning <input type="checkbox"/> Community resources <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Emergency and safety skills <input type="checkbox"/> Legal skills <input type="checkbox"/> Interpersonal skills, including communication skills <input type="checkbox"/> Health care, including nutrition <input type="checkbox"/> Human development, including sexuality <input type="checkbox"/> Food management, including food preparation <input type="checkbox"/> Maintaining personal appearance <input type="checkbox"/> Housekeeping <input type="checkbox"/> Leisure activities <input type="checkbox"/> Voting rights and registration <input type="checkbox"/> Registration for selective service, if applicable <input type="checkbox"/> Self-esteem <input type="checkbox"/> Anger and stress management <input type="checkbox"/> Problem-solving skills; and <input type="checkbox"/> Decision-making and planning skills 	1949
	Independent living services are provided for child, 12-21 years old, who is in the custody of the Cabinet/as prescribed in ITP/in accordance with 42 U.S.C. 677(a)	1947
	Initial assessment within 24 hours - DATE: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Identifying information <input type="checkbox"/> Presenting problem <input type="checkbox"/> History (developmental, social, emotional health, & educational) <input type="checkbox"/> Current level of functioning, including strengths & weaknesses 	1561
	Initial ITP developed and implemented within 24 hours - DATE: _____	1571

	<p>Comprehensive Emotional and Behavioral Assessment: Completed by the Treatment Team within 21 days: DATE: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of emotional/behavioral/substance abuse problems & treatment <input type="checkbox"/> Current emotional/behavioral/developmental functioning, including strengths & weaknesses <input type="checkbox"/> Psychiatric/psychological evaluation - if recommended by treatment team <input type="checkbox"/> Functional evaluation of language, self-care, social effectiveness, & visual-motor – if recommended by treatment team <input type="checkbox"/> Social assessment - environment & home, religion, ethnic group, dev. history, family dynamics & composition, education <input type="checkbox"/> Recommendation for provision of treatment 	1581
	Coordinated treatment team approach in develop/implement/evaluate of ITP	1591
	<p>Comprehensive ITP:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Goals/objectives for permanence <input type="checkbox"/> Time frames for completion of each goal <input type="checkbox"/> Method for accomplishing each goal/objective <input type="checkbox"/> Person responsible for completion of each goal/objective <input type="checkbox"/> Projected discharge date/placement plan 	1601
	Comprehensive ITP developed within 21 days of admission: Date: _____	1611
	<p>Monthly treatment team review of child's and family's progress toward meeting each treatment goal:</p> <p>Jan____ Feb____ Mar____ Apr____ May____ June____ July____ Aug____ Sept____ Oct____ Nov____ Dec____</p>	1621
	Efforts to involve child/family in the monthly treatment team review	1631
	<p>Quarterly treatment team evaluation of ITP:</p> <p>Jan____ Feb____ Mar____ Apr____ May____ June____ July____ Aug____ Sept____ Oct____ Nov____ Dec____</p>	1641
	Additional assessment is completed upon recommendation of treatment team	1651
	Evaluation/assessment information is documented & maintained in record	1661
	Child is offered opportunity to sign ITP & ITP reviews	1671
	If child refuses to sign ITP or is developmentally unable to understand, this must be documented in record	1681
	Child and family/custodian shall receive a copy of the ITP	1691
	<p>____ Weekly individual counseling</p> <p>____ Weekly group counseling</p>	4771
	Weekly progress toward meeting the treatment goal is documented	1871
	Psychological, psychiatric, or other professional treatment services not provided by the facility are secured if child has an assessed need for such services	4751

NOTES:

Yes	No	Regulatory Requirement	Tag #
CHILD'S DISCHARGE RECORD			
CHILD'S NAME: _____ DOB: _____ DOP: _____ LOC: _____			
		Discharge planning occurs during development of ITP & subsequent reviews: <input type="checkbox"/> Identification of placement <input type="checkbox"/> Community resources to provide support <input type="checkbox"/> Family services	1811
		Predischarge conference held for planned discharge - includes parent, guardian/custodian, child, & treatment team	1821
		At least 1 preplacement visit/document of unsuccessful efforts to arrange visit	1831
		Written discharge summary within 14 days – DATE: _____ <input type="checkbox"/> Copy given to custodian <input type="checkbox"/> Info related to progress toward completion of each ITP goal <input type="checkbox"/> Each barrier to treatment <input type="checkbox"/> Each treatment method used <input type="checkbox"/> Date of discharge <input type="checkbox"/> Reason for discharge <input type="checkbox"/> Name, telephone number, & address of person/facility discharged to	1841
		Aftercare service if no other agency responsible/needs assessed & referral made for needed aftercare services: <input type="checkbox"/> Educational <input type="checkbox"/> Medical <input type="checkbox"/> Vocational <input type="checkbox"/> Psychological <input type="checkbox"/> Legal <input type="checkbox"/> Social	1851
		Within 30 days of discharge, money belonging to a child is to be transferred with or returned to child	1151
		Upon discharge, medical information shall follow the child if a release form has been obtained	0731
		Record the aftercare services provided until terminated	1881
		No disclosure info of child/family without consent of custodian to outside party	1901
		Release indentifying info/personal info including SSN card, Birth Certificate, driver's license to the child at discharge (except a sealed adoptive record)	1921
		Maintain all child's records at facility for at least 3 years	1931

NOTES: