



YDC Master File Review (Master, Medical, Education)

Youth's Name: _____ TFACTS Person ID#: _____

Status of Case: ☐ Open ☐ Closed

PART A: MASTER FILE REVIEW

Reviewer's Name: _____ Review Date: _____

1. Is file arranged, labeled and marked "confidential" according to Policy 9.7 DOE Standardization and Confidentiality of Youth Master Files with the Face Sheet Present:

☐ Yes ☐ No

2. If case is closed, is the Release CFTM Summary present:

☐ Yes ☐ No

3. Is there a photograph identifying the youth taken within last year:

☐ Yes ☐ No

4. Is there a face sheet dated within last year:

☐ Yes ☐ No

LEGAL/COURT SECTION

5. Court Order, commitment papers and other court/commitment related documents:

☐ Yes ☐ No

6. Youth Commitment Reduction Credits (Form CS-0006):

☐ Yes ☐ No ☐ N/A (indeterminate youth)

7. Birth certificate or photocopy:

☐ Yes ☐ No ☐ N/A (undocumented youth)

8. Social Security card copy or request form:

☐ Yes ☐ No ☐ N/A (undocumented youth)

9. Request for Legal Consultation (Form CS-0318):

☐ Yes ☐ No ☐ N/A

10. Orientation Checklist (Form CS-0176):

☐ Yes ☐ No ☐ N/A (classification youth)

11. Youth Acknowledgement and Notification of PREA (Form CS-0939):

☐ Yes ☐ No

12. If Yes to question 10, "Youth Acknowledgement and Notification of PREA (CS-0939) completed within 48 hours of date admitted to YDC and signed by youth:

☐ Yes ☐ No

13. PREA Risk Assessment completed (Form CS-0946):

☐ Yes ☐ No

14. If Yes to question 12, PREA Risk Assessment (CS-0946) completed within 72 hours of date admitted to YDC):

☐ Yes ☐ No

15. Equal access to program form (CS-0158) dated within last 12 months:

☐ Yes ☐ No

VISITATION/PASS/PROPERTY SECTION

16. Approved visitor and telephone lists are present and filled out completely (Form CS-0111):

☐ Yes ☐ No

17. Temporary custody agreements (Form CS-0058), pass documents and related pass information:

☐ Yes ☐ No ☐ N/A

CONDUCT SECTION

18. Discipline reports and summary of hearing findings with all required signatures:

☐ Yes ☐ No ☐ N/A (youth has received no discipline reports)

19. Youth confinement placement forms with all required signatures (Form CS-0165):

☐ Yes ☐ No ☐ N/A (youth has not been placed in confinement)

20. Facility Incident Reports for incidents in which the youth was involved (Form CS-0311):

☐ Yes ☐ No ☐ N/A (youth has not been involved in any incidents)

INDIVIDUAL PROGRAM PLANNING SECTION

21. Classification CFTM Report and Summary:

☐ Yes ☐ No ☐ N/A (classification youth)

22. Individual Program Plan:

☐ Yes ☐ No ☐ N/A (classification youth)

23. Current Permanency Plan with signatures:

☐ Yes ☐ No

24. Behavior contracts or behavior management program forms:

☐ Yes ☐ No ☐ N/A

25. IPP Monthly Reviews (treatment team) for the review period (Form CS-0388)

☐ Yes ☐ No ☐ N/A (youth has not been placed in confinement)

26. IPP Monthly Review signed by:

Youth ☐ Yes ☐ No

Supervisor/Reviewer ☐ Yes ☐ No

27. IPP Monthly Review reflects that the following occurred:

	Agree	Partially Agree	Disagree	N/A
Discussion with Youth.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion with Mother/legal guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion with Father/legal guardian.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical & medication needs were addressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational needs and progress addressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills needs and progress addressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IL Skills needs and progress addressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior needs and progress addressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress in treatment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. IPP Quarterly CFTM signed by:

Youth ☐ Yes ☐ No ☐ N/A

YDC Case Manager ☐ Yes ☐ No ☐ N/A

Supervisor/Reviewer ☐ Yes ☐ No ☐ N/A

29. IPP Quarterly CFTM Reflect:

	Yes	No	N/A
Each goal reviewed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion with youth about progress.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion with Mother/legal guardian about progress.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion with father/legal guardian about progress.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Special/Release CFTM Summaries:

☐ Yes ☐ No ☐ N/A

31. If the youth is 14 or older, does the record reflect that he is currently working on developing life skills or is involved in extracurricular activities (such as parenting class, driver safety class, sports team, etc):

☐ Yes ☐ No ☐ N/A (youth is under 14)

32. The YDC case manager discussed the child's well-being needs including sharing information about, or eliciting perceptions of the youth's health, development, mental health, education, independent living, adjustment to the placement, etc. with the following persons (case recordings or CFTM/IPP reviews):

	Agree	Partially Agree	Disagree	N/A
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TESTING/ASSESSMENTS SECTION

33. Report(s) of mental health testing and evaluations:

☐ Yes ☐ No

34. Mental Health Screening occurred within 7-14 days of admission:

☐ Yes ☐ No

35. Contract Provider counseling notes and collateral information are up to date in the file or TFACTS:

☐ Yes ☐ No

CORRESPONDENCE SECTION

36. Notification of staffing letter/form in the and sent to parent/caregiver/guardian:

☐ Yes ☐ No ☐ N/A (youth is in full guardianship)

PART B: MEDICAL FILE REVIEW

Reviewer's Name: _____

Review Date: _____

1. The Columbia-Suicide Severity Rating Scale was administered at admission:

☐ Yes ☐ No

2. Health Orientation documented using (Form CS-0114) during intake:

☐ Yes ☐ No

3. Medical Summary for Classification (CS-0855):

☐ Yes ☐ No

4. Well Being Information and History (Form CS-0727):

☐ Yes ☐ No

5. Medical Assessment/EPSD&T (Form CS-0708) within 7 days of intake:

☐ Yes ☐ No

6. Follow up EPD&T recommendations completed and documented:

☐ Yes ☐ No ☐ N/A (no follow up recommendations)

7. Dental Assessment within 7 days of intake:

☐ Yes ☐ No

☐ N/A (documentation present that youth had dental exam within 6 months prior to admission)

8. Follow up dental recommendations completed and documented:

☐ Yes ☐ No ☐ N/A (no follow up recommendations)

9. Informed Consent to Routine Health Services for Minors (Form CS-0206):

☐ Yes ☐ No ☐ N/A (youth is not on psychotropic medication)

10. Informed Consent for psychotropic medication (CS-0627) for each prescribed psychotropic medication:

☐ Yes ☐ No ☐ N/A (youth is not on psychotropic medication)

PART C: EDUCATION FILE REVIEW

Reviewer's Name: _____

Review Date: _____

1. Current Report Cards and Transcript:

☐ Yes ☐ No ☐ N/A (youth has exited the school program)

2. Education Passport (Form CS-0657):

☐ Yes ☐ No

3. Educational Assessments:

☐ Yes ☐ No ☐ N/A

4. Individual Education Plan (IEP):

☐ Yes ☐ No ☐ N/A

5. Eligibility Report and Psycho-Educational Assessment for Special Education/IEP:

☐ Yes ☐ No ☐ N/A

6. 504 Meeting Summaries:

☐ Yes ☐ No ☐ N/A

7. College Prep/ACT testing scores:

☐ Yes ☐ No ☐ N/A

8. High School Diploma or GED/HiSET:

☐ Yes ☐ No ☐ N/A (no follow up recommendations)

Signature below Indicates **COMPLETED** form has been reviewed & Corrective Action Plan with Due Dates has been established to address deficiencies (**Applicable ONLY to YDC Staff**):

Treatment Manager/Designee

Date

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

CS-1144, Rev. 10/19



RD 2875
Page 6