Michigan Department of Human Services

Office of Children and Adult Licensing

RESIDENT RECORD REVIEW WORKSHEET

JUVENILE COURT OPERATED FACILITIES

Facility Name	Worker Name		
Resident Name	Date of Birth	Date of Placement	Number of Placements

RULE	NA	COMPLIANCE YES	COMPLIANCE NO	COMMENTS
PART 1. GENERAL PROVISIONS **R 400.10139 Resident records; admission information.** Rule 139. Upon admission to a juvenile facility, the facility shall obtain all of the following information for each child:				
(a) Date and time of admission				
(b) Name				
(c) Last known address.				
(d) Name, title, and signature of delivering person.				
(e) Specific charge or charges.				
(f) Sex.				
(g) Date of birth; age.				
(h) Race or nationality.				
(i) Last school attended and current educational status.				
(j) Religion.				
(k) Medical consent authorization or the instructions for obtaining immediate medical consent authorization.				
(l) Name, relationship, address, and phone number of a parent or parents, a guardian or guardians, or a person or persons with whom the child resided at the time of admission.				
(m) Health status, including notation of any of the following: (i) Bruises.				
(ii) Open wounds or sores that require treatment.				
(iii) Evidence of disease, body vermin, or tattoos.				
(n) Name of the person who records the health status information required by subdivision (m) of this rule.				
(o) An inventory of property.				
(p) Name, address, and phone number of emergency contacts.				
(q) Name and title of the person who prepares the admission information.				
R 400.10141 Resident records; maintenance. Rule 141. (1) Written information shall be maintained for each resident, shall be kept in a secure place, and shall include, at a minimum, the following information:				
(a) Admission forms.				
(b) Documented legal authority to accept resident.				
(c) Legal status.				
(d) A record of cash and valuables held.				
(e) Notations of temporary absences from the facility, if any.				
(f) Probation officer or caseworker assigned.				
(g) Progress reports on program involvement.				

Comments:	
Consultant Name:	Record Review Date:

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PART 2. DETENTION AND SHELTER CARE FACILITIES **R 400.10205 Residential care after 48 hours.** Rule 205. A detention or shelter care facility shall continue to provide care for a resident for more than 48 hours only after it has been established that the facility is an appropriate placement for the resident in accordance with applicable statute or court rules.				
R400.10207 Admission physical examination; screening for communicable disease. Rule 207. (1) A detention or shelter care facility shall arrange for an admission physical examination for each resident not later than 7 calendar days after admission.				
(2) A facility shall have and follow written procedures approved by a licensed physician for screening all residents for communicable diseases upon their admission.				
R400.10208 Preliminary resident plan Rule 208. A brief written plan shall be developed within 7 calendar days of admission for each resident in a detention or shelter care facility. The plan shall include both of the following:				
(a) An assessment of the resident's immediate and specific needs..				
(b) The specific services to be provided by the facility and other resources.				
R400.10209 Resident report. Rule 209. (1) A written resident report shall be completed 30 days after admission and every 15 days thereafter for each resident in a detention or shelter care facility. The report shall include all of the following:				
(a) The reasons for continued care.				
(b) Plans for other placement.				
(c) Barriers to other placement and plans to eliminate the barriers.				
(2) Copies of the report shall be maintained at the facility.				
R 400.10211 Resident release report. Rule 211. When a resident is released from a detention or shelter care facility, all of the following shall be documented:				
(a) The reason for release.				
(b) The new location of the resident, if known.				
(c) Medical and dental services provided while in residence.				
(d) The name and title of the person to whom the resident was released.				
(e) The name and title of the person who prepared the release report.				

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PART 3. RESIDENTIAL TREATMENT FACILITIES **R400.10303 Admission of child.** Rule 303. A child shall be admitted to a facility, only after establishing that the facility is an appropriate placement to meet the child's needs.				
R400.10305 Admission physical examination. Rule 305. A facility shall document that each resident received a physical examination within 3 months before admission to a facility or a new physical examination shall be completed within 30 days after admission, unless a greater frequency is medically indicated.				
R400.10307 Immunizations. Rule 307. (1) A resident in a facility shall have current immunizations as required by the department of public health.				
(2) If documentation of immunization is unavailable, immunizations shall begin within 30 days of admission, unless a statement from a physician which indicates that immunizations are contraindicated is included in the resident's record.				
(3) A statement from a physician, referring agency, parent, or guardian which indicates that immunizations are current is sufficient documentation of immunizations.				
R400.10309 Dental care. Rule 309. A facility shall document the provision of a dental examination and treatment for each resident who is 3 years of age and older. A dental examination within 12 months before admission shall be documented or there shall be an examination not later than 3 months after admission. Reexamination shall be provided at least annually.				
R400.10315 Initial service plan. Rule 315. (1) An initial service plan shall be completed and recorded by the social worker for each facility resident within 30 days of admission.				
(2) The initial service plan shall be developed with the resident, the resident's parents, and the referral source, unless documented as inappropriate.				
(3) The initial service plan shall include all of the following information:				
(a) Problems that require placement.				
(b) A social history for the resident and family which includes past and current family functioning.				
(c) The resident's physical, emotional, mental, social, behavioral, and educational functioning.				
(d) Identified residents needs and strengths based on the social history.				
(e) Identified family needs and strengths based on the social history.				
(f) A long-range permanent plan for the resident.				
(g) Objectives which must be met to achieve the long-range permanent plan.				

RULE	NA	COMPLIANCE		COMMENTS
		YES	NO	
(h) Specific steps and time frames for addressing the problems, achieving the objectives, and meeting the needs of the resident.				
(i) Plans for, and the purpose of, visits between the resident and the resident's family.				
(j) Documented approval of the plan by the social service supervisor.				
(4) A resident's parents shall be involved in the development of the service plan and shall be informed of their role and responsibility while the resident is in care.				
R400.10317 Updated service plan. Rule 317. (1) An updated service plan shall be completed and recorded by the social worker for each facility resident at least once every 3 months after completing the initial service plan.				
(2) The updated service plan shall be developed with the resident, the resident's parents, and the referral source, unless documented as inappropriate.				
(3) The updated service plan shall include all of the following information:				
(a) Progress made toward achieving the objectives established in the previous service plan.				
(b) Any changes in the service plan, including new problems and new objectives to remedy the problems. Steps and time frames for achievement shall be indicated.				
(c) A release plan. The plan shall be developed and recorded in the updated service plan before the release date and shall include a projected release date, projected next placement, and action steps necessary to accomplish the plan.				
R 400.10319 Resident release; documentation. Rule 319. When a resident is released from a facility, all of the following information shall be documented in the resident's record within 14 days after release:				
(a) The reason for release and the new location of the child.				
(b) An assessment of the resident's needs which remain to be met.				
(c) A statement that the release plan recommendations have been reviewed with the resident and parent.				
(d) The name and title of the person to whom the resident was released.				
Comments:				
Consultant Name:				Record Review Date: