

Date:	Type of License:	Date of Original License:
Child Care Program:	Name of Parent Agency, where appropriate:	Expiration Date of Current License:
Site Address:	House Manager completing this form:	Reviewer:

I LICENSE REQUIREMENTS:

National Accreditation:

Number of children licensed for:

Current ages and genders:

Name the operator(s) of the program:

Please answer ALL of the following questions for the current license period.

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Has the program obtained a license from the Department?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Has the Licensing Administrator granted a variance to a rule and issued a license under provisions of the Residential Regulations for Licensure? **Attach documentation of variance.	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is the program certified for licensure by a child placing agency?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has the program been inspected by the State Fire Marshall? **Attach documentation.	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does the program have a current lead inspection? **Attach documentation	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does the program have a current radon inspection? **Attach documentation	<input type="checkbox"/>	<input type="checkbox"/>		
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP

7. Has the program cooperated in inspections of program/facility by the Department?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Provided evidence of substantial compliance with these regulations throughout the terms of the license? OR	<input type="checkbox"/>	<input type="checkbox"/>		
9. Submitted satisfactory evidence that it meets the current standards of a national accrediting organization approved by the Department?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Provided documentation of the philosophy of the agency, clientele to be served, services offered, programmatic descriptions and a listing of personnel and job descriptions?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Does the license apply only to the site specified at issuance?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Is the license valid?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Has the term of the license been extended?	<input type="checkbox"/>	<input type="checkbox"/>		
14. Does the applicant hold a valid out of state child care or child placing license?	<input type="checkbox"/>	<input type="checkbox"/>		
15. Has there been an administrative, civil, or criminal action as regards to the provisions of child care services by the program or any of its officers, agents or employees in the past? If yes, describe the findings and disposition(s).	<input type="checkbox"/>	<input type="checkbox"/>		
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP

<p>16. Has there ever been a state or federal investigation of the agency, its officers, agents of employees as regards the provision of child care services? If so, describe the findings and disposition.</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>17. Has the agency, its officers, agents or employees been convicted of or are under indictment of any offense throughout the current license period?</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>18. Been fined or subject to agreement resulting from an administrative or civil action pertaining to professional care of children?</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>19. Been denied a license or had a license revoked pertaining to professional care of children?</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>20. Does the program have and conform to a written description of its services to youth which include:</p> <ul style="list-style-type: none"> • pre-placement & admission criteria • intake policies and procedures • admission policies • description of sample daily program schedule including supervision and behavior management procedures • plan for the provision of services to the child, including community resources • criteria for discharge • assessment and evaluation procedures used in treatment planning and delivery? 	<input type="checkbox"/>	<input type="checkbox"/>		
<p>QUESTIONS</p>	<p>YES</p>	<p>NO</p>	<p>DESCRIPTION/EXPLANATION</p>	<p>FOLLOW-UP</p>

21. Is there a current and accurate organizational table?	<input type="checkbox"/>	<input type="checkbox"/>		
22. Has the program met with the licensing authority as requested?	<input type="checkbox"/>	<input type="checkbox"/>		
23. Contacted the Department prior to implementing programmatic changes in a licensed program?	<input type="checkbox"/>	<input type="checkbox"/>		
24. Submitted reports as required by the Department?	<input type="checkbox"/>	<input type="checkbox"/>		
25. Does the licensee have a safe and suitable office space, as well as space for the privacy and comfort of clients?	<input type="checkbox"/>	<input type="checkbox"/>		
26. Has the program provided to its staff a written code of ethics prohibiting conflict of interest through their positions or work activities?	<input type="checkbox"/>	<input type="checkbox"/>		

II CONFIDENTIALLY & RESEARCH

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	
1. Has the privacy of the child and his/her family been protected?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Has a child's identity been used in any form of publicity?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Has the written prior consent of a parent or guardian been obtained where a child has been used for publicity?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has a program obtained the approval of the Department regarding the use of research with a child?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Have personal identities been masked in all phases or research?	<input type="checkbox"/>	<input type="checkbox"/>		
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	

6. Does the Department require a human rights committee to monitor and approve a program's research?	<input type="checkbox"/>	<input type="checkbox"/>		
III FINANCES				
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	
1. Has the Department provided written prior permission to the program for children's participation in fundraising activities?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does the program have a written policy on fees and an explanation of its fees?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does the policy describe the relationship between fees and the costs of services provided? Are fees waived?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does the program demonstrate fiscal accountability through financial record keeping and an annual financial statement?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Has the program obtained an appropriate financial audit?	<input type="checkbox"/>	<input type="checkbox"/>		

IV CASE RECORDS			
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION
1. Does the program demonstrate procedures for protecting records from loss, tampering and unauthorized use?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the program show staff awareness of the protection of verbal and written confidential information?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the program have a policy which makes available to a child, parent, guardian or legal counsel case record information upon written request and a signed release? <ul style="list-style-type: none"> • Does the program's policy uphold privacy rights of others? • Does the policy protect case material generated by another agency? • Does the policy conform to other statutes regarding release of information? 	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the program disguise or delete personally identifiable information in the course of teaching or conducting research from case records?	<input type="checkbox"/>	<input type="checkbox"/>	
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION

<p>5. Does the program utilize videotapes of children in care only for teaching program staff and with the prior written permission of the parent and placing agency? If yes, describe:</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>6. Does the program maintain a written record for each child with cumulative administrative, treatment and education date from the date of admission through the date of discharge?</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>7. Is the content and format of children's records uniform within the program?</p>	<input type="checkbox"/>	<input type="checkbox"/>		

VI STAFFING:

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Is the chief administrator of a program qualified by education, training, experience and management skills to perform satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are milieu staff qualified in accordance with current Child Care Regulations to supervise children?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Are staff skills and training in conformity with their respective written job descriptions?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are consultants and specialists retained as integral components of the program's services? If yes, are there clear, written job specifications for their respective roles and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does the program demonstrate employment practices that ensure staff has the proper talent, temperament, health and good character for their respective functions?	<input type="checkbox"/>	<input type="checkbox"/>		
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP

6. Has the program developed and implemented a staffing ratio in accordance with current child care regulations?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Does the program follow a written annual plan for the orientation, on-going development, supervision and evaluation of all staff members?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Are there sufficient qualified staff with the proper authority to perform in the following areas? <ul style="list-style-type: none"> • Administrative <input type="checkbox"/> • Medication administration/certified <input type="checkbox"/> • Fiscal <input type="checkbox"/> • Clerical <input type="checkbox"/> • Housekeeping, maintenance and food services <input type="checkbox"/> • Direct child service <input type="checkbox"/> • Supervision <input type="checkbox"/> • Recordkeeping and reporting <input type="checkbox"/> • Other service functions in the program <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
9. Does the program demonstrate regularly scheduled hours of work for its child care staff?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Is a record of actual work assignments maintained?	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	
<p>11. Are the following items included in the personnel file?</p> <ul style="list-style-type: none"> • Application for employment & resume • Reference points • Applicable professional credentials & certifications • All performance evaluations • Personnel actions in relation to the individual's employment with the program • Date of starting and termination 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	
3. Does the program demonstrate that staff have access to necessary information from case records?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does the program have a written plan and schedule concerning administrative and clinical coverage and support of its child care staff? If no, explain:	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are written personnel policies and procedures provided to all staff?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Does the program have a written list of all current staff assignments, job descriptions for all positions, and lines of authority?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Are there written procedures for the use of volunteers or student interns in direct services work with children?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Are the written procedures given to volunteers and interns?	<input type="checkbox"/>	<input type="checkbox"/>		

VIII FACILITY:				
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Is the program's facility constructed, equipped, used and maintained to ensure the privacy, safety, health and physical comfort of all children?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are all structures on the premises, the grounds and outside equipment in good repair?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does each living space with a residential component include a variety of interior spaces for informal use by children?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is equipment consistent with programmatic goals?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are habitable areas of the facility well lit and ventilated?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Are there sufficient dining areas for children, staff and guests to eat together?	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	
<p>7. In a residential facility:</p> <ul style="list-style-type: none"> • Does each child have their own bed? <input type="checkbox"/> • Is one bedroom occupied by more than 4 children? <input type="checkbox"/> • Does a child over the age of 3 years occupy a bedroom with a person of the opposite sex? <input type="checkbox"/> • Does a child sleep in the same bedroom as an adult? <input type="checkbox"/> • With bunk beds, is the vertical distance between mattresses sufficient to allow each occupant to sit up comfortably in bed? <input type="checkbox"/> • Is the top bunk fastened securely to the side frames? <input type="checkbox"/> • Does each child have their own dresser or storage space, as well as a designed space close to their bedroom for hanging clothes? <input type="checkbox"/> • Do closet, bedroom and bathroom doors unlock from both sides? <input type="checkbox"/> 				

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	
8. Does the program have a minimum of one sink with hot and cold water, one operating toilet, and one bathroom shower for every 8 children in residence?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Do the bathrooms allow for personal privacy?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Is there an anti scald valve for all hot water sources in the facility?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Is there adequate, separate living space for live-in staff?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Is there space for administrative needs apart from children's living areas?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Is there designated space for private discussions and counseling sessions between children and staff?	<input type="checkbox"/>	<input type="checkbox"/>		
14. Are all areas of a program's facility cleaned and maintained routinely?	<input type="checkbox"/>	<input type="checkbox"/>		
15. Are there sufficient and appropriate storage areas?	<input type="checkbox"/>	<input type="checkbox"/>		
16. Are there securely locked storage space for all potentially harmful materials and dangers tools or utensils?	<input type="checkbox"/>	<input type="checkbox"/>		
17. Are keys to these locked storage spaces available only to authorized staff?	<input type="checkbox"/>	<input type="checkbox"/>		
18. Does each separate living unit have 24-hour operational telephone service?	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	
19. Are emergency telephone numbers conspicuously posted next to each telephone?	<input type="checkbox"/>	<input type="checkbox"/>		
20. Does the program prohibit any firearm or chemical weapon on the grounds or within the structures of the facility?	<input type="checkbox"/>	<input type="checkbox"/>		
21. Does the program prohibit any staff or child to possess a firearm or a chemical weapon on the grounds or within the structure of the facility?	<input type="checkbox"/>	<input type="checkbox"/>		
22. Does the program prohibit the use of candles?	<input type="checkbox"/>	<input type="checkbox"/>		
23. Is power-driven equipment used by a program kept in good repair?	<input type="checkbox"/>	<input type="checkbox"/>		
24. Are children in care allowed to operate this machinery under direct adult supervision?	<input type="checkbox"/>	<input type="checkbox"/>		
25. Is a certified lifeguard present and supervising when children are swimming, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	
<p>26. Does the program have written procedures for staff and children to follow in an emergency or disaster?</p> <ul style="list-style-type: none"> • Were these procedures developed with the assistance of qualified fire and safety personnel? • Do they include evacuation procedures and staff assignments during emergencies? • Are there emergency drills at 3 month intervals which provide actual evacuation? • Has there been training for personnel on all shifts concerning assigned tasks and use of fire-extinguishers during emergencies in the facility? • Is there a record of emergency drills? • Have all persons in the facility participated in emergency drills? • Does the program have provisions for evacuation of handicapped children? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	

27. Are children transported in a vehicle restrained by an appropriate seat restraint or seat belt?	<input type="checkbox"/>	<input type="checkbox"/>		
28. Do vehicles transporting children have full insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>		

IX MEDICAL:

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Are all over-the-counter, and prescription drugs, kept in a locked storage space?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is there a designated person to administer drugs?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is a written log maintained of all medications dispensed to individual children, with the child's name, the name of the drug, the dosage, the time dispensed, and the name of the person administering the drug?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is there a written log of all over-the-counter medications acquired for any child in care?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are all drugs requiring intramuscular administration prescribed by a physician?	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
6. Are they administered only by a licensed medical practitioner?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Have stimulants, tranquilizers or psychotropic drugs been used for program management and control or for experimentation and research?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Has subcutaneous medication, except prescribed self-administered insulin injections, been administered by any person other than a licensed medical practitioner?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Is there a written register for drugs confiscated from children in care?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Does the agency demonstrate evidence of the availability of a comprehensive program of preventative, routine and emergency medical and dental care for all its children?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Does the agency demonstrate that children receive timely, competent medical and dental care when needed?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Do the children also receive necessary follow-up medical and dental care?	<input type="checkbox"/>	<input type="checkbox"/>		
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP

13. Does a program ascertain and document known allergies and medical conditions of the children in care? Describe how.	<input type="checkbox"/>	<input type="checkbox"/>		
14. Except when a child has received within 12 months prior to admission, a general medical examination, (the results of which are available to the program), does a program arrange for a general medical examination by a licensed medical practitioner within 15 days of admission?	<input type="checkbox"/>	<input type="checkbox"/>		
15. Does the program arrange for an annual physical examinations for all its children?	<input type="checkbox"/>	<input type="checkbox"/>		
16. Does the program maintain a cumulative record of visits to medical care facilities?	<input type="checkbox"/>	<input type="checkbox"/>		
17. Are the following included in this record? <ul style="list-style-type: none"> • Name of child <input type="checkbox"/> <input type="checkbox"/> • Reason for visit <input type="checkbox"/> <input type="checkbox"/> • Name of physician or attending medical person <input type="checkbox"/> <input type="checkbox"/> • Results and recommendations of the medical examination <input type="checkbox"/> <input type="checkbox"/> • Type of usage of medication ordered <input type="checkbox"/> <input type="checkbox"/> • The reason for prescribing any medication <input type="checkbox"/> <input type="checkbox"/> 				

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
18. Upon discharge, does the program provide a summary of the child's health record to the person or agency responsible for the future planning and care of the child?	<input type="checkbox"/>	<input type="checkbox"/>		
19. Except when a child has received a dental examination within 12 months prior to admission, (the results of which are available to the program), does a program arrange for a dental examination within 60 days of admission?	<input type="checkbox"/>	<input type="checkbox"/>		
20. Does each child 4 years of age and older receive an annual dental examination arranged by the program?	<input type="checkbox"/>	<input type="checkbox"/>		
21. Does the program show evidence that it: <ul style="list-style-type: none"> <li data-bbox="260 818 575 967">• Determines the child's need for eyeglasses, a hearing aid, a prosthetic or other corrective device <li data-bbox="260 967 575 1058">• Provides the child with any necessary equipment or device 	<input type="checkbox"/>	<input type="checkbox"/>		
22. Does the program have written procedures for the staff in the event of a medical emergency?	<input type="checkbox"/>	<input type="checkbox"/>		
23. Do the procedures include the administration of first aid?	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
<p>24. Are the following adhered to:</p> <ul style="list-style-type: none"> • A definition of the circumstances that constitute a medical emergency • Instructions to staff regarding their behavior in the event of a medical emergency • Posting of the procedures in conspicuous areas 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<p>25. Does at least one child care staff in each living unit and each shift possess current certification in first aid and CPR administration?</p>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>26. Does each unit in a facility possess a first aid kit meeting the most recent guidelines of the American Red Cross?</p>	<input type="checkbox"/>	<input type="checkbox"/>		

X PROVISION OF SERVICES:				
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Does the program have a written description of its overall approach to family involvement?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does the program promote positive communication between a child and his/her parent or guardian?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Has the program made the following information available to the parent or guardian prior to placement? <ul style="list-style-type: none"> • The philosophy of the program <input type="checkbox"/> <input type="checkbox"/> • Normal daily routines <input type="checkbox"/> <input type="checkbox"/> • Behavior management and disciplinary practices <input type="checkbox"/> <input type="checkbox"/> • Treatment strategies <input type="checkbox"/> <input type="checkbox"/> • Visiting hours and other communication procedures with children in care <input type="checkbox"/> <input type="checkbox"/> • Services provided to family by the program; <input type="checkbox"/> <input type="checkbox"/> • Procedures the parent may use for complaints <input type="checkbox"/> <input type="checkbox"/> • The name and telephone number of a staff person whom the parent may contact on an ongoing basis <input type="checkbox"/> <input type="checkbox"/> 				

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
<p>10. Does the program adhere to the following procedures, in the event a child's right to visit or communicate with a person outside the program is curtailed?</p> <ul style="list-style-type: none"> • Notify the Department to determine if this is appropriate? • Inform the child of the reason for the restriction or termination rights to communicate with a specific individual? • Review the decision at least every 3 months? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
11. Has the program prohibited any agency or Department from visiting, corresponding with or telephoning a child?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Is each child adequately supervised at all times as appropriate to his/her needs and level of development?	<input type="checkbox"/>	<input type="checkbox"/>		
13. In a residential program, does each child have ready access to a responsible staff member throughout the night? By what means?	<input type="checkbox"/>	<input type="checkbox"/>		
14. In a residential program, does each child have adequate, clean, well-fitting and seasonable clothing?	<input type="checkbox"/>	<input type="checkbox"/>		
15. Is the child's clothing identifiably his/her own and not shared in common?	<input type="checkbox"/>	<input type="checkbox"/>		
16. Does the program make provisions for clothing needs at the time of discharge?	<input type="checkbox"/>	<input type="checkbox"/>		
17. Is there a written policy delineating the possession and acquisition of personal belongings?	<input type="checkbox"/>	<input type="checkbox"/>		
18. In accordance with this policy, can a child bring his/her personal belongings to a program and acquire belongings of his/her own?	<input type="checkbox"/>	<input type="checkbox"/>		
19. Does the program limit or supervise the use of these items?	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
20. In the event extraordinary limitations are imposed, are the following procedures adhered to: <ul style="list-style-type: none"> • Is the child informed by staff of the reasons? • Are the reasons recorded in the case record? 	<input type="checkbox"/>	<input type="checkbox"/>		
21. Does the program make reasonable provisions to protect the child's property?	<input type="checkbox"/>	<input type="checkbox"/>		
22. Does program staff train children in habits of physical cleanliness, good grooming, and personal hygiene?	<input type="checkbox"/>	<input type="checkbox"/>		
23. Does a program have clear and simple written grievance procedures for children?	<input type="checkbox"/>	<input type="checkbox"/>		
24. Has each child received a copy of or a verbal explanation of the grievance procedure?	<input type="checkbox"/>	<input type="checkbox"/>		

XI CHILDREN'S MONEY:

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Does the program allow and encourage a child to possess his/her own money?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is money earned, received as a gift or as an allowance by a child deemed the child's personal property by the program?	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
3. Does the program limit the amount of money a child may possess or to which he/she has unencumbered access?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does the program require a child to assume expenses for his/her care and treatment? If so, is this part of the service plan?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
5. Does the program deduct reasonable sums from a child's allowance or pay for work, based on ability to pay, as a restitution for damages done by the child?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Is the restitution plan recorded in the service plan?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Is there a separate accounting system for each child's money?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Does a child with ongoing earned income from employment have an interest-bearing savings account?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Has the Department been notified of the existence of the child's savings account?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Is work assigned as a constructive experience for children?	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
11. Are children in the program either attending school, gainfully employed, or in training for suitable employment or life skills? If no, explain	<input type="checkbox"/>	<input type="checkbox"/>		
XII RELIGION:				
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Does the program require any religious observance or practice of a child?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Has the parent made written request for a religious practice or observance?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does the program have a written description of its religious orientation, if any, the presence or absence of religious observances, and any religious restrictions on admission?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is this description provided to the child, parent or guardian and Department at the time of admission?	<input type="checkbox"/>	<input type="checkbox"/>		
5. During admission, did the program: <ul style="list-style-type: none"> • Discuss the religious orientation and policy of the child and his/her parent or guardian? • Determine the wishes of the parent or guardian and the child regarding the child's religious training? 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
6. Have reasonable efforts been made to provide each child with the opportunity to participate in religious activities and services, in accordance with the wishes of the parent or guardian?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Has the child's parent or guardian been consulted before any change in religious affiliation is made by the child?	<input type="checkbox"/>	<input type="checkbox"/>		

XIII FOOD:

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Does the program maintain sanitary food storage and preparation facilities separate from other building areas?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are menus prepared in conformity with accepted nutritional standards?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Are menus posted 7 days prior to the serving of a meal?	<input type="checkbox"/>	<input type="checkbox"/>		
4. In a residential program, does each child receive 3 meals daily or their equivalent?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Is there no more than 14 hours between the evening meal and breakfast?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Has a child been denied a meal for non-medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Are special nutrition needs recorded in a child's medical record by medical staff?	<input type="checkbox"/>	<input type="checkbox"/>		
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP

8. Has a child been coerced to eat against his/her will or force-fed, except by order of physician?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Has the Department been immediately notified of such an order?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Prior to placement, does the program notify the Department, parent, and child of dietary restrictions within the program?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Prior to placement, does the program ascertain from the Department and parent information concerning dietary restrictions of the child?	<input type="checkbox"/>	<input type="checkbox"/>		

XIV DISCIPLINE:

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Does a program have written policies and procedures regarding discipline?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are these explained to all children, families, staff and placing agencies?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does a program show evidence of the use of any form of corporal punishment?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does a program show evidence of cruel, humiliating, severe, unusual or unnecessary punishments?	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
7. Check any of the following if in evidence in a program: <ul style="list-style-type: none"> • Exclusion of a child from entry to the residence • Sensory deprivation or electrical shock • Any act defined as abuse or neglect in chapter 11, Title 40 of state statutes • Destruction or unreasonable withholding of a child's property which has emotional significance to the child 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 		
8. Does the program delegate discipline to other children or to persons unknown to the child?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Does the program use any form of restraint other than passive physical restraint?	<input type="checkbox"/>	<input type="checkbox"/>		
10. With Department approval are relaxation/time out rooms used?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Does program have Department permission to use a locked room for isolation?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Has each incident of passive restraint: <ul style="list-style-type: none"> • Been recorded? • Described behavior? • Indicated which less restrictive measures were used prior to restraint? • Why less restrictive measures were not used? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP

13. Does the program have a written policy regarding "time-out"?	<input type="checkbox"/>	<input type="checkbox"/>		
14. Is "time-out" used?	<input type="checkbox"/>	<input type="checkbox"/>		
15. Does the program have the written prior approval of the Department to use an isolation room unlocked, lighted, well ventilated, equipped with an observation window and at least 50 square feet?	<input type="checkbox"/>	<input type="checkbox"/>		
16. Is a child in isolation visually observed through the observation window at minimum of 5 minute intervals?	<input type="checkbox"/>	<input type="checkbox"/>		
17. Does the program utilize "time-outs" in excess of 30 minutes?	<input type="checkbox"/>	<input type="checkbox"/>		

XV EDUCATION				
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QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Has a program arranged, within 5 days of admission, for a child to attend an appropriate educational program in accordance with state law?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does a program offer an on-site educational program, approved in writing by the Department of Education? **Provide documentation	<input type="checkbox"/>	<input type="checkbox"/>		
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP

3. Is a written description of the on-grounds program provided to the child and his /her parent or guardian at the time of admission?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Does a program provide appropriate space and supervision for quiet study?	<input type="checkbox"/>	<input type="checkbox"/>		
5. When a child is not enrolled in a regular academic program, does the program provide or arrange for vocational preparation services or life skills training?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Are the training and services provided appropriate to the age and abilities of the child?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Are the children encouraged to participate in local school or community activities?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Are recreational activities provided appropriate to the ages and abilities of the children in care?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Weather permitting, are outdoor exercise and recreational activities encouraged?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Has any child been sexually maltreated while in the program's care? If yes, please explain	<input type="checkbox"/>	<input type="checkbox"/>		
11. Are program staff made aware of the special needs of sexually abused children?	<input type="checkbox"/>	<input type="checkbox"/>		
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
12. Does program staff know	<input type="checkbox"/>	<input type="checkbox"/>		

that specialized help is available from placing agency in dealing with sexually abused children?				
13. Has such help been requested?	<input type="checkbox"/>	<input type="checkbox"/>		
14. Does the program provide age-appropriate information about sexuality to its children in care?	<input type="checkbox"/>	<input type="checkbox"/>		

XVI ADMISSION

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Does a program have written referral and admission policies defining the participation of the child, parent or guardian, and the Department in the admission process?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does the program review the Children's Bill of Rights with each youth upon admission?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Are children informed of their right to call the hotline immediately and 24/7? How?	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
4. Does a program provide a written reason for rejecting a child for admission to its program?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Does a program clarify its expectations and requirements for behavior, so that a child understands the program's criteria for successful participation in and completion of the program?	<input type="checkbox"/>	<input type="checkbox"/>		
6. At the time of admission, does the program orient the child to the daily routines of the program?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Does the program have and follow a written and overall plan for treatment and service?	<input type="checkbox"/>	<input type="checkbox"/>		

XVII CASE PLANNING				
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Does a program review a child's service needs and strengths within 60 days of admissions?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Are the following areas included in the review? <ul style="list-style-type: none"> • health care <input type="checkbox"/> <input type="checkbox"/> • education <input type="checkbox"/> <input type="checkbox"/> • personal/social development <input type="checkbox"/> <input type="checkbox"/> • family relationships, including parental strengths and weaknesses <input type="checkbox"/> <input type="checkbox"/> • pre-vocational and vocational training <input type="checkbox"/> <input type="checkbox"/> • recreation <input type="checkbox"/> <input type="checkbox"/> • life skills development <input type="checkbox"/> <input type="checkbox"/> 				
3. Does a program develop a written service plan aimed at successful discharge, on the basis of this review and in accordance with the case plan? If no please explain:	<input type="checkbox"/>	<input type="checkbox"/>		

7. Has the program provided the child and his/her parent or guardian opportunities to participate in the planning process?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Is the participation contraindicated?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Has the service plan and subsequent revisions been explained to the child and his/her parent in language understandable to them?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Is each service plan reviewed at least every 6 months?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Is goal achievement evaluated?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Is the service plan revised according to the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Has the program reported to and met with the parent or guardian at least once every 3 months?	<input type="checkbox"/>	<input type="checkbox"/>		
14. Are these meetings noted in the case record?	<input type="checkbox"/>	<input type="checkbox"/>		

XVIII DISCHARGE/DISMISSAL

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
1. Does the program have a clear policy regarding dismissal of a child prior to the agreed upon discharge schedule?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is a dismissal preceded by significant actions by the program to maintain the child in the program?	<input type="checkbox"/>	<input type="checkbox"/>		

QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP
3. Prior to the planned discharge of a child, has the program formulated, in conjunction with the Department, an after care plan specifying the supports and resources to be provided to the child?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is a written discharge summary completed by the program within 15 days of the date of a child's discharge?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Is the discharge summary included in the child's case record and sent to the placing agency?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Are the following items included in a discharge summary? <ul style="list-style-type: none"> <li data-bbox="260 760 575 816">• A summary of services provided during care <input type="checkbox"/> <input type="checkbox"/> <li data-bbox="260 824 575 914">• Progress in achieving the goals stated in the service plan <input type="checkbox"/> <input type="checkbox"/> <li data-bbox="260 922 575 1060">• The assessed needs which remain to be met and alternate service possibilities which might meet those needs <input type="checkbox"/> <input type="checkbox"/> <li data-bbox="260 1068 575 1222">• A statement of an aftercare plan and identification of who is responsible for follow-up services and aftercare <input type="checkbox"/> <input type="checkbox"/> <li data-bbox="260 1230 575 1344">• Immunizations, allergies and medical condition, as well as clinical and educational reports <input type="checkbox"/> <input type="checkbox"/> 				
QUESTIONS	YES	NO	DESCRIPTION/EXPLANATION	FOLLOW-UP

<p>7. Are the following items included in a discharge summary, when the discharge is not in accordance with the service plan?</p> <ul style="list-style-type: none"> • The circumstances leading to the unplanned discharge • Any special action taken by the program and the reason for these actions • Recommendations for services for unmet needs 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
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