

**MENTAL HEALTH DAY TREATMENT SERVICE FOR CHILDREN PROGRAM
 INITIAL CERTIFICATION APPLICATION**

Chapter DHS 40

- This application is to verify that the emergency mental health service program complies with Chapter DHS 40, Wisconsin Administrative Code.
- After review of the submitted application, a preliminary determination will be made as to the unit's eligibility for certification. If eligibility appears feasible, an onsite visit will be scheduled and certification status determined.
- If no significant deficiencies are found by the site visit, a certificate will be issued. If significant deficiencies are identified, the applicant will be afforded an opportunity to develop a plan of correction to complete compliance.

To Program Personnel:

- Read these instructions carefully before completing this questionnaire.
- The relevant standard is printed immediately preceding the corresponding questionnaire item.
- Respond to **every** item carefully. Do not omit a response to any item.
- Where "verification" is required in the questionnaire, **list** the type of document or materials that will be presented to verify the statement in question. With the exception of the Plan for Coordination of Services (DHS 34.22), **DO NOT** forward the actual documents or material with the application unless requested to do so, but be sure that they are available for review at the time of the onsite survey.

By completing and submitting this form, the clinic indicates that it is in compliance with the program standards as required by state statutes.

Name – Facility					
Address – Physical		City	State	Zip Code	County
Telephone Number		E-mail Address <input type="checkbox"/> <i>May be published in Provider Directory</i>			
Fax Number		Internet Address <input type="checkbox"/> <i>May be published in Provider Directory</i>			
Name – Contact Person		Telephone Number	E-mail Address <input type="checkbox"/> <i>May be published in Provider Directory</i>		
Name – Person Who Completed this Form		Telephone Number	E-mail Address <input type="checkbox"/> <i>May be published in Provider Directory</i>		
Type of Organization <i>[See Chapter DHS 40.03(4)(10)(23) for definitions.]</i>			Levels of Service		
<input type="checkbox"/> Community-based Program <input type="checkbox"/> Hospital-based Program <input type="checkbox"/> School-based Program			<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III		
Average Number of Clients Per Week		Hours per Day in Operation per 5 Day Week <i>[See Chapter DHS 40.07(4)]</i>			
Have you informed your clients (both former as well as present) that they may be contacted by the DQA surveyor?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is there evidence that all program staff have knowledge regarding:					
DHS 40: <input type="checkbox"/> Yes <input type="checkbox"/> No		DHS 92: <input type="checkbox"/> Yes <input type="checkbox"/> No		DHS 94: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How is this evidence manifested?					
Does your agency have a contract with a 51.42 Board? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," indicate with which county(ies).					

I hereby attest that all statements made in this application and any attachments are correct to the best of my knowledge and that I will comply with all laws, rules, and regulations governing alcohol and other drug abuse intervention services.

FULL SIGNATURE – Director		Date Signed	Full Name – Director <i>(Print or type.)</i>
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Checkboxes indicate a required response. To avoid delays in certification, respond to each item.

Chapter DHS 40.06 (1) Written Personnel Policies

A mental health day services program shall have written personnel policies.

- Yes No 1. Does your program have written personnel policies?
- Yes No 2. For each program employee, do you have on file, at least two character references?
- Yes No 3. For each program employee, do you have on file written letters of references from previous employers or educational institutions?
- Yes No If "no," do you have a written record of verbal contact giving dates, person make the contact, persons contacted, and contact content?
- Yes No 4. Does your employment personnel policy include checking relevant and available conviction records?

Chapter DHS 40.06 (5) Written Policy for Clinical Supervision

Each program shall develop and implement a written policy for clinical supervision of all staff who provide treatment for children in the program.

- Yes No 1. Who provides the clinical supervision?
- Yes No 2. Is the clinical supervision provided to each program staff member?
- Yes No 3. Does the recipient of the clinical supervision receive feedback on how well he or she is doing and what improvements are needed?
- Yes No 4. Is the clinical supervision provided to each staff person on a face-to-face basis?
- Yes No 5. How many hours per month of clinical supervision is provided to each mental health professional?
- Yes No 6. Is there clinical supervision documented in writing?

Where?

Chapter DHS 40.06 (a) Orientation Program

Each program shall develop and implement an orientation program which all new staff and regularly scheduled volunteers shall complete.

1. Is there written evidence that each new staff or volunteer is familiar with:
- Yes No a. Your policies and procedures
- Yes No b. The job responsibilities of staff persons in your program?
- Yes No c. Basic mental health treatment concepts applicable to providing day services for children and their families?
- Yes No d. Techniques and procedures for providing non-violent crisis management for individuals or for groups of children?

Chapter DHS 40.06 (6)(b) Training Program

Each program shall develop and implement a training program for all staff.

- Yes No 1. Is there time set aside for in-service training?
- Yes No 2. Are there presentations by community resource staff from outside agencies?
- Yes No 3. Is staff allowed to attend conferences and workshops?
- Yes No 4. Are there presentations of current principles and methods of treatment for children with mental illness?
5. How many in-service / training hours does each staff person receive? _____
- Yes No Is there written documentation of these hours?

CHAPTER DHS 40.07 (1)(a), (b) and (c) Required Personnel and Services**Level I Programs (1)(a)**

A program operating at Level I shall make available at least the following hours of direct clinical services provided either by program staff or professionals under contract to the program:

- Yes No 1. Is one hour / week of psychiatric or psychological consultation provide for every four full-time clients?
- Yes No 2. Is one hour / week of services by a registered nurse or physician provided for every four full-time clients?
- Yes No 3. When clients are present, is there provision for emergency and other necessary medical and nursing services?
- Yes No 4. Do you provide one hour / week of individual or family therapy by either a clinician or a clinical psychologist for each full-time client?
- Yes No 5. Is one hour / week of social work services provided for every two full-time clients?
- Yes No 6. Are two hours / week of occupational therapy services provided by registered occupational therapists or structured recreational or vocational services provided by specialists in specific areas of therapeutic assistance provided for each full-time client?
- Yes No 7. Are two hours / week of individual or group counseling by a qualified mental health professional for each full-time client?

Level II Programs (1)(b)

A program operating at Level II shall make available at least the following hours of direct clinical services provided either by program staff or professionals under contract to the program:

- Yes No 1. Is one hour / week of psychiatric or psychological consultation provided for every two full-time clients?
- Yes No 2. Is one hour / week of services by a registered nurse provided for each full-time client?
- Yes No 3. When clients are present, is there provision for emergency and other necessary medical and nursing services?
- Yes No 4. Do you provide two hours / week of individual or family therapy by either a clinician or a clinical psychologist for each full-time client?
- Yes No 5. Is one hour / week of social work services provided for every two full-time clients?
- Yes No 6. Are three hours / week of occupational therapy services provided by registered occupational therapists or structured recreational or vocational services provided by specialists in specific areas of therapeutic assistance provided for each full-time client?
- Yes No 7. Are three hours / week of individual or group counseling by qualified mental health professionals provided for each full-time client?

Level III Programs (1)(c)

A program operating at Level III shall make available at least the following hours of direct clinical services provided either by program staff or professionals under contract to the program:

- Yes No 1. Is one hour / week of psychiatric of psychological consultation provided for every full-time client?
- Yes No 2. Is there a registered nurse on duty at all times that clients are present?
- Yes No 3. Do you provide three hours / week of individual or family therapy by either a clinician or a clinical psychologist for each full-time client?
- Yes No 4. Is one hour / week of social work services provided for every full-time client?
- Yes No 5. Are four hours / week of occupational therapy services provided by registered occupational therapists or structured recreational or vocational services provided by specialists in specific areas of therapeutic assistance provided for each full-time client?
- Yes No 6. Are four hours / week of individual or group counseling by qualified mental health professionals provided for each full-time client?

Chapter DHS 40.07 (2)(a) Staffing Levels

At all times that clients are present at a program, the program shall have a minimum of two staff persons qualified under ch. DHS 40.06(4) on duty, at least one of whom shall be a qualified mental health professional.

1. Names of staff on duty at all times:

Chapter DHS 40.07 (2)(b) Additional Staff Level I

If more than 10 clients are present at a program operating at Level I, an additional staff person qualified under ch. DHS 40.06(4) shall be present for every 10 additional clients or fraction thereof.

1. Name(s) of additional staff on duty at all times:

Chapter DHS 40.07 (2)(c) Additional Staff Level II and Level III

If more than 10 clients are present at a program operating at Level II and III, an additional staff person qualified under ch. DHS 40.06(4) shall be present for every five additional clients or fraction thereof.

1. Name(s) of additional staff on duty at all times:

Chapter DHS 40.08 Admission (1) and (2) Criteria and Procedures

A program shall establish written criteria and procedures to be used when screening children referred for admission.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Does your admission policy identify the sources from which referrals may be accepted? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Does your admission policy identify the process used for making referrals? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Does your admission policy identify the procedures used to screen and assess children who have been referred? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Does your admission policy identify any funding restrictions which are applied to admissions? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Does your admission policy identify the age range of children the program will serve? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Does your admission policy identify any diagnostic or behavioral requirements utilized when selecting clients for admission? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Does your admission policy identify any client characteristics for which the program has been specifically designed, including the level or levels of service to be provided, whether male or female clients, or both may be admitted, the nature or severity of disorders which can be managed within the program, and the length of time that services may be provided to the client? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Does your admission policy identify any priorities which may be applied in selecting children referred for admission? |

Chapter DHS 40.08(3) Criteria for Admission

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Does your admission criteria require the child to have a primary psychiatric diagnosis of mental illness or severe emotional disorder? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Does your admission criteria state that the child would be unable to obtain sufficient benefit from a less restrictive treatment program? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Does your admission criteria state that, based on the information available at the time of referral, there shall be a reasonable likelihood that the child will benefit from the services? |
| | | 4. Does your admission criteria state that the child: |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | a. Exhibit significant dysfunction in two or more of the basic domains of his/her life? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | b. Is in need of transition from a hospital, residential treatment center, or other institutional setting? |

- Yes No c. Is in a period of acute crises or other severe stress and would be at high risk of hospitalization or other institutional placement?

Chapter DHS 40.08 (4) Referral for Admissions

- Yes No 1. Is admission to your program arranged through the program director, clinical coordinator, or designee?
 Yes No 2. If other than the program director or clinical coordinator, is the designation in writing?

Chapter DHS 40.08 (5) Admission Decision

- Yes No 1. Do you notify the referring agency of your admission decision, by letter, within 30 days after date of referral?

Chapter DHS 40.08 (6) Admission Priorities

- Yes No 1. Do you have a written policy on the acceptance of children for admission but for whom space is not yet available?
 Yes No 2. Have you ever had a waiting list?

Chapter DHS 40.08 (7) Admission Summary

- Yes No 1. When you have completed the screening and have decided to admit the child into your program, do you prepare a written report summarizing the reasons for admission?
 Yes No 2. If "yes," does the report identify services to be offered while the initial assessment and treatment plan are being prepared?
 Yes No 3. Does the report identify a date on which a client may begin attending the program?

Chapter DHS 40.08 (8) Consent for Admission

- Yes No 1. Is there written evidence in the client chart of consent for admission to your program by the appropriate person(s)?

Chapter DHS 40.08 (9) Case Management

Upon admission to a program, a child shall be assigned a case manager.

- Yes No 1. Is there written evidence that a case manager has been assigned to every child?
 Yes No 2. Is there written evidence that the case manager has provided the client and the parents or guardian (if they are available) a thorough explanation of the nature and goals of the program, the initial assessment, treatment planning and reviews, and the rights and responsibilities of clients and their families?
 Yes No 3. Is there written evidence that the case manager supervises and facilitates the client's initial assessment, the development and implementation of the treatment plan, ongoing case reviews, discharge plans, and the implementation of an aftercare program?
 Yes No 4. Is there written evidence that the case manager coordinates the client's program with other agencies and schools serving the client?
 Yes No 5. Is there written evidence that the case manager maintains contact with the client's family and facilitates the family's participation in the treatment plan?
 Yes No 6. Does the case manager serve as an advocate for the client and his/her family with other agencies?
 Yes No 7. Does the case manager act as a mediator regarding disputes that may arise between the client or the client's family and the program or with other programs or agencies?

Chapter DHS 40.09 Initial Assessment (1) Multi-disciplinary Team

1. Does your team include:
- Yes No a. The case manager?
 Yes No b. The clinical coordinator?
 Yes No c. An occupational therapist, clinical social worker, or registered nurse?
 Yes No d. An educational professional from the client's school?
 Yes No e. The client to the degree that the client is willing and able to participate?
 Yes No f. The client's parent or guardian if available and willing?
 Yes No g. Representatives of other professions / agencies identified in the referral materials / intake screening?

- Yes No h. The assigned social worker if the client has been placed by a county pursuant to a juvenile court order?

Chapter DHS 40.09 (2) Elements of the Initial Assessment

- Yes No 1. Does the initial assessment include:
- Yes No a. Obtaining and reviewing any existing evaluation?
- Yes No b. Completing any new test or evaluation necessary for the development of an effective treatment plan?
- Yes No c. Completing an evaluation of the client's mental health status by a psychiatrist or psychologist and the clinical coordinator?
- Yes No d. The client's use of alcohol/drugs?
- Yes No e. The client's level of academic functioning?
- Yes No f. The client's level of social and behavioral functioning in the home, school, and community?
- Yes No g. For clients 15 years of age and older, the vocational and independent living skills and needs?
- Yes No h. The client's relationship with his/her family including both strengths and weaknesses?
- Yes No i. Any other assets and needs of the client and his/her family which affect the client's ability to participate effectively in the home, school, and community?
- Yes No j. Completing an evaluation for determining the level of risk of suicide and risk of harm resulting from a dangerous reaction to psychotropic medication?
- Yes No k. Completing an evaluation of procedures for assessing and monitoring the effects and side effects of psychotropic medications, for dealing with the results of possible medication overdose, an error in medication administration, an unanticipated reaction to the medication, or the effects of a concurrent medical illness or condition occurring while the person was receiving the medication?
- Yes No l. Completing an evaluation of the criteria for deciding when the level of risk of suicide or a reaction to a psychotropic medication requires a face-to-face response, use of mobile services, or hospitalization.
- Yes No m. Completing an evaluation of the procedures to be used to notify those around the person that he or she may be at risk of harming him or her self?
- Yes No n. Completing an evaluation of the procedures for obtaining a more thorough mental status examination or other form of in-depth assessment, when necessary, based on the results of the initial emergency assessment?
- Yes No o. Completing an evaluation of the procedures for gathering as much information as possible, given the nature and circumstances of the emergency, about the person's health, any medication prior incidents of drug reaction or suicidal behavior, and any other information?

Chapter DHS 40.09 (3) Written Report on Initial Assessment

The multi-disciplinary team shall prepare a written report on the initial assessment.

- Yes No 1. Does the report describe the client's current mental health status?
- Yes No 2. Does the report describe the client's level of functioning both in terms of assets and problems which are to be addressed through treatment?
- Yes No 3. Does the report provide current baseline data regarding the severity, duration, and frequency with which mental health symptoms or problem behaviors have been observed?
- Yes No If "no," does the report describe the data as being reported as part of the client's history.
- Yes No 4. Does the report establish primary treatment goals and objectives?
- Yes No 5. Does the report express the goals / objectives in measurable terms?
- Yes No 6. Do the goals / objectives identify the conditions or behaviors which the client will be helped to achieve?
- Yes No 7. Is there an anticipated date by which the client can be expected to achieve the goals / objectives?

Chapter DHS 40.10 Treatment Plan (1) Requirement

The multi-disciplinary team shall prepare a written treatment plan for a client based upon the written report under ch. DHS 40.09(3) or the initial assessment of the client.

- Yes No 1. Is the treatment plan prepared within 30 calendar days after admission for preparation and approval of a Level I or Level II treatment plan?

- Yes No 2. Is the treatment plan prepared within 10 calendar days after admission for preparation and approval of a Level III treatment plan?
- Yes No 3. Does the treatment plan list the specific services which will be provided?
- Yes No 4. Does the treatment plan include a summary of services the client will receive from his/her school or other educational resource?
- Yes No 5. Does the treatment plan include a summary of services the client will receive from other involved agency(ies)?
- Yes No 6. Does the treatment plan indicate how the services from outside agencies will be coordinated with services provided by the program?
- Yes No 7. Does the treatment plan include a statement of program staff actions/interventions to be provided to the client/family, their frequency, and the staff responsible?
- Yes No 8. Does the treatment plan describe the procedure for monitoring and managing any identified suicide risk?
- Yes No 9. Does the treatment plan include short-term and long-term treatment objectives?
- Yes No 10. Does the treatment plan include criteria for measuring the effectiveness/appropriateness of the treatment plan?
- Yes No 11. Does the treatment plan include criteria to determine when the client has met the treatment plan objectives?
- Yes No 12. Does the treatment plan identify any medication the client will be receiving, the physician prescribing the medication, the purpose of the medication, and the plan for monitoring the medication administration/effects?
- Yes No 13. Who signs the treatment plan? Name(s): _____
- Yes No 14. In the event the client / parent / guardian / legal custodian refuses to sign the treatment plan or indicates a disagreement with the plan, is this refusal / disagreement documented in the treatment plan?
- Yes No 15. Does program staff document the steps which will be taken to attempt to resolve the conflict noted in the above question?
- Yes No 16. Does the psychiatrist or psychologist review, approve, and sign the treatment plan?

Chapter DHS 40.10 (5) Review of Case Progress

The case manager shall reconvene the multi-disciplinary treatment planning team according to the following schedule to assess the progress of the case.

Level I Services

- Yes No 1. Level I Services. Does the multi-disciplinary team assess the progress within 30 calendar days following approval of the treatment plan and every month thereafter?

Level II Services

- Yes No 1. Does the multi-disciplinary team assess the progress within 30 calendar days following approval of the treatment plan and every month thereafter?

Level III Services

- Yes No 1. Does the multi-disciplinary team assess the progress within 14 calendar day after approval of the treatment plan and every month thereafter?
- Yes No 2. For all three levels of service does the multi-disciplinary team reconvene and assess client progress more frequently if there is indication from any of the affected parties that there is a need to do so?

Chapter DHS 40.10 (5)(b) Elements of Review

1. In reviewing case progress, do you:
- Yes No a. Identify the client's current status under each objective and assess the client's progress, lack of progress, or regression in each area?
- Yes No b. Determine the continued appropriateness of the treatment plan and modify the objectives, proposed achievement dates, interventions, actions, or responsible staff?
- Yes No c. Request the participation or assistance of additional community programs or agencies as necessary?
- Yes No d. Prepare a written summary of the findings of the review and, if necessary, a revised treatment plan?

Chapter DHS 40.10 (5)(c) Documentation

1. As part of the review of case progress, does the treatment team prepare a written report which includes:

- Yes No a. A description of the client's progress, lack of progress, or regression in relation to the treatment plan objectives?
- Yes No b. Documentation of clinical client contacts and interventions required as part of the treatment plan?
- Yes No c. Identification of all days on which services were actually delivered to the client?
2. Is the written report prepared:
- Yes No a. Each month in programs providing Level I and Level II services?
- Yes No b. Every two weeks in programs providing Level III services?
- Yes No 3. Are the written reports maintained in the client record?

Chapter DHS 40.10 (6) Discharge Planning

- Yes No 1. Does the treatment plan include a discharge planning component?
- Yes No 2. When the client is approaching attainment of the treatment plan objectives, does the treatment team prepare a discharge plan:
- Yes No a. Which establishes a process for the client's transition back into the community?
- Yes No b. Which identifies aftercare services which will be provided to assist in that transition and to support the client's reintegration into the family, school, and community activities?

Chapter DHS 40.10 (7)(a) and (b) Termination of Services

- Yes No 1. If you terminate a client prior to the client's attaining their goals, do you do so with the agreement of the client, the program director, the clinical coordinator, and the court if participation in the program has been required by a court order?
- Yes No 2. If "yes" --- Unless the client poses an immediate risk of harm to others, do you provide the court and the responsible social worker 14 days prior notice of your intent to end services?
- Yes No 3. If you terminate a client prior to the client's attaining their goals, this decision is made:
- Yes No a. By determining that further participation of the client is unlikely to provide any reasonable benefit to the client?
- Yes No b. By determining that the client's condition requires a greater or more restrictive level of care than can be provided by the program?
- Yes No c. By determining that the client's behavior or condition is such that there is a serious risk of harm to others in the program?
- Yes No 4. If "yes," to either a. or b. --- Do you provide the client, the parent or guardian, and other agencies providing services to the client with at least seven days prior notice of your intent to end services?

Chapter DHS 40.10 (8) Reporting of Deaths

- Yes No 1. Do you have written policies and procedures for reporting to the department deaths of clients due to suicide, psychotropic medications, or use of physical restraints?

Chapter DHS 40.11 (1) and (2) Program Components

Level I Program

- Yes No 1. Do you provide individual, group, and family counseling provided by qualified mental health professionals?
- Yes No 2. Do you provide a structured milieu supervised by qualified mental health professionals in which a positive pattern of social, educational, and personal behaviors and coping skills are taught, reinforced, and enhanced through a variety of individual and group activities?
- Yes No 3. Do you provide case management services?
- Yes No 4. Do you provide crisis response services for your clients when the client is not present at your program?
- Yes No 5. After discharge, do you provide aftercare services for a minimum of three months.

Level II Program

- Yes No 1. Do you provide all of the program components identified in Level I above?
- Yes No 2. If "yes," do you structure the services in such a way as to meet the needs of clients for closer supervision and

more severe symptomatology?

- Yes No 3. Do you offer individual, group, and family psychotherapy either provided by a psychiatrist, a psychologist, or a qualified Master's degree mental health professional?

Level III Program

- Yes No 1. Do you provide all of the program components identified in Level II above?
- Yes No 2. If "yes," do you provide daily medical rounds?
- Yes No 3. Do you provide occupational, speech and language therapy, and other medically prescribed therapies, as needed, pursuant to each client's individual treatment plan?

Chapter DHS 40.12 Educational Services

- Yes No 1. Do you provide services in conjunction with local educational agencies?
- Yes No 2. If "yes," do you execute memoranda of understanding (or other form of interagency agreement) to ensure coordinated services?

Chapter DHS 40.13 Client Records (1) Individual Treatment Record

A program shall maintain a treatment record for each client.

- Yes No 1. Do you maintain a treatment record for each client?
2. Does the treatment record include:
- Yes No a. Initial referral materials?
- Yes No b. Notes and reports made during the screening?
- Yes No c. A copy of the letter accepting or rejecting the referral?
- Yes No d. The report of the multi-disciplinary assessment of the client and his/her family?
- Yes No e. The necessary releases or authorizations for acquiring previous reports and evaluations?
- Yes No f. Reports / evaluations used in developing the initial assessment?
- Yes No g. Results of additional evaluations / assessments performed while the client is enrolled in the program?
- Yes No h. The signed individual treatment plan?
- Yes No i. Written documentation of services provided to the client?
- Yes No j. Written documentation of client progress / lack of progress?
- Yes No k. Written summaries of the client progress review done by the multi-disciplinary team?
- Yes No l. Documentation of discharge planning?
- Yes No m. Documentation of planned aftercare services?
- Yes No n. Written consent for treatment or the court order or county department authorization pursuant to commitment?
- Yes No o. Record(s) of any grievances lodged by the client, his family, or others relating to the client's treatment and documentation of the program's response to each grievance?
- Yes No p. Treatment plan case conference and consultation notes?
- Yes No q. Documentation that the client and his family have been informed of their rights?

Chapter DHS 40.13 (1)(k) Medication Records

Medication records, if program staff dispense medications, including documentation of both over-the-counter and prescription medications dispensed to clients.

- Yes No 1. Does program staff dispense medications?
2. If "yes," does the treatment record contain documentation that the medication records:
- Yes No a. Contain documentation of on-going monitoring of the administration of medication and detection of adverse drug reactions?
- Yes No b. Contain documentation specifying the name, type and purpose, dose, route of administration, and frequency of administration of the medication?

- Yes No c. Contain documentation of the person administering and the name of the physician who prescribed the medication?

Chapter DHS 40.13 (2) Education Records

- Yes No 1. Do you keep education records of your clients?
 Yes No 2. If "yes," are these records kept separate from the clients' treatment records?

Chapter DHS 40.13 (4), (5) and (6) Client Treatment Records

1. Where are client treatment records kept?
- Yes No 2. Are the treatment records kept in a consistent format?
 Yes No 3. Are the treatment records maintained in a secure manner to ensure that unauthorized persons do not have access to the records?
 4. In the event that your program closes, where will the treatment records be kept?
- Yes No 5. Is there a written memorandum / agreement with the other agency identified in 4. above, regarding the retention of client treatment records?

Chapter DHS 40.14 (1) Client Rights

- Yes No 1. Do you have written policies and procedures regarding DHS 94?
 Yes No 2. Does the case manager assist the client and the client's parents or guardian in understanding their rights?
 Yes No 3. Does your grievance procedure accommodate any informal, as well as a formal, process for resolving complaints and disagreements?

Chapter DHS 40.15 (1) Buildings, Grounds and Equipment

- Yes No 1. Does the building in which your program is housed comply with all appropriate state and local codes and regulations?

Chapter DHS 40.15 (2) Food Service

- Yes No 1. Do you have any clients who are at your program's facility for four or more hours during a day?
 Yes No 2. If "yes," do you make food service available to those clients?
 3. If "yes," are you aware of and do you comply with all requirements of DHS 190.09 relative to:
- Yes No a. Food service personnel?
 Yes No b. Food supply and preparation?
 Yes No c. Serving of food?
 Yes No d. Storage of food and utensils?
 Yes No e. Equipment construction?
 Yes No f. Cleanliness of equipment, utensils, and area?
 Yes No g. Refrigeration?
 Yes No h. Kitchens?
 Yes No i. Garbage and refuse?

Chapter DHS 40.16 (1)(a) Program Evaluation Outcome

Every program shall annually evaluate the effectiveness of services provided to its clients.

- Yes No 1. Does your outcome evaluation include a statement of the program's therapeutic, behavioral, and skill-based outcome expectations for your clients in objectively measurable terms?
- Yes No 2. Do you have a process for obtaining and recording accurate information about changes in client performance to meet these outcome expectations during and following program participation?
- Yes No 3. Do you have a process for obtaining and recording honest and accurate statements of client, family, and referral source satisfaction with program services?
- Yes No 4. Do you have a method for collecting and analyzing the objective and subjective outcome data identified in 1. and 2. above which protects the confidentiality of clients and their families?

Chapter DHS 40.16 (1)(b) Annual Report

Every program shall send the annual report of client service outcomes to the department office which certified that program within 60 days after receiving notification of renewal of certification under Chapter DHS 40.04(6)(b) and shall make it available for review as a public record maintained by the program.

Chapter DHS 40.16 (2) Operations

- (a) In addition to the outcome evaluation under sub. (1) a program shall arrange for an annual review of its program operations to evaluate factors such as the appropriateness of admissions and clients' length of stay, the efficiency of procedures for conducting initial assessments and developing treatment plans, the effectiveness of discharge and aftercare services, the functionality of the program's interagency agreements and other factors that may contribute to effective use of the program's resources.
- (b) The review of program operations may be conducted by an advisory committee established by the program, by a committee of the board of directors of the organization operating the program, or by any other appropriate and objective body.
- (c) A summary of the review of program operations shall be appended to the annual report prepared under sub. (1)(b).

MENTAL HEALTH DAY TREATMENT SERVICE FOR CHILDREN PROGRAM STAFF LISTING

NOTE: Have available for review copies of degrees and/or applicable licenses.

Name – Facility	Facility Address – Street Address			City	Zip Code	
Name	Position	Verification Signature *	Date	Degree	Number of Years of Work Experience with Children w/Mental Disorders	Knowledge of Applicable Parts of Chapters 48, 51, 55, 115
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
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						<input type="checkbox"/> Yes <input type="checkbox"/> No

* **VERIFICATION SIGNATURE** – Verifies that the above experience and knowledge factors are correct and that there is a criminal record check on file.

I affirm that the above statements are correct to the best of my knowledge.

SIGNATURE – Facility Director	Name – Facility Director (<i>Print or type.</i>)	Date Signed
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