

# RESIDENT SCREENING CHECKLIST

Approved screenings for children residential settings - Minnesota Rules, part 2960.0070, subpart 5

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## 1 RESIDENT AND CHECKLIST INFORMATION

CHILD / YOUTH FULL NAME

AGE

RESIDENT ID

FACILITY / PROGRAM

CHECKLIST DATE

### CHECKLIST PURPOSE AND INSTRUCTIONS

This checklist documents the requirements found in Minnesota Rules, part 2960.0070, subpart 5. Programs with transitional services certification are exempt from this requirement.

Screenings must be completed by trained staff. Minnesota Rules, part 2960.0070, subpart 5(C)(3): The resident need not be screened if a screening or assessment completed within the last six months is already on file. If there is reason to believe that the resident's condition has changed since the last screening or assessment, a new screening must be completed. If the resident is transferred from another facility, the sending facility's records about the resident must be immediately requested by the receiving facility. The requirements in this item do not apply to residents on detention status for less than six working days in a detention facility. Use the results of the screening to determine 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.

## 2 HEALTH SCREEN

**TIMELINE:** Within 24 hours of admission.

For all children and youth

☐ Completed Health Screen.

COMPLETED BY

DATE COMPLETED

## 3 EDUCATION SCREEN

**TIMELINE:** Must begin within 3 working days and be completed within 6 working days of admission.

For all children and youth

☐ Completed Education Screen; or

☐ Received a copy of the child's/youth's IEP.

COMPLETED BY

DATE COMPLETED

## 4 VULNERABILITY ASSESSMENT AND SEXUALLY ABUSIVE BEHAVIOR SCREEN

**TIMELINE:** Must begin the screen within 3 working days and complete it within 6 working days of admission.

For all children and youth

☐ Completed Vulnerability Assessment and Sexually Abusive Behavior Screen.

COMPLETED BY

DATE COMPLETED

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## 5 MENTAL HEALTH SCREEN

**TIMELINE:** Must begin the screen within 3 working days and complete it 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 higher level 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 higher level assessment completed by a licensed mental health professional within 180 days prior to admission.

COMPLETED BY

DATE COMPLETED

## 6 SUBSTANCE ABUSE SCREEN

**TIMELINE:** Must begin the screen within 3 working days and complete it 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

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## 7 CULTURAL SCREEN

**TIMELINE:** Must begin the screen within 3 working days and complete it within 6 working days of admission.

For all children and youth

☐ Completed Culture Screen.

COMPLETED BY

DATE COMPLETED

## 8 GENDER-SPECIFIC NEEDS SCREEN

**TIMELINE:** Must begin the screen within 3 working days and complete it within 6 working days of admission.

For all children and youth

☐ Completed Gender-Specific Needs Screen.

COMPLETED BY

DATE COMPLETED

## 9 RESIDENT'S FAMILY INVOLVEMENT INQUIRY

**TIMELINE:** Must begin the screening within 3 working days and complete it within 6 working days of admission.

For all children and youth

☐ Completed approved Family Involvement Inquiry screening.

COMPLETED BY

DATE COMPLETED

## 10 DISTRIBUTION

☐ Parent (unless not allowed by court order)

☐ Placing Agency

## 11 DISPOSITION AND FOLLOW-UP PLAN

☐ No immediate action indicated

☐ Medical follow-up

☐ Mental health / suicide assessment

☐ Enhanced supervision / safety plan

☐ Emergency response initiated

☐ Other

☐ Substance use assessment recommended

NOTIFICATIONS, REFERRALS, INSTRUCTIONS, AND FOLLOW-UP PLAN