

90 Day Review Checklist For Social Workers, Staffed Residential Facilities, Group Care Facilities and Child Foster Homes

| CHILD'S NAME | PROVIDER AND HOUSE NAME | DATE OF VISIT | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|--------------------------|--------------------------------------------|
| | | Yes | No | N/A |
| 1. a. Is the child's log and medication record available in the house? Comments: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Was medication for the last month administered as directed? Comments: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are all seizures logged? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How many staff in the house at the time of the visit designated to work with the child you are visiting? _____ (NA for foster care) | | | | |
| 4. Does this match the number approved on the rate proposal form staff schedule? (NA for foster care and group care) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is staff aware of client's name and most important needs? (NA for foster care) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is Individual Support Plan on the premises? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were incident reports for child for last 90 days reviewed? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is a Positive Behavior Support Plan present? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Approvals are present for restrictive procedures | | | | <input type="checkbox"/> Plan needs review |
| <input type="checkbox"/> Referral made | | | | <input type="checkbox"/> No plan needed. |
| 9. Has provider submitted quarterly report as required in contract? (N/A for foster care) Comments: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does child attend school all day? Comments: | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Is the IEP present? | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Is the recreation/community activities log present? (NA for foster care) Comments: | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Child's appearance. Comments: | | | | |
| 14. Condition of child's room: | | | | |
| <input type="checkbox"/> Clean - Comments: | | | | |
| <input type="checkbox"/> Personalized <input type="checkbox"/> Locks Present <input type="checkbox"/> Approval <input type="checkbox"/> Alarms Present <input type="checkbox"/> Approval | | | | |
| <input type="checkbox"/> Odors Present - Comments: | | | | |
| 15. Any hazardous situations noted? If yes, date reported to licensur _____. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. Does parent visiting schedule/shared parenting plan need an update? Comments: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SOCIAL WORKER'S NAME | | | | |