



DIVISION OF LICENSED RESOURCES (DLR)
BEHAVIORAL REHABILITATIVE SERVICES (BRS)

**Comprehensive Review:
DLR Client File**

AGENCY NAME	DATE
REVIEWER	TYPE OF LICENSE

DLR Requirements for Client Files

WAC 388-145,147, AND 148	DESCRIPTION	CHILD'S NAME	COMMENTS	CHILD'S NAME	COMMENTS
145-1520 147-1525	Name: Date of Birth: Date of Placement:				
145-1520 147-1525	Legal Status – Current VPA or court order				
145-1520 147-1525	Name and telephone number of CA worker (emergency contact)				
145-1520 147-1525	Parent information for each child				
145-1520 147-1525	Persons authorized to take child under care out of the facility				
145-1520 147-1525	Social Summary				
145-1520 147-1525	Narrative of treatment progress				
145-1520 147-1525	Case plans AND placement history (CA's Court Report, Safety Plan, or DDA case plan)				
145-1520 147-1525	Identify and meet specific cultural and religious needs				
145-1520 147-1525	Supervision / Behavior Management Plan. AKA Special Instructions				
145-1520 147-1525	Inventory of belongings				

145-1520 147-1525	Visitation Plan				
145-1520 147-1525	Developmental Activities (physical, mental, social, and emotional)				
145-1725 147-1605	Treatment plan by 30 th day in care and then quarterly				
145-1855 (Not required for CPA)	Psychotropic meds consent (parent, court order, youth 13 years or older and competent to provide own consent, or CA worker if legally free)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
145-1855 147-1635	Meds disbursements documented including missed or refused meds and incorrectly administered meds with the reasons why	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
145-1880 (Not required for CPA)	Written approval for self-administration (13 years or older)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
145-1520 147-1525	Medical / Health history Well-child Date: Dental Date: Vision Date: Allergies, if applicable				
145-1520 147-1525	Mental health history and issues. Medical and psychological reports (when available)				
145-1520 147-1525	Immunization records (If child's placement exceeds 72 hours)				
145-2020 147-1400	Medical and emergency surgical consent or court order				

145-1840 147-1640	Physical exam (EPSDT) within 30 days of placement				
145-1520 147-1525	School records, including Individual Education Plan (IEP)				
145-1730 148-1525	Suitable education plan, including vocational training for children not completing high school				
Additional CPA Requirements					
147-1400	Child prepared for placement				
147-1610	Case Manager must make health and safety visits in the home. Each child and one or both foster parents must be seen at each visit.				
General Comments					
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Compliance Agreement			REVIEWER'S SIGNATURE		DATE