

RBWO PROVIDER QUARTERLY CHILD RECORD REVIEW

Date of Visit:	PRU Program Specialist:		
Provider Contact Information:			
Program Approval (check highest level): <input type="checkbox"/> Trad <input type="checkbox"/> Base <input type="checkbox"/> AWO <input type="checkbox"/> Mat <input type="checkbox"/> TD/ILP <input type="checkbox"/> MWO <input type="checkbox"/> SBWO <input type="checkbox"/> SMWO <input type="checkbox"/> SMFWO			
Child's Name:	Program Designation:	DOB:	DOA:
Foster Parent Name (if applicable):		Foster Home in Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Institutional Placement Agreement		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
Placement Notification Form in Record (metro counties only)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
DFCS Regional Director/designee approval for children 12 and Under in a CCI		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
Initial Service and Safety Plan in Record (within 7 days of placement)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
Individualized Service Plan (within 30 days of placement/current)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
--Family Participation in ISP		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
--Child Behaviors and Needs Documented (included in ISP)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
--Child-Specific Services Included In the ISP (frequency and quality of services documented)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
Receiving Medicaid Rehab Option Services (MRO)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
Current DFCS Case Plan/WTLP(if applicable)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			
Current Court Order		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			

Education Records in File Date of IEP (if applicable): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Is the child receiving Independent Living Skills Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Is the child involved in any extracurricular activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Family/Sibling Visits Occurring Frequency: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Visits by Agency Case Manager (for CPA's only) Frequency: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Visits by DFCS Case Manager Frequency: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Medication Log completed as required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Medical Evaluation Current	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Dental Evaluation Current	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Additional Medical Visits(i.e optometrist, orthodontist, gynecologist)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Incident Reports Filed in Record	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Safety Plan Implemented	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
Agency(ies) currently serving child (mark all that apply)	<input type="checkbox"/> DFCS <input type="checkbox"/> DJJ <input type="checkbox"/> Community Mental Health, MR, Substance Abuse <input type="checkbox"/> Independent Juvenile Court <input type="checkbox"/> Private mental health providers		
Current Juvenile Justice Disposition (mark all that apply)	<input type="checkbox"/> Commitment to DJJ <input type="checkbox"/> Sentenced to Boot Camp <input type="checkbox"/> Probation <input type="checkbox"/> Pending <input type="checkbox"/> Informal Adjustment		

