

Child Placement Agency – Treatment Foster Home Youth Records

Facility Name		ID#		CDHS Staff Date	
Child's Legal Name Child's Preferred Name			Foster Family Name		
ADMISSION RECORDS					
Date of birth / Place of birth 708.51 C 1		Family address/phone 708.51 C 2		Parent information (religion, economic, culture, etc.) 710.42 B 2	
Assigned Gender Identified Gender 708.51 C 1		Child's attitude towards removal 710.42 B 3		Religious preference of youth or family 708.51 C 1	
Race 708.51 C 1		School placement 710.42 B 3		Personality 710.42 B 3	
Family relationships 710.42 B 3		Previous placements of child 710.42 B 3		Date of placement 708.51 C 1	
Legal status 710.45 D 4		Placing agency 708.51 C 3		Reason for placement 708.51 C 1	
Referral indicators met; assessment instrument & staffing completed prior to placement 704.5 B 1-4		Referrals made to appropriate behavioral health providers during placement if needed 704.5 B 5 a-b		Family services plan if available 708.51 D 3	
Physical condition at intake 710.42 B 3		Youth's initial orientation to home 708.31 B 1-4		Placement agreement 708.51 C 5 708.61 K	
Medical/health history 710.42 B 3 708.51 C 6		Immunization records 708.61 H 708.41 A 3		Routine and emergency medical authorization 710.45 D 2 708.61 K 5	
Written physician permission for non-prescription med 708.41 J 3		Medical evaluation within 14 days of placement or exam within past 12 months 708.41 A 1-3		Dental exam within 8 weeks of placement or within past 4 months 708.41 D	
Transition Plan developed & implemented 704.5 C		ICPC documentation if applicable 710.43 J		Restraint consent (if home is pre-approved by certifying authority) 714.531	
ONGOING RECORDS					
Current medical evaluation 708.41 C		Ongoing medical records while in care 710.45 D 7		Written prescription for prescribed medications 708.41 J 3	
Medication logs 708.41 J 5 a-d		Current dental examination 708.41 D		Reports of accidents/injuries or illnesses 708.51 D 1	
School reports and information 710.45 D 6 708.51 D 2		Record of family contacts while in care 710.45 D 9		3 monthly FTF visits by Care Coordinator to child in home, unless otherwise approved	

		708.51 D 5		704.3 C 2 d 2	
Progress reports from provider while in care 710.45 D 5		Psychiatric/Psychological exam & treatment reports 710.45 D 8 708.51 D 4		Monthly Treatment Team meetings- progress, services, needs 704.5 D	
Monthly report of child's progress, needs, challenges 704.5 E 1		Quarterly outcomes & current assessment 704.5 E 3		Discharge if applicable 710.43 F	