

CHECKLIST OF REQUIRED SCREENINGS FOR CHILDREN IN RESIDENTIAL SETTINGS

Resident's Name _____ Age _____

Facility _____ Date _____

This checklist documents the requirements found in Minnesota Rules, section 2960.0070, subpart 5. Programs with transitional services certification are exempt from this requirement. Programs providing shelter services must meet the requirements of 2960.0520, subparts A and B instead of 2960.0070, subpart 5.

Screenings must be completed by trained staff. It is not necessary to repeat the screening if a recent screening or assessment (180 days) has been completed and is part of the documentations received by the facility. Use the results of the screening to determine the identified needs and plan further assessment and services. Work with the placing agency and parents to develop a plan to address the child's needs, as appropriate.

Health Screen

Timeline: Must occur within 24 hours of admission.

For all children and youth

____ Completed Health Screening Form approved by a licensed medical professional.

Completed by: _____ Date completed _____

Mental Health Screen

Timeline: Must begin the screen within 3 working days and complete within 6 working days of admission.

For children ages 12 and over

____ Completed POSIT or MAYSI 2 screening tool, or

____ Received a copy of a diagnostic assessment completed by a licensed mental health professional within 180 days prior to admission.

Completed by: _____ Date completed _____

For children younger than 12 at admission

____ Completed Pediatric Symptom Checklist (PSC), or

____ Received a copy of a diagnostic assessment completed within 180 days prior to admission by a licensed mental health professional.

Completed by: _____ Date completed _____

Education Screen

Timeline: Must begin the screen within 3 working days and complete within 6 working days of admission.

For all children and youth

____ Completed DHS Education Screening Form or

____ Received a copy of the child's/youth's IEP

Completed by: _____ Date completed _____

Vulnerability Assessment and Sexual Abusive Behavior Screen

Timeline: Must begin the screen within 3 working days and complete within 6 working days of admission.

For all children and youth

___ Completed DHS Vulnerability Assessment and Sexual Abusive Behavior Screening Form

Completed by: _____ Date completed _____

Chemical Abuse Screen

Timeline: Must begin the screen within 3 working days and complete within 6 working days of admission.

___ Completed POSIT or MAYSI 2 screening tool, or

___ Received a copy of a chemical health assessment completed by a licensed chemical health professional prior to admission.

Completed by: _____ Date completed _____

Cultural Screen

For all children and youth

___ Completed DHS Cultural Screening/Interview Form

Completed by: _____ Date completed _____

Gender Specific Needs Screen

For all children and youth

___ Completed DHS Gender Specific Observation Form

Completed by: _____ Date completed _____

Resident's Family's Involvement

Document the inquiries and the results of the inquiries regarding the degree to which the resident's family desires to be involved during the resident's stay at the facility.

Name of staff person who made inquiry _____

Family Member to whom inquiry was made _____

Date of Inquiry _____

CC: Parent (unless not allowed by court order)
Placing Agency