# PRTF – Youth Records

| Facility Name | ID# | CDHS Staff<br>Date |
|---|---|---|
| Child's Legal Name and Preferred Name | | |

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| **ADMISSION RECORDS** | | | | | |
| Date of Birth / Place of Birth<br>714.932 C 1 | | Date of Admission<br>714.932 C 1 | | Assigned/Identified Gender<br>714.932 C 1 | |
| Race<br>714.932 C 1 | | Reason for Placement<br>714.932 C 1 | | ICP, FSP, or ITP<br>714.932 C 9 | |
| Youth's Orientation to Facility w/in 24 Hours<br>714.2 H 1-7 | | Religious Preference of Youth or Family<br>714.932 C 1 | | Family Address and Phone<br>714.932 C 2 | |
| Placing Agency: Name, Address and Phone<br>714.932 C 3 | | Legal Status<br>714.932 C 4<br>714.2 G 6 | | Educational Records/IEP (If Applicable)<br>714.932 C 8 | |
| Placement Agreement<br>714.932 C 5<br>714.2 G 1-7 | | ICPC<br>714.2 B 4 | | Reason for Transfers Within Facility<br>714.932 C 11 | |
| **AUTHORIZATION REQUIREMENTS** | | | | | |
| Routine and Emergency Medical Treatment<br>714.2 G 5 | | Restraint Consent<br>714.531 | | Treatment and Care<br>714.2 G 4 | |
| Photograph Consent<br>714.31 A 12 | | New Psychotropic Meds Consent<br>714.81 A 7 | | | |
| **MEDICAL REQUIREMENTS** | | | | | |
| Information Provided to Guardian- Client New Meds<br>714.81 K 1-7 | | Information Understood by Child New Meds<br>714.81 M | | RX orders for RX/PRN /OTC<br>714.81 J 3 | |
| Medication Logs<br>714.81 J 6 a-d | | Medical Exam scheduled within 14 days- Vision, Hearing, Immunizations<br>714.81 B 1-3 | | Current/Subsequent Medical and Dental<br>714.932 C 7<br>714.81 D & E | |
| Health Records: Medical and Dental Reports<br>714.932 C 6 & 7 | | Dental within 4 Months Prior or 8 Weeks After Placement<br>714.81 E | | Dental exam every six months or as required.<br>714.81 E | |
| Accident/Injury Reports<br>714.932 C 7 | | | | | |



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| **ASSESSMENT** | | | | | |
| Initiated within 7 Calendar Days<br>714.4 C | | Medical, Health and Dental Care 714.4 C 2 a | | Mental/Psychological Health/Treatment History<br>714.4 C 2 b | |
| Treatment History<br>714.4 C 2 b | | Educational/Vocation<br>714.4 C 2 c & f | | Social Development<br>714.4 C 2 d | |
| Family & Community Relationships<br>714.4 C 2 e | | Recreation<br>714.4 C 2 g | | Life Skills Development Emancipation Skills<br>714.4 C 2 h-i | |
| Legal Status & History<br>714.4 C 2 j | | Placement History<br>714.4 C 2 k | | Alcohol/Sub Use History<br>714.4 C 2 l | |
| Completed by planning team including staff w/ direct contact<br>714.4 C 1 | | Anticipated Length of Stay<br>714.2 G 1 | | Opportunity for Participation of Key Persons<br>714.4 D 1 a-f | |
| **INDIVIDUAL CHILD'S PLAN** | | | | | |
| Developed within 14 Calendar Days of Admit<br>714.4 D<br>705.207 A | | Opportunity for Participation of Key Persons<br>714.4 D 1 a-f | | Documentation of reason if key persons in ICP develop. missing<br>714.4 F 4 | |
| Findings of Assessment/Evaluation<br>714.4 D 2 a | | Specific Measurable Goals and Dates of Achievement<br>714.4 D 2 b<br>714.4 F 3 b | | Strengthening Family Relationships<br>714.4 D 2 c | |
| Fostering Community Involvement w/ Youth<br>714.4 D 2 d | | Therapeutic/specialized services and strategies and frequency of services<br>714.4 D 2 f<br>714.4 F 3 c | | Long/Short-Term Goals & Method of Evaluating Progress<br>714.4 D 2 g | |
| Plans for Discharge/Aftercare<br>714.4 D 2 h<br>714.4 F 3 b | | Persons Designated to Implement plan<br>714.4 D 2 i | | Signatures agency rep., child, and placing agency, parent/guardian<br>714.4 D 2 j<br>714.4 F 3 | |
| Daily Activities of Youth or Facility to Achieve Goals<br>714.4 D 2 e | | Plan Explained to Youth and Guardian in Appropriate Lang.<br>714.4 D 2 k | | Documentation of Youth's Response to Treatment Services<br>714.4 F 6 | |
| Monthly Review<br>714.4 F 5 | | Mental Health Component Developed by Licensed Mental Health Worker<br>714.4 F 1 | | Court Ordered Treatment Documented (If Applicable)<br>714.4 F 3 e | |
| Record of Significant Contacts 714.932 C 10 | | | | | |

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| **PROFESSIONAL CLINICAL SERVICE** | | | | | |
| 600 minutes of professional clinical services each week 7.705.104 | | 120 mins of 600 mins dedicated to individual treatment 7.705.104 | | Services recommended by team and reviewed weekly 7.705.104 | |
| Team meets weekly to discuss youth's progress/ adjust service plan if needed 7.705.104 | | Description of services provided to youth 7.705.104 | | | |
| Week 1: Hours | | | | | |
| Week 2: Hours | | | | | |
| Week 3: Hours | | | | | |
| **DISCHARGE** | | | | | |
| Discharge summary information and aftercare plan sent within 5 days of discharge 714.932 E | | Date of discharge and where child was placed 714.932 E 1 & 2 | | Summary of services provided and if goals were met/not met during treatment 714.932 E 3 & 4 | |
| Goals/needs remain to be met and services which may meet remaining goals 714.932 E 5 | | Aftercare plan and who is responsible for follow-up services 714.932 E 6 | | If discharge was planned or unplanned 714.932 E 7 | |
| Circumstances that led to an unplanned discharge 714.932 E 8 | | | | File Organized and in Chronological Order 714.932 A | |

NOTES: