

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2023

Introduction:

The Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes provides a list of policies, forms and appendices with explanations for the PPS substantial policy revisions and clarifications for January 2023. These policy revisions are effective January 1, 2023.

DEFINITIONS:

Substantial Changes- Substantial Changes to policy, forms appendices include revisions affecting the meaning or involves a change to practice.

Clarifications- Clarifications to policy includes revisions to improve clarity or style.

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II. Clarifications

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2023

SUBSTANTIAL CHANGES Substantial Changes to policy, forms appendices include revisions affecting the meaning or involves a change to practice.

(Click on policy/form/appendix links to review the draft changes)

Section 0000 General Information

(All Program Policy Writers; Kieli Frey, Safety and Thriving Families; Michelle Warner, FC Admin)

Family Team Meeting Mapping Framework	
What prompted revision?	TDM team recognized that families and workers may benefit from holding meetings with families when concerns do not rise to the level of a TDM.
What is the impact to practice?	Workers and supervisors will be able to utilize Family Team Meetings to help facilitate meetings regarding concerns in a family’s case that do not rise to the level of a TDM.
What changed in policy/forms or appendices?	<p>Appendix 0N – Meetings with Families Appendix 0P – Family Team Meeting Mapping Framework PPM 0160 Glossary – Family Team Meetings</p> <p>Family Team Meeting will be added as a definition in the Glossary in the PPM and forms will be added to the Appendix to describe different meetings with families and to provide a mapping outline of a Family Team Meeting.</p>

CWCMPs- Central Registry Requests	
What prompted revision?	KPRC’s role is to take calls from concerned citizens about abuse or neglect. Evening and overnight crews are lower staffed, which is potentially causing reporters to have to wait to tell us about serious concerns. CANIS checks are not prioritized as a primary duty at KPRC therefore delaying children needing emergency placement.
What is the impact to practice?	The anticipated impact will be faster results being received for the CMPs to run their own background checks rather than wait for KPRC to complete on their behalf.
What changed in policy/forms or appendices?	<p>PPM 0251 – Central Registry Requests</p> <p>Policy was updated to allow for CWCMPs to begin running CANIS checks under specific conditions, such as after hours.</p>

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Section 1000 Intake (Christin Loveall, FACTS Manager; Theresa Cortez, KPRC)

A&P, PRC, PI - Preliminary Inquiry	
What prompted revision?	PPS and PRC Management identified a need to align assignment decisions of reports involving a child death. Consistency in initial assessments along with support to the team processing the details of the report will be provided through a consultation with supervisors and PRC Management. The ability to place the report on preliminary status for a consultation to obtain additional information or support will be critical to the implementation of this policy especially for weekend and overnight employees
What is the impact to practice?	Less assignments of reports due to the perception of needed DCF involvement for families that experience the tragedy of a child death.
What changed in policy/ forms or appendices?	PPM 1320 Preliminary Inquiry PRC will PI a report that involves a child death for the purposes of a supervisory or support consultation.

FACTS -NEW CODE- Adding and Updating an Event Role (EVRL)	
What prompted revision?	New AFCARS Requirements
What is the impact to practice?	N/A
What changed in policy/ forms or appendices?	PPM 1852 – Adding and Updating an Event Role (EVRL) The new AB code was created for race/ethnicity of an abandoned child. Adding the AB option to this policy.

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Section 2000 Investigation and Assessment (Kiel Frey, Safety and Thriving Families; Christin Loveall, FACTS Manager)

A&P – External Case File Documentation	
What prompted revision?	This form was previously created in a pilot status to assist with showing that there were files or documents that could not be uploaded to KIDS. The regions have been utilizing the pilot form and would like the form to be added to the PPM for ease of access.
What is the impact to practice?	None – the regions are already using the form in pilot status at this time.

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What changed in policy/ forms or appendices?	<p>PPS 2004 – External Case File Documentation</p> <p>The External Case File Documentation form is uploaded into KIDS when a file is not able to be uploaded per the upload feature. The form lets anyone reviewing the investigation or assessment know that there are physical files located in a specific office.</p>
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A&P - Investigative Documentation and Assessment Map	
What prompted revision?	These policies are being updated to show that the PPS 2020 is no longer required on Facility and 3 rd Party reports unless a family is being referred to services through DCF.
What is the impact to practice?	N/A
What changed in policy/ forms or appendices?	<p>PPM 2222 – Investigative Documentation of Facility Reports and Third Party Reports</p> <p>PPM 2223 – Assessment Documentation of Facility Reports</p> <p>PPM 2232 – Investigative Documentation of Non-Family/Unregulated Care Giver Reports</p> <p>PPM 2600 – Assessment Map</p> <p>The policies will be updated to reflect that the PPS 2020 is no longer required in Facility or 3rd Party investigations unless a family is being referred for services through DCF.</p>

A&P, Foster Care, PRC-NEW POLICY- Safe Haven	
What prompted revision?	<p>The <u>new policy</u>, 2282 Safe Haven, will provide guidance to PRC staff and CPS about how to handle cases regarding the Kansas Newborn Infant Protection Act (NIPA or “Safe Haven”) as there is currently no guidance regarding these types of cases.</p> <p>There is a lack of information in the PPM in regards how to handle Safe Haven cases when they do come to the attention of DCF.</p>
What is the impact to practice?	PRC and CPS staff will be better prepared on how to assign and complete an assessment regarding a Safe Haven case.
What changed in policy/ forms or appendices?	<p>PPM 2282 – Safe Haven</p> <p>This policy will provide guidance to PRC and CPS staff on how to handle reports regarding infants being surrendered via the Kansas Newborn Infant Protection Act.</p>

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A&P - DELETE - Defining Danger, Safety, and Risk	
What prompted revision?	This policy was reviewed for updates due to the KPM and newer terminology being used in practice currently. The Assessment and Prevention PWG approved to be <u>deleted</u> due to newer forms being used (mainly PPS 2020).
What is the impact to practice?	There is little change to practice as staff are already using the PPS 2020.
What changed in policy/ forms or appendices?	PPM 2300 – Defining Danger, Safety, and Risk <u>Delete</u> this policy as we have newer terminology and practices encompassed on the PPS 2020 (Risk Assessment MAP).

FACTS - Individual Information	
What prompted revision?	New AFCARS Requirements
What is the impact to practice?	FACTS staff will enter the date that DCF reported Human Trafficking Sex to Law Enforcement for affirmed and substantiated Finding decisions.
What changed in policy/ forms or appendices?	PPM 2843 – Individual Information adding number 4 to the Victim section per new AFCARS requirement regarding Human Trafficking Sex to record the date that DCF reported the incident to Law Enforcement. Changing Policy Number to 2842 .

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Section 3000 Case Management (Christin Loveall, FACTS Manager)

FACTS - Entering Candidacy for Care Determination	
What prompted revision?	The new CC03N code being used as the candidacy for care determination for Family First Prevention Services.
What is the impact to practice?	FACTS will use the new code and IT will be pulling the CC03N code for the file instead of the CC01N code. This will reduce errors when running reports for Family First claiming.
What changed in policy/ forms or appendices?	PPM 3860 – Entering Candidacy for Care Determination CC03N will be the code that is used for a candidate for care with Family First Prevention Services.

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FACTS – NEW POLICY - Entering School Enrollment	
What prompted revision?	New AFCARS Requirement - it is to be reported if a child is currently enrolled in school. Adding to policy to record what grade level a child is enrolled at the time of removal.
What is the impact to practice?	N/A
What changed in policy/ forms or appendices?	<p style="color: blue; text-decoration: underline;">PPM 3881 – Entering School Enrollment</p> <p>Adding new policy 3881 Entering School Enrollment to record the grade level of a child at the time of removal into the FACTS system.</p>

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Section 4000 Prevention Services (Christin Loveall, FACTS Manager)

FACTS – Recording Family First Prevention Services Information	
What prompted revision?	This new candidacy of care code CC03N will be used for all Family First candidacy determinations
What is the impact to practice?	This will reduce errors when pulling candidacy data for different programs
What changed in policy/ forms or appendices?	<p style="color: blue; text-decoration: underline;">PPM 4830 - Recording Family First Prevention Services Information</p> <p>The new code CC03N will now be used for Family First when recording a candidacy for care determination.</p>

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Section 5000 Child Welfare Case Management Providers (Michelle Warner, Foster Care Program Administrator; Corey Lada, Adoption; Christin Loveall, FACTS Manager)

Foster Care – Relative / Home Placement	
What prompted revision?	A grantee requested an expansion of the definition of relative placement in terms of parents and relatives of siblings of children or youth who are in care. This change supports the practice of placement with relatives as a child’s or youth’s first, and hopefully only, placement when in foster care.

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What is the impact to practice?	The anticipated impact is improved and continued placement with relatives.
What changed in policy/ forms or appendices?	<p>PPM 5234 – Relative/Home Placement</p> <p>Rather than looking at the grandparents of siblings, the policy expands to parents or relatives of siblings which would then also include grandparents, aunts, cousins or similar relation. This is an expansion and inclusion of more possible relative placement options for children and youth.</p>

Foster Care – Consents	
What prompted revision?	The barrier of the CMHCs only accepting a CWCMP Case Manager’s signature on a consent for a youth in care to receive mental health treatment was identified and brought forward to DCF Leadership. Revisions to the policy will allow for licensed family foster homes or caregivers to sign consents and ensure children and youth receive timely mental health services.
What is the impact to practice?	It is anticipated this change in policy and practice will allow for children and youth to receive mental health services in a more timely manner.
What changed in policy/ forms or appendices?	<p>PPM 5244 – Consents</p> <p>Policy is being expanded to permit licensed foster homes and/or caregivers to sign consents for children and youth placed in their home to receive mental health services.</p>

Adoption – Adopt Kansas Kids	
What prompted revision?	This policy updates are for the CMP adoption staff referring children to the Adoption Exchange (Adopt Kansas Kids) for recruitment as well as the Adopt Kansas Kids staff handling the forms and data gathered from them. The changes/updates in question were presented at Permanency Advisory Council (PAC) in July 22, to institute updates to Adopt Kansas Kids related policies regarding referrals and data collection.
What is the impact to practice?	Improve Practice and efficiency, as the updates to the forms reflect changes in terminology regarding children’s needs and diagnosis. It also involves a re-organization of the question/data fields in which information is captured about the child and the type of family that is suitable to adopt the child. The other policy updates reflect who is responsible for the forms, including the

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	Individual Recruitment Plans for children.
What changed in policy/ forms or appendices?	<p>PPM 5301 – Adoption Roles and Responsibilities PPM 5312 – Individualized Recruitment Plans PPM 5313 – Specialized Recruitment Activities PPS 5305 – Individual Recruitment Plan for Child in need of Adoptive Resource PPS 5310 – Child Adoption Exchange Information Form PPS 5320 – Family Adoption Exchange Information Form</p> <p>Policy updated to reflect current practice in referrals/paperwork needed for a child to be referred to the Adoption Exchange (Adopt Kansas Kids) along w/the referral paperwork with specified needs of the child and recruitment initiatives. Family form updated as well.</p>

Adoption – Best Interest Staffing	
What prompted revision?	This policy update is for DCF & CMP staff involved in adoption Best Interesting Staffings (BIS). The change is an executive request as per conversation from the Child Welfare Oversight Committee.
What is the impact to practice?	Provides clarification regarding the participants who are in attendance for the entirety of the BIS and who can weigh in and provide recommendations as to the most appropriate adoptive resource. And specifying that a child’s GAL can weigh-in and provide recommendation regardless of their participation in the BIS meeting.
What changed in policy/ forms or appendices?	<p>PPM 5339 – Best Interest Staffing</p> <p>Provides clarification regarding the participants who are in attendance for the entirety of the BIS and who can weigh in and provide recommendations as to the most appropriate adoptive resource. And specifying that a child’s GAL can weigh-in and provide recommendation regardless of their participation in the BIS meeting.</p>

A&P, FACTS, CareMatch –NEW POLICY- Environment at Removal	
What prompted revision?	New AFCARS Requirement
What is the impact to practice?	Recording something that has never been captured in FACTS before.
What changed in	PPM 5823 – Environment at Removal

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policy/ forms or appendices?	Adding policy 3826 Environment at Removal to record the living situation a child is being removed from.
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A&P, FACTS, CareMatch – Out of Home Placement with the Reintegration/Foster Care Provider	
What prompted revision?	New AFCARS Requirement
What is the impact to practice?	Improve Practice.
What changed in policy/ forms or appendices?	<p>PPM 5824 – Out of Home Placement with the Reintegration/Foster Care Provider</p> <p>Updating policy for FACTS staff to use a new environment at removal code as the service source code when entering the PR09N service action code.</p>

FACTS – Entering Court Activity for Parental Right Termination Hearings	
What prompted revision?	New AFCARS Requirement
What is the impact to practice?	This will capture putative fathers.
What changed in policy/ forms or appendices?	<p>PPM 5872 – Entering Court Activity for Parental Right Termination Hearings</p> <p>Two new fields added to the MACL screen for Father’s PRT.</p>

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[Section 6000 Permanent Custodianship and Adoption](#) (Corey Lada, Adoption Program Manager)

Adoption – Special Service Payments & Monthly Payments	
What prompted revision?	Per a customer request and with DCF Leadership support, Permanency Team conducted research the impact policy changes would have increasing adoption subsidies for children and youth who are receiving Technology Assistance (TA) Waivers to ensure this population reaches permanency and continues to receive a subsidy to maintain quality of services.

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What is the impact to practice?	Though there is a small number of children and youth in out of home care on the TA Waiver, often permanency is delayed or not achieved as the typical adoption subsidies offered present large barriers for families. Therefore, the anticipated impact to practice is more families who are fostering children and youth on the TA (Technology Assistance) Waiver will be able to move forward with adoption, which will result in less out of home placements overall.
What changed in policy/ forms or appendices?	<p>PPM 6203 – Special Service Payments</p> <p>PPM 6204 – Monthly Case Subsidy Payments</p> <p>PPM 6922 – Special Service Payment</p>

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Section 7000 Independent Living (Amy Ervin)

- **No Revisions**

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Section 8000 Continuous Performance Improvement

Foster Care - Residential/Group Home Monitoring policy and Site Visit Tools/Forms	
What prompted revision?	DCF Audits assessed congregate care in KS. As per the corrective action plan outlined in the audit, changes to the forms are needed to bring about changed outlined in the audit.
What is the impact to practice?	It is anticipated this will improve practice as this policy outlines better practices and provides more structure for both facilities and regional staff in ensuring quality care is provided to youth in congregate care. The forms have clear instructions and a scoring tool to help regional staff assess the quality of the facility upon initial and annual inspections. The shortened quarterly form will also provide a consistent assessment tool to be used across the state.
What changed in policy/ forms or appendices?	<p>PPM 8400 – Residential/Group Home Monitoring</p> <p>PPS 8300 – Quarterly Site Visit Tool</p> <p>PPS 8400 A – CIP Site Visit Tool</p> <p>PPS 8400 B – Emergency Shelter Site Visit Tool</p> <p>PPS 8400 C – Residential Maternity Site Visit Tool</p> <p>PPS 8400 D – Secure Care Site Visit Tool</p> <p>PPS 8400 E – TLP Site Visit Tool</p> <p>PPS 8400 F – Staff Secure Care Site Visit Tool</p>

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	<p>PPS 8400 G – YRCII Site Visit Tool PPS 8400 H – QRTP Site Visit Tool</p> <p>The 8400 policy was updated to capture current practice and outlines staff responsibilities. Further, each facility type has a specific form (PPS 8400 A-H Series) to be used for initial and annual visits. There is also an abbreviated form (PPS 8300) to be use for quarterly visits, as these are more informal as compared to initial and annual site visits.</p>
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Section 9000 Interstate Compact for the Placement of Children (ICPC) (Jessica Guthery, ICPC Program Manager)

- **No Revisions**

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Section 10000 Adult Protective Services (Jessica Snyder, APS)

Adult Protective Services – Guidelines for Completing a Corrective Action Plan	
What prompted revision?	New staff questioning what they are supposed to do when completing a Corrective Action Plan for financial exploitation investigations.
What is the impact to practice?	It is anticipated this change in policy will provide clarification to existing and new APS staff.
What changed in policy/ forms or appendices?	<p>PPS 10250 (Instructions) – Guidelines for Completing a Corrective Action Plan</p> <p>This is an instructions document that will provide detailed instructions for completing a Corrective Action Plan. This is also supplemental to PPM 10315 Corrective Action Plans.</p>

Adult Protective Services – Retention of Records	
What prompted revision?	New staff questioning what they are supposed to do with a CD with video footage on it they were unable to upload to KIPS. Due to there not being clear guidelines in policy, it was brought to APS policy workgroup to add the clarification to APS policy.
What is the impact to practice?	It is anticipated this change in policy will provide clarification to existing and new APS staff.

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What changed in policy/ forms or appendices?	PPM 10411 – Retention of Records Policy is being clarified on how APS is storing information they are unable to upload into the KIPS electronic file.
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CLARIFICATIONS

Clarifications to policy includes revisions to improve clarity or style.
(Click on policy/form/appendix links to review the draft changes)

Section 0000 General Information

- [Appendix 0D TDM Protocol](#) – Clarifying the scheduling duties and that the documentation is to be completed in 2 working days
- [Appendix 0E TDM Meeting Scheduling Form](#) – Adding hybrid option for meetings
- [Appendix 1J AFCARS Disability/Special Needs Table and Definitions](#) – Did not post in July
- [Appendix 2Y Crosswalk Signs of Safety Practice](#) – Deleting appendix as it is no longer widely used by staff and is causing confusion due to old forms being listed
- [Appendix 5H Consent for Release of Information](#) – Added Spanish translated form
- [Appendix 5Q Authorization to Disclosure Information, Including Child\(ren\)'s Individual Identifiable Health Information](#) – Added Spanish translated form

Section 1000 Intake

- [PPM 1883 Disability/Severity](#) – Did not post in July

Section 2000 Investigation and Assessment

- [PPM 2010 Investigation](#) – Adding a reminder regarding the need for DCF to see a child visually to complete Adrian's law requirements.
- [PPM 2310 Immediate Safety Determination](#) – Adding description of location to be documented due to Adrian's Law and reminder about visual observation by DCF
- [PPM 2450 Care Referral and Medical Examination or Treatment Related to Abuse/Neglect](#) – Changing wording to state that referrals for Safe Care will be made via IRIS instead of form. Also removing wording regarding the program only being available in the KC Region.
- [PPM 2821 Entering Contact with Victim/Family](#) – Did not post in July
- [PPM 2822 Entering Safety Determinations](#) – Did not post in July
- [PPM 2823 Recording Ongoing Safety Assessment](#) – Did not post in July

Section 3000 Case Management

- [PPS 3059 My Plan for Successful Adulthood Form and Instructions](#) – Clarification to date as revision date was not updated when form was changed July 2022
- [PPM 3233 Development of Objectives and Activities](#) – Changed reference for objectives to the PPS 2020 instead of PPS 2030F

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- [PPM 3811 Entering Plan Type](#) – Did not post in July
- [PPM 3840 Entering case Planning Conference Information](#) – Did not post in July
- [PPM 3882 Entering Total Number of Siblings](#) – Did not post in July

Section 4000 Prevention Services

No Clarifications

Section 5000 Child Welfare Case Management Provider Services

- [PPS 5254 Education Enrollment Information for School Placement](#) – A field was added to notate if no BID (Best Interest Determination) is required as a student remains in the school of origin. Also, unnecessary fields were removed.
- [PPM 5831 Adding Placement Information](#) – Did not post in July

Section 6000 Permanent Custodianship and Adoption

No Clarifications

Section 7000 Independent Living & Self Sufficiency

- [PPS 7260 Foster Child Education Assistance](#) - Changed full SSN to last four digits for more security for applicants

Section 8000 Continuous Performance Improvement

No Clarifications

Section 9000 Interstate Compact

No Clarifications

Section 10000 Adult Protective Services

- [PPM 10211 APS Special Investigator](#) – Did not post in July
- [PPM 10410 Requests for Expungement](#) – Did not post in July
- [PPM 10500 Providing Services](#) – Did not post in July

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Meetings with Families

4 Types:

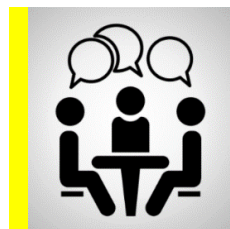
1. Initial Team Decision Making (TDM) Meeting
2. Family Team Meeting (FTM)
3. Family Preservation Initial Family Meeting (FP IFM)
4. Initial Family Meeting (IFM) for Out of Home Services

1. Initial TDM Meeting Criteria (DCF Facilitator):

1. The behavior (action or inaction) of a parent(s)/primary caregiver(s)
2. Is threatening a child's safety, and
3. DCF is considering separating the child from the parent(s)/ primary caregiver(s).

❖ Please see PPM Appendices 0D-0M for Initial TDM Protocol, Guidance, & Referral Forms.

2. A Family Team Meeting (FTM) is available when:



Practitioner has spoken with relevant family members, consulted with a supervisor, and concluded that **there is NOT a caregiver action/inaction that is threatening the child's safety**; however, there are identified risk factors related to the child's/family's wellbeing that need to be lessened.

The Family, the practitioner, and the practitioner's supervisor agree to bring everyone together as a team to determine what the best next steps are to increase the child's/family's wellbeing and functioning.

Some examples that ***may*** indicate the need for a Family Meeting are listed below. However, just because it is listed ***does not mean*** that it automatically rules out holding a TDM related to the concerns. Critically thinking through TDM criteria and consultation with one's supervisor should guide the determination of whether teaming is needed and if so, which type of teaming (Initial TDM or Family Team Meeting).

- Child with Behavior Problems (*suicidal, danger to self-and/or self-harming behaviors, out of control, sexually acting out, aggressive behaviors, criminal activities, or gang involvement*)
- Child is repeatedly running away
- Child is truant
- Child is refusing to come home
- Caregiver is refusing to allow child to come home
- Wanting to explore service options
- Helping a family to re-engage with services
- Addressing identified complicating factors
- Child may need out of home treatment (acute, PRFT, etc.)

Meetings with Families

Family Team Meetings can be Facilitated by:

1. **Primary practitioner working with the family, or their supervisor**
2. **Neutral facilitator** (*team member not directly working with the family*)
3. **TDM Facilitator**
 - a. **TDM Facilitators should be utilized sparingly, when there is a high need for neutrality in the family meeting.**
 - b. **Initial TDM Meetings will take priority for TDM Facilitators.**

How Family Team Meetings are scheduled:

- ❖ When the primary practitioner/supervisor/neutral team member is facilitating the meeting, a referral form is not needed.
 - **The primary practitioner** (*person calling the meeting*) **is responsible for setting the date/time/location of it and inviting everyone to attend.**
- ❖ If an Initial TDM Facilitator is being requested to facilitate a Family Team Meeting, you will need to fill out and submit your region's "Family Meeting Scheduling Form" to your region's TDM scheduler.
 - A region may choose to allow their scheduler to assist with meeting invitations; It's at their discretion. If they are not going to assist, the primary practitioner is responsible for communicating the meeting details and inviting everyone to attend.

The Guide/Framework for facilitating Family Team Meetings includes:

1. **The Facilitator of the Family Team Meeting shall map/chart the conversation using either:**
 - a. PPS2019/3 Columns Mapping **OR**
 - b. Family Meeting Mapping
2. **Any data collected on Family Team Meetings are not to be entered in the TDM database.**

Family Team Meeting Summaries

1. The Facilitator of the Family Team Meeting shall **provide a copy** of the mapped conversation at the end of the meeting to all of those in attendance.
2. The Primary Practitioner should ensure a copy of the mapped conversation is included in the file/**uploaded to KIDS.**

Meetings with Families

3. Family Preservation Initial Family Meeting (IFM)

The Family Preservation Initial Family Meeting (IFM) initiates the partnership between the family, DCF staff and service providers. This team shall share responsibility for ensuring the family receives services and supports required to maintain the child(ren) safely in the home and prevent future maltreatment.

The purpose of the IFM is to discuss the reasons for the referral to Family Preservation Services, discuss the safety and/or risk concerns of all parties, including the family, and reach a consensus with the family. The role of the CPS Specialist and the FPS providers shall be clarified with the family. A Family Preservation Initial Service Plan, with the goal of maintenance at home, shall be developed with the family. This plan outlines activities to be completed prior to the Family Case Plan using the PPS 3048.

❖ *Please see PPM 4215 & 3048 for additional meeting details and requirements.*

4. Initial Family Meeting (IFM) for Out of Home Services

The role of the Case Management Provider (CWCMP) is to facilitate the Initial Family Meeting (IFM). They organize, plan, and schedule the IFM in conjunction with DCF staff. The CWCMP shall contact the family the same day as the referral to introduce themselves and to plan for the IFM.

It is during the IFM for Out of Home Services that the Foster Care Initial Service Plan (ISP) is completed. The purpose of the Foster Care ISP is for DCF to introduce the family to the Child Welfare Case Management Provider (CWCMP). The DCF CPS Specialist shall explain to the parent(s)/caregiver(s) what to expect in the next 30 to 45 days while they work with the CWCMP. The ISP shall include immediate next steps for reintegration to address the safety and risk factors. A visitation plan shall be included and coordinated with the CWCMP and parent(s)/caregiver(s).



Meetings with Families

❖ *Please see PPM 5220, 5223, 2751, & 3031 for additional meeting details and requirements.*

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Family Team Meeting Mapping

STAGE 1: Introductions	
Welcome, purpose, & goal	<ul style="list-style-type: none">
Meeting Participants (<i>Family Tree/Simple Genogram</i>)	<ul style="list-style-type: none">Introduction of each participant's name, relationship to the child and/or family
Shared Agreements	<ul style="list-style-type: none">

STAGE 2: Identifying the Situation

What are we worried about?

What are the immediate concerns affecting the children? If a video had been recording the situation and we were watching it back right now, what exactly would we be seeing? Hearing?

CURRENT & PAST STRUGGLES

- What happened
- Negative impact on the child(ren)

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<p style="text-align: center;">STAGE 3: Assessing the Situation</p> <p style="text-align: center;">What are we worried about?</p> <p><i>What are you most worried could happen to the child(ren) if nothing changes or if things get worse?</i></p> <p>FUTURE WORRIES</p> <ul style="list-style-type: none"> • Who is worried? • What are they are worried might happen? • Possible negative impact on the child(ren) <p>COMPLICATING FACTORS Conditions and circumstances that may make the process of building wellbeing more challenging.</p>	<p style="text-align: center;">STAGE 3: Assessing the Situation</p> <p style="text-align: center;">What is working well?</p> <p><i>What are the most helpful things that you have tried that have made things even a little bit better when situations like this have come up in the past? Are there times when the problem is less intense or doesn't happen at all? What is different about those times? How do you/the family manage to deal with such difficult situations each day?</i></p> <p>CURRENT & PAST SUCCESS</p> <ul style="list-style-type: none"> • What happened • Positive impact on the child(ren) <p><i>Who are the people in your life who step in to help the most when there is a struggle or crisis?</i></p> <p>FAMILY RESOURCES Conditions, circumstances, & people that may be helpful in the process of building wellbeing.</p>
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Stage 4: Developing Ideas

What needs to happen?

What do you most want for your child(ren) going forward? What would progress in this area look like? What is your best thinking about how to make things better?

WELLBEING/SAFETY GOAL

- What would need to be different for the child(ren)
- Anticipated positive impact on the child(ren)

-

Stage 5: Reaching a Decision

What needs to happen?

EXPLORING THE IDEAS: How will each idea work in day to day life?

- *What specific behavioral changes will be needed?*
- *Who will be around to support the family as they get used to their new plan?*
- *What can the support people do to help build everyone's confidence that the plan is working and that when it isn't working, everyone will be able to talk honestly about how to adjust?*
- *If a service/intervention is needed, can that service/intervention be available today?*
- *For how long will the plan be in effect? When/how will the plan be reviewed?*
- *Are there any special needs or considerations?*
- *What happens if the plan isn't working the way we hoped it would?*

CONFIRM LEVEL OF CONSENSUS FOR THE PLAN

- *On a scale of 0-10, where 10 is you're fully confident this plan will address the worries and 0 is that you have no confidence at all in this plan, where would you rate it?*

NEXT STEPS

Agreed upon action steps that will be taken after the conversation

-

STAGE 6: Closing & Recap

Everyone knows what the action plan is and who will do what, by when. Contact information for all of those present at the meeting. Remaining Questions are answered.

Concerns / Action Steps / Time Frame / Person(s) Responsible

-

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0160 Glossary

- **Family Team Meeting (FTM)**

A Family Team Meeting (FTM) is a meeting with parents, family members, supports, service providers, and others who come together to determine what the best next steps are to increase the child's/family's wellbeing and functioning.

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~~1016~~ **0251** Central Registry Requests

~~A. Checks to be completed by Local/Regional DCF Office~~

A. Child Abuse and Neglect Information System (CANIS) checks to be completed by the Background Checks Division may include:

1. General Public Requests
2. Out of State Requests
3. Internal DCF Department Requests
4. DCF Grantee and Provider Requests
5. Other State of Kansas Agency Requests

B. CANIS checks to be completed by the Local/Regional DCF Office may include:

1. Assessment activities on a current open case.
2. Emergency/same day relative/kinship placement during working hours.
3. ~~Planned, but not same day, possible relative/non-related kin placement.~~

~~B. Checks to be completed by Foster Care Licensing and Background Checks Division~~

~~Requests for adoption home studies/packets shall be completed by the Foster Care Licensing and Background Checks Division. This request requires a signed release of information from the individual being checked on Central registry and a fee may be applied (examples include employment or volunteer requests).~~

C. CANIS checks may be completed by the Child Welfare Case Management Provider (CWCMP) on an emergency or after-hours basis for relative/kinship placement:

1. After-hours is defined as weekends, holidays and outside of regular, Monday through Friday 8 AM-5 PM business hours.
2. Emergency is defined as an event which happens suddenly or unexpectedly and needs immediate action to avoid harmful results. An Emergency Placement is the placement of a child or youth in care without the usual planning and/or thorough assessment process having taken place because of the needs to ensure the safety and welfare of the child immediately.

D. CWCMP Staff who conduct an after-hours check shall submit a request via the portal by the following business day for completion of an official background check with Background Stamp, which the CWCMP shall retain in the file.

E. CWCMP Staff who are identified to process these after-hours background checks shall be required to complete an initial and annual training prior to completing any

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checks. Request for training may be obtained by contacting dcf.centralregistry@ks.gov

The Kansas Protection Report Center shall complete after hours Central Registry checks for the Child Welfare Case Management providers if the check will facilitate an immediate/emergent placement of a child with a relative or non-related kin. The Child Welfare Case Management provider shall submit the request on the PPS/OBI 1011 including a signature from the person to be checked. The request shall include a fax cover sheet on the provider letterhead which shall state the purpose of the registry request including why the request is needed after hours. Fax the request to: KSPRC (Kansas Protection Report Center) 1-866-317-4279. When possible, a phone call to the Kansas Protection Report Center notifying the fax has been sent will assist in facilitating the registry check. Kansas Protection Report Center shall contact the Child Welfare Case Management provider with the results of the registry check no more than two hours from the receipt of the fax. No fee shall be assessed for these checks for a child in the custody of the Secretary.

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1320 Preliminary Inquiry

The Kansas Code for Care of Children provides for DCF to conduct a Preliminary Inquiry as a result of the department having received information that a child appears to be in need of care [K.S.A. 38-2230]. Preliminary Inquiry is for the purpose of determining whether an allegation of abuse or neglect is known to the agency through a current completed investigation, gaining additional information regarding an allegation or non-abuse/neglect circumstance, and/or whether the interests of the child require further assessment.

The Preliminary Inquiry information shall be obtained as soon as practical and shall not exceed three (3) working days from the date the report is received by the agency. For the purpose of Preliminary Inquiries, three working days begin the first working day after the report is received by the agency according to the date recorded on the PPS 1000 page.

If it appears from a reporter's information that a child may be harmed within the preliminary inquiry time frame, the report shall be assigned for investigation and/or assessment. If actions to gather additional information requires in person contact with a child, family, or caregiver by DCF or a Child Welfare Case Management Provider the report shall be assigned for investigation and/or further assessment based on information from the reporter.

Preliminary Inquiry may include any of the following activities relative to the case situation.

A. Reports Alleging Abuse or Neglect:

1. Gathering additional information from the DCF or Child Welfare Case Management Provider staff assigned to a current open case or a recently closed case regarding the family subject to the report.
2. Gathering information to locate or identify a child.
3. Gathering additional information from other DCF programs.
4. Coordinating a referral to law enforcement, another public agency or community service.
5. Contacting reporter to clarify information received or request additional information.
6. Contacting any person in the report identified with possessing additional information.
7. Contacting schools, health care providers or any agency identified as providing services to the family.
8. Coordinating a supervisory and/or support consultation.

B. Report Indicating Requests for Services or Other Non-Abuse/Neglect Concern

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1. Gathering additional information from DCF programs, other public agency, and/or community contact via either telephone or in person.
2. Connecting the family to a public agency or community service.

The PPS 1001 shall document the request for a Preliminary Inquiry, specify the information requested, establish the time within which it is required, and document the decision. Information obtained shall be recorded on the PPS 1000 A, Summary of Results of Preliminary Inquiry.

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1852 Adding and Updating an Event Role (EVRL)

The EVRL screen shall be completed on all events. Names entered on the ROLE screen will appear on the EVRL screen. The EVRL screen shall be updated with any additional information gained through system searches or other communication with persons involved in the intake or assessment. Searches for Client ID, alleged Victim ID number, and alleged Perpetrator ID numbers are conducted prior to adding this screen information into the system. If an alleged perpetrator is unknown, enter 9999999999 as the perpetrator ID number. If an event is assigned and has unknown names other than the alleged perpetrator on ROLE that populates EVRL, then complete EVRL after the first and last names of the individuals have been obtained by the agency. If an event is not assigned and the agency was unable to ascertain first and last names, then EVRL may have unknown added as a person's name. Data captured on the EVRL screen is required information reported to NCANDS.

1. Date of Birth: Date of birth is required on EVRL. If unknown at the time EVRL is entered, then enter an approximate date of birth using the 15th as the day of birth.
2. Race: Information regarding race shall match the information found on the paper file form PPS 1000. A person's race is determined by how they define themselves. In case of young children, parents determine the race of a child. Enter into EVRL the race reported by the family. Enter unable to determine (UK) only if the child is very young or is severely disabled and no person is available to identify the child's race; or, if the parent, relative or guardian is unwilling to identify the child's race. Enter Declined (DC) only if the individual has declined to provide their race. Enter Abandoned (AB) only if the child has been abandoned and there is no parent or family to identify a race.
3. Ethnicity: A person's ethnicity is determined by how they define themselves. In case of young children, parents determine the ethnicity of a child. Enter unable to determine (UK) only if the child is very young or is severely disabled and no person is available to identify the child's ethnicity; or, if the parent, relative or guardian is unwilling to identify the child's ethnicity. Enter Declined (DC) only if the individual has declined to provide their ethnicity. Enter Abandoned (AB) only if the child has been abandoned and there is no parent or family to identify an ethnicity. Enter No (NO) only if the individual is not of Spanish descent (Hispanic/Latino origin). Federal reporting requirements indicate that states shall report the ethnicity of an individual for anyone who claims they are of Spanish descent regardless of the race that is reported. The system allows the addition of ethnicity information for individuals claiming Spanish heritage.

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4. Living Arrangement at Incident: Enter the living arrangement of the alleged victim at the time of incident from the Agency Response section in KIDS for intakes assigned on or after July 1, 2017. The codes for this field are: 'FAA' (living with father and other adult), 'FFH' (living in foster home), 'LWF' (living with father only), 'LWM' (living with mother only), 'LWP' (living with both parents), 'MAA' (living with mother and other adult), 'REL' (living with relative), 'OTH' (other setting), and 'UNK' (unknown).
5. Verified Incident Date: Enter the verified incident date from the Agency Response section in KIDS for intakes assigned on or after July 1, 2017. Enter "Y" into estimated date field if date is marked as being estimated. Enter "N" into estimated date field if date is not marked as being estimated.

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External Case File Documentation (Unable to upload in KIDS)

INSTRUCTIONS: Complete this form when case file documentation is not able to be uploaded in KIDS.

- Maintain a copy of this form with the external case file documentation
- Upload a copy of this form in the KIDS event.

I. Case Information:

CASE #:		EVENT #:	
CASE NAME:			

II. External Case File Documentation

List the items/documentation (videos, external drives, DVDs, etc.) for the above event which is not able to be uploaded in KIDS.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

III. Location

The items listed above are in the following office.

OFFICE:	
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2222 Investigative Documentation of Facility Reports and Third Party Reports

Documentation of the investigation of facility reports shall include:

- A. PPS 2025, Agency Response Facility and Third-Party Reports (Utilized on events assigned prior to July 1, 2017)
- B. PPS 2011, Case Finding
- C. PPS 2012, Notice of Department Finding
- D. The PPS 1010 Case Activity Log is limited to information not able to be documented on the PPS 2019 or other Kansas Practice Model tools
- E. The PPS 2019 DCF Conversation Note or other KPM tools
- F. PPS 2020 Kansas DCF Assessment, ~~as appropriate~~ required only if the family is being referred for services.

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2223 Assessment Documentation of Facility Reports

Family based assessments are based on dynamics unique to families. A day care center is not a family and is not the proper subject for a family based assessment. Family foster homes and residential child care programs often share some attributes of families but are not families for the purpose of determining how they shall be assessed.

Whenever a facility report is accepted, the safety of the child and the need for immediate medical examination or treatment related to the reason for the report shall be completed; however a family based assessment (Safety Assessment, Risk Assessment and Family Based Assessment Summary) **is and PPS 2020 are** not required.

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2232 Investigative Documentation of Non-Family/Unregulated Care Giver Reports

Documentation of the assessment of non-family/unregulated care giver reports shall include:

- A. PPS 2025, Agency Response - Facility and Third-Party Reports (Utilized on events assigned prior to July 1, 2017)
- B. PPS 2011, Case Finding
- C. PPS 2012, Notice of Department Finding
- D. The PPS 1010 Case Activity Log is limited to information not able to be documented on the PPS 2019 or other Kansas Practice Model tools
- E. The PPS 2019 DCF Conversation Note or other KPM tools
- F. ~~And The PPS 2020 Kansas DCF Assessment, as appropriate~~ **required only if family is being referred for services**

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2600 Assessment Map

The CPS Specialist shall complete the PPS 2020 Kansas DCF Assessment Map within 30 working days of intake assignment. If referring for DCF services (Family Services, Family First Prevention Services, or Family Preservation Services or Foster Care) complete all sections of the Assessment Map. If lasting safety is rated high enough that it indicates DCF child welfare intervention is not needed, complete at a minimum the following sections: Genogram, Current & Past Harm Current & Past Safety, and the Lasting Safety Scale.

The PPS 2020 is not required for the following types of cases unless the family is being referred to services:

1. Facility
2. Third Party
3. Unable to Locate

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2282 Kansas Newborn Infant Protection Act (“Safe Haven”)

The Kansas Newborn Infant Protection Act (also known as “Safe Haven Act”) allows a person having legal custody of a baby who is 60 days old or younger to be relinquished without risk of prosecution for child abandonment so long as the following criteria are met:

- A. The infant was safely surrendered to the custody of an on-duty employee at a police station, sheriff’s office, law enforcement center, fire station, city or county health department or a medical care facility as defined by KSA 65-425, and
- B. The infant has not suffered bodily harm prior to being surrendered to any employee listed in A.

The relinquishing parent shall not be required to reveal personally identifiable information but shall be offered opportunity to provide information about the infant’s familial or medical history at the time of surrender.

Reports of children being surrendered via the Kansas Newborn Infant Protection Act shall be assigned as a Family in Need of Assessment (FINA) report with the subtype of Caregiver Unable/Unavailable to Provide Care (CUU). During the assessment process of a Newborn Infant Protection Act, the family of the infant will not be identified or contacted and only information that was provided at the time of the parent/caregiver’s surrender of the child will be included on the PPS 2019 and PPS 2020.

If concerns regarding abuse or neglect are discovered during the assessment, a new report shall be made per PPM 2113A.

For further questions about how to handle a Newborn Infant Protection Act assessment and case management, please contact your region’s legal department.

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~~2300 Defining Danger, Safety and Risk~~

~~Danger, safety and risk are distinct and different concepts. The immediacy, severity of harm, impact on the child and the seriousness of the family's conditions, situations, and circumstances differentiate danger, safety and risk.~~

- ~~A. Danger is the potential for serious maltreatment which is imminent.~~
- ~~B. Safety is actions of protection taken by the safety network, parent(s)/caregiver(s) and/or at times perhaps children changing the everyday living situation of the family mitigating danger for the children.~~
- ~~C. Risk is potential maltreatment in the future.~~

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2842 2843 Individual Information

Victim

1. After a finding decision is successfully processed, select each victim, flow to VICT to record specific information on that victim. Data fields such as date of birth and SSN previously entered on EVRL carry over onto VICT. Information on date of birth, race, ethnicity, relationship to perpetrator, and facility information are all required fields except for military family.
2. In order to successfully process VICT, the victim must be linked to their client ID number. This task is accomplished via a system required linking procedure. This process facilitates submission of federal reporting requirements. From VICT, flow to LINC, select the victim's name and flow to CLNT. On CLNT select the desired client, and return to LINC. Back on LINC, verify the person you selected is accurate and link via PF6. Return to VICT to finish entering demographic information to add the screen.
3. Indicate that the report involves a facility when all of the following factors are indicated:
 - a. The alleged perpetrator is an employee or volunteer in a facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing or KDADS (licensed Psychiatric Residential Treatment Facility 'PRTF'); and
 - b. The alleged victim resides in or receives services from that facility.
4. If the Finding decision is Substantiated or Affirmed for the Human Trafficking Sex (HTS) allegation, the date must be entered that DCF reported the incident to Law Enforcement.

Perpetrator

1. After a finding decision is successfully processed, select each perpetrator, flow to UNNI to record specific information on that alleged perpetrator. Data fields such as date of birth and SSN previously entered on EVRL carry over onto UNNI. Information on date of birth, race, ethnicity, relationship to alleged victim, facility involvement and facility types are all required fields except for military family.
2. Indicate that the report involves a facility when both of the following factors are indicated:
 - a. The alleged perpetrator is an employee or volunteer in a facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing or KDADS (Licensed 'PRTF'); and
 - b. The alleged victim resides in or receives services from that facility.
3. With regard to perpetrator relationship to victim, enter foster parent (FP) only if the perpetrator was the foster parent provider for the victim at the time of the substantiated incident. Victim must also be in DCF custody to use the FP code. Enter employee at a placement (EP) only if the perpetrator was an employee at the victim's OOH placement at the time of the substantiated incident. If a victim's

perpetrator is a relative who is also a licensed foster parent for the victim, enter the relationship code of foster parent in the perpetrator relationship field.

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3860 Entering Candidacy for Care Determination

A. To determine if a child is a candidate for care for those referred to Family Services, Family Preservation or in custody placed at home, refer to form, PPS 3050A Family Service/Family Preservation Candidacy for Care form or PPS 3052 Permanency Plan if child is in DCF custody.

1. If a child is a candidate for care, enter the service action (SvcAct) code of CC01N and the service source code (SvcSrc) of PSW on the RESP screen.
2. If a child is not a candidate for care, enter the service action code of CC02N and the service source code of PSW on the RESP screen.
3. The responsibility start date of the candidacy for care determination for both service action code CC01N and CC02N is the date when the case planning conference occurred.
4. The responsibility end date is the date when the child is no longer a candidate for care per PPS 3050A or PPS 3052, the date when the child becomes a candidate for care per PPS 3050A or PPS 3052, the date of when the next case plan is held, or the date the plan closes, whichever comes first.
5. Candidacy for care information on the PPS 3050A or PPS 3052 shall be reviewed each time a case plan conference is held. ~~If the child does not have an open plan, which may be the case for family services, a plan shall be opened with the appropriate plan type for that child.~~

B. If a family has been referred to Family First Prevention Services, the candidate for care information is located on the PPS 4300 (Prevention Plan).

1. If the child is determined a candidate for care use service action code (SvcAct) CC03N, if they are not a candidate for care use CC02N.
2. The start date of the candidate for care service action codes (CC03N or CC02N) is the start date on the Prevention Plan.
3. Service source code is PSW
4. In the description (SpecDesc) enter "Fam First candidate for care".
5. Achievement date (AchDt) shall match the Prevention Plan end date (one year from the start date).

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6. When Family First Prevention Services end per the PPS 4310 (Referral/Case Status form), enter this date in the EffDt field with code CM in Resp Status.
- ~~• If the family is later referred to family preservation or family services and the Family First Prevention Services case is still open, no additional candidate for care service action codes are entered. Once the Family First Prevention Services case closes as per the PPS 4310 form, the candidate for care service action codes are ended. If the family preservation or family service case is still open, enter the appropriate candidate for care service action code based upon the latest case planning documentation (PPS 3050A or PPS 3052).~~
 - ~~• If the family has an open family preservation or family services referral and then the family is referred for Family First Prevention Services, end the open candidate for care code(s) with the date the family is referred to Family First Prevention Services per the PPS 4310. New candidate for care service action codes will be entered based upon the candidate for care information on the PPS 4300. The start date will be the date of referral to Family First Prevention Services as per the PPS 4310.~~
- C. If Family Preservation and Family First Prevention services are occurring at the same time, each candidate for care determination will be recorded within the same FP (Family Plan) as specified in A. and B. above for each individual service type.

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3881 Entering School Enrollment

Enter whether the child is enrolled in (or in the process of enrolling) in education on the MACL Screen. For children in foster care, once the initial information from the PPS 5110 is entered into FACTS, updates to the School Enrollment will be obtained from the Child Welfare Case Management Providers via an automated upload completed on a quarterly basis.

Not Enrolled (NE)

Not School age (NA)

Elementary School (ES): Grades K-5

Secondary School (SS): Grades 6-12

Post-Secondary Education or Training (PS): Trade School/Technical School

GED (GD)

College (CO)

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4830 Recording Family First Prevention Services Information

To record the Family First Prevention Services prevention plan (PPS 4300):

1. Enter the service action code of PF01N along with the service source code of PSW on the RESP screen of each person in the household as per the Family First Prevention Plan form PPS 4300. Enter this service action code on the appropriate plan type for that individual. If the Family First Prevention Services referral is due to or involves a juvenile offender case as per the PPS 4310 form, enter on the RESP screen for the Head of Household the service action code of JO01N with the service source code of PSW. The start date is the date of the Family First Prevention Services referral. The AchDt is the end date listed on the PPS 4300 form.

To record Family First Prevention Services referral (PPS 4310 form):

1. Enter the appropriate Family First Prevention Services service action codes (FM01N, FS01N, FI01N and FK01N) along with the associated service source codes on each family member's plan as per the PPS 4310 and 4300 forms. The start date for these services will be the date of referral to Family First Prevention Services located on the PPS 4310 form. The end date will be the closure date located on the PPS 4310. When closing the services use the appropriate Resp Status Type Closed code as per the PPS 4310 Section V. Please note this includes retractions.
2. When AchDt is first entered on the service codes (FM01N, FS01N, FI01N and FK01N), enter a date 6 months out. Once the date of initial contact with the family is received on the PPS 4310 form, the AchDt will be changed to the date in Section IV.

To record if a youth in foster care who is pregnant or parenting is referred to Family First Services (PPS 4310 form):

1. Enter the prevention plan service action code PF01N as per the PPM 3051 form Section 7 and the appropriate Family First Prevention Services service action code as per the PPS 4310 form on the youth's current custody plan type (CC, EC or RC). To also record the youth in foster care is pregnant, enter the service action code of FC01N with the service source code of FGC. To record the youth in foster care is parenting a child who is not in DCF custody enter the service action code of FC02N with the service source code of FGC. If the youth is in foster care and is parenting a child who is in DCF custody as per PPS 4310 form, enter the FC03N service action code with the service source code of FGC on the youth's open custody plan (SC, CC, RC or EC). Please see PPM section 5865 for additional information including closure.

To record if services are extending beyond 12 months of an open prevention plan (as per section 1B on the PPS 4300 form):

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1. End date the closing Prevention Plan service action code (PF01N) by using start date in PPS 4300 form Section 1B.
2. End date all Family First service action codes (FM01N, FS01N, FI01N and FK01N) using the Resp Status Type Closed code of SD in the RespStatus field and the start date in PPS 4300 form Section 1B.
3. End date the Candidate for Care service action codes (CC03N ~~CC01N~~ or CC02N) with the start date in PPS 4300 form Section 1B.
4. Open a new prevention plan service action code (PF01N) from PPS 4300 form section 1B, the end date is entered as the AchDt.
5. Open Extended Family First Services (identified in PPS 4300 Section II) using the start date in 1B as both the start date and the AchDt.
6. Open Candidate for Care service action code (per PPS 4300 Section II), with start and AchDt dates matching the Prevention Plan.

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5234 Relative Home/Placement

Definition: For purposes of notification of DCF custody and placement, DCF defines a relative as follows:

1. A person who can trace a blood tie to a child. Persons related by blood may include, but is not limited to, a parent, grandparent, sibling, great-grandparent, uncle or aunt, nephew or niece, great-great grandparent, great uncle or aunt, first cousin, great-great-great grandparent, great-great uncle or aunt, or similar relation. Termination of parental rights does not alter or eliminate the blood relationship to relatives.
2. A person who is or was related to the child through marriage or previous marriage (terminated by death or divorce). This includes, but is not limited to, step-parents, step-grandparents, step-aunts, step-uncles or similar relation.
3. Legally adoptive parents and other relatives of adoptive parents as designated in groups (1) and (2).
4. ~~Grandparents~~ Parents or relatives of siblings and birth parents and ~~grandparents of~~ half-sibling, including but not limited to grandparents, aunts, uncles, cousins or similar relation.
5. Adoptive parents and grandparents of siblings or half-siblings.
6. A court-appointed guardian or permanent custodian of a sibling or half-sibling.

For placement purposes, parents of the child are not considered an out of home placement. If the child is residing with either parent, the child is considered to be "in the home". When attempting to locate relatives of the child for whom the parents do not have current information, there are a number of websites available to assist in the search effort. A listing of some of these websites is found in Appendix 3N--Family Finding Search Websites. If relatives live out of state, an Interstate Compact for the Placement of Children (ICPC) shall be requested as soon as possible so that placement with the relatives can be considered if the parents are not making progress on case plan activities.

B. Services Provided:

Planning and delivering services and supports for relatives and non-related kinship placements shall be guided by family-centered practice principles, cultural competence and sensitivity to the complex issues involved. For relative/non-related kin placements the Child Welfare Case Management Provider (CWCMP) shall:

1. Assess families and identify risk factors, safety factors, strengths and needs, and intergenerational trauma, including an exploration of how the family's

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triumphs and adversities have influenced their present life. This may include the family's prior history with DCF or other social systems;

2. Develop safety plans based on identified risk factors with the family;
3. Effectively address challenges of relative care with the family;
4. Provide relevant information about the child to the relative prior to placing the child in the home;
5. Locate and access services and resources available to relatives;
6. Plan for permanency with the family for the child;
7. Mediate the relationship between the parents/caregivers and family;
8. Provide services and supports to strengthen the relative's capacity to provide a safe, nurturing home for the child;
9. Provide supports and services to assist the relative in understanding and addressing the possible effects on the child due to maltreatment, trauma and separation.

For additional information concerning placement with grandparent, see PPM 3341

C. Placement at the Time of Referral:

1. If, at the time of the referral, DCF does not recommend certain relatives for placement, DCF will note in Section II of the PPS 5110A Initial Referral to Out of Home Placement Provider. If DCF does not recommend placement with a relative, DCF shall respond to any concerns expressed by the relative regarding the reasons.
2. If the prospective initial placement is with a relative who does not have a foster home license, the CWCMP shall complete a walk-through of the relative's home, a PPS 5143 Declaration of No Criminal Offences and request a FACTS/KIDS check by DCF prior to placement of the child. DCF staff shall be available for 4 hours following the referral to assist in providing additional information needed. The 4-hour availability may be negotiated. The relative shall complete the requirements listed in section E2. within 30 days for the child to continue placement with them.

D. Information to be Shared with Relatives Prior to placement:

1. Relatives have a choice between TANF or foster care payments. Relatives may be eligible for TANF assistance from DCF's EES. Eligibility is determined by EES using their definition of relative. Birth/adoptive parents of siblings may receive TANF if they are income eligible as determined by EES. Relatives shall be informed by the CWCMP of the approximate amount of TANF they may receive. Other options are financial support, through a foster care payment per the set rate structure or requesting to become the payee for benefits the child receives such as SSI, SSA, etc. The Social Security Administration makes the final determination about who will be the payee. For information on child care benefits for relatives, see PPM 5258.
2. The CWCMP shall inform relatives of the option to become a licensed foster home. Relatives have the option to choose their sponsoring Child

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Placing Agency (CPA). Relatives choosing to become licensed, shall meet the same standards as other licensed foster homes, and shall be compensated per the DCF current rate structure. See PPM 5235 for policies on licensed foster home placements.

E. Requirements for Relative Placements:

1. Relatives may provide care to the child as a non-licensed relative home if approved by the CWCMP. The relatives shall be assessed by the CWCMP to determine whether their home is environmentally and psychologically safe for children and a relative placement assessment shall be completed. (See Appendix 5C.)
2. Relatives and all members of the household age 10 and older in the home, excluding children in the custody of the Secretary in out-of-home placement, shall complete KBI criminal background checks, and Child Abuse/ Neglect Central Registry checks. The CWCMP shall request a complete DCF history check, comprised of Web KDHE Request Processor (WKRP), Family and Children Tracking System (FACTS), Kansas Intake/Investigation Protections Systems (KIPS), Kansas Initiative for Decision Support (KIDS), Kansas Adult Abuse, Neglect, Exploitation Central Registry and Kansas Child Abuse and Neglect Central Registry Search (CERS) checks through DCF. Household members 14 and older shall be fingerprinted. Child Abuse/ Neglect Central Registry checks must then be completed annually. If the adults in the household lived out of state at any time within the immediate past 5 years and the permanency plan may become adoption, the CWCMP shall complete out-of-state child abuse checks. The assessment of the relative family shall include pertinent social information regarding the family. Completion of Caring for Our Own (COO) or TIPS-MAPP curriculum, or other approved pre-service training is at the CWCMP's discretion but is encouraged.

F. Payments made to relative homes are not Title IV-E reimbursable unless they become licensed by DCF Foster Care and Residential Facility Licensing.

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5244 Consents

Persons authorized to give consent for matters involving a child depends on the purpose of the consent and the legal status of the child. Consents for children who are or may be in need of care are controlled primarily by K.S.A. 38-2217 for health care and K.S.A. 38-2218 for educational decisions.

A. Medical Care Consents

1. If parental rights are terminated or relinquished, the parent has no authority to consent.
2. Courts may consent to medical care overruling parental objections.
3. When custody (ex parte, temporary or adjudication) has been awarded to a person other than a parent, the custodian or agent of the custodian may consent to medical care over the objection of the parent.
4. Prior to adjudication the authority of the custodian or agent of the custodian is limited to dental treatment by a licensed dentist, diagnostic examinations, releases and inspection of medical history records, immunizations, administration of prescribed drugs.
5. At or after adjudication, unless limited by the court, the custodian or agent of the custodian has full authority to consent to medical care. However, absent termination of parental rights, the parent's consent shall always be sought first.
6. K.S.A. 59-3075 (e) 4,5,6 state specific procedures the custodian or the agent of the custodian do not have the authority to provide consent:
 - a. to any psychosurgery, removal of any bodily organ, or amputation of any limb, unless such surgery, removal or amputation has been approved in advance by the court, except in an emergency and when necessary to preserve the life of the ward or to prevent serious and irreparable impairment to the physical health of the ward;
 - b. the sterilization, unless approved by the court following a due process hearing held for the purposes of determining whether to approve such, and during which hearing the child is represented by an attorney appointed by the court;
 - c. the performance of any experimental biomedical or behavioral procedure on the child or for the child to be a participant in any biomedical or behavioral experiment, without the prior review and approval of such by either an institutional review board as provided for in title 45, part 46 of the code of federal regulations, or if such regulations do not apply, then by a review committee established by the agency, institution or treatment facility at which the procedure or experiment is proposed to occur, composed of members selected for the purposes of determining whether the proposed procedure or experiment

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- d. The Secretary or the agent of the Secretary is prohibited from consenting to inpatient care in a state psychiatric hospital.

B. Non-Medical Consents

1. General Educational Decisions - When consent is needed for General Educational Decisions and parental rights are not terminated, permission shall first be sought from the parent(s). If, after diligent efforts, it is not possible to get consent from the parent(s), contract agency staff shall sign needed consents. As a last resort, and only when parent(s) and contract agency staff are not available shall DCF staff sign general educational consents. If parental rights are terminated, then contract agency staff shall sign for general educational decisions. If contract agency staff are unavailable, DCF staff shall sign general educational consents.
2. Special Education - When consent is needed for special education situations and parental rights have not been terminated, permission shall first be sought from the parent(s). If, after diligent efforts, it is not possible to get consent from the parent(s), consent shall be given by an educational advocate. If parental rights are terminated, consent shall be given by the educational advocate.
3. Other Non-Medical Consents - Unless otherwise specified in a court order, the parents are the primary source for all other non-medical consents and their consent should be sought whenever possible. When obtaining a parent's consent is not possible, the provider or the child's caregiver may consent for special events, such as a field trip sponsored by a school, church or community organization.

C. Physical/Dental Health Records

Hospital, Medical, Surgical, or Dental Treatment or Procedures; Release or Inspection of Medical and Hospital Records (see 5244A for restrictions) - When a child in the custody of the Secretary is in need of Medical care, to include; hospital stays, surgery, medical care, dental treatment or procedures or has records that need to be released and his/her parental rights have not been terminated, the parent(s) permission shall be sought. If, after diligent efforts, it is not possible for the parent(s) to give consent, staff from the contract agency shall sign necessary and appropriate releases and consents. If contract agency staff are not readily available, designated DCF staff shall sign necessary and appropriate releases and consents. If parental rights are terminated, contract agency staff shall sign necessary and appropriate releases and consents. If contract agency staff are not readily available, designated DCF staff shall sign necessary and appropriate releases and consents.

- D. Alcohol/Drug Evaluation - When a child in the custody of the Secretary is in need of an Alcohol or Drug Evaluation and his/her parental rights are not terminated, parental permission shall be sought. If, after diligent efforts, it is not possible to

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obtain parental permission, contract agency staff shall sign necessary consents. If contract agency staff are not readily available, designated DCF staff shall sign necessary consents. If parental rights are terminated, contract agency staff shall sign necessary releases. If contract agency staff are not readily available, designated DCF staff shall sign necessary consents.

E. Abortion, Experimental Drugs, Do Not Resuscitate Orders - When a child in the custody of the Secretary desires an abortion, requires a Do Not Resuscitate Order or is appropriate for an experimental drug trial and parental rights are not terminated, the parent(s) consent shall be sought. If, after diligent efforts, it is not possible to obtain parental permission, Court consent shall be sought, unless an emergency exists in which case the Secretary or the Secretary's designee's consent shall be obtained. If parental rights are terminated, Court consent shall be sought, unless an emergency exists in which case the Secretary or by the Secretary's designee's consent shall be obtained.

F. Mental Health

1. Care and Treatment Other Than State Psychiatric Hospital (see 5244A for restrictions) - If a child in the custody of the Secretary is in need of mental health services with the exclusion of admission into a state psychiatric hospital and his/her parental rights have not been terminated, parental permission shall be sought. If, after diligent efforts, it is not possible to obtain parent(s) permission, foster placement, relative caregiver, non-related kin caregivers or contract agency staff shall give consent to mental health treatment. If the foster placement, relative caregiver, non-related kin caregivers or contract agency staff are not readily available, designated DCF staff shall sign consents. If parental rights are terminated, consent shall be given by the foster placement, relative caregiver, non-related kin caregivers or contract agency staff. If the foster placement, relative caregiver, non-related kin caregivers or contract agency staff are not readily available, designated DCF staff shall sign consents.

2. Admission to State Psychiatric Hospital - If a child in the custody of the Secretary is in need of admission to a State Psychiatric Hospital and his/her parental rights are not terminated, parents' permission shall be sought. If, after diligent efforts, it is not possible to obtain parent(s) permission, a court order for placement shall be sought. This will require coordination between the contract agency, DCF and the County/District Attorney. If parental rights are terminated, a court order shall be sought. K.S.A. 38-2217(4) specifically prohibits placement by the Secretary of children in the Secretary's custody in a state psychiatric hospital and authorizes commitment proceedings or voluntary admission.

G. Out of State Placements/Travel

1. Interstate and international travel shall be planned in coordination with the parents, if parental rights are intact. If parents refuse to give permission for out of state/international travel, the decision shall be made by the Foster

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Care Program Administrator or other DCF Regional Leadership who may consult the DCF Regional Attorney, as needed. The court, GAL, county or district attorney and DCF shall be notified a minimum of 10 days prior to departure of all interstate and international travel. Foster families shall take the child's placement agreement, medical consent form, and medical card. See Section 5920 for information on utilizing an out of state medical provider.

2. Approvals for passports shall be obtained from parents or guardians, or if they are not available, the Regional Director or designee.

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5301 Adoption Roles and Responsibilities

When parental rights are terminated or relinquished, the following responsibilities apply:

A. DCF Responsibilities

1. Forward the PRT Journal Entry or Voluntary Relinquishment of Parental Rights immediately to the regional attorney for review of legal sufficiency.
2. Issue the Consent to Adopt.
3. Review and approve Aftercare Contact Agreement.
4. Sign the Adoption Placement Agreement.
5. Negotiate and execute the Adoption Assistance Agreement.
6. Determine child's eligibility for Adoption Assistance.
7. Send the Child Welfare Case Management Provider the approved Journal Entries terminating parental rights or accepted relinquishments on both parents within three (3) working days of receipt of documents.
8. Assess whether parental relinquishments should be accepted.

B. Child Welfare Case Management Provider Pre-Adoptive Casework Responsibilities:

1. Utilizing practices to maximize children's likelihood of adoption and minimize the trauma children experience;
2. Utilizing concurrent planning, as appropriate, to facilitate placing children as early as possible with relatives/caregivers who are open to adopting them if they are unable to return home;
3. Reducing placement disruptions as much as possible and minimizing the trauma of moves between placements;
4. Collaborating with Child Placing Agencies when a child has more than one adoptive resource needing assessments, and to complete additional family/home assessments when needed.
5. Utilizing the Rapid Permanency Review (RPR) tracking tool to understand the barriers to permanency and enforce accountability for achieving it.
6. Preparing the Adoption Packet, in collaboration with the Foster Care Liaison and Adoption Specialist for DCF Adoption Consent;
7. Ensuring effective networking within communities and with schools, mental health centers, courts and community-based programs;

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8. Ensuring once an adoptive home has been approved, whether in-state or out of state, the child moves to the placement without delay, considering the best interests of the child.

C. Child Welfare Case Management Provider Responsibilities Post-Finalization

1. Provide 6 months of aftercare with monthly contacts and reports to DCF. Refer to PPM 5270.
2. Refer families to the Kansas Post Adoption Resource Center (K-PARC).

D. When a family has not been identified for a child the Child Welfare Case Management Provider shall:

1. Send the Adoption Exchange Provider the completed PPS 5310, Adoption Exchange Information form for the child within 5 working days of DCF acceptance of relinquishment or within 5 working days of the end of the Parental Rights Termination (PRT) appeal period on both parents if no appeal has been filed. The PPS 5310 shall be completed annually.
- ~~2. Send the Adoption Exchange Provider the PPS 5305 Individual Recruitment Plan for Child in Need of Adoption Resource.~~
- ~~3.~~ 2. Send the Adoption Exchange Provider the PPS 5315, Adoption Exchange Child Status Update Form, when there is a change in the child's circumstances.

E. Adoption Exchange Provider Responsibilities:

1. Send the CWCMP the completed PPS 5305 Individual Recruitment Plan for Child in Need of Adoption Resource annually from date of initial referral.

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5312 Individualized Recruitment Plans

- A. An Individualized Recruitment Plan (IRP), shall be completed by the Adoption Exchange Provider Child Welfare Case Management Provider for all children who do not have an identified adoptive resource documented on the PPS 5316. that have been referred to the Adoption Exchange and do not have an adoptive resource. (See PPS 5305 Individualized Recruitment Plan, and PPM 0160 for definition of an identified resource.)
- B. The goal of the IRP is to identify general and targeted recruitment efforts for each child registered on the Adoption Exchange, for the purpose of securing an adoptive resource. widen the circle of adults who may be a potential adoptive resource. Child specific recruitment involves the following tasks, culminating in a written individualized recruitment and search plan for the child, which shall be incorporated in the case plan for the child.
- C. The written individualized recruitment plan shall be incorporated in the case plan for the child.
- D. The IRP shall be updated annually from the initial date of referral.
 - 1. Complete a thorough review of the child's complete file to identify all previously known or considered relatives, resources, and formal or informal connections for possible current interest in adoption
 - 2. Complete a diligent search for previously unknown or unexplored relatives, resources, and formal or informal connections to the child for possible interest in adoption.
 - 3. Ensure the child's social history is accurate and up to date, fully exploring the child's physical, social, emotional, intellectual and behavioral well-being, using the PPS 5305, including a complete assessment of the child's trauma history and impact of the trauma on the child.
 - 4. Identify the child's strengths, needs, areas of particular challenge, interests, likes, dislikes, and the child's stated desired characteristics of the adoptive family.
 - 5. Develop an individualized and detailed written plan that is strengths based and community focused, documenting each of the above mentioned areas. The written IRP shall include recommendations for adoptive family characteristics that may be the best match for the child.
 - 6. Update the IRP annually.

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5313 Specialized Recruitment Activities

A child shall be referred to the Kansas Adoption Exchange by the Child Welfare Case Management Provider when there is not an identified adoptive resource documented on the PPS 5316. (See PPM 0160 for definition of an identified resource.) for the child, the child shall be registered on the Kansas Adoption Exchange. The Child Welfare Case Management Provider sends the Child Adoption Exchange Information form (PPS 5310) to the Adoption Exchange Provider within 5 working days of DCF acceptance of relinquishment or within 5 working days of the end of the Parental Rights Termination (PRT) appeal period on both parents if no appeal has been filed or DCF acceptance of relinquishment. The PPS 5310 shall be completed on an annual basis.

The Child Welfare Case Management Provider will:

1. Complete a thorough review of the child's complete file to identify all possible relatives, resources, and formal or informal connections for possible current interest in adoption.
2. Ensure the child's social history is accurate and up to date, fully exploring the child's physical, social, emotional, intellectual and behavioral well-being, including a complete assessment of the child's trauma history and impact of the trauma on the child.
3. Identify the child's strengths, needs, areas of particular challenge, interests, likes, dislikes, and the child's stated desired characteristics of the adoptive family.
4. Develop an individualized and detailed PPS 5310 that is strengths based and community focused, documenting each of the above mentioned areas. The written PPS 5310 shall include recommendations for adoptive family characteristics that may be the best match for the child.
5. PPS 5310 and recruitment photo shall be updated annually, as needed, and sent to the Adoption Exchange.

Writing a child's narrative is an important part of creating a profile that will inform families and compel them to learn more. While each child's profile is unique to him or her, there are important principles that should guide your efforts to write effective profiles for the children on your caseload. Additional information on writing children's narratives is located at: <http://www.adoptuskids.org/for-professionals/writing-childrens-narratives>

The Adoption Exchange Provider:

- A. Receives the Adoption Exchange Information form and registers the profile of the child on the exchange. Writing a child's narrative is an important part of creating a profile that will inform families and compel them to learn more. While each child's profile is unique to him or her, there are important principles that should guide your efforts to write effective profiles. Additional information on writing children's narratives is located at: <http://www.adoptuskids.org/for-professionals/writing-childrens-narratives> The profile shall describe the child's strengths and areas of challenge in order to promote a successful adoption of the child.

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- B. The Child Welfare Case Management Provider and the Adoption Exchange Provider determine which specialized recruitment activities ~~which~~ may be appropriate for the child. Activities may include, but are not limited to, a professional photograph, ~~posting on the state and national adoption websites~~, T.V., radio and print media profiles, church bulletins, and Public Service Announcements.
- C. The Adoption Exchange Provider is responsible for the general and targeted recruitment services for the children listed on the exchange. The Adoption Exchange Provider is responsible to:
1. maintain a statewide Adoption Resource Exchange;
 2. provide a statewide system of intake for families interested in adopting;
 3. implement strategies and outreach statewide to raise public awareness of the need for families willing to adopt children in the custody of the Secretary of DCF who are without an adoptive resource.

All recruitment initiatives shall respect the dignity and confidentiality of the child.

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Individual Recruitment Plan for Child in Need of an Adoptive Resource

Identifying Child(ren)'s Information:			
Name(s): Child Name:		DOB:	FACTS Case#
Local DCF Office CWCMP:		CWCMP Case Manager: Assigned DCF Staff:	
Provider: Initial IRP Date:		Assigned Provider Staff: IRP Update:	

Adoption Exchange Information: Section 1			
Actions Taken to Date to Locate Adoptive Resources:		Date of Initial PPS 5310 Referral to Adoption Exchange:	
Date of Current PPS 5310 Referral to Adoption Exchange (if applicable):			
Date PPS 5310 Update Due to Adoption Exchange:			
Adoption Recruitment History:			
Date:	Case Status:	Status Reason:	Notes:
Total Inquiries sent to CWCMP to Review:			

Section 2 Type of Recruitment Provided: (check all that apply)
<input type="checkbox"/> Private Matching (private profile on adoptkiskids.org - only visible with a professional login for purposes of child to family matching)
<input type="checkbox"/> Public Photo Listing (public profile on adoptkiskids.org – visible to both inquiring adoptive families, as well as professionals)
<input type="checkbox"/> Extreme Family Finding (Using intensive recruitment efforts, including diligent relative/kinship searches, to achieve and prepare youth for permanency)

Individual Recruitment Plan for Child in Need of an Adoptive Resource

Youth Centered Profile

(children 12+ will work with an Adopt KS Kids Child Specialist on the development of their own in-depth profile)

In State Recruitment

(CWCMP will be provided family inquiries from those residing in Kansas)

Out of State Recruitment

(CWCMP will be provided family inquiries from those residing in both Kansas and out of state)

If child cannot receive out of state recruitment, what is the reason?

~~Child's Preparation and Preferences Regarding Adoption:~~

~~Case Planning Team's Recommendations Regarding Adoptive Placement:~~

~~Special Needs and Services To be Addressed in Adoptive Placement~~

~~Strengths the Child Brings to Adoption:~~

~~Other Factors to Consider:~~

Individual Recruitment Plan for Child in Need of an Adoptive Resource

Summary of Progress Made Since Last Plan:

Targeted Adoption Recruitment Activities:

(Targeted Recruitment Activities are community awareness initiatives used for the purpose of resource family recruitment. May include, but are not limited to, AdoptUSKids photo listing, social media, featured child/sibling, television, radio profile, newspaper, church bulletin inserts, Clicks for Kids Heart Gallery.)

Section 3

Adoption Recruitment Activities

Recruitment Activity:	Responsible Person Date:	Notes: Target Date Achieved Date Outcome
1.		
2.		
3.		
4.		
5.		

Individual Recruitment Plan for Child in Need of an Adoptive Resource

6.		
7.		

Section 4

Are TV, print media, and/or radio recruitment options for the child?

If not, why?

~~Special Considerations~~ Additional Information Regarding Recruitment Status:

Section 5

Signatures:

Case Manager Signature Date

Supervisor Signature Date

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Strong Families Make a Strong Kansas

Adoption Child Profile and Website Registration Match Form

~~Child Adoption Exchange Registration, AdoptUSKids Referral, & Community Profile Request Form~~ (Check One) Initial Referral Profile Update, CHID# _____ Today's Date: _____

Child's Information:		
First & Last Name: _____ Preferred Name: _____		
FACTS Client ID#: _____		
Date of Birth: _____ Age: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
<input type="checkbox"/> Female Transgender <input type="checkbox"/> Male Transgender		
<input type="checkbox"/> Nonbinary <input type="checkbox"/> Other _____		
<input type="checkbox"/> Private Matching only — do not list on site for public view (for children who may match with a family in the existing adoption pool)		
<input type="checkbox"/> Extreme Family Finding only — do not list on site for public		
Race/Ethnicity: (check up to two all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	School Category Education: (check all that apply) Grade level (K-12): <input type="checkbox"/> Preschool <input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Education Classroom Services <input type="checkbox"/> Alternative School <input type="checkbox"/> Not in school (list reason) <input type="checkbox"/> Other (list): _____	Placement status Case History: County of Removal Court: _____ City of current placement: _____ Case Management Provider: _____ Guardian Ad Litem: _____ Legally Free Date: _____ ** DCF acceptance of relinquishment or termination
Actions Taken to Date to Locate Adoptive Resources: (List Potential Identified Resources/Relative Exploration)		

Recruitment Information:

Type of Recruitment Requested: For more information, please contact us at customercare@adoptkskids.org

(check all that apply)

Private Matching

(Private profile on adoptkskids.org – only visible with a professional login for purposes of child to family matching)

Public Photo Listing

(Public profile on adoptkskids.org – visible to both inquiring adoptive families, as well as professionals)

Extreme Family Finding

(Using intensive recruitment efforts, including diligent relative/kinship searches, to achieve and prepare youth for permanency)

Youth Centered Profile

(Children 12+ will work with an Adopt KS Kids Child Specialist on the development of their own in-depth profile)

In-State Recruitment

(CWCMP will be provided family inquiries from those residing in Kansas)

Out of State Recruitment

(CWCMP will be provided family inquiries from those residing in both Kansas and out of state)

If child cannot receive out-of-state recruitment, what is the reason?

Please indicate the following: Targeted Recruitment Activities that must be avoided - (list reason why):

(Targeted Recruitment Activities are community awareness initiatives used for the purpose of resource family recruitment. May include, but are not limited to, Adopt US Kids photo listing, social media, featured child/sibling, television, radio profile, newspaper, church bulletin inserts, Klicks for Kids Heart Gallery.)

Area of state where recruitment should be avoided - (list reason why):

Area of state where recruitment is desired - (list reason why):

Photo (Check One):

Photo attached with referral Recruitment Photo(s) Adopt KS Kids Adoption Exchange has current photo on file (within 1 year) **date taken**

Date Photo Taken Date Photo Taken

Professional Photo Needed/Requested

Race (check up to two)

- Caucasian African American
 Hispanic Asian
 American Indian

School Category:

- Regular Classroom
 Special Ed. Classroom
 _____ Type of Special Education _____
 _____ Grade level (K-12) _____
 Preschool
 Not in school

Placement status:

City of current placement: _____
 County of removal court: _____
 Case Management Provider: _____

Sibling Information (list only those to be adopted with the case plan goal of adoption):

Name	Must sibling be adopted with child?	Date of split approval by Provider (required)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sibling split pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Consideration for placement of siblings: **Additional Information Regarding Sibling Group:** (safety/risk concerns, sibling split pending, additional siblings that do not have a case plan goal of adoption, special considerations for placement, etc.)

COMMUNITY PROFILE REQUEST SECTION (Select Community Awareness Initiatives):

- Television Featured Child/Sibling Spot Social Media Kansas Kids Belong

<input type="checkbox"/> Radio profile	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Church Bulletin Inserts	<input type="checkbox"/> AdoptUSKids
<input type="checkbox"/> Billboard	<input type="checkbox"/> Website	<input type="checkbox"/> Klieks for Kids	
Area of State where recruitment should be avoided: _____		Area of State where recruitment desired: _____	

Provider Case Manager Team:		
CWCMP/Agency: _____	DCF Region: _____	CWCMP Office Address: _____
Supervisor: _____	Phone: _____	Email: _____
Case Manager: _____	Phone: _____	Email: _____
Support Worker (if applicable): _____	Phone: _____	Email: _____
Agency: _____	DCF Region: _____	
Address: _____		
Phone: _____	Email: _____	Fax: _____

Current Caregiver/Placement:			
Name: _____	Child Placing Agency (if applicable): _____		
Caregiver/Placement Address: _____	Phone: _____	Email: _____	Fax: _____

Consent/Release for Kansas Adoption Exchange web site, AdoptUSKids national web site, and above selected Community Awareness Initiatives. I hereby agree and consent to the use of my photograph and/or image and usage of statements made by me and about me, featured on the Adopt Kansas Kids and AdoptUSKids website mediums, and the above selected Community Awareness Initiatives for purposes of resource family recruitment, and I waive all claims for compensation or damages. (Approval statement is for child age 10 and older. If child is younger, approval indicates that an age appropriate discussion has been held with the child.) Please note, children without an identified resource shall be referred to the exchange even if they don't agree to public recruitment.

Child Approval: _____	Date: _____
Case Manager Approval (Print & Signature): _____	Date: _____
Supervisor Approval (Print & Signature): _____	Date: _____
Needs Information: Please include all previous and current needs/diagnoses, as well as a description of each. Only diagnoses made by a qualified professional should be included. Severity levels are utilized in the private website matching service. Accurate reporting is essential to the child's recruitment. Please refer to the Adoption Exchange Level of Care Definitions guide for assistance.	

Behavioral Needs:

- Cruelty to animals
- Damages property
- Displays oppositional behavior
- Fire setting
- History of playing with matches
- Hyperactive
- Unable to sustain attention
- IEP for behavior

Behavioral Needs Cont.:

- Hyperactive IEP for behavior
- Inappropriate interactions with strangers
- Lack of awareness of others
- Lying
- Masturbates in public
- Physically acts out towards adults
- Physically acts out towards peers

Behavioral Needs Cont.:

- Physically acts out towards adults
- Physically acts out towards peers
- Runs away/Missing
- Sexually acts out with peers
- Sexually provocative inappropriate behavior
- Stealing
- Unable to sustain attention
- Other _____

Overall Severity Level of Behaviors:

- None Mild Moderate Severe

Describe: (what the behavior looks like, how often the behavior occurs, last known occurrence, how the behavior is currently being managed, etc.)

[Redacted]

Emotional/Mental Health:

- Acute Stress Disorder
- Adjustment Disorder
- Anorexia Nervosa
- Attachment Disorder
- Bulimia Nervosa
- Binge-Eating Disorder
- Bipolar Disorder
- Conduct Disorder
- Depression
- Disruptive Mood Dysregulation Disorder
- Generalized Anxiety Disorder
- Gender Dysphoria
- Intermittent Explosive Disorder
- Loss Issues
- Obsessive Compulsive Disorder
- Oppositional Defiant Disorder
- Personality Disorder
- Pica
- Post-Traumatic Stress Disorder
- Psychosis
- Reactive Attachment Disorder
- Rumination Disorder
- Schizophrenia
- Schizophrenic-Affective Disorder
- Separation Anxiety Disorder
- Social Anxiety Disorder
- Substance Use Disorder
- Takes Psychiatric Medication
- Other _____

Overall Severity Level of

- Emotional/Mental Health:**
 None Mild Moderate Severe

Intellectual/Developmental Disabilities:

- Attention Deficit Hyperactivity Disorder
- Asperger's Syndrome
- Autism Spectrum Disorder
- Central Auditory Processing Disorder
- Childhood-Onset Fluency Disorder (Stuttering)
- Developmental Articulation Coordination Disorder
- Down Syndrome
- Dyslexia
- Drug/Alcohol Exposed
- Intellectual/Developmental Disability Genetic
- Heart Defect
- Pervasive Development Disorder
- Shaken Baby Syndrome
- Motor Skills Disorder
- Receptive Language Disability
- Expressive Language Disorder
- Fetal Alcohol Spectrum Disorder
- Global Developmental Delay
- IEP (Learning Disability)
- IEP (Gifted)
- Intellectual Developmental Disability Not Specified
- Language Disorder
- Non-Specific Learning Disorder
- Receptive-Expressive Language Disorder
- Shaken Infant Syndrome
- Social (Pragmatic) Communication Disorder
- Speech Sound Disorder
- Specific Learning Disorder
- Stereotypic Movement Disorder
- Other _____

Level of Intellectual/Developmental Disabilities:

- None Mild Moderate Severe

Physical/Medical:

- Achondroplasia (restricted growth)
- Amputee
- Anemia/Blood Disorder
- Asthma
- Attention Deficit Disorder
- Attention Deficit Hyperactivity
- Blindness - Permanent
- Cancer
- Cerebral Palsy
- Craniofacial Anomalies
- Cystic Fibrosis
- Deaf - Profound Hearing Loss
- Dwarfism
- Encopresis
- Enuresis
- Epilepsy
- Fetal Alcohol Spectrum Disorder
- Fetal Alcohol Syndrome
- Hearing Loss
- Heart Defect
- Hydrocephalus
- Irritable Bowel Syndrome
- Kidney Disease
- Life Threatening Viral Infection
- Microcephaly
- Muscular Dystrophy
- Neurofibromatosis
- Paralysis - Partial Paraplegic
- Paralysis - Quadriplegic
- Respiratory Problems
- Rheumatoid Arthritis
- Scoliosis
- Seizure Disorder
- Sickle Cell Anemia
- Sickle Cell Trait
- Spina Bifida
- Terminal Illness
- Tourette's Disorder
- Visually Impaired
- Wheel Chair Dependent
- Other _____

Severity Level of Physical/Medical:

- None Mild Moderate Severe

Describe: (date of diagnosis, treatment/services, resources available, implications for parents, etc.)

Risk Factors:

- Alcohol/Drug Exposed in Utero
- History of Abuse or Neglect
- Running Concerns
- Child History Drug/Alcohol Abuse
- Criminal Activity
- Disrupted Adoption
- Mental Illness in Birth Family
- Drug Exposed in Utero

Risk Factors Cont.:

- History of Abuse or Neglect
- History of Acute/PRTF
- History of Multiple Placements
- Intellectual/Developmental Disability in Birth Family
- Failure to Thrive
- Mental Illness in Birth Family
- Premature Birth

Risk Factors Cont.:

- Criminal Activity
- Physical Condition/Disability of Parent
- Schizophrenia in Birth Family
- Sexual Abuse
- Other (Explain) _____
- None (Explain) _____

Describe: (important dates, severity level of need, frequency of concern, treatment/services, resources available, implications for parents, etc.)

CHILD NARRATIVE SECTION:

What are your strengths (or what are you good at)? What do you need help with?

What are your hobbies/interests (sports, racing, ballet, etc.)? Why do you enjoy these activities?

What is your favorite class at school? Why?

What makes you laugh?

What would you like to do when you grow up?
What are you most proud of? What is one thing you work very hard to do?

WORKER NARRATIVE SECTION:
Additional information about child's preparation and child's preferences regarding adoption: Additional information about child's needs:
Strengths the child brings to adoption: Progress child has made:
Challenges:
Progress child has made:
How child relates to peers and adults:
Child's educational needs and accomplishments:
Can this child be placed out of state? If child cannot be placed out of state, what is the reason?
Case team's recommendations for adoptive family characteristics that may be the best match for the child: Suggestions of what the child needs or would like from a family:

Attachments and important connections:

Other Factors to Consider:

Consent/Release for Kansas Adoption Exchange web site, Community Awareness Initiatives, and AdoptUSKids national web site.

I hereby agree and consent to the use of my photograph and/or image and usage of statements made by me and about me, featured on the Adopt Kansas Kids and AdoptUSKids website mediums, as well as Community Awareness Initiatives for purposes of resource family recruitment, and I waive all claims for compensation or damages. (Approval statement is for child age 10 and older. If child is younger or unable to provide consent due to developmental disability, approval indicates that an age and developmentally appropriate discussion has been held with the child.) Please note, all legally free children without an identified resource shall be referred to the exchange with the appropriate recruitment type requested based on that child's needs.

Child Approval (Required for children 10 and older):

Date:

Case Manager Approval (Print & Signature):

Date:

Print:

Sign:

Supervisor Approval (Print & Signature):

Date:

Print:

Sign:

Please email completed forms along with current photo to: customercare@adoptkskids.org
(Electronic Pictures must be at least 300 dpi and 4 in. by 5 in.)

BACK



(Check One) Initial Website Referral Profile Update Today's Date:

Photo attached Digital Photo emailed, on (date):

Family Information:

Parent #1:

(First & Last) Name:

Gender:

Date of Birth:

Cell Phone: ()

E-mail:

Race Parent #1/Ethnicity: (check up to two all that apply)

American Indian or Alaska Native

White

Hispanic or Latino

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

Parent #2 (First & Last) Name:

Gender: Date of Birth:

Family Residence Address:

Parent #2:

(First & Last) Name:

Gender:

Date of Birth:

Cell Phone: ()

E-mail:

City

State

Zip

County:

Home Phone: ()

Other Cell Phone: ()

E-mail:

MAPP/NTDC enrolled date:

MAPP/NTDC completed date:

Home Study start date:

Home Study approved date:

Home Study update done:

Race Parent #2/Ethnicity: (check up to two all that apply)

American Indian or Alaska Native

White

Hispanic or Latino

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

Family Residence:

Address: City:

State: Zip:

County of Residence:

Marital Status: (check one)

Single Engaged Married

Divorced Domestic Partner

Other

Primary Family Language: (check all that apply)

English Spanish

Other

Race Parent #1 (check up to two):

Caucasian African American

Hispanic Asian

American Indian

Race Parent #2 (check up to two):

Caucasian African American

Hispanic Asian

American Indian

Marital Status:

Single Engaged Married
 Divorced Domestic Partner

Primary Family Language:
 English Spanish Other

MAPP/NTDC enrolled date: MAPP/NTDC completed date: <input type="checkbox"/> Adopt Only (unlicensed) <input type="checkbox"/> Foster to Adopt (licensed to foster) <input type="checkbox"/> Undecided	Child Placing Agency/Sponsor: Name of Child Placing Agency Worker: Worker Phone: Worker Email:	Home Study Adoption Family Assessment approved date: Home Study Adoption Family Assessment update date:
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Children/Adults in the home:			
Name	Age	Relationship	Other Additional Information

Child Characteristics Checklist

Instructions: Please use the list below to let us know the type of child(ren) you would like to adopt or foster by placing an X in the appropriate box.

<p>Child Characteristics Checklist: Please indicate preferences regarding child characteristics that your family is willing to consider in the sections below.</p>		
<p>Gender/Sex</p> <p><input type="checkbox"/> Female ages _____ to _____</p> <p><input type="checkbox"/> Male ages _____ to _____</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Non Binary</p> <p><input type="checkbox"/> All of the above</p> <p><input type="checkbox"/> LGBTQIA+ identified youth</p> <p>Race/Ethnicity (Check all that apply)</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Biracial</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> All of the above</p>	<p>#Number of Children/Siblings (Check all that apply)</p> <p><input type="checkbox"/> Single child with no siblings</p> <p><input type="checkbox"/> Sibling group of 2</p> <p><input type="checkbox"/> Sibling group of 3</p> <p><input type="checkbox"/> Sibling group of 4</p> <p><input type="checkbox"/> Sibling group of 5 or more</p> <p><input type="checkbox"/> All of the above</p>	<p>Race/Ethnicity (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> White or Caucasian</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Other</p> <p>Age of Child</p> <p><input type="checkbox"/> 5 and under</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12</p> <p><input type="checkbox"/> 13</p> <p><input type="checkbox"/> 14</p> <p><input type="checkbox"/> 15</p> <p><input type="checkbox"/> 16</p> <p><input type="checkbox"/> 17</p> <p><input type="checkbox"/> 18</p> <p><input type="checkbox"/> All of the above</p>
<p>Behavioral Needs:</p> <p><input type="checkbox"/> Cruelty to animals</p> <p><input type="checkbox"/> Damages property</p> <p><input type="checkbox"/> Displays oppositional behavior</p> <p><input type="checkbox"/> Fire setting</p> <p><input type="checkbox"/> History of playing with matches</p> <p><input type="checkbox"/> Unable to sustain attention</p> <p><input type="checkbox"/> IEP for behavior</p> <p><input checked="" type="checkbox"/> Hyperactive</p>	<p>Behavioral Needs Cont.:</p> <p><input type="checkbox"/> IEP for behavior</p> <p><input type="checkbox"/> Hyperactive</p> <p><input type="checkbox"/> Inappropriate interactions with strangers</p> <p><input type="checkbox"/> Lack of awareness of others</p> <p><input type="checkbox"/> Lying</p> <p><input type="checkbox"/> Masturbates in public</p> <p><input type="checkbox"/> Physically acts out towards adults</p> <p><input type="checkbox"/> Physically acts out towards peers</p>	<p>Behavioral Needs Cont.:</p> <p><input type="checkbox"/> Runs away/AWOL</p> <p><input type="checkbox"/> Sexually acts out with peers</p> <p><input type="checkbox"/> Sexually inappropriate provocative behavior</p> <p><input type="checkbox"/> Stealing</p> <p><input type="checkbox"/> Unable to sustain attention</p> <p><input type="checkbox"/> Other</p> <p>Overall Level of Behaviors:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p>

Indicate experience or training related to behavioral conditions listed above:

Emotional/Mental Health:

- Acute Stress Disorder
- Adjustment Disorder
- Anorexia Nervosa
- Attachment Disorder
- Bulimia Nervosa
- Binge-Eating Disorder
- Bipolar Disorder
- Conduct Disorder
- Depression
- Disruptive Mood Dysregulation Disorder
- Generalized Anxiety Disorder
- Loss Issues
- Gender Dysphoria
- Intermittent Explosive Disorder
- Obsessive Compulsive Disorder
- Oppositional Defiant Disorder
- Personality Disorder
- Pica
- Post-Traumatic Stress Disorder
- Psychosis
- Reactive Attachment Disorder
- Rumination Disorder
- Schizophrenia
- Schizoaffective Disorder
- Separation Anxiety Disorder
- Social Anxiety Disorder
- Substance Use Disorder
- Takes Psychiatric Medication
- Other _____

Severity Level of

Emotional/Mental Health:

- None Mild
- Moderate Severe

Intellectual/Developmental Disabilities:

- Attention Deficit Hyperactivity Disorder
- Asperger's Syndrome
- Autism Spectrum Disorder
- Childhood-Onset Fluency Disorder (Stuttering)
- Central Auditory Processing Disorder
- Developmental Coordination Disorder
- Dyslexia
- Down Syndrome
- Drug/Alcohol Exposed
- Expressive Language Disorder
- Fetal Alcohol Spectrum Disorder
- Global Developmental Delay
- IEP (Learning Disability)
- IEP (Gifted)
- Intellectual Developmental Disability Not Specified
- Intellectual Developmental Disability Genetic
- Heart Defect
- Pervasive Development Disorder
- Language Disorder
- Non-Specific Learning Disorder
- Receptive-Expressive Language Disorder
- Shaken Infant Syndrome
- Social (Pragmatic) Communication Disorder
- Speech Sound Disorder
- Specific Learning Disorder
- Stereotypic Movement Disorder
- Other _____

Severity Level of Intellectual/Developmental Disabilities:

- None Mild Moderate Severe

Physical/Medical:

- Achondroplasia (restricted growth)
- Amputee
- Anemia/Blood Disorder
- Asthma
- Attention Deficit Hyperactivity Disorder Inattentive Presentation
- Blindness - Permanent
- Cancer
- Cerebral Palsy
- Craniofacial Anomalies
- Cystic Fibrosis
- Deaf - Profound Hearing Loss
- Dwarfism
- Encopresis
- Enuresis
- Epilepsy
- Fetal Alcohol Spectrum Disorder
- Fetal Alcohol Syndrome
- Hearing Loss Partial
- Heart Defect
- Hydrocephalus
- Irritable Bowel Syndrome
- Kidney Disease
- Life Threatening Viral Infection
- Microcephaly
- Muscular Dystrophy
- Neurofibromatosis
- Paralysis - Partial Paraplegic
- Paralysis - Quadriplegic
- Respiratory Problems
- Rheumatoid Arthritis
- Scoliosis
- Seizure Disorder
- Sickle Cell Anemia
- Sickle Cell Trait
- Spina Bifida
- Terminal Illness
- Tourette's Syndrome Disorder
- Visually Impaired
- Wheel Chair Dependent
- Other _____

Severity Level of Physical/Medical:

- None Mild Moderate Severe

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Indicate experience or training related to conditions listed above:

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Risk Factors:

- Alcohol/Drug Exposed in Utero
- History of Abuse or Neglect
- AWOL/Running Concerns
- Mental Illness in Birth Family
- Drug Exposed in Utero
- Child History of Drug/Alcohol Abuse
- Criminal Activity
- Disrupted Adoption
- Failure to Thrive

Risk Factors Cont.:

- History of Abuse or Neglect
- History of Acute/PRTF
- History of Multiple Placements
- Intellectual/Developmental Disability in Birth Family
- Mental Illness in Birth Family
- Failure to Thrive
- Premature Birth

Risk Factors Cont.:

- Criminal Activity
- Schizophrenia in Birth Family
- Physical Condition/Disability of parent
- Premature Birth
- Sexual Abuse
- Other (Explain)
- None (Explain)

Indicate experience or training related to risk factors listed above:

--

Risk Factors: <input type="checkbox"/> Alcohol Exposed in Utero <input type="checkbox"/> History of Abuse or Neglect <input type="checkbox"/> Mental Illness in Birth Family <input type="checkbox"/> Drug Exposed in Utero Risk Factors Cont.: <input type="checkbox"/> History of Multiple Placements <input type="checkbox"/> Intellectual/Developmental Disability in Birth Family	<input type="checkbox"/> Failure to Thrive <input type="checkbox"/> Premature Birth Risk Factors Cont.: <input type="checkbox"/> Criminal Activity <input type="checkbox"/> Schizophrenia in Birth Family <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Other _____ <input type="checkbox"/> None
---	--

FAMILY NARRATIVE SECTION:

Introduction: Briefly describe all members of your family (including age of children), the community in which you live (for example, urban, suburban, or rural), and the child or children you are hoping to adopt. This is your opportunity to help caseworkers get to know your family.

Lifestyle/Interests: Describe the hobbies and the activities that you enjoy doing together (for example, camping, cooking, horseback riding, or sports). Include any significant community involvements that affect your family's life (for example, your church or synagogue).

Community/Resources: Describe where you live, including your home and community. What does your physical location offer a child/youth? Describe or list resources your family can access in your community or region, such as medical facilities, schools, and cultural opportunities.

Experience/Training: Describe your experience caring for children in your primary or extended family, as well as children you have worked with in your career or as a volunteer (for example, as a scout leader or a coach). List any trainings and dates taken.

Motivation to Adopt: Why are you choosing to adopt? How do you envision helping a child/youth, and the family (both immediate and extended) adjust to this new arrangement?

Support Network: Describe your support network, including extended family, close friends and neighbors, and your faith community if you have one. This information is valuable for all families and especially pertinent for single applicants.

Trauma Informed Care: Describe your understanding of trauma and how it impacts children, as well as any trainings taken regarding trauma informed care

Family Narrative

Please describe yourself/family with something you would like people to know about you (i.e. hobbies, interests, and unique characteristics).

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5339 Best Interest Staffing

Adoption from foster care is a service for the child, and a Best Interest Staffing (BIS) is held to select an adoptive family that can best meet the needs of the child. BIS team members shall consider and discuss all information presented about the child and prospective adoptive families in accordance with what is in the best interest of the child. A Best Interest Staffing (BIS) shall be convened and facilitated by the Child Welfare Case Management Provider (CWCMP) unless waived by the BIS team members. (See PPM 5340.) Once an adoptive family is identified and deemed a viable option, a BIS shall be held without delay.

A. Prior to a BIS Team Meeting

1. If siblings are not being adopted together and have a permanency goal of adoption, the CWCMP shall document the reasons and complete a Sibling Split request, PPS 5147. (See also Appendix 5I) The request shall be approved by Sibling Split Request Review Team, which shall include the CWCMP Director or designee.
2. For children with no potential identified adoptive resource, the CWCMP shall seek to identify approved prospective adoptive families from the Kansas Adoption Exchange and AdoptUSKids to be considered in a best interest staffing for a specific child. When selecting families to be considered in the BIS, the CWCMP shall exclude families who do not have the capacity to meet the child's emotional and social needs, but they shall not exclude families based solely on their race, color or national origin. (See the Multi-Ethnic Placement Act in Section 5231).
3. The CWCMP shall be responsible to schedule and provide notification to all participants. Persons who shall be invited/notified to participate in the BIS meeting and/or to provide input include:
 - a. Child's Guardian ad litem (GAL);
 - b. Child's current and former Case Manager/Support Worker;
 - c. DCF Foster Care Liaison;
 - d. Court Appointed Special Advocate (CASA), if applicable;
 - e. Assigned supervisors;
 - f. Court Services Officer, if applicable;
 - g. Child's therapist;
 - h. Teacher or other adult (coach, scout leader, youth pastor etc.);
 - i. Current placement resource, unless there is a conflict of interest, e.g. they are one of the families being considered;

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- j. Indian Child Welfare Act (ICWA) tribal representative for the affiliated tribe, if applicable;
- k. Any other relevant service providers;
- l. Worker for each family being considered.

Others may be invited as appropriate. If the youth is age 14 or older, he/she shall be encouraged to attend and/or provide input. If the child does not participate, the reason shall be documented and the Child Welfare Case Management Provider shall be responsible to communicate the youth's perspective and input.

All participants are BIS Team members and shall receive the Appendix 5S, Best Interest Staffing Brochure. If BIS Team members are not able to attend in person, participants shall be included by conference call or video conference upon request. Input can also be submitted in writing prior to the staffing.

- 4. Prior to a BIS, the CWCMP shall submit to all members of the BIS Team a packet including the following:
 - a. Family Assessment and Preparation Study (PPS 5318), for each family being considered in the BIS;
 - b. Child's current social history (PPS 3114);
 - c. Approved Sibling Split Request (PPS 5147), if applicable.

The BIS team members shall review the packet and let the CWCMP know in advance of the meeting if there are concerns or questions about a prospective family's capacity to meet the needs of the child.

B. BIS Meeting

- 1. The BIS Team shall include members of the child's case team who have working knowledge of the strengths and needs of the child(ren). BIS Team members shall review the PPS 5318 Adoptive Family Assessment for each potential adoptive resource being considered, as well as the PPS 3114 Child's Social History for each child. Members may include, but shall not be limited to the following:
 - a. The child, if deemed appropriate based upon age and development. The child may choose to provide their input in an alternative method, such as in writing to the team or through the verbal representation of another identified, trusted, person on their case team
 - b. Relatives or positive adult connections to the child(ren)
 - c. Potential adoptive resources shall be given an opportunity to present the strengths of their family and discuss their desire and intent to provide permanency through adoption. They shall be given an opportunity to answer any clarifying questions as presented by other members of the case team, in a family friendly and solution focused

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manner. Potential adoptive resources shall not participate in the entire BIS, rather only the portion in which their family is being presented. They are not required to attend, however may provide information about their family through alternative means such as a family photo album, or letter to the team. The professional completing the PPS 5318 may present information on their behalf. Potential adoptive resources shall be given an opportunity to review the child(ren)'s social history; they shall not review the PPS 5318 for other families being considered as a potential adoptive resource.

- d. Guardian Ad Litem (GAL)
- e. Court Appointed Special Advocate (CASA)
- f. County/District Attorney
- g. Professionals completing the PPS 5318 for potential adoptive resource. These individuals shall not participate in the entire process, rather the portion related to the presentation of the family in which they are representing.
- h. Child's providers: therapist, teacher, educational advocate, pediatrician, probation officer, mentor, or other identified providers.
- i. A participant identified to document the scope of the conversation throughout the BIS
- j. Reintegration workers, as previously assigned
- k. DCF staff
- l. Court Service Officers

Participants who are in attendance for the entirety of the process are able to weigh in and provide recommendations as to the most appropriate adoptive resource. A child's GAL is able to weigh-in and provide recommendation regardless of their participation in the BIS meeting.

2. The meeting process shall include the following:

- a. The CWCMP shall first present information about the child which includes the reason the child came into care, the completed child social history, the strengths and needs of the child, and the child's/youth's input. Participants who know the child well may provide clarifying information as needed to ensure the team has adequate knowledge to make an informed decision regarding what is in the best interest of the child(ren).
- b. The worker for each family, in partnership with the writer of the PPS 5318, if not the same person, shall present an overview of the family information including their strengths, limitations, and needs. See PPS 5320, Family Match Form as well as the PPS 5318.

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- c. All factors shall be considered in identifying which family(ies) can best meet the needs of the child. The BIS team shall consider and document each family's ability to:
 - i. meet the needs and temperament of the child currently and over time;
 - ii. understand the current and future impact on their family of adopting this child;
 - iii. recognize and advocate for the needs/interests of the child;
 - iv. understand and support the child through loss and grieving issues;
 - v. recognize adoption is a life-long commitment with many unknown challenges;
 - vi. provide the child with a safe and secure environment;
 - vii. provide unconditional love and acceptance of the child;
 - viii. accept and incorporate the child's emotional, physical, social, educational, and developmental needs into the family;
 - ix. demonstrate application of knowledge of the effects of deprivation, abuse and neglect on a child and the potential impact on the child's behavior;
 - x. encourage the child(ren) to develop at his/her own rate to reach his/her maximum potential;
 - xi. accept and support the child's background, culture, ethnicity, heritage, race, medical and mental health needs, and genetic and social history;
 - xii. help the child to learn and accept his/her background;
 - xiii. understand the importance of planning and facilitating child/children's future contact with siblings and/or other family members as deemed appropriate;
 - xiv. manage their financial resources.
- d. Discussion shall include the impact of separation, loss, attachment, and subsequent reattachments for the child.
- e. Discussion shall include the impact of the child on the prospective adoptive family and their children.
- f. Upon conclusion of the BIS meeting, the CWCMP shall document the record of the meeting and the BIS team decision that is achieved through

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consensus regarding selection of adoptive family that can best meet the needs of the child. Refer to PPM 5341.

- g. If additional information is needed for the Team to make a decision, the BIS shall be reconvened by phone or in person within 3 working days so a decision can be made. The new information gathered shall be documented on the PPS 5341 Best Interest Staffing Report and Approval. Materials shall be reviewed prior to the BIS.
 - h. If consensus is not achieved within 3 working days of the original BIS date, the CWCMP shall make the final decision regarding what is in the best interest of the child within 24 hours.
3. Documentation of the BIS Team's Decision:
- a. The Child Welfare Case Management Provider shall document the decision of the BIS Team on the PPS 5341 Best Interest Staffing Report and Approval.
 - b. Within 3 working days of the BIS, the CWCMP shall send the child's complete packet as noted in PPM 5339.A.4, the PPS 5341 and the chosen prospective Adoptive Family Assessment to the CWCMP Program Director, or designee.
- C. On occasion, new information may arise after the BIS is concluded and the decision has been approved. If new information arises that may impact the decision of the BIS Team, that information shall be provided by the CWCMP to all BIS members. A determination shall be made as to allowing the BIS decision to stand, or reconvening the BIS Team to discuss the new information and possibly change the BIS decision. If the BIS Team agrees the new information impacts the BIS decision and a different decision needs to be made, that decision shall be documented on the PPS 5341 and routed through to the CWCMP Program Director, or designee, for approval.

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5823 Environment at Removal

The Environment at Removal will be entered as a Service Source code on the PR09N to indicate the type of environment (household or facility) the child was living in at the time removal.

Parent Household (PAR)

Relative Household (REL)

Legal Guardian Household (GRD)

Relative Legal Guardian Household (RGD)

Justice Facility - Correctional Facility/Jail or Detention (JCF)

Medical/Mental Health Facility – Medical/Psychiatric hospital or Residential Treatment Facility (MMH)

Homeless child, not residing with family or living independently (OTE)

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5824 Out of Home Placement with the Reintegration/Foster Care Provider

To reflect a Reintegration/Foster Care referral for a child in FACTS, the following combination of codes is entered. Establish on INIT or update PLAN with a child custody (CC) plan for each child referred to the provider and enter reason(s) for removal located on the PPS 5110. Enter the appropriate case plan goal. On RESP, enter a service request for CM; service action of PR09N; and source of the service as the **environment at removal**. ~~the Foster Group Contractor (FGC) for each child referred.~~ Enter the Service Status as initiated (IN) and indicate the effective referral date from the PPS 5110. **Child custody (CC) plans opened prior to 8/29/2022 will have entered the source of the service as Foster Group Contractor (FGC).**

If the child is removed from the home, referred to the provider, and is placed back home resulting in a DCF approved foster care referral retraction, enter on the child's CC plan the service action code of RT01N with service source code FGC on the RESP screen. The start and end date of the RT01N code is the date the retraction was approved by DCF.

When the Child Welfare Case Management Provider closes their active service delivery, end the service action with provider closure dates and "CM" status closure code.

If DCF requested the petition to remove the child as per the PPS 5110, enter the service action code of DO01N with service source code of PSW on the RESP screen. The responsibility start date is the date the child was referred. If DCF did not request the petition as per the PPS 5110, enter the service action code of CO01N with the service source code of CRT on the RESP screen. The responsibility start date is the date the child was referred.

If the foster care referral is due to or involves a juvenile offender case as per the PPS 5110 form, enter on the RESP screen the service action code of JO01N with the service source code of PSW. The start date is the date of the foster care referral.

Enter on the CASE screen, the father and mother listed on the PPS 5110 form even if they are not part of the household. If the father of the child is not known or there are punitive fathers, do not add until the father is determined.

Siblings listed in section III of the PPS 5110 who are not already on the CASE screen need to be added to FACTS. If race is not known, enter UK.

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5872 Entering Court Activity for Parental Right Termination hearings

When parental rights are terminated PRT by the court, enter the actual date of the PRT hearing or the date of judge's decision on the child's MACL screen **as (SEV)**. **This also applies for putative fathers**. If a parent voluntarily relinquishes their parental rights **(REL)**, enter the date DCF accepted the relinquishment on the child's MACL screen. If a child's parent is deceased, enter the date of death in the respective parent's date of death field on child's MACL screen **as (DEC)**. When both parental rights have been terminated, add a new adjudication code of CP (CINC-PRT) and the adjudication date as the date that the last parent was PRT/REL on CORT. The CORT screen must be successfully added prior to accessing adoption information for the child on ADOP in FACTS.

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6203 Special Service Payments

A special service payment ~~may be~~ **is a** pre-approved ~~on a~~ time-limited or one-time ~~only~~ basis **payment made** at the request of the adoptive parents ~~if the child has a specific need which cannot~~. **The payment provided is to meet the specific need(s) of the child which cannot** be met through the Medicaid programs, the monthly subsidy payment or other resources, ~~and address the special needs of the child~~. The special service payment should not be used to meet the ordinary needs of a child, or if the expense to State adoption assistance funds exceeds \$1000 or is expected to last more than 6 months. **Children on the Technology Assistance (TA) Waiver may be eligible for a Special Service Payment up to \$3,000 at the request of the adoptive parents.**

The service payment for special purchase of goods or services shall be specified on the Adoption Assistance Agreement, PPS 6130. Specify and document the service and length of time the service shall be purchased, or the goods to be purchased. (See Handbook for Client Purchases for procedures and details on purchasing special services or goods). If a need is identified at a later date, a new agreement shall be developed and signed.

Payments for goods or services are not covered under the Title IV-E Adoption Assistance program, and shall be purchased from all state funds (non-IV-E adoption support).

A. Time Limited Services

Time limited services may be approved by regional staff for a six (6) month period.

B. One-Time Only Purchases

Unique one-time only purchases are limited to \$1000 per child **or \$3000 for children on the TA Waiver**. Purchases may include, but are not limited to:

1. Beds and chest of drawers for families who adopt three or more children and the child has not been placed with the adoptive family as a foster care placement;
2. Special equipment for children with handicaps or development disabilities not covered by other resources;
3. Home modifications to make the house handicapped accessible, or meet the special needs of the child, i.e., building ramps or widening doors etc.;
4. Lifts for vans, DCF does not purchase vehicles;
5. Respite care.

See also PPM 6922.

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6204 Monthly Cash Subsidy Payments

The Adoption Assistance Specialist shall negotiate a monthly subsidy with the adoptive family based on the child's needs and family's community resources and support services. While benefits available to the child, i.e. social security, SSI, veterans, may be considered in determining the amount of monthly cash subsidy payments, SSI is the only benefit that automatically has an effect on the payments.

Once the family and agency agree to the amount of the subsidy it shall not change unless mutually agreed to by both parties.

A. Monthly Subsidy Rates

The maximum amount of subsidy is \$500, unless a child is eligible for SSI prior to adoption finalization. (See section 6202B.) The monthly payments shall be negotiated with the adoptive family and based on the needs of the child and the family's access to community resources. Due to the established needs that qualify children for the Technology Assistance (TA) Waiver, children utilizing TA Waivers are eligible for subsidies higher than \$500 a month with a minimum amount at least 75% of the monthly foster care reimbursement rate. This also includes children on the IDD waiver who are receiving Specialized Medical Care (T1000).

Factors to consider when negotiating the amount of subsidy include but are not limited to:

1. Cost of medical transportation;
2. Cost of adding the child to private health insurance;
3. Special equipment or other non-medical supplies needed by the child not covered through other resources or Medicaid;
4. Cost of day care;
5. Number of children in the sibling group to be adopted (In certain situations where families are adopting large sibling groups, the added cost of food, clothing, and shelter may be taken into consideration when arriving at a subsidy amount);
6. Costs of special enrichment programs to benefit the child;
7. Other costs unique to the needs of the child;
8. Home improvements required due to the child's special needs;
9. SSI eligible children;
10. TA eligible children;
11. Children on the I/DD waiver receiving specialized medical care (T1000)

B. SSI Eligible Children

1. Pre-finalization: Children determined SSI eligible prior to adoption finalization, may receive adoption subsidy at the SSI rate. The current rate

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is posted on the Social Security Administration web site at: www.socialsecurity.gov An adoptive assistance agreement shall be established whether the adoptive parents receive the SSI payment or a IV-E payment. The most common arrangement is for the agency to make a IV-E payment to the adoptive parents and the Social Security Administration suspends the SSI payment until finalization.

For children who receive state funded adoption assistance, and becomes eligible for SSI, and receives an SSI payment, the cash subsidy shall be reduced by the amount of the SSI payment as Kansas operates the Title IV-E and State funded adoption assistance programs the same. A new adoption assistance agreement shall be signed.

2. Post-finalization: At finalization and release from the Secretary's custody, if the child continues to be SSI eligible, the adoptive family may request to become payee of the child's SSI benefit. However, children eligible for SSI in foster care may not be eligible for SSI post-finalization because the family's resources will be taken into consideration. If the child receives adoption subsidy and SSI payments, the adoptive family shall be advised the Social Security Administration will reduce the SSI payment by the amount of the adoption subsidy payment.
3. At age 18 youth eligible for SSI and receiving Title IV-E Adoption Assistance: Assistance may continue past age 18 until age 21, if the youth has current documentation of a physical or mental disability which warrants continuation of adoption assistance beyond age 18. Prior to the youth's 18th birthday, the family shall submit current documentation from a physician, hospital, clinic or other qualified licensed medical practitioner of the youth's physical or mental disability which warrants continuation of adoption assistance beyond age 18. The documentation shall be placed in the financial file.

At the age of 18, an adult as a household of one, is eligible to apply for lifelong SSI benefits. If the adult has physical or mental conditions indicating the likelihood of eligibility for lifelong benefits, families shall be advised to apply for SSI benefits on behalf of the youth.

C. Home and Community Based Services (HCBS) Eligible Children

Children receiving in-home services through the Home and Community Based Services (HCBS) Waiver while in foster care continue to be eligible for services after adoption.

Refer to PPM 0606.

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6922 Special Service Payment

A special service payment may be authorized on a time limited or one-time only basis if the child has a specific need which cannot be met through Medicaid programs, the monthly subsidy payment or another resource. Services are limited to a maximum of six (6) months. Plans totaling \$1,000.00 or more, require prior approval from PPS Administration. Children on the Technology Assistance (TA) Waiver may be eligible for a Special Service Payment up to \$3,000 at the request of the adoptive parents. This \$3,000 payment should be used to meet the specific need of the child which cannot be otherwise met through Medicaid programs, monthly subsidy payments or other resources. Services are not to exceed 6 months of service for this payment. Requests for approval are to be submitted in writing to DCF Regional Office.

The specific service payment must be identified on the adoption assistance agreement. Specify the length of service and the amount to be paid. Specify amount to be paid if payment is one time only.

The child may have a Wards Account or a Dedicated Account which may be used to purchase necessary items.

A. Payment Procedures

Special Service Payments based on authorization in the adoption assistance agreement are made utilizing open KAECSES case and customer ID numbers. These payments are generated from VenPay, not KAECSES.

B. Required forms and documentation for payments

A PPS 2833 Client Purchase Agreement shall be completed by PPS staff with a copy of the adoption assistance agreement attached, which authorizes the payment. Also attach an itemized bill for the item or service purchased. Use the applicable adoption assistance state-only PCA codes. See the Handbook for Client Purchases for details on purchasing procedures.

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8400 Residential/Group Home Monitoring

All Residential/Group Home placement providers shall be licensed through DCF Foster Care and Residential Facility Licensing Division and meet the DCF/PPS Placement Standards and requirements in the Child Welfare Handbook of Client Purchases in order to obtain a provider agreement with DCF.

Implementing a new facility or modifying a provider agreement for an existing facility requires an onsite review conducted by DCF regional staff. Providers ~~may~~ shall initiate the process of obtaining a new provider agreement or amending an existing one by contacting the Group Home Program Manager in DCF Administration. ~~by contacting their DCF regional office.~~ It should be noted facilities may be granted a license through DCF Licensing, not all facilities may be approved for a provider agreement, as these are contingent upon need.

A. Implementing a New Facility or Renewing/Changing a Provider Agreement:

1. The Group Home Program Manager shall consult with Leadership and DCF regional staff shall to assess the need for the type of service requested for a new facility and/or a change in services listed in an existing provider agreement.
2. ~~DCF regional staff~~ The Group Home Program Manager shall provide information to the prospective or existing provider, including a copy of the DCF Placement Standards, Child Welfare Handbook of Client Purchases and contact information for DCF Foster Care and Residential Facility Licensing Division.
3. DCF regional staff shall provide technical assistance relative in regards to the DCF Placement Standards and Child Welfare Handbook of Client Purchases to new and existing providers once a provider agreement is issued.
4. DCF regional staff shall collaborate with KDOC-JS if the facility wants to serve juvenile offenders and child in need of care youth.
5. The placement provider and DCF regional staff shall address any concerns prior to establishing a provider agreement. Program improvement activities for securing compliance shall be completed within 30 days.
6. DCF regional staff shall conduct an initial on-site review prior to the facility opening ~~of the facility~~ to ensure compliance with the Placement Standards and the Child Welfare Handbook of Client Purchases. The on-site review shall include a physical tour of the facility, review of policy and procedures, human resource files and staffing patterns using the site review instrument listed below.
7. DCF regional staff shall conduct a follow-up on-site review ninety days after a new facility opens, or a change in services listed in an existing provider agreement is implemented, DCF regional staff shall return on-site to review case records.

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8. DCF regional staff shall provide technical assistance for compliance issues related to the Placement Standards and the Child Welfare Handbook of Client Purchases and provide a written site visit report of findings to the Provider.
9. ~~The site visit report shall be maintained by DCF Regional Office who~~ regional staff shall maintains the provider agreements, and forwarded to ~~the Provider~~ ensure facilities have copies and provide ongoing support and monitoring of facilities in their assigned areas.

B. On-going Monitoring:

~~The Child Welfare contractors for Family Preservation and Foster Care shall complete reviews annually. The contractors shall provide reports containing the results of their on-site reviews to DCF on an annual basis.~~

1. DCF regional staff shall conduct informal, unannounced on-site visits of facilities in their assigned region on a quarterly basis. The purpose of these visits is to ensure continued compliance with the DCF Placement Standards and Child Welfare Handbook of Client Purchases. Regional staff shall complete the PPS 8300 and submit to the Group Home Program Manager and Permanency Administrator in DCF Administration within seven (7) working days once the visit is completed.
2. DCF regional staff shall conduct a formal annual on-site review of each facility in their assigned region. These annual reviews will include a tour of the facility, review of policy and procedures, youth/resident files and human resource files and staffing patterns/staffing ratios. Regional staff shall complete the corresponding facility type of on-site review instrument listed below. Regional staff shall complete the on-site review instrument which corresponds with the facility type being reviewed. Instruments listed below:
 - a. Community Integration Program (CIP) (PPS 8400A)
 - b. Emergency Shelter (PPS 8400B)
 - c. Residential Maternity (PPS 8400C)
 - d. Secure Care (PPS 8400D)
 - e. Transitional Living Program (TLP) (PPS 8400E)
 - f. Youth Residential II (YRC II) (PPS 8400G)
 - g. Staff Secure (PPS 8400F)
 - h. Qualified Residential Treatment Program (QRTP) (PPS 8400H)

C. PPS Investigations and Concerns:

1. When a facility has an assigned intake from the Kansas Protection Reporting Center (KPRC) or through DCF Foster Care Licensing, regional staff shall work in conjunction with assigned assessment staff. If there are provider agreement or placement standard non-compliance issues, regional staff shall notify the Group Home Program Manager to assist in developing and monitoring a Corrective Action Plan (CAP).

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2. If DCF Foster Care Licensing notes regulatory violations and provides the facility a notice of survey findings (NOSF), Licensing shall share this information with both the regional staff and Group Home Program Manager.

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Informal Site Visit Tool

Date of Site Visit: Click or tap to enter a date.

Provider: Click or tap here to enter text.

Provider Contact: Click or tap here to enter text.

DCF Surveyor: Click or tap here to enter text.

Instructions: Complete this form at each quarterly site visit. This tool will serve to document cleanliness, questions or concerns from the facility, issues needing followed up, consultations on areas of noncompliance, and any current investigations.

Conditions of the Facility:

Current Investigations:

Consultation for Noncompliance:

Questions, Concerns, Comments:

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Type of On-Site Review: Community Integration Program (CIP) Site Visit Tool

Date of Site Visit:
 Provider:
 Provider Contact:
 DCF Surveyor:

Instructions: The Site Visit Tool is to be completed at in-person site visits for initial reviews, 90-day reviews and annual reviews. This site visit tool will score the policy and procedure manuals, youth, files, employee files, and facility for compliance with the placement standards. Review each section and coordinating source of information. When completing the findings section, choose Substantially Met if all items are located. Partially Met if some of the items are located. Not Met if you do not find the information asked for. And Not Applicable if the item does not apply to this facility. If an item is not Substantially Met, please note what is missing in the comments section.

Scoring: **Substantially Met = 1**
 Partially Met = .5
 Not Met = .25
 Not Applicable = 0

Total possible score on this site visit tool is 80. If score is 70 or less, that requires an automatic Corrective Action Plan (CAP). Items that do not score substantially met, will require comments that will be the basis for the CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.

SECTION 1: GENERAL PROGRAM DESCRIPTION	
<p>Community Integration is a service designed for youth who are ready to enter a phase of care, which will eventually transition them to independent living. Youth reside in apartments and are afforded the opportunity to practice independent living skills with decreasing degrees of supervision. Community Integration service is to prepare youth to become socially and financially independent from the program. Community Integration placements may be offered through a variety of residential living arrangements where youth have the opportunity to experience independent living skills with decreasing degrees of supervision. Residential living arrangements may include apartments within one building or scattered site housing. Scattered site housing are dwellings (e.g., apartments, town homes, duplexes) that are typically located in the same neighborhood. The youth may remain in this level of care until they age out of foster care or it is determined that youth is ready to transition to a fully independent living setting.</p> <p>DCF requires foster parents and designated officials at child care institutions to apply the reasonable and prudent parenting standard. The standard is characterized by careful and sensible parental decisions that maintain a child’s health, safety, and best interests while at the same time encouraging the child’s emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities.</p>	

Section 1.1: General Requirements						
<ul style="list-style-type: none"> • Youth reside in apartments within one building or complex (contained apartments) or scatter site apartments. Each youth shall be afforded sufficient bedroom space to insure adequate privacy, safety and security. • The provider shall insure the environmental safety of the apartment is in compliance with local over sight agencies such as HUD, Fire Marshall, Municipalities, Apartment Management, etc. • Program Plan development, review, and case supervision are carried out by the Community Integration Specialist. • Services will be designed to work in collaboration with other community-based providers to develop a strong foundation of service and support access. • Staff shall have experience, skill and knowledge in adolescent development, behavior management, child abuse and neglect, family dynamics, provision of community-based services, development of youth’s strengths and assets, and positive youth development. • The provider shall provide assistance to ensure that youth obtain the basic necessities of daily life. • The provider shall offer or arrange for strength-based interventions to address crisis and or daily living situations. • The provider shall facilitate development of support systems to increase the youth’s interdependency within the community in which they reside. • All services accessed shall be appropriate to the age, gender, sexual orientation, cultural heritage, developmental and functional level, as well as the learning ability of each youth. • Admission requirements shall include a list of support service needs as identified by the CWCMP Case Manager. • Youth is required to maintain a savings account into which the youth deposits the full or partial amount (depending upon their employment status) of their share of the monthly apartment rent and utilities. 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score

1	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
2	Review program description.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 2: Admission Skills Required						
<p>Prior to consideration for admission to any Community Integration service youth shall be able to demonstrate the ability to perform basic life skills. These skills, at a minimum, shall include:</p> <ul style="list-style-type: none"> • Preparing meals; • Basic nutrition education • Doing laundry • Maintaining a clean, orderly and safe living space • Living cooperatively with other housemates or neighbors • Handling landlord/tenant complaints • Controlling guests' behavior • Handling basic maintenance • Handling simple repairs • How to call the landlord about problems • Developing and following a budget • Use of leisure time • Obtaining and using transportation to access needed resources • Identify safe and affordable housing • Negotiate a lease • Present oneself to a landlord • Prevent actions that might lead to an eviction • Understand landlord/tenant rights and responsibilities 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
3	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
4	Review program description.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 2.1: General Skills Requirements						
<p>All youth in community integration placements shall:</p> <ul style="list-style-type: none"> • Be at least 17 years of age • Be working full or part-time • Be working towards a diploma or equivalent (if not already obtained) • Have demonstrated the ability to perform life skills 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score

5	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
6	Review program description.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
7	Review Case File	Case File	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

SECTION 3: COMMUNITY INTEGRATION PROGRAM STAFFING					
Staff shall meet the qualifications and responsibilities as set forth in this document. Written job descriptions shall be developed for all staff and maintained on site where personnel functions are carried out.					
Section 3.1: Administrator					
<ul style="list-style-type: none"> • Qualifications <ul style="list-style-type: none"> ○ The administrator shall have a Bachelor’s degree and prior administrative experience. ○ Shall not be a person restricted from working with youth as defined by K.S.A. 65-516. ○ Shall have a working knowledge of adolescent development principles. • Responsibilities <ul style="list-style-type: none"> • Shall be responsible for working with, supervising and training other staff (e.g., Community Integration Specialist) who are working with youth in the community integration program. 					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>
8	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
9	Review personnel file or contract for compliance.	HR Files or contract	Substantially Met Partially Met Not Met Not Applicable		
10	Review job description and HR file.	HR Files or contract	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 3.2: Community Integration Specialist					
<ul style="list-style-type: none"> • Qualifications <ul style="list-style-type: none"> ○ The Community Integration Specialist shall have at least a bachelor’s degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling, nursing or education) and have a working knowledge of adolescent development principles. ○ Shall be at least twenty-one (21) years of age and at least three years older than the oldest youth served. ○ Shall not be a person restricted from working with youth as defined by K.S.A. 65-516. • Responsibilities <ul style="list-style-type: none"> ○ Service Access plan development, review, and development of collaborations with community-based service providers. ○ Shall be responsible for any monitoring of youth activities as required. ○ Shall inspect youth’s apartment as needed to insure the safety and security of youth. ○ Shall coordinate or provide alternative transportation as deemed necessary. ○ Shall complete paperwork or reports to referring agency as required. ○ Shall work shifts and or be on-call 24 hours a day on a rotating basis. ○ Shall be responsible for the day-to-day modeling of life skills (e.g., assertiveness, communication, conflict management, problem solving, and decision making). ○ Shall monitor youth’s daily life skills and provide appropriate feedback. ○ Shall review bank statements, check stubs, etc. to insure youth’s adherence to savings requirements 					
#	Requirement	Source	Findings	Comments	Date Corrections
					Score

			<i>(Delete the two that don't apply)</i>		Completed <i>(Or note)</i>	
11	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
12	Review personnel file or contract for compliance.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
13	Review job description and HR file.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
14	Review case job description and HR file. Check ratio assignments.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
15	Review case personnel file for compliance.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
16	Review personnel files for age requirements.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

Section 4: Placement Supervision						
<p>All youth in community integration placements shall have twenty-four (24) hour telephone access to community integration staff and an alternate placement in the event the community integration placement is unsuccessful. Community Integration staff shall evaluate, at a minimum, the youth's:</p> <ul style="list-style-type: none"> • Safety, health, and overall well-being; • Ability to manage school and work responsibilities without daily supervision; • Ability to follow program and landlord rules; • Ability to use good judgment in daily activities; and • Overall progress toward established goals and desired outcomes. <p>The frequency of contact may vary due to many factors (e.g., readiness for independence; living arrangements chosen; presence or availability of other adults; other factors unforeseen until after placement). The following contact schedule, at a minimum, shall be utilized during the first eight (8) weeks in placement. In person contacts are to be in the youth's apartment.</p> <ul style="list-style-type: none"> • 1st Week Daily Phone Contact and minimum of 1 in person contact • 2nd through 4th Wks. Twice a Week Phone Contact and minimum of 1 in person contact • 5th through 8th Wks. Once a Week Phone Contact and minimum of 1 in person contact • After the eighth (8th) week, contact shall occur no less often than once a month and the Community Integration Specialist and referring agency shall reconvene to determine the necessity of the youth's continued placement. 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
17	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
18	Review case file.	Case File	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

Section 5 – Staff In-service training.						
Section 5.1 In-service Orientation Training						

<p>Each provider shall have an in-service orientation/training program for new employees, which is especially directed toward the initial training needs of staff working directly with youth in a CIP. Documentation of completion of orientation training shall be kept in the staff member's personnel file. The documentation shall be placed in a specific area in the staff's file, indicating:</p> <ol style="list-style-type: none"> 1. Staff training , reflecting orientation or annual training 2. Name of trainer 3. Name of training 4. Specify the numbers of training hours 5. Date of the training <p>Staff shall have completed 18 hours of in-service training orientation training provided by the facility before they can work independently with the resident.</p> <ol style="list-style-type: none"> 1. Agency policy and procedure manual 2. Facility emergency and evacuation procedures (non-scatter site only) 3. Emergency safety interventions (including management of aggressive or suicidal behavior and orientation to the facility's restraint policies and procedures) 4. The handling of blood borne pathogens 5. Agency discipline standards 6. Abuse/neglect mandatory reporting laws 7. Youth record documentation policies and procedures 8. Policies and procedures for youth medication management 9. Resident rights 10. Confidentiality laws 11. Training in CPF/First Aid within 3 months of employment 12. De-escalation techniques 13. Trauma based informed care 14. Comprehensive LGBTQ+ 15. Human Trafficking and Exploitation 16. Cultural Diversity 17. Suicide Prevention/Intervention/Safety 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
19	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
20	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
21	Review personnel files for annual training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 5.2 Annual Service Training						
<p>Each provider shall also have a written annual staff in-service training plan, which addresses the annual training needs of all staff having direct contact with youth. This annual training is beyond or in addition to the initial 18 hour orientation-training program. All CIP staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications. The documentation shall be placed in a specific area in the staff's file indicating training:</p> <ol style="list-style-type: none"> 1. Staff training, reflecting orientation or annual training 2. Name of trainer 3. Name of training 4. Specify the numbers of training hours 5. Date of the training <p>Topics shall include but are not limited to:</p> <p>Facility Refreshers/Trainings:</p> <ol style="list-style-type: none"> 1. Facility policy and procedures manual 2. Facility emergency and evacuation procedures 3. Facility discipline standards 4. Child record documentation policies and procedures 5. Resident rights (See Appendix 4, Resident Rights) 						

6. Confidentiality laws						
Refreshers/Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):						
1. Emergency safety interventions (including management of aggressive or suicidal behavior) (staff shall maintain certification) 2. De-escalation (staff shall maintain certification) 3. The handling of blood borne pathogens 4. Medication Administration (staff shall maintain certification, may or may not require annual training) 5. CPR/First Aid (Staff shall maintain certification, may or may not require annual training) 6. Trauma based informed care/trauma specific intervention 7. Mandated Reporting (Provided By DCF) http://www.dcf.ks.gov/services/MRT/Pages/default.aspx 8. HIPPA Laws 9. Comprehensive LGBTQ+ 10. Cultural Diversity 11. Childhood and adolescent sexuality issues, especially the effects of early sexual abuse 12. Substance Use Disorders 13. Blood Borne Pathogens 14. Childhood and adolescent development (including developmental disorders) 15. Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD)						
Suicide Prevention/Intervention/Safety						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
22	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
23	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
24	Review personnel files for annual training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

Section 6: Confirmation of Placement						
A Foster Care Confirmation of Placement (PPS 5122) is available through the CareMatch system which confirms the placement arranged by the Child Welfare Case Management Provider (CWCMP).						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
25	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
26	Look for a copy of the signed Placement Agreement in the youth's file that was completed at the time of placement.	Case File	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

Section 7: Initial Assessment

<p>When a youth enters the facility, the TLP shall begin immediately assessing their strengths and needs including documentation and shall have a completed assessment within 7 days from admission.</p> <p>The assessment shall include but not be limited to the following:</p> <ul style="list-style-type: none"> • Reasons for referral to the facility • Evaluation or assessment covering the following areas: <ol style="list-style-type: none"> 1) Physical health 2) Family relations 3) Academic or vocational training • Community life • Interpersonal interactions • Daily living skills as outlined in the scope of services listed above • Immediate service needs: <ol style="list-style-type: none"> 1) Mental Health 2) Developmental 3) Dental 4) Medical • Involvement or exposure to Substance Use/disorder • Involvement or exposure to other trauma • Assessment of the child/youth's self-injuring or suicidal attempts <p>Additional Assessments: The case coordinator or life skills coach may administer life skills assessments as needed to further identify needs to be addressed in the service access plan.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
27	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
28	Review case file for documentation of initial assessment.	Case File	Substantially Met Partially Met Not Met Not Applicable			
29	Review file for timeliness of initial assessment (within 7 days of admission).	Case File	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 8: Apartment/Room Assignment						
<p>In order to support the daily management and administration of residents, each residential provider shall develop an objective procedure regarding the physical housing of youth. Youth in a residential placement shall be assigned to a room, if the housing is shared, based upon various factors, as identified by risk/needs assessment(s) in addition to other indicators. Factors to consider in assigning rooms shall include (but are not limited to):</p> <ul style="list-style-type: none"> • Suicidal tendencies • Level of specialized needs (i.e. mental health, medical, etc.) • Displaying inappropriate sexual behaviors /victims of sexual abuse) • Gender • Age and/or maturity level • Program needs (substance use disorder, cognitive behavioral, independent living, etc.) • Vulnerability to being victimized by others (i.e. physical stature) <p>While each youth will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units. The youth's room assignment and how the decision was made shall be documented in the youth's file. The apartment/room assignment shall be completed immediately upon admission.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
30	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
31	Factors considered for the	Case Records	Substantially Met			

	youth room assignment shall be documented in the youth's file.		Partially Met Not Met Not Applicable			
Score for this section:						

Section 9: Services						
Youth in community integration placements may need access to supportive services including but not limited to the following categories: <ul style="list-style-type: none"> • Mental health services, including treatment to address sexual issues if needed • Alcohol and substance use disorder treatment services • Educational/vocational support services • Individual counseling • Pro-social recreational activities • Preventative, routine and emergency health care • Routine transportation • Emergency transportation when routine transportation is not available • Review of youth's financial records (e.g., bank statements, check stubs) to monitor youth's money management skills 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
32	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
33	Review case file.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 9.1: Positive and Realistic Living Experiences						
Youth are further prepared for adulthood by being provided a realistic living experience, through community integration placements in which they can take increasing responsibility for themselves. Elements of those living experiences include, but are not limited to, the following: <ul style="list-style-type: none"> • Direct experience with the consequences of daily actions and decisions • Life skills practice while having access to staff for support and advice • Use emergency medical procedures • Negotiating a rental agreement • Practice in money management and budgeting • Experience in shopping, food preparation, food storage, and consumer skills These experiences shall also be tailored to a youth's current level of functioning. Additional experiences and opportunities may be introduced as a youth's skill level increases and more complex opportunities are desired. Above and beyond the services listed above the CIP shall continue to monitor and assess the services that were provided while the youth was living in a TLP and address any needs that arise. If a youth was not living in a TLP prior to CIP placement the CIP shall assess these needs prior to accepting placement. <ul style="list-style-type: none"> • Preparing meals • Basic nutrition education • Doing laundry • Maintaining a clean, orderly, and safe living space • Living cooperatively with other housemates or neighbors • Handling landlord/tenant complaints • Controlling guests' behavior • Handling basic maintenance • Handling simple repairs • How to call the landlord about problems • Developing and following a budget • Access to routine transportation (e.g., public transportation, carpool) Shopping, food preparation, food storage, and consumer skills						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
34	Review p/p.	Policies, Procedures or	Substantially Met Partially Met			

		Documents	Not Met Not Applicable		
35	Review case file.	Case File	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 9.2: Home Furnishings/Services						
<p>The provider shall make available certain articles and supplies for furnishing the youths residence. The articles and supplies may be new or used, but shall be in good condition. The articles and supplies shall include, but are not limited to:</p> <ul style="list-style-type: none"> • A bed and bed linens • A dining table and chairs • Living or sitting room furniture • A stove and refrigerator • Kitchen furnishings (e.g., pots, pans, cooking and eating utensils) • Basic cleaning supplies • Landline telephone • Utilities (e.g., water, trash, electricity, gas) • Access to laundry services • Food in sufficient quantity to provide at least three (3) nutritionally balanced meals per day (Food costs included in room and board, youth to be responsible for shopping and food preparation); • Kitchen and bath linens • Entertainment equipment (e.g., television, stereo, video games) are optional, if not provided, youth shall be provided the opportunity to purchase these items when they are financially capable • Emergency transportation when routine transportation is not available • Review of youth's financial records (e.g., bank statements, check stubs) to monitor youth's money management skills 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
36	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
37	View housing.	Tour Housing	Substantially Met Partially Met Not Met Not Applicable			
38	Review youth financial records.	Case File	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10: Behavior Management						
<p>Each QRTP shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the children under the care of the program. The behavior management system shall include a description of the daily routines of the program. The system of rules, rewards, and consequences for given behaviors shall be identified. Each child shall be oriented to the QRTP's behavior management system by a staff member during the admission or orientation process. Notation shall be made in the child's file and signed by the child that the rules, rewards and consequences have been discussed. The QRTP facility shall post the behavior management system in a common area where children are able to easily access the system and the children shall be given a written copy of the system to use as a reference. Behavior management shall include rules governing:</p> <ul style="list-style-type: none"> • interpersonal interactions with staff and peers • facility leave policies • school attendance and behavior while at school • verbal and physical aggression • allowable possessions • awakening and bedtime hours • leisure hours, • visitation policies • runaway attempts • involvement in recreation and other activities 						

<ul style="list-style-type: none"> self-destructive behaviors sexuality communications with family and others outside the program religious worship involvement in therapies theft, property destruction behaviors resulting in mandatory removal from the program and behaviors at the program which could result in legal prosecution. <p>When a child decides not to attend religious worship or activities, alternative supervised activities shall be made available.</p> <p>The overarching goals shall be to not only help the children adjust to the residential facility but also to daily life within society. A resource list shall be maintained by the facility of the available resources to meet the child's need in the community.</p> <p>Discipline at the facility shall be consistent and not be physically or emotionally damaging. Children shall not be subjected to cruel, severe, unusual, or unnecessary punishment. Children shall not be subjected to remarks that belittle or ridicule them or their families. Children shall not be denied food, mail, telephone calls or visits with their families as punishment. Seclusion shall not be utilized as a disciplinary measure. Only staff members shall discipline children in placement.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
39	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
40	Behavior plan posted in common area	Tour Facility	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
41	Review files for documentation that the youth signed the behavior system acknowledgement	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
42	Review file for level changes and explanations of the level changes	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10.1 Resetting						
<p>A procedure used to assist the child in regaining regain emotional control by providing a safe and quiet area.</p> <p>Application of a reset:</p> <ul style="list-style-type: none"> A child in a reset shall never be physically prevented from leaving the reset area. Resets may take place away from the area of activity or from other children. Staff shall monitor the child while he or she is in resetting. 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
43	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
44	Review files for documentation of a reset	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10.2: De-escalation Certification					
<p>De-escalation is a technique used during a potential crisis situation in an attempt to prevent a youth from causing harm to themselves, others and/or staff. De-escalation techniques shall be utilized for any activity required to diffuse a conflict or intense situation to ensure safety and calm the youth. Staff shall be certified in authorized, evidenced based de-escalation techniques programs for managing aggressive behavior. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the youth and parent (if applicable)/guardian and/or CWCMP Case Manager shall be oriented to the managing aggressive behaviors policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the youth's case record.</p>					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>
45	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
46	Review personnel files for documentation of required training.	HR Files	Substantially Met Partially Met Not Met Not Applicable		
47	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 10.3: Emergency Safety Interventions Certification					
<p>An emergency safety intervention shall be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age, size, gender physical, medical, psychiatric condition, and personal history.</p> <p>The use of emergency safety interventions shall be performed only through the use of nationally recognized restraint procedures applicable to this population designed to prevent a resident from harming self or others by exerting external control over physical movement.</p> <p>An emergency safety intervention is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a youth's body. An emergency safety intervention shall be used only as last resort after all verbal de-escalation techniques have failed and when the youth is at-risk of harming themselves or others.</p> <p>Mechanical restraint is the use of mechanical devices to restrict the free movement of the youth's body, most often for purposes of preventing self-destructive behavior. Mechanical restraints are not allowed in CIP residential facilities.</p> <p>Each facility shall have a written policy and all staff shall be trained to provide safe emergency safety interventions. Staff shall be certified in authorized, evidenced based training programs for managing aggressive behavior and de-escalation techniques. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the youth and parent (if applicable)/guardian (if applicable) and/or CWCMP Case Manager shall be oriented to the emergency safety intervention policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the youth's case record.</p>					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>
48	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
49	Review written plan to limit use of restraints.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
50	Review restraint logs.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
51	Review personnel files for documentation of required training.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
52	Ask for other effective techniques and alternatives used by the facility.	Case Records	Substantially Met Partially Met Not Met Not Applicable		

53	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 11: Program Plan					
<p>Each youth residing in a residential facility shall have a program plan that is based on a thorough assessment. Assessment documents shall be included in the case record. The program plan shall be established by the end of 14 days from admission and shall address the identified needs in the emotional, physical, educational, social, familial, and independent living skill domains. Youth may not have identified needs in every domain. If so, document that no needs were identified. Program plans shall be updated when new needs are identified or when program goals are met. Program plans shall be thoroughly reviewed, and revisions made at the case review conferences within 30 days of completion of initial program plan and each 30 days thereafter, including updated information of the progress of the youth's goals. Information obtained from the youth, parent, guardian, and CWCMP Case Manager shall be considered in the report. The initial program plan and all updates shall be sent to the CWCMP Case Manager after review/updating and/or each month.</p> <p>The program plan shall include individualized services to match the youth's identified needs in the following areas:</p> <ul style="list-style-type: none"> • Long term goals in the areas of: <ul style="list-style-type: none"> ○ physical health ○ family relations ○ daily living skills ○ academic and/or vocational skills • interpersonal relations • substance use service needs • emotional/psychological health • Short term goals which will help a youth eventually reach his/her long-term goals in each of the above areas. • Services to meet independent living goals. • Specific plans for reaching the short-term goals including services to be provided and frequency. • Estimated time for reaching short term goals. • The youth shall sign and date the program plan indicating participation and input in the development of the plan. • Updated information of the progress of the youth's goals shall be included. <p>CIP staff shall participate in case plan conducted by CWCMP Case Manager.</p> <p>Permanency Planning: Includes the evaluation and design of an approach for the youth and family that focuses on opportunities for the youth to have ongoing active and meaningful connections with family, kin, relatives, and the community. The goal for achieving permanency shall be coordinated with the youth's CWCMP Case Manager and be included in the program plan to be reviewed every 30 days. The permanency plan shall include strategies and tasks to accomplish the youth's goals. Behaviors which place the youth at risk for disruption, activities to prepare the youth's family or kinship network for reunification, identification of other less restrictive living environments and preparing the youth for transition to these settings shall be addressed.</p>					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>
54	Check for signatures and dates on reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
55	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
56	Check for program objectives.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
57	Check for 30-day reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
58	Check for CIP staff participation in CWCMP service planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 12: Visitation

<p>Subject to the provider's visitation guideline (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a child's immediate family except for the following reasons:</p> <ul style="list-style-type: none"> A court orders no contact There is documented violence, threatening or disruptive behavior by family member that occurred during contact There is documented introduction of contraband into the facility <p>The facility shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.</p> <p>When home visits are a part of the treatment plan, there shall be coordinated connections with the child, their family, and the case coordinator/facility program staff regarding the youth's treatment and program goals and objectives. The goal of placement shall be to return the child to a family-like setting, so it is important that home visits be carefully planned and executed in the best interests of permanency planning for the child. All home visits shall be arranged through coordination with the child's CWCMP Case Manager. Documentation in child's file shall include who is transporting children to and from family visits and observation of the child's behavior during transportation.</p> <p>The child shall have an approved contact list to include, the type of contact allowed (letter, phone, day passes, overnight passes, etc.) The contact list must be reviewed/updated every 60 days. Approved contacts shall be determined by the CWCMP Case Manager. The initial contact list and all reviews/updates shall include the CWCMP Case Manager signature.</p>					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>
59	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
60	View designated areas for visitation.	Facility Tour	Substantially Met Partially Met Not Met Not Applicable		
61	Review documentation of visitation and phone calls.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
62	Review approved contact lists.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 13: Discharge/Aftercare Plan					
<p>Discharge planning shall begin upon admission of the youth to the facility. At a minimum, the youth, the youth's parents (if applicable) or guardian, and the CWCMP Case Manager shall be involved in planning the discharge from the facility. The discharge plan and modifications to it shall be noted in the case file.</p> <p>A discharge summary shall be completed at the time of the youth's discharge and be forwarded to the CWCMP Case Manager within one business day. The discharge summary shall include written:</p> <ul style="list-style-type: none"> Summary of progress, or lack thereof, of the youth's goals and objectives while the youth was in placement Summary of the progress towards securing a residence, home furnishings and utilities for youth being released to live independently Summary of the youth's behavior while in placement Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties Written list of community resources given to the youth upon discharge (food banks, 211.org, educational opportunities, job search methods/job fairs, health care resources, how to reach for help, banking/budgeting, etc.) Summary of the reasons the youth was discharged 					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>
63	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
64	Review discharge planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
65	Review closed files for aftercare planning.	Case Records	Substantially Met Partially Met Not Met		

66	Review closed files for discharge summary.	Case Records	Not Applicable Substantially Met Partially Met Not Met Not Applicable		
					Score for this section:

SECTION 14: Record Keeping Requirements For The Facility:					
<p>The record keeping requirements of KAR 28-4-272 shall be met by the facility. In addition, the following shall be kept by the facility. If a facility chooses to use electronic filing full access shall be given to DCF employees who are conducting site visit.</p> <p>Child's File: The provider shall maintain a file for each child. The file shall contain the following:</p> <ul style="list-style-type: none"> • Child's name and date of birth • Name, address and emergency contact information of the child's CWCMP Case Manager • Foster Care Confirmation of Placement • Current CWCMP Referral form • Current CWCMP Case Plan • Initial Assessment • Suicide/self-injury questionnaire • Apartment/Room assignment assessment • Medical and surgical consents • Medical and dental records (history and current) • Documentation of diagnosis (history and current) • Records of the child's prescription(s) and non-prescription(s) and when administered • Authorization for release of confidential information • Daily observation logs by shift • Weekly progress notes • Program plans • Treatment Plans, if applicable • Discharge plans/Aftercare • Approved contact list • Resident's rights acknowledgement • Emergency Safety Intervention/de-escalation acknowledgements • Handbook/Rules acknowledgement • Significant incident reports • Personal Property Inventory • Educational documentation <p>Record Retention: Case records, including medical records, shall be maintained for 6 years from the date of the child's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.</p> <p>Daily Observations: A dated record of "daily observations" (as based on Section 4: Placement Supervision, and in person contact with youth) and significant occurrences involving each child shall be maintained by each shift and maintained in each child's individual file. The record shall include events which may affect the well-being of the child. Significant events should include but not be limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and other children, medical appointments, mental health appointments, medication compliance, hygiene (if identified as a need), visits/passes, meals eaten and overall behavior. Each report shall include the staff member and/or child involved, the nature of the incident and the circumstances surrounding it. The record shall be available to review.</p> <p>Weekly Progress Notes: Notes shall be completed by the case coordinator. These notes shall be entered into the child's chart, reflecting the delivery of services according to the treatment plan. This documentation shall address the child's responses to interventions and the progress of the child on individualized goals and objectives. The note shall include any significant events that occurred during the week and shall also summarize contacts with family members and other involved agencies. If an unmet need is identified, the note shall reflect the actions to be taken to revise the plan to meet that need. The case coordinator shall document specific services and activities they are providing to each child. Each month the weekly progress notes shall be sent to the CWCMP Case Manager. The Monthly Progress Report Form shall be submitted to each child's provider no later than the 15th of each month following the reporting month, for all children who are in placement more than 15 days of that calendar month. Submission will be accepted by e-mail to:</p> <ul style="list-style-type: none"> • Cornerstones of Care: KSmonthlyprogressreports@Cornerstonesofcare.org • KVC: KVCMonthlyReports@KVC.org • St. Francis Ministries: MonthlyProgressReports@st-francis.org • TFI: MonthlyReports@TFIFamily.org <p>Health Records: Health Care and Records of children shall meet the requirements of KAR 28-4-275. Records of over the counter and prescribed medications shall be kept in each child's case medical record and include the:</p>					

	<ul style="list-style-type: none"> name of the prescribing physician name of the medication dosage prescribed medication schedule purpose of the medication noted side effects date of the prescription date prescribed by a physician <p>A record of medication given, amount, date and time, and person dispensing shall be recorded. All doctor and dental visits, major illnesses, and accidents shall be recorded. Mental health appointments shall also be specifically documented in a child's medical record. This provides for a complete Health record for the child and their family, which documents the frequency of the youth's mental health treatment.</p> <p>Personnel Records: A separate file shall be maintained for each employee. Personnel files shall include the following:</p> <ul style="list-style-type: none"> Written employment application, resume and reference checks Date of hire Position description Educational transcripts, HS diploma, college degree, etc. OGC- 3004 Staff Information Sheet Copy of driver's license/Kansas ID (current) Disciplinary action records Training records Out of state registry checks, when applicable (staff member has lived outside of Kansas within the last 5 years) 				
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>
67	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
68	View stored records.	Tour	Substantially Met Partially Met Not Met Not Applicable		
69	Review case file for documentation of daily observations and significant occurrences.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
70	Review case file for documentation of weekly progress notes.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
72	Review case file for documentation of health care records.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
73	Review case file for documentation of 30-day progress reports.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
74	Review case file for documentation of permanency planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 15: Reporting Abuse/Neglect						
	The KPRC number shall be posted in a prominent place in the facility. Any employee of the facility who suspects the abuse/neglect of a resident within that facility is to notify the Director of the facility immediately, except in cases where the alleged perpetrator is the facility Director.					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
75	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25)			

76	View posting of KPRC number in the facility.	Tour	Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 16: Significant Incidents						
A Significant Incident is an unanticipated event which does not rise to the level of a critical incident but has the potential risk of a serious adverse outcome.						
Section 16.1: Significant Incident Reporting						
Significant incidents are to be reported to the youth's CWCMP case manager and the youth's parent or guardian when appropriate per PPM 0513.						
The following significant incidents shall be verbally reported immediately with a written report to the CWCMP case manager within 24 hours of the event (please refer to the following definitions for clarification):						
Significant Incident involving a child in the custody of the Secretary include but are not limited to:						
<ol style="list-style-type: none"> 1. death of a parent/primary caregiver (provide date of death) 2. runaway or missing from placement. PPM 5245 shall be followed. 3. arrested for a juvenile offense 4. alleged abuse or neglect 5. child is an alleged perpetrator or victim of a criminal assault of any kind 6. attempted suicide 7. serious physical illness 8. unanticipated medical attention that requires treatment beyond first aid 9. pregnancy. See PPM 0513 D. 2. 10. birth. See PPM 0513 D. 2. 11. emergency change in placement 12. use of illegal drugs 13. suspension of the license of a group or residential facility used by children 14. alleged victim of human trafficking 15. alleged perpetrator of animal abuse 16. other (document specifics) 17. death of child in care 						
If the significant incident involves abuse, neglect, or exploitation the facility shall also follow mandated reporting requirements.						
All facilities shall have procedures for reporting significant incidents to administrative staff and recording significant incidents in the resident files. An administrative file of significant incidents shall be kept by facility and a copy of the significant incident shall be placed in the youth's file.						
An administrative file shall be kept by the facility documenting significant incidents that is separate from the documentation in the youth's file.						
Each YRC II provider shall develop an internal process for obtaining on-call/emergency contact information for all CWCMP case managers in the event of an emergency or significant incident.						

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
77	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
78	Review reports of significant incidents.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
79	Check significant incidents log.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
80	Review sample from log for compliance w/ reporting within	Case Records	Substantially Met (1) Partially Met (0.5)			

	proper time frame.		Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 17: Final Scoring

A cumulation of all the above sections are scored here for a total score based on the assessments completed.

Scoring: **Substantially Met = 1**
 Partially Met = 0.5
 Not Met = 0.25
 Not Applicable = 0

Total possible score on this site visit tool is 80. If the score is 70 or less, the result is an automatic Corrective Action Plan (CAP). Items which do not score substantially met, will require comments which will be used for developing a CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.

Section	Section Score
Section 1.1: General Requirements	
Section 2: Admission Skills Required	
Section 2.1: General Skills Required	
Section 3: Community Integration Program General Staffing	
Section 3.1: Community Integration Specialist	
Section 4: Placement Supervision	
Section 5.1: Staff Inservice-Orientation	
Section 5.2: Annual Staff Inservice	
Section 6: Placement Confirmation	
Section 7: Initial Assessment	
Section 8: Room/Apartment Assignment	
Section 9: Scope of Services	
Section 9.1: Positive and Realistic Living Experiences	
Section 9.2: Home Furnishings	
Section 10: Behavior Management	
Section 10.1: Resetting	
Section 10.2 De-escalation Certification	
Section 10.3: Emergency Safety Interventions Certification	
Section 11: Program Plan	
Section 12: Visitation	
Section 13: Discharge/Aftercare	
Section 14: Record Keeping	
Section 15: Reporting Abuse/Neglect	
Section 16: Significant Incidents	
Total Score	

If the score is 70 or less, the result is an automatic Corrective Action Plan (CAP). Use the comments captured above to develop a CAP on the following pages. The facility will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections, as applicable. Some corrective items may take longer, such as training compliance.

Community Integration Program Corrective Action Plan

Date of Site Visit	Final Score on Site Visit Tool	DCF Surveyor:
Facility Name		
Address, City, County, Zip Code		
Agency/Facility Representative		Agency/Facility Phone Number and Email

Correction/Compliance Action Plan
Presented Findings: <i>Please use the comments listed on the site scoring tool to outline the presenting corrections and steps needing to be taken to ensure compliance with all DCF Policy and Procedures, Placement Standards and Provide Agreements are met. If more sections are needed, please add accordingly.</i>
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Signatures
By signing the Corrective Action Plan I agree what is listed above is accurate and complete. I understand I may be required to provide additional information or modify the plan as needed to ensure full compliance. I further understand this information may be provided to DCF Licensing, if necessary to ensure the safety and well-being of the children and youth served.

_____ Date _____
 Agency/Facility Representative

_____ Date _____
 DCF Surveyor



BACK

Type of On-Site Review: Emergency Shelter Site Visit Tool

Date of Site Visit:
 Provider:
 Provider Contact:
 DCF Surveyor:

Instructions: The Site Visit Tool is to be completed at in-person site visits for initial reviews, 90-day reviews and annual reviews. This site visit tool will score the policy and procedure manuals, youth, files, employee files, and facility for compliance with the placement standards. Review each section and coordinating source of information. When completing the findings section, choose Substantially Met if all items are located. Partially Met if some of the items are located. Not Met if you do not find the information asked for. And Not Applicable if the item does not apply to this facility. If an item is not Substantially Met, please note what is missing in the comments section.

Scoring:
Substantially Met = 1
Partially Met = .5
Not Met = .25
Not Applicable = 0

Total possible score on this site visit tool is 72. If score is 62 or less, that requires an automatic Corrective Action Plan (CAP). Items that do not score substantially met, will require comments that will be the basis for the CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.

	SECTION 1: GENERAL PROGRAM DESCRIPTION AND REQUIREMENTS
	<p>An Emergency Shelter (ES) provides twenty-four-hour care that meets the requirements of K.A.R. 28-4-123-132 and K.A.R. 28-4-268-280. It has been licensed by DCF Foster Care and Residential Facility Licensing as a Group Boarding Home or Residential Center to cover the programming the facility will provide for the populations of children/youth whom the facility will serve.</p> <p>An Emergency Shelter for Crossover youth (ESC) is an Emergency Shelter designated specifically to serve youth (12 and older) who have had negative law enforcement interaction within 90 days of admittance.</p>

	Section 1.1: Services Provided in Emergency Shelter
	<p>The purpose of placement in an Emergency Shelter is to ensure the youth has a short-term safe place to stay until a long-term placement for the youth can be found.</p> <p>The range of services to be delivered by the Emergency Shelter shall be documented in the facilities program description. The general program description approved by DCF Prevention and Protection Services for each facility shall include but not be limited to the:</p> <ol style="list-style-type: none"> 1. goals of the program 2. resident behavioral treatment system 3. job descriptions (responsibilities, functions, and qualifications) 4. policies and procedures 5. daily living activities 6. health services 7. recreation activities 8. visitation policies <p>DCF requires foster parents and designated officials at childcare institutions to apply the reasonable and prudent parenting standard. The standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities.</p>

#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
1	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
2	Review program description.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 1.2: Short Term Placement in an Emergency Shelter						
Youth shall not be placed in an emergency shelter for more than 30 days unless an extension is approved for a circumstance as indicated below: <ul style="list-style-type: none"> • Extensions may only be requested by the referring agency. Extension requests and decisions for youth in DCF custody are managed by the child welfare case management provider case manager. • Extensions to the 30-day emergency shelter stay will only be considered in the following circumstances: <ul style="list-style-type: none"> ○ If a youth is placed in an Emergency Shelter in the same school district from which they were previously attending, and no alternative placement is available in the district. If the youth will be finishing the school term within 60 days of admission to the Emergency Shelter and movement of the youth would result in the loss of school credit. ○ The youth is awaiting an identified placement, which will be available within 45 days of admission to the Emergency Shelter. ○ A circumstance of substantially the same nature as above and it is in the best interest of the child or youth to request an extension. 						
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
3	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
4	Review case record.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 2: Criteria for the Youth's Admission Description of Children/Youth to be Served						
Population Served: Population served is children and youth, ages birth thru 21, who: <ul style="list-style-type: none"> • Need safety and a short-term placement until a more appropriate stable placement can be found for the child/youth. • Need Police Protective Custody. Emergency Shelters are unique in their ability to accept youth who present a wide range of behavioral and health needs. Emergency Shelter's shall be trained in trauma informed care. Emergency Shelters are staffed and administered to serve all youth from the state agencies with whom they have provider agreements. Placements of youth should only be denied in the most extreme circumstances, when the youth's safety or the safety of other residents in the Emergency Shelter cannot be assured.						
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
5	Review p/p.	Policies,	Substantially Met			

		Procedures or Documents	Partially Met Not Met Not Applicable			
6	Review case files.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

SECTION 3: GENERAL STAFFING REQUIREMENTS						
<p>Twenty-four hour care which has been licensed by DCF Foster Care and Residential Facility Licensing Division (KAR 28-4-268-280) as a group boarding home or residential center to cover the programming the facility will provide to the population of children/youth whom the facility will serve.</p> <ul style="list-style-type: none"> The administrator of a residential center (meeting residential center standards K.A.R 28-4-268 (t) more than 10 residents) shall have a bachelor's degree, prior administrative experience and a working knowledge of child development principles. The administrator of a group boarding home (meeting group home standards K.A.R 28-4-268 (i)) not less than five nor more than ten persons) shall have at least a high school diploma, or its equivalent, prior administrative experience and a working knowledge of child development principles. Program plan development, review, and case supervision are carried out by the Emergency Shelter/ESC provider. Facility staff shall be at least 21 years of age with a minimum of three years age difference between facility staff and the oldest child/youth who can be admitted, have at least a high school diploma or equivalent and shall practice accepted methods of child care. Staff shall be trained to effectively meet the special needs of children who require this level of care. The facility shall be staffed appropriately to meet the needs of all the children in their care. The staff ratio is 1:7 during waking hours and 1:10 during sleeping hours. To insure youth safety, the Emergency Shelter/ESC facility will have awake staff 24 hours a day. A higher ratio shall be maintained if youth and/or their behaviors become hard to manage at the listed ratios. 						
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
7	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
8	Review administrator personnel file or contract for compliance.	N/A	N/A	This requirement is monitored by DCF Child Placing Agency and Residential Licensing Division.		
9	Review administrator job description and HR file.	N/A	N/A	This requirement is monitored by DCF Child Placing Agency and Residential Licensing Division.		
10	Review facility staff job descriptions and HR files.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
11	Review personnel files for age requirements.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
12	Review staffing pattern for compliance with staff ratio requirements.	Staffing schedule	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 4: Case Coordination						
<p>The Emergency Shelter's/ESC's case coordinator has the responsibility for coordinating the child's program and progress with the referring CWCMP, school, employer, family, and other appropriate community resources. This shall include, but not be limited to, documenting phone calls, appointment and visits (on and off site).</p> <p>The Case Coordinator will maintain a resource base of services to address the needs identified in Individual Program Plans and document in the child's file, when and what community resources have been contacted and utilized for services for the youth. The case coordinator shall be responsible for Weekly Progress Notes (see Section 14: Record Keeping).</p>						
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
13	Review p/p.	Policies,	Substantially Met			

		Procedures or Documents	Partially Met Not Met Not Applicable			
14	Review case file for documentation of coordination with utilized community resources.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
						Score for this section:

Section 5 – Staff In-service training.

Section 5.1 In-service Orientation Training

Each facility shall have an in-service orientation training program for new employees, which is especially directed toward the initial training needs of staff working directly with children. Documentation of completion of orientation training shall be kept, in the staff member’s personnel file.

The documentation shall be placed in a specific area in the staff’s file, indicating:

- staff training, reflecting orientation or annual training
- name of trainer
- name of training
- specify the number of training hours
- date of the training

Facility staff shall have completed a minimum of 18 hours of in-service orientation training. Staff shall demonstrate competency in the trainings from orientation before they can work independently with children.

All topics listed below shall be trained, even if it exceeds the minimum 18 hours of orientation:

Facility Trainings:

- Facility policy and procedures manual
- Facility emergency and evacuation procedures
- Facility discipline standards
- Child record documentation policies and procedures
- Resident rights (See Appendix 4, Resident Rights)
- Confidentiality laws
- Report Writing

Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):

- Emergency safety interventions (including management of aggressive or suicidal behavior) (if a facility chooses to use Emergency Safety Intervention staff shall be certified)
- De-escalation (staff shall be certified)
- The handling of blood borne pathogens
- Medication Administration (staff who pass medications shall be certified)
- Certified in CPR/First Aid
- Trauma based informed care/trauma specific intervention
- Mandated Reporting
- HIPPA Laws
- Comprehensive LGBTQ+
- Human Trafficking and exploitation
- Cultural Diversity
- Suicide Prevention/Intervention/Safety

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
15	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
16	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
17	Review personnel files for orientation training.	HR Files	Substantially Met Partially Met Not Met			

		Not Applicable			
					Score for this section:

Section 5.2 Annual Service Training

Annual training is beyond or in addition to the initial 18-hour orientation training program from the date of employment. During the first year of employment staff shall receive a minimum of 36 hours of training (18 orientation hours, 18 annual In-Service).

All ER Shelter direct care staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.

The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating:

- staff training, reflecting orientation or annual training
- name of trainer
- name of training
- specify the number of training hours
- date of the training

All topics listed below shall be trained, even if it exceeds the minimum 18 hours of annual in-service:

Facility Refreshers/Trainings:

- Facility policy and procedures manual
- Facility emergency and evacuation procedures
- Facility discipline standards
- Child record documentation policies and procedures
- Resident rights (See Appendix 4, Resident Rights)
- Confidentiality laws

Refreshers/Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):

- Emergency safety interventions (including management of aggressive or suicidal behavior) (staff shall maintain certification)
- De-escalation (staff shall maintain certification)
- The handling of blood borne pathogens
- Medication Administration (staff shall maintain certification, may or may not require annual training)
- CPR/First Aid (Staff shall maintain certification, may or may not require annual training)
- Trauma based informed care/trauma specific intervention
- Mandated Reporting (Provided By DCF) <http://www.dcf.ks.gov/services/MRT/Pages/default.aspx>
- HIPPA Laws
- Comprehensive LGBTQ+
- Childhood and adolescent sexuality issues, especially the effects of early sexual abuse
- Substance Use Disorders
- Blood Borne Pathogens
- Childhood and adolescent development (including developmental disorders)
- Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD)
- Suicide Prevention/Intervention/Safety

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
18	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
19	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
20	Review personnel files for annual training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

Section 6: Placement Agreement Confirmation of Placement						
<p>A signed Placement Agreement shall be completed between the provider and the referring agency at the time of placement. A copy of the signed Placement Agreement shall be kept in the youth's file at the facility.</p> <p>A Foster Care Confirmation of Placement (PPS 5122) is available through the CareMatch system which confirms the placement arranged by the Child Welfare Case Management Provider (CWCMP).</p> <p>Youth shall not be placed in an emergency shelter/ESC for more than 30 days unless an extension is approved for a circumstance as indicated below:</p> <ul style="list-style-type: none"> • Extensions may only be requested by the referring agency. Extension requests and decisions for youth in DCF custody are managed by the child welfare case management provider case manager. • Extensions to the 30-day emergency shelter/ESC stay will only be considered in the following circumstances: <ul style="list-style-type: none"> ○ If a youth is placed in an Emergency Shelter/ESC in the same school district from which they were previously attending, and no alternative placement is available in the district. If the youth will be finishing the school term within 60 days of admission to the Emergency Shelter/ESC and movement of the youth would result in the loss of school credit. ○ The youth is awaiting an identified placement, which will be available within 45 days of admission to the Emergency Shelter/ESC. ○ A circumstance of substantially the same nature as above and it is in the best interest of the child or youth to request an extension. <p>Documentation shall be placed in the youth's file at the facility, including but not limited to:</p> <ul style="list-style-type: none"> • The reason for the need of an extension for ES/ESC placement • Participants (names and title of position) in the discussion for the need for an extension, including who agreed upon the extension • The youth's updated plan of needed service(s) for the next 60 days, dated and signed by the appropriate parties. 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
21	Review p/p.	Policies, Procedures, Documents	Substantially Met Partially Met Not Met Not Applicable			
22	Look for a copy of the signed Placement Agreement in the youth's file that was completed at the time of placement.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 7: Initial Assessment						
<p>When a youth enters the facility, the ES shall begin immediately assessing their strengths and needs and shall have a completed assessment within 3 days. The assessment shall include but not be limited to the following:</p> <ol style="list-style-type: none"> 1. Reasons for referral to the facility 2. Evaluation or assessment covering the following areas: <ol style="list-style-type: none"> a) physical health b) family relations c) academic or vocational training 3. Community life 4. Interpersonal interactions 5. Daily living skills as outlined in the scope of services listed above 6. Immediate service needs: <ol style="list-style-type: none"> a) mental health b) developmental c) dental d) medical 7. Involvement or exposure to Substance Abuse/disorder 8. Involvement or exposure to trauma 9. Assessment of youth's self-injuring or suicidal attempts <p>Placement needs of the youth shall be assessed with regards to most appropriate next placement. Physical and mental health needs shall be coordinated with assigned CWCMP case manager and youth's assigned MCO.</p>						

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
23	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
24	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 8: Resident Lodging Room Assignment						
<p>To support the daily management and administration of children/youth, each residential provider shall develop an objective formal procedure to assess physical housing needs of children. Children in a residential facility shall be assigned to a room based upon a range of factors, as identified by risk/needs assessment(s) in addition to other indicators. Factors to consider in assigning rooms shall include (but are not limited to):</p> <ul style="list-style-type: none"> • Suicidal tendencies • Level of specialized needs (i.e. mental health, medical, etc.) • Displaying inappropriate sexual behaviors /victims of sexual abuse • Gender • Age and/or maturity level • Program needs (substance use disorder, cognitive behavioral, independent living, etc.) • Vulnerability to being victimized by others (i.e. physical stature) • Comprehensive LGBTQ plus <p>While each child will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units. The child's room assignment and how the decision was made shall be documented in the child's file. The room assignment shall be completed immediately upon admission.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
25	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
26	Factors considered for the youth room assignment shall be documented in the youth's file.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 9: Scope of Services						
<p>The provider shall write a policy and procedure manual for the operation of the ES facility that will be reviewed and approved by DCF Prevention and Protection Services. The daily schedule shall address the needs of the residents and the use of time to enhance the resident's physical, mental, emotional, and social development. The facility shall provide supervised indoor and outdoor recreation so that every resident may participate. Age appropriate equipment and outdoor play space to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate.</p> <p>The ES will provide a program for youth in the facility that covers the following program components:</p> <p>Daily Living Services - Daily living services shall be provided and include the following:</p> <ol style="list-style-type: none"> 1. room 2. board 3. child care 4. personal spending money 5. personal care needs 6. school fees 7. transportation to appointments within a 60-mile radius; including to and from school, medical care, recreation, etc. 8. academic activities <ol style="list-style-type: none"> a) assistance with school work b) vocational training, and/or c) G.E.D. training 						

Situational Training- to include but not limited to:

1. Personal Hygiene:
 - a) teaching about body cleanliness
 - b) use of deodorants and cosmetics
 - c) appropriate clothing
 - d) choosing clothing to fit individual and occasion
 - e) keeping clothes neat and clean
2. Health:
 - a) identifying and understanding residents' health needs
 - b) securing and utilizing necessary medical treatment including preventive and health maintenance services
 - c) gaining information and education in health maintenance including:
 - i. preventive measures
 - ii. nutrition
 - iii. menstruation
 - iv. rest
 - v. cleanliness
 - vi. family planning
 - vii. drugs
 - viii. sexually transmitted diseases
 - ix. exercise
 - x. motivation for meeting own health needs
 - d) maintaining contact with providers of health services (physician, nurse, clinic)
 - e) using outside resources for assistance (clinics, pharmacies, hospitals)
3. Consumer education for independent living:
 - a) budgeting
 - b) comparative buying
 - c) installment buying
 - d) avoiding risks
 - e) identifying illegal or excessive interest rates
 - f) use of credit
 - g) avoiding or dealing with debts
 - h) using checking and savings accounts
 - i) paying taxes
4. Communication skills:

The youth's articulating thoughts and feelings through appropriate use of such skills as:

 - a) speech
 - b) writing
 - c) use of the landline/cell telephones
 - d) computer
 - e) social networking
 - f) internet
5. Home Management:
 - a) making the bed and changing linens,
 - b) using the vacuum cleaner,
 - c) dusting,
 - d) organizing belongings,
 - e) disposing of trash,
 - f) cleaning all areas of the home,
 - g) operating appliances,
 - h) cooking complete meals,
 - i) making simple repairs,
 - j) who to call when a major repair is needed,
 - k) being aware of the need for upkeep,
 - l) handling emergencies,
 - m) knowing first aid.
6. Situational Guidance:
 - a) identifying and accepting strengths
 - b) developing patterns of acceptance
 - c) coping with authority figures
 - d) getting along with others
 - e) sharing responsibility
 - f) being considerate of others
 - g) developing friendships
 - h) knowing when to go home when visiting
 - i) recognizing or modifying attitudes toward self or others

	j) responsible work attitudes k) tolerance of verbal criticism l) reactions to praise m) punctuality n) attendance 7. Recreation: a) participating in leisure time activities b) learning how to spend leisure time c) developing outside activities d) managing time e) finding recreation with little or no expense involved f) finding community projects to take part in g) participating in social groups h) participating in sports and games i) arts and crafts j) appreciating fine arts					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
27	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
28	Review case file for program plan and implementation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
29	Review daily schedule.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
30	Tour recreational areas to insure age appropriate equipment and space.	Facility tour	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

	<p>Section 10: Behavior Management</p> <p>Each facility shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the children under the care of the program. The behavior management system shall include a description of the daily routines of the program. The system of rules, rewards, and consequences for given behaviors shall be identified. Each child shall be oriented to the facility's behavior management system by a staff member during the admission or orientation process. Notation shall be made in the child's file and signed by the child that the rules, rewards and consequences have been discussed. The facility shall post the behavior management system in a common area where children are able to easily access the system and the children shall be given a written copy of the system to use as a reference. Behavior management shall include rules governing:</p> <ul style="list-style-type: none"> • interpersonal interactions with staff and peers • facility leave policies • school attendance and behavior while at school • verbal and physical aggression • allowable possessions • awakening and bedtime hours • leisure hours, • visitation policies • runaway attempts • involvement in recreation and other activities • self-destructive behaviors • sexuality • communications with family and others outside the program • religious worship • involvement in therapies • theft, property destruction • behaviors resulting in mandatory removal from the program and • behaviors at the program which could result in legal prosecution.
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Discipline at the facility shall be consistent and not be physically or emotionally damaging. Children shall not be subjected to cruel, severe, unusual, or unnecessary punishment. Children shall not be subjected to remarks that belittle or ridicule them or their families. Children shall not be denied food, mail, telephone calls or visits with their families as punishment. Seclusion shall not be utilized as a disciplinary measure. Only staff members shall discipline children in placement.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
31	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
32	Behavior plan posted in common area	Tour Facility	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
33	Review files for documentation that the youth signed the behavior system acknowledgement	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
34	Review file for level changes and explanations of the level changes	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)		Emergency safety intervention / De-escalation techniques Managing Aggressive Behaviors	
Score for this section:						

Section 10.1 Resetting						
A procedure used to assist the child in regaining regain emotional control by providing a safe and quiet area. Application of a reset: <ul style="list-style-type: none"> A child in a reset shall never be physically prevented from leaving the reset area. Resets may take place away from the area of activity or from other children. Staff shall monitor the child while he or she is in resetting. 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
35	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
36	Review files for documentation of a reset	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10.2: Emergency safety intervention / De-escalation techniques Managing Aggressive Behaviors De-escalation Certification						
<p>De-escalation is a technique used during a potential crisis situation in an attempt to prevent a child from causing harm to themselves, others and/or staff. De-escalation techniques shall be utilized for any activity required to diffuse a conflict or intense situation to ensure safety and calm the child. Staff shall be certified in authorized, evidenced based de-escalation techniques programs for managing aggressive behavior. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian and/or CWCMP Case Manager shall be oriented to the managing aggressive behaviors policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
37	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
38	Review personnel files for documentation of required training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
39	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.3 Emergency Safety Interventions Certification/Physical Restraints						
<p>An emergency safety intervention shall be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the child's chronological and developmental age, size, gender physical, medical, psychiatric condition, and personal history.</p> <p>The use of emergency safety interventions shall be performed only through the use of nationally recognized restraint procedures applicable to this population designed to prevent a child from harming self or others by exerting external control over physical movement.</p> <p>An emergency safety intervention is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a child's body. An emergency safety intervention shall be used only as last resort after all verbal de-escalation techniques have failed and when the child is at-risk of harming themselves or others.</p> <p>Mechanical restraint is the use of mechanical devices to restrict the free movement of the child's body, most often for purposes of preventing self-destructive behavior. Mechanical restraints are not allowed in Emergency Shelter/ESC residential facilities.</p> <p>Each facility shall have a written policy and all staff shall be trained to provide safe emergency safety interventions. Staff shall be certified in authorized, evidenced based training programs for managing aggressive behavior and de-escalation techniques. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian (if applicable) and/or CWCMP Case Manager shall be oriented to the emergency safety intervention policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
40	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
41	Review written plan to limit use of restraints.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
42	Review restraint logs.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
43	Review personnel files for documentation of required training.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
44	Ask for other effective techniques and alternatives used by the facility.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
45	Look for written	Case Record	Substantially Met			

	acknowledgments and required signatures.		Partially Met Not Met Not Applicable			
						Score for this section:

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
	<p>Section 11: Program Plan</p> <p>Each youth residing in a residential facility shall have a program plan that is based on a thorough assessment. Assessment documents shall be included in the case record. The program plan shall be established by the end of 7 days from admission and shall address the identified needs in the emotional, physical, educational, social, familial, and where appropriate independent living skill domains. Youth may not have identified needs in every domain. If so, document no needs were identified. Program plans shall be updated when new needs are identified or when program goals are met. Program plans shall be thoroughly reviewed, and revisions made within 30 days of completion of initial program plan and each 30 days thereafter. This includes updated information of the progress of the youth's goals. Information obtained from the youth, parent, guardian, and CWCMP Case Manager shall be considered in the report. The initial program plan and all updates shall be sent to the CWCMP Case Manager.</p> <p>Program plan development, review, and case supervision are carried out by the Emergency Shelter/ESC provider.</p> <p>The program plan shall include individualized services to match the youth's identified needs in the following areas:</p> <ul style="list-style-type: none"> • Long term goals in the areas of: <ol style="list-style-type: none"> 1. physical health 2. family relations 3. daily living skills 4. academic and/or vocational skills 5. interpersonal relations 6. substance use service needs 7. emotional/psychological health • Short term goals which will help a youth eventually reach his/her long-term goals in each of the above areas. • Services to meet independent living goals. • Specific plans for reaching the short-term goals including services to be provided and frequency. • Estimated time for reaching short term goals. • The youth shall sign and date the program plan indicating participation and input in the development of the plan. • Updated information of the progress of the youth's goals shall be included. <p>Emergency Shelter/ESC staff shall participate in case planning conference conducted by CWCMP Case Manager.</p> <p>Permanency Planning: Includes the evaluation and design of an approach for the youth and family that focuses on opportunities for the youth to have ongoing active and meaningful connections with family, kin, relatives, and the community. The goal for achieving permanency shall be coordinated with the youth's CWCMP Case Manager and be included in the program plan to be reviewed every 30 days. The permanency plan shall include strategies and tasks to accomplish the youth's goals. Behaviors which place the youth at risk for disruption, activities to prepare the youth's family or kinship network for reunification, identification of other less restrictive living environments and preparing the youth for transition to these settings shall be addressed.</p>					
46	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
47	Check for signatures and dates on reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
48	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
49	Check for program objectives.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
51	Check for 30-day reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
52	Check for ES staff participation in CWCMP case planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			

Score for this section:	
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Section 12: Visitation						
<p>Subject to the provider's visitation guideline (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a child's immediate family except for the following reasons:</p> <ul style="list-style-type: none"> • A court orders no contact • There is documented violence, threatening or disruptive behavior by family member that occurred during contact • There is documented introduction of contraband into the facility <p>The facility shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.</p> <p>When home visits are a part of the treatment plan, there shall be coordinated connections with the child, their family, and the case coordinator/facility program staff regarding the youth's treatment and program goals and objectives. The goal of placement shall be to return the child to a family-like setting, so it is important that home visits be carefully planned and executed in the best interests of permanency planning for the child. All home visits shall be arranged through coordination with the child's CWCMP Case Manager. Documentation in child's file shall include who is transporting children to and from family visits and observation of the child's behavior during transportation.</p> <p>The child shall have an approved contact list to include, the type of contact allowed (letter, phone, day passes, overnight passes, etc.) The contact list must be reviewed/updated every 60 days. Approved contacts shall be determined by the CWCMP Case Manager. The initial contact list and all reviews/updates shall include the CWCMP Case Manager signature.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
53	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
54	Look for documentation of transportation activities and observations.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
55	Look for documentation of approved contact list.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 13: Discharge/Aftercare Plan						
<p>Discharge planning shall begin upon admission of the youth to the facility. At a minimum, the child, the child's parents if applicable or guardian if applicable, and the placing agency shall be involved in planning the discharge from the facility.</p> <p>A discharge summary shall be completed at the time of the youth's discharge and be forwarded to the CWCMP Case Manager within one business day. The discharge summary shall include written:</p> <ul style="list-style-type: none"> • Summary of progress, or lack thereof, of the youth's goals and objectives while the youth was in placement • Summary of the youth's behavior while in placement • Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties • Summary of the reasons the youth was discharged 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
56	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
57	Review discharge planning.	Case Records	Substantially Met Partially Met			

			Not Met Not Applicable		
58	Review closed files for aftercare planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
59	Review closed files for discharge summary.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
					Score for this section:

	<p>SECTION 14: Record Keeping Requirements for the Facility:</p> <p>The record keeping requirements of KAR 28-4-272 shall be met by the facility. In addition, the following shall be kept by the facility. If a facility chooses to use electronic filing full access shall be given to DCF employees who are conducting site visit.</p> <p>Child's File: The provider shall maintain a file for each child. The file shall contain the following:</p> <ul style="list-style-type: none"> • Child's name and date of birth • Name, address and emergency contact information of the child's CWCMP Case Manager • Foster Care Confirmation of Placement • Current CWCMP Referral form • Current CWCMP Case Plan • If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency plan. • Initial Assessment • Suicide/self-injury questionnaire • Room assignment assessment • Medical and surgical consents • Medical and dental records (history and current) • Documentation of diagnosis (history and current) • Records of the child's prescription(s) and non-prescription(s) and when administered • Authorization for release of confidential information • Daily observation logs by shift • Weekly progress notes • Program plans • Treatment Plans, if applicable • Discharge plans/Aftercare • Approved contact list • Resident's rights acknowledgement • Emergency Safety Intervention/de-escalation acknowledgements • Handbook/Rules acknowledgement • Pre and Post visit documentation • Significant incident reports • Personal Property Inventory • Educational documentation <p>Record Retention: Case records, including medical records, shall be maintained for 6 years from the date of the child's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.</p> <p>Daily Observations: A dated record of daily observations and significant occurrences involving each child shall be maintained by each shift and maintained in each child's individual file. The record shall include events which may affect the well-being of the child. Significant events should include but not be limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and other children, medical appointments, mental health appointments, medication compliance, hygiene (if identified as a need), visits/passes, meals eaten and overall behavior. Each report shall include the staff member and/or child involved, the nature of the incident and the circumstances surrounding it. The record shall be available to review.</p> <p>Weekly Progress Notes: Notes shall be completed by the case coordinator. These notes shall be entered into the child's chart, reflecting the delivery of services according to the treatment plan. This documentation shall address the child's responses to interventions and the progress of the child on individualized goals and objectives. The note shall include any significant events that occurred during the week and shall also summarize contacts with family members and other involved agencies. If an unmet need is identified, the note shall reflect the actions to be taken to revise the plan to meet that need. The case coordinator shall document specific services and activities they are providing to each child. Each month the weekly progress notes shall be sent to the CWCMP Case Manager. The Monthly Progress Report Form shall be submitted to each child's provider no later than the 15th of each month following the reporting month, for all children who are in placement more than 15 days of that calendar month. Submission will be accepted by e-mail to:</p>
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- Cornerstones of Care: KSmonthlyprogressreports@Cornerstonesofcare.org
- KVC: KVCMonthlyReports@KVC.org
- St. Francis Ministries: MonthlyProgressReports@st-francis.org
- TFI: MonthlyReports@TFIFamily.org

Health Records:

Health Care and Records of children shall meet the requirements of KAR 28-4-275. Records of over the counter and prescribed medications shall be kept in each child's case medical record and include the:

- name of the prescribing physician
- name of the medication
- dosage prescribed
- medication schedule
- purpose of the medication
- noted side effects
- date of the prescription
- date prescribed by a physician

A record of medication given, amount, date and time, and person dispensing shall be recorded. All doctor and dental visits, major illnesses, and accidents shall be recorded. Mental health appointments shall also be specifically documented in a child's medical record. This provides for a complete Health record for the child and their family, which documents the frequency of the youth's mental health treatment.

Personnel Records:

A separate file shall be maintained for each employee. Personnel files shall include the following:

- Written employment application, resume and reference checks
- Date of hire
- Position description
- Educational transcripts, HS diploma, college degree, etc.
- Copy of driver's license/Kansas ID (current)
- Disciplinary action records
- Training records
- Out of state registry checks, when applicable (staff member has lived outside of Kansas within the last 5 years)

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
60	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
61	View stored records.	Tour	Substantially Met Partially Met Not Met Not Applicable			
62	Review case file for documentation of daily observations and significant occurrences.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
63	Review case file for documentation of weekly progress notes.		Substantially Met Partially Met Not Met Not Applicable			
64	Review case file for documentation of health care records.		Substantially Met Partially Met Not Met Not Applicable			
65	Review case file for documentation of 30-day progress reports.		Substantially Met Partially Met Not Met Not Applicable			
66	Review case file for documentation of permanency planning.		Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 15: Reporting Abuse/Neglect						
The KPRC number shall be posted in a prominent place in the facility. Any employee of the facility who suspects the abuse/neglect of a resident within that facility is to notify the Director of the facility immediately, except in cases where the alleged perpetrator is the facility Director.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
67	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
68	View posting of KPRC number in the facility.	Tour	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 16: Significant Incidents						
A Significant Incident is an unanticipated event which does not rise to the level of a critical incident but has the potential risk of a serious adverse outcome.						
Section 16.1: Significant Incident Reporting						
Significant incidents are to be reported to the youth's CWCMP case manager and the youth's parent or guardian when appropriate per PPM 0513.						
The following significant incidents shall be verbally reported immediately with a written report to the CWCMP case manager within 24 hours of the event (please refer to the following definitions for clarification):						
Significant Incident involving a child in the custody of the Secretary include but are not limited to:						
<ol style="list-style-type: none"> 1. death of a parent/primary caregiver (provide date of death) 2. runaway or missing from placement. PPM 5245 shall be followed. 3. arrested for a juvenile offense 4. alleged abuse or neglect 5. child is an alleged perpetrator or victim of a criminal assault of any kind 6. attempted suicide 7. serious physical illness 8. unanticipated medical attention that requires treatment beyond first aid 9. pregnancy. See PPM 0513 D. 2. 10. birth. See PPM 0513 D. 2. 11. emergency change in placement 12. use of illegal drugs 13. suspension of the license of a group or residential facility used by children 14. alleged victim of human trafficking 15. alleged perpetrator of animal abuse 16. other (document specifics) 17. death of child in care 						
If the significant incident involves abuse, neglect, or exploitation the facility shall also follow mandated reporting requirements.						
All facilities shall have procedures for reporting significant incidents to administrative staff and recording significant incidents in the resident files. An administrative file of significant incidents shall be kept by facility and a copy of the significant incident shall be placed in the youth's file.						
An administrative file shall be kept by the facility documenting significant incidents that is separate from the documentation in the youth's file.						
Each ER Shelter provider shall develop an internal process for obtaining on-call/emergency contact information for all CWCMP case managers in the event of an emergency or significant incident.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
69	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			

70	Review reports of significant incidents.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
71	Check significant incidents log.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
72	Review sample from log for compliance w/ reporting within proper time frame.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 17: Final Scoring
 A cumulation of all the above sections are scored here for a total score based on the assessments completed.

Scoring: **Substantially Met = 1**
 Partially Met = 0.5
 Not Met = 0.25
 Not Applicable = 0

Total possible score on this site visit tool is 75. If the score is 65 or less, the result is an automatic Corrective Action Plan (CAP). Items which do not score substantially met, will require comments which will be used for developing a CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.

Section	Section Score
Section 1.1: Services Provided in an Emergency Shelter	
Section 2: Description of Youth to be Served	
Section 3: General Staffing Requirements	
Section 4: Case Coordination	
Section 5: Staff In-Serving Training	
Section 5.2: Annual In-Service Training	
Section 6: Confirmation of Placement	
Section 7: Initial Assessments	
Section 8: Room Assignment	
Section 9: Services	
Section 10: Behavior Management	
Section 10.1 Resetting	
Section 10.2 De-escalation Certification	
Section 10.3: Emergency Safety Interventions Certification	
Section 11: Program Plan	
Section 12: Visitation	
Section 13: Discharge/Aftercare	
Section 14: Record Keeping	
Section 15: Reporting Abuse/Neglect	
Section 16: Significant Incidents	
Total Score	

If the score is 62 or less, the result is an automatic Corrective Action Plan (CAP). Use the comments captured above to develop a CAP on the following pages. The facility will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections, as applicable. Some corrective items may take longer, such as training compliance.

Emergency Shelter Corrective Action Plan

Date of Site Visit	Final Score on Site Visit Tool	DCF Surveyor:
Facility Name		
Address, City, County, Zip Code		
Agency/Facility Representative	Agency/Facility Phone Number and Email	

Correction/Compliance Action Plan
Presented Findings: <i>Please use the comments listed on the site scoring tool to outline the presenting corrections and steps needing to be taken to ensure compliance with all DCF Policy and Procedures, Placement Standards and Provide Agreements are met. If more sections are needed, please add accordingly.</i>
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Signatures
By signing the Corrective Action Plan I agree what is listed above is accurate and complete. I understand I may be required to provide additional information or modify the plan as needed to ensure full compliance. I further understand this information may be provided to DCF Licensing, if necessary to ensure the safety and well-being of the children and youth served.

_____ Date

Agency/Facility Representative

_____ Date

DCF Surveyor



[BACK](#)

Type of On-Site Review: Residential Maternity Care (RMC)

Date of Site Visit:
 Provider:
 Provider Contact:
 DCF Surveyor:

Instructions: The Site Visit Tool is to be completed at in-person site visits for initial reviews, 90-day reviews and annual reviews. This site visit tool will score the policy and procedure manuals, youth, files, employee files, and facility for compliance with the placement standards. Review each section and coordinating source of information. When completing the findings section, choose Substantially Met if all items are located. Partially Met if some of the items are located. Not Met if you do not find the information asked for. And Not Applicable if the item does not apply to this facility. If an item is not Substantially Met, please note what is missing in the comments section.

Scoring:
Substantially Met = 1
Partially Met = .5
Not Met = .25
Not Applicable = 0

Total possible score on this site visit tool is 75. If score is 65 or less, that requires an automatic Corrective Action Plan (CAP). Items that do not score substantially met, will require comments that will be the basis for the CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.

SECTION 1: GENERAL PROGRAM DESCRIPTION AND REQUIREMENTS	
A Residential Maternity Care (RMC) facility is a 24-hour group home or residential facility that meets the requirements of KAR 28-4-123-132 and KAR 28-4-268-280. It is non-secure residential services whose primary purpose is devoted to the maintenance and counseling of pregnant youth who need services related to their pregnancy, and planning and care for the unborn child through labor, delivery and postnatal care. RMC's providing care for pregnant youth shall meet the requirements of K.A.R. 28-4-279. RMC's providing care for post-partum youth and infants shall meet the requirements of K.A.R. 28-4-280.	

Section 1.1: Services Provided in Residential Maternity Care						
The range of services to be delivered by the RMC facility to meet the variety of individual needs of the residents shall be clearly defined. The General Program description approved by DCF Prevention and Protection Services shall include but not be limited to:						
<ol style="list-style-type: none"> 1. goals of the program 2. resident behavioral treatment system 3. job descriptions (responsibilities, functions, and qualifications) 4. policies and procedures 5. daily living activities 6. health services 7. recreation activities 8. visitation policies 						
The purpose of placement in an RMC is to improve the youth's decision making, coping skills, social skills, and to address any underlying problems which are affecting the youth, while teaching the youth how to handle their behaviors in order to transition successfully back into their family or community.						
DCF requires foster parents and designated officials at child care institutions to apply the reasonable and prudent parenting standard. The standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
1	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met			

2	Review program description.	Policies, Procedures or Documents	Not Applicable Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

SECTION 2: CRITERIA FOR THE YOUTH'S ADMISSION

Population Served:

- Population served is pregnant or post-partum mothers thru age 21, who:
 - Display a need for more structure and supervision than provided in a family foster home due to behaviors which might include difficulty with authority figures, minor offenses, and difficulty in school.
 - And child who is not a recipient of TANF
- Youth who DO NOT meet the standard for Psychiatric Residential Treatment Facility (PRTF) admission, who are not in need of intensive treatment, and for whom family-based services are not appropriate to meet the youth's needs.
- Youth awaiting a PRTF screen may reside in a RMC until the time of the screen.
- If a youth is in a RMC awaiting a screen the screen shall be completed within 14 days, but shall be completed as soon as possible. If the youth screens into a PRTF they can stay up to 14 days while awaiting a PRTF bed.
- No more than 50 percent of the youth in a RMC facility may have screened into a PRTF and be in the 14 day waiting period for a PRTF placement.
- Youth may step down to a RMC from a PRTF after the screener and treatment team have determined the youth no longer needs the level of care provided by a PRTF.

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
3	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
4	Review PRTF/RADAC screens if appropriate.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
5	If Mental Health / Substance Abuse treatment needs are identified during the course of the youth's stay at the RMC, ensure that they are followed up on the program plan.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

SECTION 3: GENERAL STAFFING REQUIREMENTS

Twenty-four-hour care which has been licensed by DCF CPA and Residential Facility Division (KAR 28-4-268-280) as a residential center to cover the programming the facility will provide to the population of children/youth whom the facility will serve. RMC's providing care for pregnant youth shall meet the requirements of K.A.R. 28-4-279. RMC's providing care for post-partum youth and infants shall meet the requirements of K.A.R. 28-4-280.

- The administrator in a RMC (meeting residential center standards K.A.R 28-4-268 (t) more than 10 residents) shall have a Bachelor's degree, prior administrative experience and a working knowledge of child development principles
- The administrator in a RMC (meeting group home standards K.A.R 28-4-268 (i)) not less than five nor more than ten persons) shall have at least a high school diploma or GED, prior administrative experience and a working knowledge of child development principles
- Program plan development, review, and case supervision are carried out by the RMC's Case Coordinator.
- The youth to case coordinator ratio in a RMC is 1:16
- The Case Coordinator shall have at least a bachelor's degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling), nursing, or education.
- Facility staff shall be trained to effectively meet the special needs of youth who require this level of care.
- Facility child care staff shall be at least 21 years of age with a minimum of three years age difference between the child care worker and oldest resident who can be admitted to the facility.
- The staff ratio is 1:7. during waking hours and 1:10 during sleeping hours. There shall be 24-hour awake staff to ensure child safety

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
6	Review p/p.	Policies, Procedures or	Substantially Met Partially Met			

		Documents	Not Met Not Applicable			
7	Review administrator personnel file or contract for compliance.	N/A	N/A	This requirement is monitored by DCF Child Placing Agency and Residential Licensing Division.		
8	Review administrator job description and HR file.	N/A	N/A	This requirement is monitored by DCF Child Placing Agency and Residential Licensing Division.		
9	Review case coordinator job description and HR file. Check ratio assignments.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
10	Review case coordinator personnel file for compliance.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
11	Review facility staff job descriptions and HR files.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
12	Review personnel files for age requirements.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
13	Review staffing pattern for compliance with staff ratio requirements.	Staffing schedule	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 4: Case Coordination						
<p>The Residential Maternity Care's case coordinator has the responsibility for coordinating the youth's program and progress with the referring CWCMP, school, employer, family, and other appropriate community resources. This shall include, but not be limited to, documenting phone calls, appointment and visits (on and off site).</p> <p>The Case Coordinator will maintain a resource base of services to address the needs identified in Individual Program Plans and document in the youth's file, when and what community resources have been contacted and utilized for services for the youth. The case coordinator shall be responsible for Weekly Progress Notes (see Section 14: Record Keeping).</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
14	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
15	Review case file for documentation of coordination with utilized community resources.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 5 – Staff In-service training.						
Section 5.1 In-service Orientation Training						
<p>Each facility shall have an in-service orientation training program for new employees, which is especially directed toward the initial training needs of staff working directly with residents. Documentation of completion of orientation training shall be kept in the staff member's personnel file.</p> <p>The documentation shall be placed in a specific area in the staff's file, indicating:</p> <ol style="list-style-type: none"> 1. staff training, reflecting orientation or annual training 2. name of trainer 3. name of training 4. specify the number of training hours 						

<p>5. date of the training</p> <p>Facility staff shall have completed a minimum of 18 hours of in-service orientation training. Staff shall demonstrate competency in the trainings from orientation before they can work independently with children.</p> <p>All topics listed below shall be trained, even if it exceeds the minimum 18 hours of orientation:</p> <p>Facility Trainings:</p> <ul style="list-style-type: none"> • Facility policy and procedures manual • Facility emergency and evacuation procedures • Facility discipline standards • Child record documentation policies and procedures • Resident rights (See Appendix 4, Resident Rights) • Confidentiality laws • Report Writing <p>Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):</p> <ul style="list-style-type: none"> • Emergency safety interventions (including management of aggressive or suicidal behavior) (if a facility chooses to use Emergency Safety Intervention staff shall be certified) • De-escalation (staff shall be certified) • The handling of blood borne pathogens • Medication Administration (staff who pass medications shall be certified) • Certified in CPR/First Aid • Trauma based informed care/trauma specific intervention • Mandated Reporting • HIPPA Laws • Comprehensive LGBTQ+ • Human Trafficking and exploitation • Cultural Diversity • Suicide Prevention/Intervention/Safety 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
16	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
17	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
18	Review personnel files for annual training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

<p>Section 5.2 Annual Service Training</p> <p>Each facility shall also have a written annual staff in-service training plan which addresses the annual training needs of all staff having direct contact with residents. This annual training is beyond or in addition to the initial 18-hour orientation training program from the date of employment.</p> <p>* All RMC direct care staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.</p> <p>The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating:</p> <ol style="list-style-type: none"> 1. staff training, reflecting orientation or annual training 2. name of trainer 3. name of training 4. specify the number of training hours 5. date of the training <p>Facility Refreshers/Trainings:</p>	
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	<ul style="list-style-type: none"> • Facility policy and procedures manual • Facility emergency and evacuation procedures • Facility discipline standards • Child record documentation policies and procedures • Resident rights (See Appendix 4, Resident Rights) • Confidentiality laws <p>Refreshers/Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):</p> <ul style="list-style-type: none"> • Emergency safety interventions (including management of aggressive or suicidal behavior) (staff shall maintain certification) • De-escalation (staff shall maintain certification) • The handling of blood borne pathogens • Medication Administration (staff shall maintain certification, may or may not require annual training) • CPR/First Aid (Staff shall maintain certification, may or may not require annual training) • Trauma based informed care/trauma specific intervention • Mandated Reporting (Provided By DCF) http://www.dcf.ks.gov/services/MRT/Pages/default.aspx • HIPPA Laws • Comprehensive LGBTQ+ • Childhood and adolescent sexuality issues, especially the effects of early sexual abuse • Substance Use Disorders • Blood Borne Pathogens • Childhood and adolescent development (including developmental disorders) • Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD) • Suicide Prevention/Intervention/Safety 					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
19	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
20	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
21	Review personnel files for annual training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 6: Placement Agreement Confirmation of Placement						
A signed Placement Agreement shall be completed between the RMC and the referring agency, at the time of placement. A copy of the signed Placement Agreement shall be kept in the youth's file at the facility.						
A Foster Care Confirmation of Placement (PPS 5122) is available through the CareMatch system which confirms the placement arranged by the Child Welfare Case Management Provider (CWCMP).						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
22	Review p/p.	Policies, Procedures, Documents	Substantially Met Partially Met Not Met Not Applicable			

23	Look for a copy of the confirmation of placement signed Placement Agreement in the youth's file that was completed at the time of placement.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 7: Initial Assessment						
<p>When a youth enters the facility, the RMC shall begin assessing their strengths and needs immediately and have a completed assessment within 7 days of admission.</p> <p>The assessment shall include but not be limited to the following:</p> <ol style="list-style-type: none"> 1. Reasons for referral to the facility 2. Evaluation or assessment covering the following areas: <ol style="list-style-type: none"> a) Physical health b) Family relations c) Academic or vocational training 3. Community life 4. Interpersonal interactions 5. Daily living skills as outlined in the scope of services listed above 6. Immediate service needs: <ol style="list-style-type: none"> a) Mental Health b) Developmental c) Dental d) Medical 7. Involvement or exposure to Substance Use/disorder 8. Involvement or exposure to other trauma 9. Assessment of youth's self- injuring or suicidal attempts <p>Placement needs of the youth shall be assess with regards to most appropriate next placement. Physical and mental health needs shall be coordinated with assigned CWCMP and youth's assigned MCO.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
24	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
25	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 8: Resident Lodging Room Assignment						
<p>In order to support the daily management and administration of residents, each residential provider shall develop an objective procedure regarding the physical housing of youth. Youth in a residential placement shall be assigned to a room based upon various factors, as identified by risk/needs assessment(s) in addition to other indicators. Factors to consider in assigning rooms shall include (but are not limited to):</p> <ul style="list-style-type: none"> • Suicidal tendencies • Level of specialized needs (i.e. mental health, medical, etc.) • Displaying inappropriate sexual behaviors /victims of sexual abuse) • Gender • Age and/or maturity level • Program needs (substance use disorder, cognitive behavioral, independent living, etc.) • Vulnerability to being victimized by others (i.e. physical stature) • Comprehensive LGBTQ+ <p>While each youth will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units. The youth's room assignment and how the decision was made shall be documented in the youth's file.</p>						

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
26	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
27	Factors considered for the youth room assignment shall be documented in the youth's file.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 9: Scope of Services
<p>The provider shall write a policy and procedure manual for the operation of the RMC facility that will be reviewed and approved by DCF Prevention and Protection Services. The daily schedule shall address the needs of the residents and the use of time to enhance the resident's physical, mental, emotional, and social development. The facility shall provide supervised indoor and outdoor recreation so that every resident may participate. Age appropriate equipment and outdoor play space to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate.</p> <p>The RMC will provide a program for youth in the facility that covers the following program components:</p> <p>Daily Living Services - Daily living services shall be provided and include the following:</p> <ol style="list-style-type: none"> 1. room 2. board 3. child care 4. personal spending money 5. personal care needs 6. school fees 7. transportation to appointments within a 60-mile radius; including to and from school, medical care, recreation, etc. 8. academic activities <ol style="list-style-type: none"> a) assistance with school work b) vocational training, and/or c) G.E.D. training <p>Situational Training- to include but not limited to:</p> <ol style="list-style-type: none"> 1. Personal Hygiene: <ol style="list-style-type: none"> a) teaching about body cleanliness b) use of deodorants and cosmetics c) appropriate clothing d) choosing clothing to fit individual and occasion e) keeping clothes neat and clean 2. Health: <ol style="list-style-type: none"> a) identifying and understanding residents' health needs b) securing and utilizing necessary medical treatment including preventive and health maintenance services c) gaining information and education in health maintenance including: <ol style="list-style-type: none"> i. preventive measures ii. nutrition iii. menstruation iv. rest v. cleanliness vi. family planning vii. drugs viii. sexually transmitted diseases ix. exercise x. motivation for meeting own health needs d) maintaining contact with providers of health services (physician, nurse, clinic) e) using outside resources for assistance (clinics, pharmacies, hospitals) f) outside resources for assistance (clinics, pharmacies, hospitals) 3. Consumer education for independent living: <ol style="list-style-type: none"> a) budgeting b) comparative buying c) installment buying d) avoiding risks

- e) identifying illegal or excessive interest rates
 - f) use of credit
 - g) avoiding or dealing with debts
 - h) using checking and savings accounts
 - i) paying taxes
4. Communication skills:
 The youth's articulating thoughts and feelings through appropriate use of such skills as:
- a) speech
 - b) writing
 - c) use of the landline/cell telephones
 - d) computer
 - e) social networking
 - f) internet
5. Home Management:
- a) making the bed and changing linens,
 - b) using the vacuum cleaner,
 - c) dusting,
 - d) organizing belongings,
 - e) disposing of trash,
 - f) cleaning all areas of the home,
 - g) operating appliances,
 - h) cooking complete meals,
 - i) making simple repairs,
 - j) who to call when a major repair is needed,.
 - k) being aware of the need for upkeep,
 - l) handling emergencies,
 - m) knowing first aid.
6. Situational Guidance:
- a) identifying and accepting strengths
 - b) developing patterns of acceptance
 - c) coping with authority figures
 - d) getting along with others
 - e) sharing responsibility
 - f) being considerate of others
 - g) developing friendships
 - h) knowing when to go home when visiting
 - i) recognizing or modifying attitudes toward self or others
 - j) responsible work attitudes
 - k) tolerance of verbal criticism
 - l) reactions to praise
 - m) punctuality
 - n) attendance
7. Recreation:
- a) participating in leisure time activities
 - b) learning how to spend leisure time
 - c) developing outside activities
 - d) managing time
 - e) finding recreation with little or no expense involved
 - f) finding community projects to take part in
 - g) participating in social groups
 - h) participating in sports and games
 - i) arts and crafts
 - j) appreciating fine arts

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
28	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
29	Review case file for program plan and implementation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
30	Review daily schedule.	Case Records	Substantially Met			

			Partially Met Not Met Not Applicable			
31	Tour recreational areas to insure age appropriate equipment and space.	Facility tour	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

SECTION 10: BEHAVIOR MANAGEMENT

Each RMC shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the youth under the care of the program. The behavior management system shall include a description of daily general routines of the program. The system of rules, rewards, and consequences for given behaviors shall be identified. Each youth shall be oriented to the RMC's behavior management system by a staff member during the admission or orientation process. Notation shall be made in the youth's file and signed by the youth that the rules and regulations, rewards and consequences have been discussed with the youth.

The RMC facility shall post the behavior management system in a common area where youth are able to easily access the system and the youth shall be given a written copy of the system to use as a reference. Behavioral management shall include rules governing:

- interpersonal interactions with staff and peers
- facility leave policies
- school attendance and behavior while at school
- verbal and physical aggression
- allowable possessions
- awakening and bedtime hours
- leisure hours
- visitation policies
- runaway attempts
- involvement in recreation and other activities
- self-destructive behaviors
- sexuality
- communications with family and others outside the program
- religious worship
- involvement in therapies
- theft, property destruction
- behaviors resulting in mandatory removal from the program
- behaviors at the program which could result in legal prosecution

When a youth decides not to attend religious worship or activities, alternative supervised activities shall be made available. The overarching goals shall be to not only help the youth adjust to the residential facility but also to daily life within society. A resources list shall be maintained by the facility of the available resources to meet the youth's needs in the community.

Discipline at the facility shall be consistent and not be physically or emotionally damaging. Youth shall not be subjected to cruel, severe, unusual, or unnecessary punishment. Youth shall not be subjected to remarks that belittle or ridicule them or their families. Children/youth shall not be denied food, mail, telephone calls or visits with their families as punishment. Seclusion shall not be utilized as a disciplinary measure. Only staff members shall discipline children/youth.

Section 10.1: Reset

A procedure used to assist the child to regain emotional control by removing them from his or her immediate environment and restricting the child to a quiet area or unlocked quiet room.

Application of a reset:

1. A resident in reset shall never be physically prevented from leaving the time out area.
2. Resets may take place away from the area of activity or from other residents.
3. Staff shall monitor the resident while he or she is resetting.

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
32	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
33	Ask to review files of	Case Records	Substantially Met			

	resident who have used a reset. Look for staff observation notes in case record.		Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.2: De-escalation Certification Emergency safety intervention / De-escalation techniques Managing Aggressive Behaviors						
De-escalation is a technique used during a potential crisis situation in an attempt to prevent a child from causing harm to themselves, others and/or staff. De-escalation techniques shall be utilized for any activity required to diffuse a conflict or intense situation to ensure safety and calm the child. Staff shall be certified in authorized, evidenced based de-escalation techniques programs for managing aggressive behavior. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian and/or CWCMP Case Manager shall be oriented to the managing aggressive behaviors policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
34	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
35	Review personnel files for documentation of required training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
36	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.3 Emergency safety interventions certification						
An emergency safety intervention shall be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the child's chronological and developmental age, size, gender physical, medical, psychiatric condition, and personal history.						
The use of emergency safety interventions shall be performed only through the use of nationally recognized restraint procedures applicable to this population designed to prevent a child from harming self or others by exerting external control over physical movement.						
An emergency safety intervention is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a child's body. An emergency safety intervention shall be used only as last resort after all verbal de-escalation techniques have failed and when the child/youth is at-risk of harming themselves or others.						
Mechanical restraint is the use of mechanical devices to restrict the free movement of the child's body, most often for purposes of preventing self-destructive behavior. Mechanical restraints are not allowed in RMC residential facilities.						
Each facility shall have a written policy and all staff shall be trained to provide safe emergency safety interventions. Staff shall be certified in authorized, evidenced based training programs for managing aggressive behavior and de-escalation techniques. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian (if applicable) and/or CWCMP Case Manager shall be oriented to the emergency safety intervention policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
37	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met			

38	Review written plan to limit use of restraints.	Case Records	Not Applicable Substantially Met Partially Met Not Met Not Applicable		
39	Review restraint logs.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
40	Review personnel files for documentation of required training.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
41	Ask for other effective techniques and alternatives used by the facility.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
42	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 11: Program Plan						
<p>Each youth residing in a residential facility shall have a program plan that is based on a thorough assessment. Assessment documents shall be included in the case record. The program plan shall be established by the end of 14 days from admission and shall address the identified needs in the emotional, physical, educational, social, familial, and where appropriate independent living skill domains. Youth may not have identified needs in every domain. If so, document no needs were identified. Program plans shall be updated when new needs are identified or when program goals are met. Program plans shall be thoroughly reviewed, and revisions made at the case review conferences within 30 days of completion of initial program plan and each 30 days thereafter including updated information of the progress of the youth's goals. Information obtained from the youth, parent, guardian, and CWCMP Case Manager shall be considered in the report. The initial program plan and all updates shall be sent to the CWCMP Case Manager.</p> <p>The program plan shall include individualized services to match the youth's identified needs in the following areas:</p> <ul style="list-style-type: none"> • Long term goals in the areas of: <ol style="list-style-type: none"> 1. physical health 2. family relations 3. daily living skills 4. academic and/or vocational skills 5. interpersonal relations 6. substance use service needs 7. emotional/psychological health • Short term goals which will help a youth eventually reach his/her long-term goals in each of the above areas. <ol style="list-style-type: none"> 1. Services to meet independent living goals. 2. Specific plans for reaching the short-term goals including services to be provided and frequency. 3. Estimated time for reaching short term goals. • The youth shall sign and date the program plan indicating participation and input in the development of the plan. • Updated information of the progress of the youth's goals shall be included. <p>RMC staff shall participate in the case plan conducted by the CWCMP case manager.</p> <p>Permanency Planning: Includes the evaluation and design of an approach for the youth and family that focuses on opportunities for the youth to have ongoing active and meaningful connections with family, kin, relatives, and the community. The goal for achieving permanency shall be coordinated with the youth's CWCMP Case Manager and be included in the program plan to be reviewed every 30 days. The permanency plan shall include strategies and tasks to accomplish the youth's goals. Behaviors which place the youth at risk for disruption, activities to prepare the youth's family or kinship network for reunification, identification of other less restrictive living environments and preparing the youth for transition to these settings shall be addressed.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
43	Review p/p.	Policies, Procedures or	Substantially Met Partially Met Not Met			

		Documents	Not Applicable			
44	Check for signatures and dates on reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
45	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
46	Check for program objectives.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
47	Check for 30-day reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
48	Check for RMC staff participation in CWCMP case planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 12: Visitation						
<p>Subject to the provider's visitation guideline (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a child's immediate family except for the following reasons:</p> <ul style="list-style-type: none"> • A court orders no contact • There is documented violence, threatening or disruptive behavior by family member that occurred during contact • There is documented introduction of contraband into the facility <p>The facility shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.</p> <p>When home visits are a part of the treatment plan, there shall be coordinated connections with the child, their family, and the case coordinator/facility program staff regarding the youth's treatment and program goals and objectives. The goal of placement shall be to return the child to a family-like setting, so it is important that home visits be carefully planned and executed in the best interests of permanency planning for the child. All home visits shall be arranged through coordination with the child's CWCMP Case Manager. Documentation in child's file shall include who is transporting children to and from family visits and observation of the child's behavior during transportation.</p> <p>The child shall have an approved contact list to include, the type of contact allowed (letter, phone, day passes, overnight passes, etc.) The contact list must be reviewed/updated every 60 days. Approved contacts shall be determined by the CWCMP Case Manager. The initial contact list and all reviews/updates shall include the CWCMP Case Manager signature.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
49	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
50	Look for documentation of transportation activities and observations.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 13: Discharge/Aftercare Plan						
<p>Discharge planning shall begin upon admission of the youth to the facility. At a minimum, the child/youth, the child's/youth's parents, if applicable or guardian, and the CWCMP Case Manager shall be involved in planning the discharge from the facility.</p> <p>A discharge summary shall be completed at the time of the youth's discharge and be forwarded to the CWCMP Case Manager within one business day. The discharge summary shall include written:</p> <ul style="list-style-type: none"> • Summary of progress, or lack thereof, of the youth's goals and objectives while the youth was in placement • Summary of the youth's behavior while in placement 						

<ul style="list-style-type: none"> Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties Summary of the reasons the youth was discharged <p>A discharge summary and modifications to it shall be completed at the time of the youth's discharge, noted in the case file and forwarded to the CWCMP case management agency. This shall include documentation of after-care plans, and the goals which the youth has completed in the RMC. Written recommendations for discharge shall be made and shall specify the nature, frequency, and duration of services the facility recommends for the youth. The plan shall also document who the responsible parties are for aftercare services.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
51	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
52	Review discharge planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
53	Review closed files for aftercare planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
54	Review closed files for discharge summary.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

SECTION 14: Record Keeping: Requirements For The Facility:	
<p>The record keeping requirements of KAR 28-4-272 shall be met by the facility. In addition, the following shall be kept by the facility. If a facility chooses to use electronic filing full access shall be given to DCF employees who are conducting site visit.</p> <p>Child's File: The provider shall maintain a file for each child. The file shall contain the following:</p> <ul style="list-style-type: none"> Child's name and date of birth Name, address and emergency contact information of the child's CWCMP Case Manager Current CWCMP Referral form Current CWCMP Case Plan Foster Care Confirmation of Placement If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency plan. Initial Assessment Suicide/self-injury questionnaire Room assignment assessment Medical and surgical consents Medical and dental records (history and current) Documentation of diagnosis (history and current) Records of the child's prescription(s) and non-prescription(s) and when administered Authorization for release of confidential information Daily observation logs by shift Weekly progress notes Program plans Treatment Plans, if applicable Discharge plans/Aftercare Approved contact list Resident's rights acknowledgement Emergency Safety Intervention/de-escalation acknowledgements Handbook/Rules acknowledgement Pre and Post visit documentation Significant incident reports Personal Property Inventory Educational documentation 	

Record Retention:

Case records, including medical records, shall be maintained for 6 years from the date of the child's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.

Daily Observations:

A dated record of daily observations and significant occurrences involving each child shall be maintained by each shift and maintained in each child's individual file. The record shall include events which may affect the well-being of the child. Significant events should include but not be limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and other children, medical appointments, mental health appointments, medication compliance, hygiene (if identified as a need), visits/passes, meals eaten and overall behavior. Each report shall include the staff member and/or child involved, the nature of the incident and the circumstances surrounding it. The record shall be available to review.

Weekly Progress Notes:

Notes shall be completed by the case coordinator. These notes shall be entered into the child's chart, reflecting the delivery of services according to the treatment plan. This documentation shall address the child's responses to interventions and the progress of the child on individualized goals and objectives. The note shall include any significant events that occurred during the week and shall also summarize contacts with family members and other involved agencies. If an unmet need is identified, the note shall reflect the actions to be taken to revise the plan to meet that need. The case coordinator shall document specific services and activities they are providing to each child. Each month the weekly progress notes shall be sent to the CWCMP Case Manager. The Monthly Progress Report Form shall be submitted to each child's provider no later than the 15th of each month following the reporting month, for all children who are in placement more than 15 days of that calendar month. Submission will be accepted by e-mail to:

- Cornerstones of Care: KSmonthlyprogressreports@Cornerstonesofcare.org
- KVC: KVCMonthlyReports@KVC.org
- St. Francis Ministries: MonthlyProgressReports@st-francis.org
- TFI: MonthlyReports@TFIFamily.org

Health Records:

Health Care and Records of children shall meet the requirements of KAR 28-4-275. Records of over the counter and prescribed medications shall be kept in each child's case medical record and include the:

- name of the prescribing physician
- name of the medication
- dosage prescribed
- medication schedule
- purpose of the medication
- noted side effects
- date of the prescription
- date prescribed by a physician

A record of medication given, amount, date and time, and person dispensing shall be recorded. All doctor and dental visits, major illnesses, and accidents shall be recorded. Mental health appointments shall also be specifically documented in a child's medical record. This provides for a complete Health record for the child and their family, which documents the frequency of the youth's mental health treatment.

Personnel Records:

A separate file shall be maintained for each employee. Personnel files shall include the following:

- Written employment application, resume and reference checks
- Date of hire
- Position description
- Educational transcripts, HS diploma, college degree, etc.
- Copy of driver's license/Kansas ID (current)
- Disciplinary action records
- Training records
- Out of state registry checks, when applicable (staff member has lived outside of Kansas within the last 5 years)

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
55	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
56	View stored records.	Tour	Substantially Met Partially Met Not Met Not Applicable			
57	Review case file for documentation of daily observations and significant occurrences.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
58	Review case file for documentation of weekly progress notes.		Substantially Met Partially Met Not Met Not Applicable			

59	Review case file for documentation of health care records.		Substantially Met Partially Met Not Met Not Applicable			
60	Review case file for documentation of 30-day progress reports.		Substantially Met Partially Met Not Met Not Applicable			
61	Review case file for documentation of permanency planning.		Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 15: Reporting Abuse/Neglect						
The KPRC number shall be posted in a prominent place in the facility. Any employee of the facility who suspects the abuse/neglect of a resident within that facility is to notify the Director of the facility immediately, except in cases where the alleged perpetrator is the facility Director.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
70	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
71	View posting of KPRC number in the facility.	Tour	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 16: Significant Incidents						
A Significant Incident is an unanticipated event which does not rise to the level of a critical incident but has the potential risk of a serious adverse outcome.						
Section 16.1: Significant Incident Reporting						
Significant incidents are to be reported to the youth's CWCMP case manager and the youth's parent or guardian when appropriate per PPM 0513.						
The following significant incidents shall be verbally reported immediately with a written report to the CWCMP case manager within 24 hours of the event (please refer to the following definitions for clarification):						
Significant Incident involving a child in the custody of the Secretary include but are not limited to:						
<ol style="list-style-type: none"> 1. death of a parent/primary caregiver (provide date of death) 2. runaway or missing from placement. PPM 5245 shall be followed. 3. arrested for a juvenile offense 4. alleged abuse or neglect 5. child is an alleged perpetrator or victim of a criminal assault of any kind 6. attempted suicide 7. serious physical illness 8. unanticipated medical attention that requires treatment beyond first aid 9. pregnancy. See PPM 0513 D. 2. 10. birth. See PPM 0513 D. 2. 11. emergency change in placement 12. use of illegal drugs 13. suspension of the license of a group or residential facility used by children 14. alleged victim of human trafficking 15. alleged perpetrator of animal abuse 16. other (document specifics) 17. death of child in care 						
If the significant incident involves abuse, neglect, or exploitation the facility shall also follow mandated reporting requirements.						
All facilities shall have procedures for reporting significant incidents to administrative staff and recording significant incidents in the resident files. An						

<p>administrative file of significant incidents shall be kept by facility and a copy of the significant incident shall be placed in the youth's file.</p> <p>An administrative file shall be kept by the facility documenting significant incidents that is separate from the documentation in the youth's file.</p> <p>Each RMC provider shall develop an internal process for obtaining on-call/emergency contact information for all CWCMP case managers in the event of an emergency or significant incident.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
72	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
73	Review reports of significant incidents.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
74	Check significant incidents log.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
75	Review sample from log for compliance w/ reporting within proper time frame.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 17: Final Scoring	
A cumulation of all the above sections are scored here for a total score based on the assessments completed.	
Scoring:	Substantially Met = 1 Partially Met = 0.5 Not Met = 0.25 Not Applicable = 0
Total possible score on this site visit tool is 75. If the score is 65 or less, the result is an automatic Corrective Action Plan (CAP). Items which do not score substantially met, will require comments which will be used for developing a CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.	
Section	Section Score
Section 1.1: Services Provided in a Residential Maternity Home	
Section 2: Description of Youth to be Served	
Section 3: General Staffing Requirements	
Section 4: Case Coordination	
Section 5: Staff In-Serving Training	
Section 5.2: Annual In-Service Training	
Section 6: Confirmation of Placement	
Section 7: Assessments	
Section 7.2 Initial Assessment	
Section 8: Room Assignment	
Section 9: Services	
Section 10: Behavior Management	
Section 10.1 Resetting	
Section 10.2 De-escalation Certification	
Section 10.3: Emergency Safety Interventions Certification	
Section 11: Program Plan	
Section 12: Visitation	
Section 13: Discharge/Aftercare	

Section 14: Record Keeping	
Section 15: Reporting Abuse/Neglect	
Section 16: Significant Incidents	
Total Score	
If the score is 65 or less, the result is an automatic Corrective Action Plan (CAP). Use the comments captured above to develop a CAP on the following pages. The facility will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections, as applicable. Some corrective items may take longer, such as training compliance.	

Residential Maternity Care Corrective Action Plan

Date of Site Visit	Final Score on Site Visit Tool	DCF Surveyor:
Facility Name		
Address, City, County, Zip Code		
Agency/Facility Representative	Agency/Facility Phone Number and Email	

Correction/Compliance Action Plan
Presented Findings: <i>Please use the comments listed on the site scoring tool to outline the presenting corrections and steps needing to be taken to ensure compliance with all DCF Policy and Procedures, Placement Standards and Provide Agreements are met. If more sections are needed, please add accordingly.</i>
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Signatures
By signing the Corrective Action Plan I agree what is listed above is accurate and complete. I understand I may be required to provide additional information or modify the plan as needed to ensure full compliance. I further understand this information may be provided to DCF Licensing, if necessary to ensure the safety and well-being of the children and youth served.

_____ Date

Agency/Facility Representative

_____ Date

DCF Surveyor



[BACK](#)

Type of On-Site Review: Secure Care Site Visit Tool

Date of Site Visit:
 Provider:
 Provider Contact:
 DCF Surveyor:

Instructions: The Site Visit Tool is to be completed at in-person site visits for initial reviews, 90-day reviews and annual reviews. This site visit tool will score the policy and procedure manuals, youth, files, employee files, and facility for compliance with the placement standards. Review each section and coordinating source of information. When completing the findings section, choose Substantially Met if all items are located. Partially Met if some of the items are located. Not Met if you do not find the information asked for. And Not Applicable if the item does not apply to this facility. If an item is not Substantially Met, please note what is missing in the comments section.

Scoring:
Substantially Met = 1
Partially Met = .5
Not Met = .25
Not Applicable = 0

Total possible score on this site visit tool is 69. If score is 59 or less, that requires an automatic Corrective Action Plan (CAP). Items that do not score substantially met, will require comments that will be the basis for the CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.

SECTION 1: GENERAL PROGRAM DESCRIPTION AND REQUIREMENTS	
A Secure Care facility is a 24-hour residential facility that meets the requirements of K.S.A. 38-2202 (bb) and K.A.R. 28-4-350 (u): defining a secure care facility. It also meets the requirements of K. A. R. 28-4-350-28-4-360 to provide twenty-four-hour care in a DCF CPA and Residential Facility Division licensed secure care facility.	

Section 1.1: Services Provided in Secure Care	
A Secure Care facility is a 24-hour residential facility that meets the requirements of K.S.A. 38-2202 (bb) and K.A.R. 28-4-350 (u): defining a secure care facility. "Secure facility means a facility which is operated or structured so as to ensure that all entrances and exits from the facility are under the exclusive control of the staff of the facility, whether or not the person being detained has freedom of movement within the perimeters of the facility, or which relies on locked rooms and buildings, fences or physical restraint in order to control behavior of its residents. No secure facility other than a juvenile detention center shall be attached to or on the grounds of an adult jail or lock-up."	
It also meets the licensing requirements of K. A. R. 28-4-350-28-4-360 to provide twenty-four-hour care in a DCF CPA and Residential Facility Division secure care facility.	
DCF requires foster parents and designated officials at childcare institutions to apply the reasonable and prudent parenting standard. The standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities	

#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
1	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
2	Review program description.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met			

		Not Applicable			
					Score for this section:

SECTION 2: CRITERIA FOR THE YOUTH'S ADMISSION						
<p>Youth are admitted to the facility who have been placed in a secure care facility Per K.S.A 2260 (f) (2 -3). The court may authorize the custodian to place the child in a secure facility or juvenile detention facility, if the court determines that all other placement options have been exhausted or are inappropriate, based upon a written report submitted by the Secretary, if the child is in the Secretary's custody, or submitted by a public agency independent of the court and law enforcement, if the child is in the custody of someone other than the Secretary. The report to the court shall detail the behavior of the child and the circumstances under which the child was brought before the court and made subject to the order entered pursuant to subsection (a) of the CINC code.</p> <p>The authorization to place the child in a secure facility or juvenile detention facility pursuant to this subsection shall expire 60 days, inclusive of weekend and legal holidays, after its issue. The court may grant extensions of such authorization for two additional periods, each not to exceed 60 days, upon rehearing pursuant to K.S.A. 38-2256, and amendments thereto.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
3	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
4	Review case files.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

SECTION 3: GENERAL STAFFING REQUIREMENTS						
<p>Twenty-four hour care which has been licensed by DCF CPA and Residential Facility Division (KAR 28-4-350-28-4-360) as a secure care facility.</p> <ul style="list-style-type: none"> Each secure care center director shall have at least a master's degree in social work or a related field, or shall have a bachelor's degree in social work, human development and family life, psychology or education and a minimum of three years of supervisory experience within a childcare agency. Facility staff shall meet the requirements of K.A.R. 28-4-353a. Facility childcare staff shall be at least 21 years of age with a minimum of three years age difference between the child care worker and oldest resident who can be admitted to the facility. Childcare staff shall have at least a high school diploma or its equivalent and shall also have a minimum of: <ol style="list-style-type: none"> Three semester hours of college level study in adolescent development, psychology or a related subject Eight hours of orientation training before assuming supervisory responsibility of the residents. Staff shall have 32 hours of training before assuming independent supervisory responsibilities. All staff shall have 40 hours of training per year One year of experience as a child care worker or house apparent in a facility serving youth of the same age. The facility shall be staffed appropriately to meet the needs of all the resident in their care. The staff ratio is 1:4 during waking hours and 1:7 during sleeping hours. There shall be 24-hour awake staff to ensure child safety. A higher ratio shall be maintained if youth and/or their behaviors become hard to manage at the listed ratios. 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
5	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
6	Review administrator personnel file or contract for compliance.	HR Files or Contract	Substantially Met Partially Met Not Met Not Applicable			
7	Review administrator job description and HR file.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
8	Review facility staff job descriptions and HR files.	HR Files	Substantially Met Partially Met Not Met			

9	Review personnel files for age requirements.	HR Files	Not Applicable Substantially Met Partially Met Not Met Not Applicable			
10	Review staffing pattern for compliance with staff ratio requirements.	Staffing schedule	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 4: Case Coordination						
<p>The Secure Care Facility has the responsibility for coordinating the youth's program and progress with the referring CWCMP case management agency, school, family, and other appropriate community resources. This shall include, but not be limited to, documenting phone calls, appointment and visits (on and off site).</p> <p>The Case Coordinator will maintain a resource of services to address the needs identified in Individual Program Plans and document in the youth file, when and what community resources have been contacted and utilized for services for the youth. The case coordinator shall be responsible for Weekly Progress Notes (see Section 14: Record Keeping).</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
11	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
12	Review case file for documentation of coordination with utilized community resources.	Case Record	Substantially Met Partially Met Not Met Not Applicable		•	
Score for this section:						

Section 5 – Staff In-service training.						
Section 5.1 In-service Orientation Training						
<p>Each facility shall have an in-service orientation/training program for new employees, which is especially directed toward the initial training needs of staff working directly with residents. Documentation of completion of orientation training shall be kept in the staff member's personnel file.</p> <p>The documentation shall be placed in a specific area in the staff's file, indicating:</p> <ol style="list-style-type: none"> 1. staff training, reflecting orientation or annual training 2. name of trainer 3. name of training 4. specify the number of training hours 5. date of the training <p>Facility staff shall have completed a minimum of 18 hours of in-service orientation training. Staff shall demonstrate competency in the trainings from orientation before they can work independently with children.</p> <p>All topics listed below shall be trained, even if it exceeds the minimum 18 hours of orientation:</p> <p>Facility Trainings:</p> <ul style="list-style-type: none"> • Facility policy and procedures manual • Facility emergency and evacuation procedures • Facility discipline standards • Child record documentation policies and procedures • Resident rights (See Appendix 4, Resident Rights) • Confidentiality laws • Report Writing <p>Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):</p> <ul style="list-style-type: none"> • Emergency safety interventions (including management of aggressive or suicidal behavior) (if a facility chooses to use Emergency Safety Intervention staff shall be certified) 						

	<ul style="list-style-type: none"> De-escalation (staff shall be certified) The handling of blood borne pathogens Medication Administration (staff who pass medications shall be certified) Certified in CPR/First Aid Trauma based informed care/trauma specific intervention Mandated Reporting HIPPA Laws Comprehensive LGBTQ+ Human Trafficking and exploitation Cultural Diversity Suicide Prevention/Intervention/Safety 					
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
13	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
14	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
15	Review personnel files for orientation training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

	<p>Section 5.2 Annual Service Training</p> <p>Annual training is beyond or in addition to the initial 18-hour orientation training program from the date of employment. During the first year of employment staff shall receive a minimum of 36 hours of training (18 orientation hours, 18 annual In-Service).</p> <p>All Secure Care direct care staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.</p> <p>The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating:</p> <ul style="list-style-type: none"> staff training, reflecting orientation or annual training name of trainer name of training specify the number of training hours date of the training <p>All topics listed below shall be trained, even if it exceeds the minimum 18 hours of annual in-service:</p> <p>Facility Refreshers/Trainings:</p> <ul style="list-style-type: none"> Facility policy and procedures manual Facility emergency and evacuation procedures Facility discipline standards Child record documentation policies and procedures Resident rights (See Appendix 4, Resident Rights) Confidentiality laws <p>Refreshers/Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):</p> <ul style="list-style-type: none"> Emergency safety interventions (including management of aggressive or suicidal behavior) (staff shall maintain certification) De-escalation (staff shall maintain certification) The handling of blood borne pathogens Medication Administration (staff shall maintain certification, may or may not require annual training) CPR/First Aid (Staff shall maintain certification, may or may not require annual training) Trauma based informed care/trauma specific intervention Mandated Reporting HIPPA Laws Comprehensive LGBTQ+ Childhood and adolescent sexuality issues, especially the effects of early sexual abuse Substance Use Disorders
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#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
	<ul style="list-style-type: none"> Blood Borne Pathogens Childhood and adolescent development (including developmental disorders) Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD) Suicide Prevention/Intervention/Safety 					
16	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
17	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
18	Review personnel files for annual training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
Section 3.1: Placement Agreement Section 6: Confirmation of Placement						
<p>A signed Placement Agreement shall be completed between the Secure Care Facility and the referring agency at the time of placement. A copy of the signed Placement Agreement shall be kept in the youth's file at the facility.</p> <p>A Foster Care Confirmation of Placement (PPS 5122) is available through the CareMatch system which confirms the placement arranged by the Child Welfare Case Management Provider (CWCMP).</p> <p>The initial service authorization period for a Secure Care Facility stay will be for 60 days. The court may grant extensions of such authorization for two additional periods, each not to exceed 60 days, upon rehearing pursuant to K.S.A. 38-2256, and amendments thereto.</p>						
19	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
20	Look for a copy of the signed Placement Agreement in the youth's file that was completed at the time of placement.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
Section 7: Initial Assessment						
<p>When a youth enters the facility, the Secure Care shall begin immediately assessing their strengths and needs and shall have a completed assessment within 1 day. The assessment shall include but not be limited to the following:</p> <ol style="list-style-type: none"> Reasons for referral to the facility Evaluation or assessment covering the following areas: <ol style="list-style-type: none"> physical health family relations academic or vocational training Community life Interpersonal interactions Daily living skills as outlined in the scope of services listed above Immediate service needs: <ol style="list-style-type: none"> mental health developmental dental medical Involvement or exposure to Substance Abuse/disorder Involvement or exposure to trauma Assessment of youth's self-injuring or suicidal attempts 						

<p>Placement needs of the youth shall be assessed with regards to most appropriate next placement. Physical and mental health needs shall be coordinated with assigned CWCMP case manager and youth's assigned MCO.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
21	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
22	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

<p>Section 4.2: Resident Lodging Section 8: Room Assignment</p>						
<p>In order to support the daily management and administration of residents, each residential provider shall develop an objective procedure regarding the physical housing of youth. Youth in a residential placement shall be assigned to a room based upon various factors, as identified by risk/needs assessment(s) in addition to other indicators. Factors to consider in assigning rooms shall include (but are not limited to):</p> <ul style="list-style-type: none"> • Suicidal tendencies • Level of specialized needs (i.e. mental health, medical, etc) • Displaying inappropriate sexual behaviors/victims of sexual abuse) • Gender • Age and/or maturity level • Program needs (substance use disorder, cognitive behavioral, independent living, etc) • Vulnerability to being victimized by others (i.e. physical stature) • Comprehensive LGBTQ+ <p>While each youth will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units. The youth's room assignment and how the decision was made shall be documented in the youth's file.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
23	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
24	Factors considered for the youth room assignment shall be documented in the youth's file.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

<p>Section 9: Scope of Services</p>						
<p>The provider shall write a policy and procedure manual for the operation of the Secure Care Facility that will be reviewed and approved by DCF Prevention and Protection Services. The daily schedule shall address the needs of the residents and the use of time to enhance the resident's physical, mental, emotional, and social development. The facility shall provide supervised indoor and outdoor recreation so that every resident may participate. Age appropriate equipment and outdoor play space to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate.</p> <p>The Secure Care will provide a program for youth in the facility that covers the following program components:</p> <p>Daily Living Services - Daily living services shall be provided and include the following:</p> <ol style="list-style-type: none"> 1. room 2. board 3. child care 4. personal spending money 5. personal care needs 6. school fees 						

7. transportation to appointments within a 60-mile radius; including to and from school, medical care, recreation, etc.
8. academic activities
 - a) assistance with school work
 - b) vocational training, and/or
 - c) G.E.D. training

Situational Training- to include but not limited to:

1. Personal Hygiene:
 - a) teaching about body cleanliness
 - b) use of deodorants and cosmetics
 - c) appropriate clothing
 - d) choosing clothing to fit individual and occasion
 - e) keeping clothes neat and clean
2. Health:
 - a) identifying and understanding residents' health needs
 - b) securing and utilizing necessary medical treatment including preventive and health maintenance services
 - c) gaining information and education in health maintenance including:
 - i. preventive measures
 - ii. nutrition
 - iii. menstruation
 - iv. rest
 - v. cleanliness
 - vi. family planning
 - vii. drugs
 - viii. sexually transmitted diseases
 - ix. exercise
 - x. motivation for meeting own health needs
 - d) maintaining contact with providers of health services (physician, nurse, clinic)
 - e) using outside resources for assistance (clinics, pharmacies, hospitals)
3. Consumer education for independent living:
 - a) budgeting
 - b) comparative buying
 - c) installment buying
 - d) avoiding risks
 - e) identifying illegal or excessive interest rates
 - f) use of credit
 - g) avoiding or dealing with debts
 - h) using checking and savings accounts
 - i) paying taxes
4. Communication skills:

The youth's articulating thoughts and feelings through appropriate use of such skills as:

 - a) speech
 - b) writing
 - c) use of the landline/cell telephones
 - d) computer
 - e) social networking
 - f) internet
5. Home Management:
 - a) making the bed and changing linens,
 - b) using the vacuum cleaner,
 - c) dusting,
 - d) organizing belongings,
 - e) disposing of trash,
 - f) cleaning all areas of the home,
 - g) operating appliances,
 - h) cooking complete meals,
 - i) making simple repairs,
 - j) who to call when a major repair is needed,
 - k) being aware of the need for upkeep,
 - l) handling emergencies,
 - m) knowing first aid.
6. Situational Guidance:
 - a) identifying and accepting strengths
 - b) developing patterns of acceptance
 - c) coping with authority figures
 - d) getting along with others

	<ul style="list-style-type: none"> e) sharing responsibility f) being considerate of others g) developing friendships h) knowing when to go home when visiting i) recognizing or modifying attitudes toward self or others j) responsible work attitudes k) tolerance of verbal criticism l) reactions to praise m) punctuality n) attendance <p>7. Recreation:</p> <ul style="list-style-type: none"> a) participating in leisure time activities b) learning how to spend leisure time c) developing outside activities d) managing time e) finding recreation with little or no expense involved f) finding community projects to take part in g) participating in social groups h) participating in sports and games i) arts and crafts j) appreciating fine arts
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#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
25	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
26	Review case file for program plan and implementation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
27	Review daily schedule.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
28	Tour recreational areas to insure age appropriate equipment and space.	Facility tour	Substantially Met Partially Met Not Met Not Applicable			

Score for this section:

Section 10: Behavior Management

Each facility shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the children under the care of the program. The behavior management system shall include a description of the daily routines of the program. The system of rules, rewards, and consequences for given behaviors shall be identified. Each child shall be oriented to the QRTP's behavior management system by a staff member during the admission or orientation process. Notation shall be made in the child's file and signed by the child that the rules, rewards and consequences have been discussed. The facility shall post the behavior management system in a common area where children are able to easily access the system and the children shall be given a written copy of the system to use as a reference. Behavior management shall include rules governing:

- interpersonal interactions with staff and peers
- facility leave policies
- school attendance and behavior while at school
- verbal and physical aggression
- allowable possessions
- awakening and bedtime hours
- leisure hours,
- visitation policies
- runaway attempts
- involvement in recreation and other activities
- self-destructive behaviors
- sexuality
- communications with family and others outside the program
- religious worship
- involvement in therapies

	<ul style="list-style-type: none"> • theft, property destruction • behaviors resulting in mandatory removal from the program and • behaviors at the program which could result in legal prosecution. <p>When a child decides not to attend religious worship or activities, alternative supervised activities shall be made available. The overarching goals shall be to not only help the children adjust to the residential facility but also to daily life within society. A resource list shall be maintained by the facility of the available resources to meet the child's need in the community.</p> <p>Discipline at the facility shall be consistent and not be physically or emotionally damaging. Children shall not be subjected to cruel, severe, unusual, or unnecessary punishment. Children shall not be subjected to remarks that belittle or ridicule them or their families. Children shall not be denied food, mail, telephone calls or visits with their families as punishment. Seclusion shall not be utilized as a disciplinary measure. Only staff members shall discipline children in placement.</p>					
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
29	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
30	Behavior plan posted in common area	Tour Facility	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
31	Review files for documentation that the youth signed the behavior system acknowledgement	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
32	Review file for level changes and explanations of the level changes	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10.1 Resetting						
<p>A procedure used to assist the child in regaining regain emotional control by providing a safe and quiet area.</p> <p>Application of a reset:</p> <ul style="list-style-type: none"> • A child in a reset shall never be physically prevented from leaving the reset area. • Resets may take place away from the area of activity or from other children. • Staff shall monitor the child while he or she is in resetting. 						
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
33	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
34	Review files for documentation of a reset	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 6.2: Emergency Safety Intervention/De-Escalation Techniques, Managing Aggressive Behavior Section 10.2: De-escalation Certification						
<p>De-escalation is a technique used during a potential crisis situation in an attempt to prevent a child from causing harm to themselves, others and/or staff. De-escalation techniques shall be utilized for any activity required to diffuse a conflict or intense situation to ensure safety and calm the child. Staff shall be certified in authorized, evidenced based de-escalation techniques programs for managing aggressive behavior. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian and/or CWCMP Case Manager shall be oriented to the managing aggressive behaviors policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.</p>						
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed	Score

31	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		(Or note)	
35	Review personnel files for documentation of required training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
36	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
<p>Section 10.3: Emergency Safety Interventions Certification/Physical Restraints</p> <p>An emergency safety intervention shall be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age, size, gender, physical, medical, psychiatric condition, and personal history.</p> <p>The use of emergency safety interventions shall be performed only through the use of nationally recognized restraint procedures applicable to this population designed to prevent a child from harming self or others by exerting external control over physical movement.</p> <p>Physical restraint is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a resident's body. Physical restraint shall be used only as last resort after all verbal de-escalation techniques have failed and when the resident is at risk of harming themselves or others.</p> <p>An emergency safety intervention is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a child's body. An emergency safety intervention shall be used only as last resort after all verbal de-escalation techniques have failed and when the child at-risk of harming themselves or others.</p> <p>Mechanical restraint is the use of mechanical devices to restrict the free movement of the child's body, most often for purposes of preventing self-destructive behavior. Mechanical restraints are not allowed in Secure Care residential facilities.</p> <p>Each facility shall have a written policy and all staff shall be trained to provide safe emergency safety interventions. Staff shall be certified in authorized, evidenced based training programs for managing aggressive behavior and de-escalation techniques. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian (if applicable) and/or CWCMP Case Manager shall be oriented to the emergency safety intervention policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.</p>						
37	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
38	Review written plan to limit use of restraints.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
39	Review restraint logs.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
40	Review personnel files for documentation of required training.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
41	Ask for other effective techniques and alternatives used by the facility.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
42	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
Section 11: Program Plan						
<p>Each youth residing in a residential facility shall have a program plan that is based on a thorough assessment. Assessment documents shall be included in the case record. The program plan shall be established by the end of 14 days from admission and shall address the identified needs in the emotional, physical, educational, social, familial, and where appropriate independent living skill domains. Youth may not have identified needs in every domain. If so, document no needs were identified. Program plans shall be updated when new needs are identified or when program goals are met. Program plans shall be thoroughly reviewed, and revisions made within 30 days of completion of initial program plan and each 30 days thereafter. This includes updated information of the progress of the youth's goals. Information obtained from the youth, parent, guardian, and CWCMP case manager shall be considered in the report.</p> <p>Program plan development, review, and case supervision are carried out by the Secure Care provider.</p> <p>The program plan shall include individualized services to match the youth's identified needs in the following areas:</p> <ul style="list-style-type: none"> • Long term goals in the areas of: <ol style="list-style-type: none"> 1. physical health 2. family relations 3. daily living skills 4. academic and/or vocational skills 5. interpersonal relations 6. substance use service needs 7. emotional/psychological health • Short term goals which will help a youth eventually reach his/her long-term goals in each of the above areas. <ol style="list-style-type: none"> 1. Services to meet independent living goals. 2. Specific plans for reaching the short-term goals including services to be provided and frequency. 3. Estimated time for reaching short term goals. • The youth shall sign and date the program plans indicating participation and input in the development of the plan. • Updated information of the progress of the youth's goals shall be included. <p>Secure Care staff shall participate in case planning conference conducted by CWCMP case manager.</p> <p>Permanency Planning: Includes the evaluation and design of an approach for the youth and family that focuses on opportunities for the youth to have ongoing active and meaningful connections with family, kin, relatives, and the community. The goal for achieving permanency shall be coordinated with the youth's CWCMP Case Manager and be included in the program plan to be reviewed every 30 days. The permanency plan shall include strategies and tasks to accomplish the youth's goals. Behaviors which place the youth at risk for disruption, activities to prepare the youth's family or kinship network for reunification, identification of other less restrictive living environments and preparing the youth for transition to these settings shall be addressed.</p>						
43	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
44	Check for signatures and dates on reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
45	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
46	Check for program objectives.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
47	Check for 30-day reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
48	Check for ES staff participation in CWCMP case planning.	Case Records	Substantially Met Partially Met Not Met			

		Not Applicable			
					Score for this section:

Section 12: Visitation						
<p>Subject to the provider's visitation guideline (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a child's immediate family except for the following reasons:</p> <ul style="list-style-type: none"> • A court orders no contact • There is documented violence, threatening or disruptive behavior by family member that occurred during contact • There is documented introduction of contraband into the facility • The Secure Care milieu is determined to be unsafe for visitors <p>The facility shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.</p> <p>When home visits are a part of the treatment plan, there shall be coordinated connections with the child, their family, and the case coordinator/facility program staff regarding the youth's treatment and program goals and objectives. The goal of placement shall be to return the child to a family-like setting, so it is important that home visits be carefully planned and executed in the best interests of permanency planning for the child. All home visits shall be arranged through coordination with the child's CWCMP Case Manager. Documentation in child's file shall include who is transporting children to and from family visits and observation of the child's behavior during transportation.</p> <p>The child shall have an approved contact list to include, the type of contact allowed (letter, phone, day passes, overnight passes, etc.) The contact list must be reviewed/updated every 60 days. Approved contacts shall be determined by the CWCMP Case Manager. The initial contact list and all reviews/updates shall include the CWCMP Case Manager signature.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
49	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
50	Look for quiet private spaces for phone calls and visitation.	Facility Tour	Substantially Met Partially Met Not Met Not Applicable			
51	Look for documentation of visitation and phone calls, as well as transportation arrangements.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
52	Look for CWCMP approved contact list.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

Section 13: Discharge/Aftercare Plan						
<p>Discharge planning shall begin upon admission of the youth to the facility. At a minimum, the child, the child's parents (if applicable) or guardian, and the CWCMP Case Manager shall be involved in planning the discharge from the facility. The discharge plan and modifications to it shall be noted in the case file. All releases shall be approved by the court of jurisdiction, or the designated authority.</p> <p>A discharge summary shall be completed at the time of the youth's discharge and be forwarded to the CWCMP Case Manager within one business day. This shall include delineation of after-care plans and goals which the youth have completed in the Secure Care Facility. Written recommendations for discharge shall be made and shall specify the nature, frequency, and duration of services the facility recommends for the youth.</p> <p>The discharge summary shall include written:</p> <ul style="list-style-type: none"> • Summary of progress, or lack thereof, of the youth's goals and objectives while the youth was in placement • Summary of the youth's behavior while in placement • Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties • Summary of the reasons the youth was discharged 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed	Score

53	Review p/p.	Policies, Procedures or Documents	<i>don't apply</i> Substantially Met Partially Met Not Met Not Applicable		(Or note)	
54	Review discharge planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
55	Review closed files for aftercare planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
56	Review closed files for discharge summary.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

SECTION 14: Record Keeping Requirements for The Facility:

The record keeping requirements of KAR 28-4-272 shall be met by the facility. In addition, the following shall be kept by the facility. If a facility chooses to use electronic filing full access shall be given to DCF employees who are conducting site visit.

Child's File:

The provider shall maintain a file for each child. The file shall contain the following:

- Child's name and date of birth
- Name, address and emergency contact information of the child's CWCMP Case Manager
- Foster Care Confirmation of Placement
- Current CWCMP Referral form
- Current CWCMP Case Plan
- If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency plan.
- Initial Assessment
- Suicide/self-injury questionnaire
- Apartment/Room assignment assessment
- Medical and surgical consents
- Medical and dental records (history and current)
- Documentation of diagnosis (history and current)
- Records of the child's prescription(s) and non-prescription(s) and when administered
- Authorization for release of confidential information
- Daily observation logs by shift
- Weekly progress notes
- Program plans
- Treatment Plans, if applicable
- Discharge plans/Aftercare
- Approved contact list
- Resident's rights acknowledgement
- Emergency Safety Intervention/de-escalation acknowledgements
- Handbook/Rules acknowledgement
- Pre and Post visit documentation
- Significant incident reports
- Personal Property Inventory
- Educational documentation

Record Retention:

Case records, including medical records, shall be maintained for 6 years from the date of the child's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.

Chart Documentation: Daily Observations:

A dated record of daily observations and significant occurrences involving each child shall be maintained by each shift and maintained in each child's individual file. The record shall include events which may affect the well-being of the child. Significant events should include but not be limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and other children, medical appointments, mental health appointments, medication compliance, hygiene (if identified as a need), visits/passes, meals eaten and overall behavior. Each report shall include the staff member and/or child involved, the nature of the incident and the circumstances surrounding it. The record shall be available to review.

Weekly Progress Notes:

Notes shall be completed by the case coordinator. These notes shall be entered into the child's chart, reflecting the delivery of services according to the treatment plan. This documentation shall address the child's responses to interventions and the progress of the child on individualized goals and objectives. The note shall include any significant events that occurred during the week and shall also summarize contacts with family members and other involved agencies. If an unmet need is identified, the note shall reflect the actions to be taken to revise the plan to meet that need. The case coordinator shall document specific services and activities they are providing to each child. Each month the weekly progress notes shall be sent to the CWCMP Case Manager. The Monthly Progress Report Form shall be submitted to each child's provider no later than the 15th of each month following the reporting month, for all children who are in placement more than 15 days of that calendar month. Submission will be accepted by e-mail to:

- Cornerstones of Care: KSmonthlyprogressreports@Cornerstonesofcare.org
- KVC: KVCMonthlyReports@KVC.org
- St. Francis Ministries: MonthlyProgressReports@st-francis.org
- TFI: MonthlyReports@TFIFamily.org

Health Records:

Health Care and Records of children shall meet the requirements of KAR 28-4-275. Records of over the counter and prescribed medications shall be kept in each child's case medical record and include the:

- name of the prescribing physician
- name of the medication
- dosage prescribed
- medication schedule
- purpose of the medication
- noted side effects
- date of the prescription
- date prescribed by a physician

A record of medication given, amount, date and time, and person dispensing shall be recorded. All doctor and dental visits, major illnesses, and accidents shall be recorded. Mental health appointments shall also be specifically documented in a child's medical record. This provides for a complete Health record for the child and their family, which documents the frequency of the youth's mental health treatment.

Personnel Records:

A separate file shall be maintained for each employee. Personnel files shall include the following:

- Written employment application, resume and reference checks
- Date of hire
- Position description
- Educational transcripts, HS diploma, college degree, etc.
- Copy of driver's license/Kansas ID (current)
- Disciplinary action records
- Training records
- Out of state registry checks, when applicable (staff member has lived outside of Kansas within the last 5 years)

30-day Progress Reports:

Thirty-day progress reports shall document progress on specific short-term goals, describe significant revisions in goals and strategies, and specify any new program goals and strategies during the period covered. The 30-day progress reports shall summarize progress and note changes regarding long-term placement and program goals and shall be provided to the referring agency and a copy placed in the youth's file.

Permanency Planning:

Includes the evaluation and design of an approach for the youth and family that focuses on opportunities for the youth to have ongoing active and meaningful connections with family, kin, relatives, and the community. The goal for achieving permanency shall be coordinated with the youth's CWCMP case manager and be included in the program plan to be reviewed every 30 days. The permanency plan shall include strategies and tasks to accomplish the youth's goals. Behaviors which place the youth at risk for disruption, activities to prepare the youth's family or kinship network for reunification, identification of other less restrictive living environments and preparing the youth for transition to these settings shall be addressed.

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
57	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
58	View stored records.	Tour	Substantially Met Partially Met Not Met Not Applicable			
59	Review case file for documentation of daily observations and significant occurrences.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
60	Review case file for documentation of weekly		Substantially Met Partially Met			

	progress notes.		Not Met Not Applicable		
61	Review case file for documentation of health care records.		Substantially Met Partially Met Not Met Not Applicable		
62	Review case file for documentation of 30-day progress reports.		Substantially Met Partially Met Not Met Not Applicable		
63	Review case file for documentation of permanency planning.		Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 15: Reporting Abuse/Neglect						
The KPRC number shall be posted in a prominent place in the facility. Any employee of the facility who suspects the abuse/neglect of a resident within that facility is to notify the Director of the facility immediately, except in cases where the alleged perpetrator is the Facility Director.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
64	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
65	View posting of KPRC number in the facility.	Tour	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 16: Significant Incidents	
A Significant Incident is an unanticipated event which does not rise to the level of a critical incident but has the potential risk of a serious adverse outcome.	
Section 16.1: Significant Incident Reporting	
Significant incidents are to be reported to the youth's CWCMP case manager and the youth's parent or guardian when appropriate per PPM 0513.	
The following significant incidents shall be verbally reported immediately with a written report to the CWCMP case manager within 24 hours of the event (please refer to the following definitions for clarification):	
Significant Incident involving a child in the custody of the Secretary include but are not limited to:	
<ol style="list-style-type: none"> 1. death of a parent/primary caregiver (provide date of death) 2. runaway or missing from placement. PPM 5245 shall be followed. 3. arrested for a juvenile offense 4. alleged abuse or neglect 5. child is an alleged perpetrator or victim of a criminal assault of any kind 6. attempted suicide 7. serious physical illness 8. unanticipated medical attention that requires treatment beyond first aid 9. pregnancy. See PPM 0513 D. 2. 10. birth. See PPM 0513 D. 2. 11. emergency change in placement 12. use of illegal drugs 13. suspension of the license of a group or residential facility used by children 14. alleged victim of human trafficking 15. alleged perpetrator of animal abuse 16. other (document specifics) 17. death of child in care 	
If the significant incident involves abuse, neglect, or exploitation the facility shall also follow mandated reporting requirements.	

All facilities shall have procedures for reporting significant incidents to administrative staff and recording significant incidents in the resident files. An administrative file of significant incidents shall be kept by facility and a copy of the significant incident shall be placed in the youth's file.

An administrative file shall be kept by the facility documenting significant incidents that is separate from the documentation in the youth's file.

Each Secure Care provider shall develop an internal process for obtaining on-call/emergency contact information for all CWCMP case managers in the event of an emergency or significant incident.

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
66	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
67	Review reports of significant incidents.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
68	Check significant incidents log.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
69	Review sample from log for compliance w/ reporting within proper time frame.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 17: Final Scoring

A cumulation of all the above sections are scored here for a total score based on the assessments completed.

Scoring: **Substantially Met = 1**
 Partially Met = 0.5
 Not Met = 0.25
 Not Applicable = 0

Total possible score on this site visit tool is 75. If the score is 65 or less, the result is an automatic Corrective Action Plan (CAP). Items which do not score substantially met, will require comments which will be used for developing a CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.

Section	Section Score
Section 1.1: Services Provided in Secure Care	
Section 2: Description of Youth to be Served	
Section 3: General Staffing Requirements	
Section 4: Case Coordination	
Section 5: Staff In-Serving Training	
Section 5.2: Annual In-Service Training	
Section 6: Confirmation of Placement	
Section 7 Initial Assessment	
Section 8: Room Assignment	
Section 9: Services	
Section 10: Behavior Management	
Section 10.1 Resetting	
Section 10.2 De-escalation Certification	
Section 10.3: Emergency Safety Interventions Certification	
Section 11: Program Plan	
Section 12: Visitation	
Section 13: Discharge/Aftercare	
Section 14: Record Keeping	
Section 15: Reporting Abuse/Neglect	
Section 16: Significant Incidents	
Total Score	

If the score is 59 or less, the result is an automatic Corrective Action Plan (CAP). Use the comments captured above to develop a CAP on the following pages. The facility will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections, as applicable. Some corrective items may take longer, such as training compliance.

Secure Care Corrective Action Plan

Date of Site Visit	Final Score on Site Visit Tool	DCF Surveyor:
Facility Name		
Address, City, County, Zip Code		
Agency/Facility Representative	Agency/Facility Phone Number and Email	

Correction/Compliance Action Plan
Presented Findings: <i>Please use the comments listed on the site scoring tool to outline the presenting corrections and steps needing to be taken to ensure compliance with all DCF Policy and Procedures, Placement Standards and Provide Agreements are met. If more sections are needed, please add accordingly.</i>
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Signatures
By signing the Corrective Action Plan I agree what is listed above is accurate and complete. I understand I may be required to provide additional information or modify the plan as needed to ensure full compliance. I further understand this information may be provided to DCF Licensing, if necessary to ensure the safety and well-being of the children and youth served.

_____ Date _____
 Agency/Facility Representative

_____ Date _____
 DCF Surveyor



[BACK](#)

Type of On-Site Review: Transitional Living Program (TLP) Site Visit Tool

Date of Site Visit:
 Provider:
 Provider Contact:
 DCF Surveyor:

Instructions: The Site Visit Tool is to be completed at in-person site visits for initial reviews, 90-day reviews and annual reviews. This site visit tool will score the policy and procedure manuals, youth, files, employee files, and facility for compliance with the placement standards. Review each section and coordinating source of information. When completing the findings section, choose Substantially Met if all items are located. Partially Met if some of the items are located. Not Met if you do not find the information asked for. And Not Applicable if the item does not apply to this facility. If an item is not Substantially Met, please note what is missing in the comments section.

Scoring:
Substantially Met = 1
Partially Met = .5
Not Met = .25
Not Applicable = 0

Total possible score on this site visit tool is 73. If score is 63 or less, that requires an automatic Corrective Action Plan (CAP). Items that do not score substantially met, will require comments that will be the basis for the CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.

SECTION 1: GENERAL PROGRAM DESCRIPTION	
<p>Transitional living is designed for youth who are ready to enter a phase of care that will eventually transition them to independent living. Transitional living affords youth an opportunity to practice basic independent living skills in a variety of settings with decreasing degrees of supervision.</p> <p>DCF requires foster parents and designated officials at child care institutions to apply the reasonable and prudent parenting standard. The standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities.</p>	

Section 1.1: Transitional Living Program (TLP)						
<ul style="list-style-type: none"> Youth reside in apartments within one building or complex (contained apartments). Each youth shall be afforded sufficient bedroom space to insure adequate privacy, safety and security. The provider shall insure the environmental safety of the apartment is in compliance with local over sight agencies such as HUD, Fire Marshall, Municipalities, Apartment Management, etc. Service Access plan development, review, and case supervision are carried out by the Transitional Living provider. Services will be designed to work in collaboration with other community-based providers to develop a strong foundation of service and support access. Staff shall have experience, skill and knowledge in adolescent development, behavior management, child abuse and neglect, family dynamics, provision of community-based services, development of youth's strengths and assets, and positive youth development. The provider shall provide assistance to ensure that youth obtain the basic necessities of daily life. The provider shall offer or arrange for strength-based interventions to address crisis and or daily living situations. The provider shall facilitate development of support systems to increase the youth's interdependency within the community in which they reside. All services accessed shall be appropriate to the age, gender, sexual orientation, cultural heritage, developmental and functional level, as well as the learning ability of each youth. Admission requirements shall include a list of support service needs as identified by the referring agency. 						
#	Requirement	Source	Findings <i>(Delete the two that</i>	Comments	Date Corrections Completed	Score

1	Review p/p	Policies, Procedures or Documents	<i>don't apply</i> Substantially Met Partially Met Not Met Not Applicable		(Or note)	
2	Review program description.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 2: Admission Skills Requirements Description of Youth to be Served						
<p>Prior to consideration for admission to any TLP service youth shall be able to demonstrate knowledge of basic life skills.</p> <p>TLP services shall provide the opportunity to practice the skills necessary to live independently. These skills, at a minimum, shall include:</p> <ul style="list-style-type: none"> • Preparing meals • Basic nutrition education • Doing laundry • Maintaining a clean, orderly, and safe living space • Living cooperatively with other housemates or neighbors • Handling landlord/tenant complaints • Controlling guests' behavior • Handling basic maintenance • Handling simple repairs • How to call the landlord about problems • Developing and following a budget • Access to routine transportation (e.g., public transportation, carpool) • Shopping, food preparation, food storage, and consumer skills <p>All youth in transitional living placements shall:</p> <ul style="list-style-type: none"> • Be at least 16 years of age • Be working towards full or part-time employment • Be working towards a diploma or equivalent (if not already obtained) • Have demonstrated a basic knowledge of life skills • Youth are required to maintain a savings account to be held in trust by the TLP. • Youth shall deposit the full or partial amount (depending upon their employment status) of their share of the monthly apartment rent and utilities. • The youth's planning team (facility staff in coordination with the CWCMP Case Manager) will determine the actual amount required to be deposited in trust. These monies are then available to the youth when they leave the TLP. <ul style="list-style-type: none"> ○ TLP staff shall keep financial records for all money deposited or debited from the youth's account. 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
3	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
4	Review program description.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
5	Review case records for documentation of initial assessments.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 3: General Staffing Requirements						
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Staff shall meet the qualifications and responsibilities as set forth in this document. Written job descriptions shall be developed for all staff and maintained on site where personnel functions are carried out. All youth in TLP placements shall have twenty-four (24) hour access to on-site program staff that is responsible for monitoring the activities of youth in their programs. Program staff shall develop a schedule for providing supervision with guidance based on a specific youth's maturity, acquired skills, and emotional status. The supervisory schedule shall be designed so that staff may observe that the youth is practicing healthy and responsible life skills and will be developed in collaboration with a youth's CWCMP Case Manager. This collaboration will determine the frequency and type of supervision/support provided to the youth. Based on the needs and behaviors of youth, staff may leave youth at the facility for short periods of time, for the purpose of transporting another youth to and from offsite activities (job, appointment, school, etc).

Administrator:

- Shall have a bachelor's degree and prior administrative experience.
- Shall not be a person restricted from working with youth as defined by K.S.A. 65-516.
- Shall have a working knowledge of adolescent development principles.
- Shall be responsible for working with, supervising and training other staff (e.g., case coordinator, life coach) who are working with youth in the transitional living program.

Case Coordinator:

- Shall have at least a bachelor's degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling, nursing or education) and a working knowledge of adolescent development principles. The youth to case coordinator ratio is 1:16.
- Shall be at least twenty-one (21) years of age and at least three years older than the oldest youth served.
- Shall not be a person restricted from working with youth as defined by K.S.A. 65-516.

Life Coach:

- Shall have at least a high school diploma or equivalent and have a working knowledge of adolescent development principles.
- Shall be at least twenty-one (21) years of age and at least three years older than the oldest youth served.
- Shall not be a person restricted from working with youth as defined by K.S.A. 65-516.
- Shall be responsible for any direct supervision of youth as required.
- Shall inspect youth's apartment as needed to insure the safety and security of youth.
- Shall be responsible for the day-to-day modeling of life skills (e.g., assertiveness, communication, conflict management, problem solving and decision making).
- Shall monitor youth's daily life skills and provide appropriate feedback.
- Shall work in partnership with the case coordinator.

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
6	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
7	Review position descriptions	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 4: Case Coordinator Coordination

- **Qualifications**
 - The Case Coordinator shall have at least a bachelor's degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling, nursing or education) and a working knowledge of adolescent development principles. The youth to case coordinator ratio is 1:16.
 - Shall be at least twenty-one (21) years of age and at least three years older than the oldest youth served.
 - Shall not be a person restricted from working with youth as defined by K.S.A. 65-516.
- **Responsibilities**
 - Service Access plan development, review, and development of collaborations with community-based service providers.
 - Shall be responsible for any direct supervision of youth as required.
 - Shall inspect youth's apartment as needed to insure the safety and security of youth.
 - Shall coordinate or provide alternative transportation as deemed necessary.
 - Shall complete paperwork or reports to referring agency as required.

Shall work in partnership with life coaches

The TLP's case coordinator has the responsibility for coordinating the child's program and progress with the CWCMP Case Manager, school, employer, family, and other appropriate community resources. This shall include, but not be limited to, documenting phone calls, appointments and visits (on and off site).

The Case Coordinator will maintain a resource base of services to address the needs identified in Individual Program Plans and document in the youth's file, when and what community resources have been contacted and utilized for services for the youth. The case coordinator shall be responsible for Weekly Progress Notes (see Section 14: Record Keeping).

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed	Score
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8	Review p/p.	Policies, Procedures or Documents	<i>don't apply</i> Substantially Met Partially Met Not Met Not Applicable		<i>(Or note)</i>	
9	Review personnel file for compliance.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
10	Review job description and HR file.	HR Files or contract	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 5: Staff In-Service Training

Section 5.1 Orientation

Each facility shall have an in-service orientation training program for new employees, which is especially directed toward the initial training needs of staff working directly with children. Documentation of completion of orientation training shall be kept, in the staff member's personnel file.

The documentation shall be placed in a specific area in the staff's file, indicating:

- staff training, reflecting orientation or annual training
- name of trainer
- name of training
- specify the number of training hours
- date of the training

Facility staff shall have completed a minimum of 18 hours of in-service orientation training. Staff shall demonstrate competency in the trainings from orientation before they can work independently with children.

All topics listed below shall be trained, even if it exceeds the minimum 18 hours of orientation:

Facility Trainings:

- Facility policy and procedures manual
- Facility emergency and evacuation procedures
- Facility discipline standards
- Child record documentation policies and procedures
- Resident rights (See Appendix 4, Resident Rights)
- Confidentiality laws
- Report Writing

Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):

- Emergency safety interventions (including management of aggressive or suicidal behavior) (if a facility chooses to use Emergency Safety Intervention staff shall be certified)
- De-escalation (staff shall be certified)
- The handling of blood borne pathogens
- Medication Administration (staff who pass medications shall be certified)
- Certified in CPR/First Aid
- Trauma based informed care/trauma specific intervention
- Mandated Reporting (Provided By DCF) <http://www.dcf.ks.gov/services/MRT/Pages/default.aspx>
- HIPPA Laws
- Comprehensive LGBTQ+
- Human Trafficking and exploitation
- Cultural Diversity
- Suicide Prevention/Intervention/Safety

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
11	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
12	Review case personnel file for compliance.	HR Files	Substantially Met Partially Met Not Met			

13	Review training curriculum	HR Files. Documents	Not Applicable Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 5.2 Annual In-Service Training

Annual training is beyond or in addition to the initial 18-hour orientation training program from the date of employment. During the first year of employment staff shall receive a minimum of 36 hours of training (18 orientation hours, 18 annual In-Service).

All TLP direct care staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.

The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating:

- staff training, reflecting orientation or annual training
- name of trainer
- name of training
- specify the number of training hours
- date of the training

All topics listed below shall be trained, even if it exceeds the minimum 18 hours of annual in-service:

Facility Refreshers/Trainings:

- Facility policy and procedures manual
- Facility emergency and evacuation procedures
- Facility discipline standards
- Child record documentation policies and procedures
- Resident rights (See Appendix 4, Resident Rights)
- Confidentiality laws

Refreshers/Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):

- Emergency safety interventions (including management of aggressive or suicidal behavior) (staff shall maintain certification)
- De-escalation (staff shall maintain certification)
- The handling of blood borne pathogens
- Medication Administration (staff shall maintain certification, may or may not require annual training)
- CPR/First Aid (Staff shall maintain certification, may or may not require annual training)
- Trauma based informed care/trauma specific intervention
- Mandated Reporting (Provided By DCF) <http://www.dcf.ks.gov/services/MRT/Pages/default.aspx>
- HIPPA Laws
- Comprehensive LGBTQ+
- Cultural Diversity
- Childhood and adolescent sexuality issues, especially the effects of early sexual abuse
- Substance Use Disorders
- Blood Borne Pathogens
- Childhood and adolescent development (including developmental disorders)
- Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD)
- Suicide Prevention/Intervention/Safety

#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
14	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
15	Review personnel file for compliance.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
16	Review training curriculum.	HR Files, Documents	Substantially Met Partially Met Not Met Not Applicable			

Score for this section:	
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Section 6: Placements Confirmation of Placement						
<p>Transitional living placements are offered through residential living arrangements where youth have the opportunity to practice independent living skills with decreasing degrees of care and supervision. The youth's case planning team, which shall include the youth, is required to determine the youth's readiness to enter this program by a review of the youth's current life skills proficiency. The youth may remain in this level of care until it is determined the youth is ready to transition to a TLP or a fully independent living setting.</p> <p>A Foster Care Confirmation of Placement (PPS 5122) is available through the CareMatch system which confirms the placement arranged by the Child Welfare Case Management Provider (CWCMP).</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
17	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
18	Review case file for documentation	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 7: Initial Assessment						
<p>When a youth enters the facility, the TLP shall begin immediately assessing their strengths and needs including documentation and shall have a completed assessment within 7 days from admission.</p> <p>The assessment shall include but not be limited to the following:</p> <ul style="list-style-type: none"> • Reasons for referral to the facility • Evaluation or assessment covering the following areas: <ol style="list-style-type: none"> 1. Physical health 2. Family relations 3. Academic or vocational training • Community life • Interpersonal interactions • Daily living skills as outlined in the scope of services listed above • Immediate service needs: <ol style="list-style-type: none"> 1. Mental Health 2. Developmental 3. Dental 4. Medical • Involvement or exposure to Substance Use/disorder • Involvement or exposure to other trauma • Assessment of the child/youth's self-injuring or suicidal attempts <p>Additional Assessments: The case coordinator or life skills coach may administer life skills assessments as needed to further identify needs to be addressed in the service access plan.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
19	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
20	Review case records for documentation of initial assessment	Case Record	Substantially Met Partially Met Not Met Not Applicable			
21	Review initial assessments for timeliness.	Case Records	Substantially Met Partially Met Not Met Not Applicable			

Score for this section:	
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Section 8: Resident Lodging Apartment/Room Assignment						
<p>To support the daily management and administration of youth, each residential provider shall develop an objective formal procedure to assess physical housing needs of youth. Youth in a residential facility shall be assigned to an apartment/room based upon a range of factors, as identified by risk/needs assessment(s) in addition to other indicators. Factors to consider in assigning apartments/rooms shall include (but are not limited to):</p> <ul style="list-style-type: none"> • Suicidal tendencies • Level of specialized needs (i.e. mental health, medical, etc.) • Displaying inappropriate sexual behaviors /victims of sexual abuse • Gender • Age and/or maturity level • Program needs (substance use disorder, cognitive behavioral, independent living, etc.) • Vulnerability to being victimized by others (i.e. physical stature) • Comprehensive LGBTQ+ <p>While each youth will have an individualized program plan, assigning apartments/rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units. The youth's apartment/room assignment and how the decision was made shall be documented in the youth's file. The apartment/room assignment shall be completed immediately upon admission.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
22	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
23	Review case file for apartment/room assignment documentation.	Case File	Substantially Met Partially Met Not Met Not Applicable			
24	View apartment/room and living spaces.	Facility Tour	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 9: Services/Supports						
<p>Youth in transitional living placements may need access to supportive services including but not limited to the following categories:</p> <ul style="list-style-type: none"> • Mental health services • Alcohol and substance use disorder treatment services • Educational/vocational support services • Individual counseling • Sex Offender treatment services • Pro-social recreational activities • Preventative, routine and emergency health care • Routine transportation • Emergency transportation when routine transportation is not available • Administration, oversight of youth's trust • Financial guidance to youth (e.g., budgeting, consumer skills) <p>TLP services shall provide the opportunity to practice the skills necessary to live independently. These skills, at a minimum, shall include:</p> <ul style="list-style-type: none"> • Preparing meals • Basic nutrition education • Doing laundry • Maintaining a clean, orderly, and safe living space • Living cooperatively with other housemates or neighbors • Handling landlord/tenant complaints • Controlling guests' behavior • Handling basic maintenance • Handling simple repairs • How to call the landlord about problems • Developing and following a budget • Access to routine transportation (e.g., public transportation, carpool) 						

- Shopping, food preparation, food storage, and consumer skills

Section 9.1: Positive and Realistic Living Experiences

Youth are further prepared for adulthood by being provided a realistic living experience, through transitional living placements in which they can take increasing responsibility for themselves. Elements of those living experiences include, but are not limited to, the following:

- Direct experience with the consequences of daily actions and decisions
- Life skills practice while having access to staff for support and advice
- Daily social contacts
- Emotional adjustment to the difference between present living situation and previous ones
- Practice living alone
- Use of leisure time
- Obtaining and using transportation to access needed resources

These experiences shall also be tailored to a youth's current level of functioning. Additional experiences and opportunities may be introduced as a youth's skill level increases and more complex opportunities are desired

Section 9.2: Home Furnishings

The provider shall make available certain articles and supplies for furnishing the youths residence. The articles and supplies may be new or used but shall be in good condition. The articles and supplies shall include, but are not limited to:

- A bed and bed linens
- A dining table and chairs
- Living or sitting room furniture
- A stove and refrigerator
- Kitchen furnishings (e.g., pots, pans, cooking and eating utensils)
- Basic cleaning supplies
- Telephone
- Utilities (e.g., water, trash, electricity, gas)
- Access to laundry services
- Food in sufficient quantity to provide at least three (3) nutritionally balanced meals per day
- Kitchen and bath linens
- Entertainment equipment (e.g., television, stereo, video games) are optional, if not provided, youth shall be provided the opportunity to purchase these items when they are financially capable

#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
25	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
26	Review case file for life skills training documentation.	Case File	Substantially Met Partially Met Not Met Not Applicable			
27	View living spaces.	Facility Tour	Substantially Met Partially Met Not Met Not Applicable			
28	View resident financial records to include documentation of staff meeting with residents about budgeting, savings, giving resident receipts.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
29	View documentation	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10: Behavior Management						
<p>Each TLP shall have a written program of consistent rules guiding and governing the daily behavior of the youth under the care of the program. The behavior management system shall include a description of daily general routines of the program. The system of rules, rewards, and consequences for behaviors shall be identified. Notation shall be made in the youth's file and signed by the youth that the rules, rewards and consequences have been discussed.</p> <p>Each youth shall be oriented to the TLP's behavior management system by a staff member during the admission or orientation process. The youth shall be given a written copy of the system to use as a reference and the TLP shall post the behavior management system in a common area where the youth are able to easily access the system. Behavior management shall include rules governing:</p> <ul style="list-style-type: none"> • interpersonal interactions with staff and peers • facility leave policies • school attendance and behavior while at school • verbal and physical aggression • allowable possessions • awakening and bedtime hours • leisure hours, visitation policies • runaway attempts • involvement in recreation and other activities • self-destructive behaviors • sexuality • communications with family and others outside the program • religious worship • involvement in therapies • theft • property destruction • behaviors resulting in mandatory removal from the program • behaviors at the program which could result in legal prosecution <p>When a youth decides not to attend religious worship or activities, alternative supervised activities shall be made available.</p> <p>The overarching goals shall be to help the youth adjust to the residential facility and to daily life within society. A resource list shall be maintained by the facility of the available resources to meet the youth's need in the community.</p> <p>Discipline at the facility shall be consistent and not be physically or emotionally damaging. Youth shall not be subjected to cruel, severe, unusual, or unnecessary punishment. Youth shall not be subjected to remarks that belittle or ridicule them or their families. Youth shall not be denied food, mail, telephone calls or visits with their families as punishment. Seclusion shall not be utilized as a disciplinary measure. Only staff members shall discipline youth.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
30	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
31	Review case file for documentation.	Case File	Substantially Met Partially Met Not Met Not Applicable			
32	View posted schedule, behavior management system.	Facility Tour	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.1: Resetting						
<p>A procedure used to assist the child in regaining regain emotional control by providing a safe and quiet area.</p> <p>Application of a reset:</p> <ul style="list-style-type: none"> • A youth in a reset shall never be physically prevented from leaving the reset area. • Resets may take place away from the area of activity or from other youth. • Staff shall monitor the youth while he or she is in resetting. 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
33	Review p/p.	Policies, Procedures or	Substantially Met Partially Met			

		Documents	Not Met Not Applicable			
34	Review case file for documentation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.2: Emergency safety intervention/De-escalation Certification techniques Managing Aggressive Behaviors						
De-escalation is a technique used during a potential crisis situation in an attempt to prevent a youth from causing harm to themselves, others and/or staff. De-escalation techniques shall be utilized for any activity required to diffuse a conflict or intense situation to ensure safety and calm the youth. Staff shall be certified in authorized, evidenced based de-escalation techniques programs for managing aggressive behavior. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the youth and parent (if applicable)/guardian and/or CWCMP Case Manager shall be oriented to the managing aggressive behaviors policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the youth's case record.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
35	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
36	Review employee file for documentation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.3: Emergency Safety Intervention Certification/Physical restraints						
An emergency safety intervention shall be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the youth's chronological and developmental age, size, gender physical, medical, psychiatric condition, and personal history.						
The use of emergency safety interventions shall be performed only using nationally recognized restraint procedures applicable to this population designed to prevent a youth from harming self or others by exerting external control over physical movement.						
Physical restraint is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a resident's body. Physical restraint shall be used only as last resort after all verbal de-escalation techniques have failed and when the resident is at risk of harming themselves or others.						
An emergency safety intervention is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a youth's body. An emergency safety intervention shall be used only as last resort after all verbal de-escalation techniques have failed and when the youth is at-risk of harming themselves or others.						
Mechanical restraint is the use of mechanical devices to restrict the free movement of the youth's body, most often for purposes of preventing self-destructive behavior. Mechanical restraints are not allowed in TLP residential facilities.						
Each facility shall have a written policy and all staff shall be trained to provide safe emergency safety interventions. Staff shall be certified in authorized, evidenced based training programs for managing aggressive behavior and de-escalation techniques. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the youth and parent (if applicable)/guardian (if applicable) and/or CWCMP Case Manager shall be oriented to the emergency safety intervention policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the youth's case record.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
37	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
38	Review employee files for documentation.	HR Files	Substantially Met Partially Met Not Met			

			Not Applicable		
					Score for this section:

SECTION 11: Program Plan

Each youth residing in a residential facility shall have a program plan that is based on a thorough assessment. Assessment documents shall be included in the case record. The program plan shall be established by the end of 14 days from admission and shall address the identified needs in the emotional, physical, educational, social, familial, and independent living skill domains. Youth may not have identified needs in every domain. If so, document that no needs were identified.

Program plans shall be updated when new needs are identified or when program goals are met. Program plans shall be thoroughly reviewed, and revisions made at the case review conferences within 30 days of completion of initial program plan and each 30 days thereafter, including updated information of the progress of the youth's goals. Information obtained from the youth, parent, guardian, and CWCMP Case Manager shall be considered in the report. The initial program plan and all updates shall be sent to the CWCMP Case Manager after review/updating and/or each month.

The program plan shall include individualized services to match the youth's identified needs in the following areas:

• Long term goals in the areas of:

1. physical health
2. family relations
3. daily living skills
4. academic and/or vocational skills
5. interpersonal relations
6. substance use service needs
7. emotional/psychological health

- Short term goals which will help a youth eventually reach his/her long-term goals in each of the above areas.
- Services to meet independent living goals.
- Specific plans for reaching the short-term goals including services to be provided and frequency.
- Estimated time for reaching short term goals.
- The youth shall sign and date the program plans indicating participation and input in the development of the plan.
- Updated information of the progress of the youth's goals shall be included.

TLP staff shall participate in case plan conducted by CWCMP Case Manager.

Permanency Planning:

Includes the evaluation and design of an approach for the youth and family that focuses on opportunities for the youth to have ongoing active and meaningful connections with family, kin, relatives, and the community. The goal for achieving permanency shall be coordinated with the youth's CWCMP Case Manager and be included in the program plan to be reviewed every 30 days. The permanency plan shall include strategies and tasks to accomplish the youth's goals. Behaviors which place the youth at risk for disruption, activities to prepare the youth's family or kinship network for reunification, identification of other less restrictive living environments and preparing the youth for transition to these settings shall be addressed.

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
39	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
40	Check for signatures and dates on reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
41	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
42	Check for program objectives.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
43	Check for 30 day reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
44	Check for CIP staff	Case Records	Substantially Met			

participation in CWCMP service planning.		Partially Met Not Met Not Applicable			
Score for this section:					

Section 12: Visitation						
<p>Subject to the provider's visitation guideline (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a child's immediate family except for the following reasons:</p> <ul style="list-style-type: none"> A court orders no contact There is documented violence, threatening or disruptive behavior by family member that occurred during contact There is documented introduction of contraband into the facility <p>The facility shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.</p> <p>When home visits are a part of the treatment plan, there shall be coordinated connections with the child, their family, and the case coordinator/facility program staff regarding the youth's treatment and program goals and objectives. The goal of placement shall be to return the child to a family-like setting, so it is important that home visits be carefully planned and executed in the best interests of permanency planning for the child. All home visits shall be arranged through coordination with the child's CWCMP Case Manager. Documentation in child's file shall include who is transporting children to and from family visits and observation of the child's behavior during transportation.</p> <p>The child shall have an approved contact list to include, the type of contact allowed (letter, phone, day passes, overnight passes, etc.) The contact list must be reviewed/updated every 60 days. Approved contacts shall be determined by the CWCMP Case Manager. The initial contact list and all reviews/updates shall include the CWCMP Case Manager signature.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
45	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
46	Review case file for approved contact list	Case Records	Substantially Met Partially Met Not Met Not Applicable			
47	Review case file for documentation of phone calls and visits.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
48	View visitation area at the facility.	Facility Tour	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 13: Discharge/Aftercare Plan						
<p>Discharge planning shall begin upon admission of the youth to the facility. At a minimum, the youth, the youth's parents (if applicable) or guardian, and the CWCMP Case Manager shall be involved in planning the discharge from the facility. The discharge plan and modifications to it shall be noted in the case file. A discharge summary shall be completed at the time of the youth's discharge and be forwarded to the CWCMP Case Manager within one business day. A discharge summary shall be completed at the time of the youth's discharge. This shall include goals that the youth has achieved and any identified plans for aftercare. Written recommendations for aftercare shall be made and shall specify the nature, frequency, and duration of services recommended for the youth. The plan shall also identify the parties responsible for specific aftercare services. The discharge summary shall include written:</p> <ul style="list-style-type: none"> Summary of progress, or lack thereof, of the youth's goals and objectives while the youth was in placement Summary of the progress towards securing a residence, home furnishings and utilities for youth being released to live independently Summary of the youth's behavior while in placement Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties Written list of community resources given to the youth upon discharge (food banks, 211.org, educational opportunities, job search methods/job fairs, health care resources, how to reach for help, banking/budgeting, etc.) Summary of the reasons the youth was discharged 						
#	Requirement	Source	Findings	Comments	Date Corrections	Score

			<i>(Delete the two that don't apply)</i>		Completed <i>(Or note)</i>	
49	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
50	Review closed files for discharge summary	Case Record	Substantially Met Partially Met Not Met Not Applicable			
56	Review case file for documentation of discharge/aftercare planning.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

SECTION 14: Record Keeping Requirements for the Facility	
<p>The record keeping requirements of KAR 28-4-272 shall be met by the facility. In addition, the following shall be kept by the facility. If a facility chooses to use electronic filing full access shall be given to DCF employees who are conducting site visit.</p> <p>Section 12.2 Chart Documentation:</p> <ul style="list-style-type: none"> A dated record of daily observations and significant occurrences involving each youth shall be maintained by each shift for each youth and maintained in each youth's individual file. The record shall include events, which may affect the well-being of the youth. The record shall be available for review. Each report shall include the date and time of occurrence, the staff member and/or youth involved, the nature of the incident and the circumstances surrounding it. <p>Youth's File: The provider shall maintain a file for each youth. The file shall contain the following:</p> <ul style="list-style-type: none"> Youth's name and date of birth Name, address and emergency contact information of the youth's CWCMP Case Manager Name and contact information of other family members and fictive kin who are not part of the family and permanency plan (to be included on the approved contact list, if applicable) Foster Care Confirmation of Placement Current CWCMP Referral form Current CWCMP Case Plan If reunification is the goal, evidence demonstrating that the parent from whom the youth was removed provided input on the members of the family and permanency plan. Initial Assessment Suicide/self-injury questionnaire Room assignment assessment Medical and surgical consents Medical and dental records (history and current) Documentation of diagnosis (history and current) Records of the youth's prescription(s) and non-prescription(s) and when administered Authorization for release of confidential information Daily observation logs by shift Weekly progress notes Program plans Treatment Plans, if applicable Discharge plans/Aftercare Approved contact list Resident's rights acknowledgement Emergency Safety Intervention/de-escalation acknowledgements Handbook/Rules acknowledgement Pre and Post visit documentation Significant incident reports Personal Property Inventory Educational documentation <p>Section 12.1: Record Retention: Case records, including medical records, shall be maintained for 6 years from the date of the youth's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.</p> <p>Daily Observations: A dated record of daily observations and significant occurrences involving each youth shall be maintained by each shift and maintained in each youth's individual file. The record shall include events which may affect the well-being of the youth. Significant events should include but not be limited to; attendance at school or</p>	

groups (specific group), interactions and/or interventions with staff and other youth, medical appointments, mental health appointments, medication compliance, hygiene (if identified as a need), visits/passes, meals eaten and overall behavior. Each report shall include the staff member and/or youth involved, the nature of the incident and the circumstances surrounding it. The record shall be available to review.

Weekly Progress Notes:

Notes shall be completed by the case coordinator. These notes shall be entered into the youth's chart, reflecting the delivery of services according to the treatment plan. This documentation shall address the youth's responses to interventions and the progress of the youth on individualized goals and objectives. The note shall include any significant events that occurred during the week and shall also summarize contacts with family members and other involved agencies. If an unmet need is identified, the note shall reflect the actions to be taken to revise the plan to meet that need. The case coordinator shall document specific services and activities they are providing to each youth. Each month the weekly progress notes shall be sent to the CWCMP Case Manager. The Monthly Progress Report Form shall be submitted to each child's provider no later than the 15th of each month following the reporting month, for all children who are in placement more than 15 days of that calendar month. Submission will be accepted by e-mail to:

- Cornerstones of Care: KSmonthlyprogressreports@Cornerstonesofcare.org
- KVC: KVCMonthlyReports@KVC.org
- St. Francis Ministries: MonthlyProgressReports@st-francis.org
- TFI: MonthlyReports@TFIFamily.org

Health Records:

Health Care and Records of youth shall meet the requirements of KAR 28-4-275. Records of over the counter and prescribed medications shall be kept in each youth's case medical record and include the:

- name of the prescribing physician
- name of the medication
- dosage prescribed
- medication schedule
- purpose of the medication
- noted side effects
- date of the prescription
- date prescribed by a physician

A record of medication given, amount, date and time, and person dispensing shall be recorded. All doctor and dental visits, major illnesses, and accidents shall be recorded. Mental health appointments shall also be specifically documented in a youth's medical record. This provides for a complete Health record for the youth and their family, which documents the frequency of the youth's mental health treatment.

Personnel Records:

A separate file shall be maintained for each employee. Personnel files shall include the following:

- Written employment application, resume and reference checks
- Date of hire
- Position description
- Educational transcripts, HS diploma, college degree, etc.
- OGC- 3004 Staff Information Sheet
- Copy of driver's license/Kansas ID (current)
- Disciplinary action records
- Training records
- Out of state registry checks, when applicable (staff member has lived outside of Kansas within the last 5 years)

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
57	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
58	Review case files for weekly progress reports.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
59	Review case files for monthly progress reports.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
60	Review case files for documentation that weekly and monthly reports are sent to the CWCMP's.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
61	Review case file for documentation of daily activities.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
62	Review case files for documentation of program plan reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			

63	Review case file for personal property documentation.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
64	Review case file for medication documentation.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
65	Review employee files for job description.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
66	Review employee files for education requirement documentation	HR Files	Substantially Met Partially Met Not Met Not Applicable			
67	Review employee files for driver's license verification.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 15: Reporting Abuse/Neglect						
The KPRC number shall be posted in a prominent place in the facility. Any employee of the facility who suspects the abuse/neglect of a resident within that facility is to notify the Director of the facility immediately, except in cases where the alleged perpetrator is the Facility Director.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
68	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
69	View posting of KPRC number in the facility.	Tour	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 16: Significant Incidents						
A Significant Incident is an unanticipated event which does not rise to the level of a critical incident but has the potential risk of a serious adverse outcome.						
Section 16.1: Significant Incident Reporting						
Significant incidents are to be reported to the youth's CWCMP case manager and the youth's parent or guardian when appropriate per PPM 0513.						
The following significant incidents shall be verbally reported immediately with a written report to the CWCMP case manager within 24 hours of the event (please refer to the following definitions for clarification):						
Significant Incident involving a child in the custody of the Secretary include but are not limited to:						
<ol style="list-style-type: none"> 1. death of a parent/primary caregiver (provide date of death) 2. runaway or missing from placement. PPM 5245 shall be followed. 3. arrested for a juvenile offense 4. alleged abuse or neglect 5. child is an alleged perpetrator or victim of a criminal assault of any kind 6. attempted suicide 7. serious physical illness 8. unanticipated medical attention that requires treatment beyond first aid 9. pregnancy. See PPM 0513 D. 2. 10. birth. See PPM 0513 D. 2. 11. emergency change in placement 12. use of illegal drugs 						

- 13. suspension of the license of a group or residential facility used by children
- 14. alleged victim of human trafficking
- 15. alleged perpetrator of animal abuse
- 16. other (document specifics)
- 17. death of child in care

If the significant incident involves abuse, neglect, or exploitation the facility shall also follow mandated reporting requirements.

All facilities shall have procedures for reporting significant incidents to administrative staff and recording significant incidents in the resident files. An administrative file of significant incidents shall be kept by facility and a copy of the significant incident shall be placed in the youth's file.

An administrative file shall be kept by the facility documenting significant incidents that is separate from the documentation in the youth's file.

Each TLP provider shall develop an internal process for obtaining on-call/emergency contact information for all CWCMP case managers in the event of an emergency or significant incident.

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
70	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
71	Review reports of significant incidents.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
72	Check significant incidents log.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
73	Review sample from log for compliance w/ reporting within proper time frame.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 17: Final Scoring	
A cumulation of all the above sections are scored here for a total score based on the assessments completed.	
Scoring:	Substantially Met = 1 Partially Met = 0.5 Not Met = 0.25 Not Applicable = 0
Total possible score on this site visit tool is 75. If the score is 65 or less, the result is an automatic Corrective Action Plan (CAP). Items which do not score substantially met, will require comments which will be used for developing a CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.	
Section	Section Score
Section 1.1: Services Provided in a Transitional Living Program	
Section 2: Description of Youth to be Served	
Section 3: General Staffing Requirements	
Section 4: Case Coordination	
Section 5: Staff In-Serving Training	
Section 5.2: Annual In-Service Training	
Section 6: Confirmation of Placement	
Section 7: Assessments	
Section 7.2 Initial Assessment	
Section 8: Room Assignment	
Section 9: Services	
Section 10: Behavior Management	
Section 10.1 Resetting	
Section 10.2 De-escalation Certification	
Section 10.3: Emergency Safety Interventions Certification	
Section 11: Program Plan	
Section 12: Visitation	
Section 13: Discharge/Aftercare	
Section 14: Record Keeping	
Section 15: Reporting Abuse/Neglect	
Section 16: Significant Incidents	
	Total Score
If the score is 63 or less, the result is an automatic Corrective Action Plan (CAP). Use the comments captured above to develop a CAP on the following pages. The facility will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections, as applicable. Some corrective items may take longer, such as training compliance.	

Transitional Living Program (TLP) Corrective Action Plan

Date of Site Visit	Final Score on Site Visit Tool	DCF Surveyor:
Facility Name		
Address, City, County, Zip Code		
Agency/Facility Representative	Agency/Facility Phone Number and Email	

Correction/Compliance Action Plan
Presented Findings: <i>Please use the comments listed on the site scoring tool to outline the presenting corrections and steps needing to be taken to ensure compliance with all DCF Policy and Procedures, Placement Standards and Provide Agreements are met. If more sections are needed, please add accordingly.</i>
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Signatures
By signing the Corrective Action Plan I agree what is listed above is accurate and complete. I understand I may be required to provide additional information or modify the plan as needed to ensure full compliance. I further understand this information may be provided to DCF Licensing, if necessary to ensure the safety and well-being of the children and youth served.

_____ Date _____
 Agency/Facility Representative

_____ Date _____
 DCF Surveyor



[BACK](#)

Type of On-Site Review: Staff Secure Facility (SSF) Site Visit Tool

Date of Site Visit:
 Provider:
 Provider Contact:
 DCF Surveyor:

Instructions: The Site Visit Tool is to be completed at in-person site visits for initial reviews, 90-day reviews and annual reviews. This site visit tool will score the policy and procedure manuals, youth, files, employee files, and facility for compliance with the placement standards. Review each section and coordinating source of information. When completing the findings section, choose Substantially Met if all items are located. Partially Met if some of the items are located. Not Met if you do not find the information asked for. And Not Applicable if the item does not apply to this facility. If an item is not Substantially Met, please note what is missing in the comments section.

Scoring:
Substantially Met = 1
Partially Met = .5
Not Met = .25
Not Applicable = 0

Total possible score on this site visit tool is 70. If score is 60 or less, that requires an automatic Corrective Action Plan (CAP). Items that do not score substantially met, will require comments that will be the basis for the CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.

SECTION 1: GENERAL PROGRAM DESCRIPTION AND REQUIREMENTS	
A Staff Secure Facility is a 24-hour residential facility that meets the requirements of K.A.R. 28-4-1250 and K.A.R. 28-4-1269: defining a secure care facility. It also meets the requirements of K.S.A. 65-535 to provide care in a residential setting.	

Section 1.1: Services Provided in Secure Care	
<p>A Staff Secure Facility (SSF) provides a safe and secure placement for juvenile victims of human trafficking. Law Enforcement who places a child/youth in police protective custody can directly place the child/youth in SSF. The Secretary of the Department for Children and Families (DCF) can place a child/youth in DCF custody in a SSF. CWCMP's may also place victims of human trafficking in a SSF when victim identification was discovered by the CWCMP during an open foster care referral. Staff Secure Facility schedule shall provide for a minimum staffing ratio of one direct care staff member on active duty to four residents during waking hours and one direct care staff member on active duty to seven residents during sleeping hours. At no time shall there be fewer than two direct care staff members present on the living unit when one or more residents are in care.</p> <p>A SSF shall provide the following services to children placed in such facility as appropriate, for the duration of the placement. The General Program description approved by DCF Prevention and Protection Services for each facility shall include but not be limited to the:</p> <ul style="list-style-type: none"> • Case management • Life skills training • Health care • Mental health counseling • Substance abuse screening and treatment • Any other appropriate services <p>A staff secure facility may be on the same premises as that of another licensed facility. If the staff secure facility is on the same premises as that of another licensed facility, the living unit of the staff secure facility shall be maintained in a separate, self-contained unit. No staff secure facility shall be in a city or county jail.</p>	

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
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1	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
2	Review program description.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

SECTION 2: CRITERIA FOR THE YOUTH'S ADMISSION						
Youth who have been identified as a Human Trafficking victim in the following, but not limited to:						
<ul style="list-style-type: none"> police protective custody custody of the Secretary of the Department for Children and Families in out of home placement 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
3	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
4	Review case files.	Case Records	Substantially Met Partially Met Not Met Not Applicable			

SECTION 3: GENERAL STAFFING REQUIREMENTS						
<p>Administrators:</p> <ul style="list-style-type: none"> Shall have at least a master's degree in social work, human development, psychology, education, nursing, counseling, family studies or a related field Shall demonstrate knowledge of the principles and practices of administration and management Shall have at least three years supervisory experience within a child care facility providing treatment to children or youth <p>Supervisors:</p> <ul style="list-style-type: none"> Shall have at least a bachelor's degree in a human services field <p>Case Coordinator:</p> <ul style="list-style-type: none"> Shall be licensed by the Behavioral Sciences Regulatory Board (BSRB) pursuant to applicable statutes and licensing regulations. <p>Clinical Director:</p> <ul style="list-style-type: none"> Is responsible for treatment programming for the youth, shall have a master's degree in Behavioral Science or a related field and be licensed through the Behavioral Sciences Regulatory Board (BSRB) to practice, diagnose and treat mental and behavioral disorders. <p>Other Professional Staff:</p> <ul style="list-style-type: none"> Shall maintain current licensure, certification or registration for that staff member's profession <p>Facility Staff:</p> <ul style="list-style-type: none"> Shall be at least 21 years of age with a minimum of three years age difference between the care provider and the oldest child who can be admitted to the facility; Shall have at least a high school diploma or its equivalent; Staff shall be trained to effectively meet the special needs of youth that require this level of care by having completed at least one of the following: A bachelor's degree from an accredited college or university and one year of experience supervising children or youth in a child care facility; 60 semester hours from an accredited college or university and two years of experience supervising children or youth in a child care facility; Four years of experience supervising children or youth in a child care facility. 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
5	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
6	Review administrator	HR Files or	Substantially Met			

	personnel file or contract for compliance.	Contract	Partially Met Not Met Not Applicable			
7	Review administrator job description and HR file.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
8	Review facility staff job descriptions and HR files.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
9	Review personnel files for age requirements.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
10	Review staffing pattern for compliance with staff ratio requirements.	Staffing schedule	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 4: Case Coordination						
<p>The Secure Care Facility has the responsibility for coordinating the youth's program and progress with the referring CWCMP case management agency, school, family, and other appropriate community resources. This shall include, but not be limited to, documenting phone calls, appointment and visits (on and off site).</p> <p>The Case Coordinator will maintain a resource of services to address the needs identified in Individual Program Plans and document in the youth file, when and what community resources have been contacted and utilized for services for the youth. The case coordinator shall be responsible for Weekly Progress Notes (see Section 14: Record Keeping).</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
11	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
12	Review case file for documentation of coordination with utilized community resources.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 5 – Staff In-service training.						
Section 5.1 In-service Orientation Training						
<p>Each facility shall have an in-service orientation/training program for new employees, which is especially directed toward the initial training needs of staff working directly with residents. Documentation of completion of orientation training shall be kept in the staff member's personnel file.</p> <p>The documentation shall be placed in a specific area in the staff's file, indicating:</p> <ol style="list-style-type: none"> 1. staff training, reflecting orientation or annual training 2. name of trainer 3. name of training 4. specify the number of training hours 5. date of the training <p>Facility staff shall have completed a minimum of 10 hours of in-service orientation training within 7 days of employment. And an additional 40 hours of in-service orientation and demonstrate competency in the trainings before they can work independently with children.</p> <p>All topics listed below shall be trained, even if it exceeds the minimum 50 hours of orientation:</p> <p>Facility Trainings:</p> <ul style="list-style-type: none"> • Facility policy and procedures manual • Facility emergency and evacuation procedures 						

	<ul style="list-style-type: none"> • Facility discipline standards • Child record documentation policies and procedures • Resident rights (See Appendix 4, Resident Rights) • Confidentiality laws • Report Writing <p>Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):</p> <ul style="list-style-type: none"> • Emergency safety interventions (including management of aggressive or suicidal behavior) (if a facility chooses to use Emergency Safety Intervention staff shall be certified) • De-escalation (staff shall be certified) • The handling of blood borne pathogens • Medication Administration (staff who pass medications shall be certified) • Certified in CPR/First Aid • Trauma based informed care/trauma specific intervention • Mandated Reporting (Provided By DCF) http://www.dcf.ks.gov/services/MRT/Pages/default.aspx • HIPPA Laws • Comprehensive LGBTQ+ • Human Trafficking and exploitation • Cultural Diversity • Suicide Prevention/Intervention/Safety 					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
13	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
14	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
15	Review personnel files for orientation training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

	<p>Section 5.2 Annual Service Training</p> <p>Annual training is beyond or in addition to the initial 18-hour orientation training program from the date of employment. During the first year of employment staff shall receive a minimum of 36 hours of training (18 orientation hours, 18 annual In-Service).</p> <p>All Secure Care direct care staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.</p> <p>The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating:</p> <ul style="list-style-type: none"> • staff training, reflecting orientation or annual training • name of trainer • name of training • specify the number of training hours • date of the training <p>All topics listed below shall be trained, even if it exceeds the minimum 20 hours of annual in-service:</p> <p>Facility Refreshers/Trainings:</p> <ul style="list-style-type: none"> • Facility policy and procedures manual • Facility emergency and evacuation procedures • Facility discipline standards • Child record documentation policies and procedures • Resident rights (See Appendix 4, Resident Rights) • Confidentiality laws <p>Refreshers/Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):</p> <ul style="list-style-type: none"> • Emergency safety interventions (including management of aggressive or suicidal behavior) (staff shall maintain certification)
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	<ul style="list-style-type: none"> De-escalation (staff shall maintain certification) The handling of blood borne pathogens Medication Administration (staff shall maintain certification, may or may not require annual training) CPR/First Aid (Staff shall maintain certification, may or may not require annual training) Trauma based informed care/trauma specific intervention Mandated Reporting (Provided By DCF)http://www.dcf.ks.gov/services/MRT/Pages/default.aspx HIPPA Laws Comprehensive LGBTQ+ Childhood and adolescent sexuality issues, especially the effects of early sexual abuse Substance Use Disorders Blood Borne Pathogens Childhood and adolescent development (including developmental disorders) Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD) Suicide Prevention/Intervention/Safety 					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
16	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
17	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
18	Review personnel files for annual training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 6: Confirmation of Placement						
<p>A Foster Care Confirmation of Placement (PPS 5122) is available through the CareMatch system which confirms the placement arranged by the Child Welfare Case Management Provider (CWCMP).</p> <p>Staff Secure Facility placements have no limitations as to duration of stay. Short term stays where the victim is returned to a parent or guardian average 3-5 days in length. Longer term placements where the victim receives more services to help them deal with their situation may occur.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
19	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
20	Look for a copy of the signed Placement Agreement in the youth's file that was completed at the time of placement.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 7: Initial Assessment						
<p>When a youth enters the facility, the Secure Care shall begin immediately assessing their strengths and needs and shall have a completed assessment within 1 day. The assessment shall include but not be limited to the following:</p> <ol style="list-style-type: none"> Reasons for referral to the facility Evaluation or assessment covering the following areas: <ol style="list-style-type: none"> physical health family relations academic or vocational training Community life Interpersonal interactions 						

	5. Daily living skills as outlined in the scope of services listed above 6. Immediate service needs: a) mental health b) developmental c) dental d) medical 7. Involvement or exposure to Substance Abuse/disorder 8. Involvement or exposure to trauma 9. Assessment of youth's self-injuring or suicidal attempts					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
21	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
22	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 8: Room Assignment						
In order to support the daily management and administration of residents, each residential provider shall develop an objective procedure regarding the physical housing of youth. Youth in a residential placement shall be assigned to a room based upon various factors, as identified by risk/needs assessment(s) in addition to other indicators. Factors to consider in assigning rooms shall include (but are not limited to): <ul style="list-style-type: none"> • Suicidal tendencies • Level of specialized needs (i.e. mental health, medical, etc) • Displaying inappropriate sexual behaviors/victims of sexual abuse) • Gender • Age and/or maturity level • Program needs (substance use disorder, cognitive behavioral, independent living, etc) • Vulnerability to being victimized by others (i.e. physical stature) • Comprehensive LGBTQ+ While each youth will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units. The youth's room assignment and how the decision was made shall be documented in the youth's file.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
23	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
24	Factors considered for the youth room assignment shall be documented in the youth's file.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 9: Scope of Services						
The provider shall write a policy and procedure manual for the operation of the SSF facility that will be reviewed and approved by DCF Prevention and Protection Services. The daily schedule shall address the needs of the children and the use of time to enhance the child's physical, mental, emotional, and social development. The facility shall provide supervised indoor and outdoor recreation so that every child may participate. Age appropriate equipment and outdoor play space to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate. The SSF will provide a program for youth in the facility that covers the following program components: Daily Living Services - Daily living services shall be provided and include the following: 1. room						

2. board
3. child care
4. personal spending money
5. personal care needs
6. school fees
7. transportation to appointments within a 60-mile radius; including to and from school, medical care, recreation, etc.
8. academic activities
 - a) assistance with school work
 - b) vocational training, and/or
 - c) G.E.D. training

Situational Training- to include but not limited to:

1. Personal Hygiene:
 - a) teaching about body cleanliness
 - b) use of deodorants and cosmetics
 - c) appropriate clothing
 - d) choosing clothing to fit individual and occasion
 - e) keeping clothes neat and clean
2. Health:
 - a) identifying and understanding residents' health needs
 - b) securing and utilizing necessary medical treatment including preventive and health maintenance services
 - c) gaining information and education in health maintenance including:
 - i. preventive measures
 - ii. nutrition
 - iii. menstruation
 - iv. rest
 - v. cleanliness
 - vi. family planning
 - vii. drugs
 - viii. sexually transmitted diseases
 - ix. exercise
 - x. motivation for meeting own health needs
 - d) maintaining contact with providers of health services (physician, nurse, clinic)
 - e) using outside resources for assistance (clinics, pharmacies, hospitals)
3. Consumer education for independent living:
 - a) budgeting
 - b) comparative buying
 - c) installment buying
 - d) avoiding risks
 - e) identifying illegal or excessive interest rates
 - f) use of credit
 - g) avoiding or dealing with debts
 - h) using checking and savings accounts
 - i) paying taxes
4. Communication skills:

The youth's articulating thoughts and feelings through appropriate use of such skills as:

 - a) speech
 - b) writing
 - c) use of the landline/cell telephones
 - d) computer
 - e) social networking
 - f) internet
5. Home Management:
 - a) making the bed and changing linens,
 - b) using the vacuum cleaner,
 - c) dusting,
 - d) organizing belongings,
 - e) disposing of trash,
 - f) cleaning all areas of the home,
 - g) operating appliances,
 - h) cooking complete meals,
 - i) making simple repairs,
 - j) who to call when a major repair is needed,
 - k) being aware of the need for upkeep,
 - l) handling emergencies,
 - m) knowing first aid.

	6. Situational Guidance: a) identifying and accepting strengths b) developing patterns of acceptance c) coping with authority figures d) getting along with others e) sharing responsibility f) being considerate of others g) developing friendships h) knowing when to go home when visiting i) recognizing or modifying attitudes toward self or others j) responsible work attitudes k) tolerance of verbal criticism l) reactions to praise m) punctuality n) attendance 7. Recreation: a) participating in leisure time activities b) learning how to spend leisure time c) developing outside activities d) managing time e) finding recreation with little or no expense involved f) finding community projects to take part in g) participating in social groups h) participating in sports and games i) arts and crafts j) appreciating fine arts					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
25	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
26	Review case file for program plan and implementation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
27	Review daily schedule.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
28	Tour recreational areas to insure age appropriate equipment and space.	Facility tour	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10: Behavior Management	
Each facility shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the children under the care of the program. The behavior management system shall include a description of the daily routines of the program. The system of rules, rewards, and consequences for given behaviors shall be identified. Each child shall be oriented to the facility's behavior management system by a staff member during the admission or orientation process. Notation shall be made in the child's file and signed by the child that the rules, rewards and consequences have been discussed. The facility shall post the behavior management system in a common area where children are able to easily access the system and the children shall be given a written copy of the system to use as a reference. Behavior management shall include rules governing: <ul style="list-style-type: none"> • interpersonal interactions with staff and peers • facility leave policies • school attendance and behavior while at school • verbal and physical aggression • allowable possessions • awakening and bedtime hours • leisure hours, • visitation policies • runaway attempts 	

<ul style="list-style-type: none"> involvement in recreation and other activities self-destructive behaviors sexuality communications with family and others outside the program religious worship involvement in therapies theft, property destruction behaviors resulting in mandatory removal from the program and behaviors at the program which could result in legal prosecution. <p>When a child decides not to attend religious worship or activities, alternative supervised activities shall be made available.</p> <p>The overarching goals shall be to not only help the children adjust to the residential facility but also to daily life within society. A resource list shall be maintained by the facility of the available resources to meet the child's need in the community.</p> <p>Discipline at the facility shall be consistent and not be physically or emotionally damaging. Children shall not be subjected to cruel, severe, unusual, or unnecessary punishment. Children shall not be subjected to remarks that belittle or ridicule them or their families. Children shall not be denied food, mail, telephone calls or visits with their families as punishment. Seclusion shall not be utilized as a disciplinary measure. Only staff members shall discipline children in placement.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
29	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
30	Behavior plan posted in common area	Tour Facility	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
31	Review files for documentation that the youth signed the behavior system acknowledgement	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
32	Review file for level changes and explanations of the level changes	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10.1 Resetting						
<p>A procedure used to assist the child in regaining regain emotional control by providing a safe and quiet area.</p> <p>Application of a reset:</p> <ul style="list-style-type: none"> A child in a reset shall never be physically prevented from leaving the reset area. Resets may take place away from the area of activity or from other children. Staff shall monitor the child while he or she is in resetting. 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
33	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
34	Review files for documentation of a reset	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10.2: De-escalation Certification						
De-escalation is a technique used during a potential crisis situation in an attempt to prevent a child from causing harm to themselves, others and/or staff. De-escalation techniques shall be utilized for any activity required to diffuse a conflict or intense situation to ensure safety and calm the child. Staff shall be certified in authorized, evidenced based de-escalation techniques programs for managing aggressive behavior. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian and/or CWCMP Case Manager shall be oriented to the managing aggressive behaviors policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
35	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
36	Review personnel files for documentation of required training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
37	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.3: Emergency Safety Interventions Certification						
An emergency safety intervention shall be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age, size, gender, physical, medical, psychiatric condition, and personal history.						
The use of emergency safety interventions shall be performed only through the use of nationally recognized restraint procedures applicable to this population designed to prevent a child from harming self or others by exerting external control over physical movement.						
An emergency safety intervention is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a child's body. An emergency safety intervention shall be used only as last resort after all verbal de-escalation techniques have failed and when the child at-risk of harming themselves or others.						
Mechanical restraint is the use of mechanical devices to restrict the free movement of the child's body, most often for purposes of preventing self-destructive behavior. Mechanical restraints are not allowed in Secure Care residential facilities.						
Each facility shall have a written policy and all staff shall be trained to provide safe emergency safety interventions. Staff shall be certified in authorized, evidenced based training programs for managing aggressive behavior and de-escalation techniques. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian (if applicable) and/or CWCMP Case Manager shall be oriented to the emergency safety intervention policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
38	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
39	Review written plan to limit use of restraints.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
40	Review restraint logs.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
41	Review personnel files for documentation of required training.	Case Records	Substantially Met Partially Met Not Met			

42	Ask for other effective techniques and alternatives used by the facility.	Case Records	Not Applicable Substantially Met Partially Met Not Met Not Applicable		
43	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 11: Program Plan

Each youth residing in a residential facility shall have a program plan that is based on a thorough assessment. Assessment documents shall be included in the case record. The program plan shall be established by the end of 14 days from admission and shall address the identified needs in the emotional, physical, educational, social, familial, and where appropriate independent living skill domains. Youth may not have identified needs in every domain. If so, document no needs were identified. Program plans shall be updated when new needs are identified or when program goals are met. Program plans shall be thoroughly reviewed, and revisions made within 30 days of completion of initial program plan and each 30 days thereafter. This includes updated information of the progress of the youth's goals. Information obtained from the youth, parent, guardian, and CWCMP case manager shall be considered in the report.

Program plan development, review, and case supervision are carried out by the SSF provider.

The program plan shall include individualized services to match the youth's identified needs in the following areas:

- Long term goals in the areas of:
 1. physical health
 2. family relations
 3. daily living skills
 4. academic and/or vocational skills
 5. interpersonal relations
 6. substance use service needs
 7. emotional/psychological health
- Short term goals which will help a youth eventually reach his/her long-term goals in each of the above areas.
 1. Services to meet independent living goals.
 2. Specific plans for reaching the short-term goals including services to be provided and frequency.
 3. Estimated time for reaching short term goals.
- The youth shall sign and date the program plans indicating participation and input in the development of the plan.
- Updated information of the progress of the youth's goals shall be included.

SSF staff shall participate in case planning conference conducted by CWCMP case manager.

Permanency Planning:
 Includes the evaluation and design of an approach for the youth and family that focuses on opportunities for the youth to have ongoing active and meaningful connections with family, kin, relatives, and the community. The goal for achieving permanency shall be coordinated with the youth's CWCMP Case Manager and be included in the program plan to be reviewed every 30 days. The permanency plan shall include strategies and tasks to accomplish the youth's goals. Behaviors which place the youth at risk for disruption, activities to prepare the youth's family or kinship network for reunification, identification of other less restrictive living environments and preparing the youth for transition to these settings shall be addressed.

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
44	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
45	Check for signatures and dates on reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
46	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			

47	Check for program objectives.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
48	Check for 30-day reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
49	Check for ES staff participation in CWCMP case planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 12: Visitation						
Visitation/family time will be determined on a case by case basis by the facility in partnership with the CWCMP.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
50	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
51	Look for quiet private spaces for phone calls and visitation.	Facility Tour	Substantially Met Partially Met Not Met Not Applicable			
52	Look for documentation of visitation and phone calls, as well as transportation arrangements.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
53	Look for CWCMP approved contact list.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 13: Discharge/Aftercare Plan						
<p>Discharge planning shall begin upon admission of the youth to the facility. At a minimum, the child, the child's parents (if applicable) or guardian, and the CWCMP Case Manager shall be involved in planning the discharge from the facility. The discharge plan and modifications to it shall be noted in the case file. All releases shall be approved by the court of jurisdiction, or the designated authority.</p> <p>A discharge summary shall be completed at the time of the youth's discharge and be forwarded to the CWCMP Case Manager within one business day. The discharge summary shall include written:</p> <ul style="list-style-type: none"> • Summary of progress, or lack thereof, of the youth's goals and objectives while the youth was in placement • Summary of the youth's behavior while in placement • Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties • Summary of the reasons the youth was discharged 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
54	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
55	Review discharge	Case Records	Substantially Met			

	planning.		Partially Met Not Met Not Applicable		
56	Review closed files for aftercare planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
57	Review closed files for discharge summary.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

	<p>SECTION 14: Record Keeping Requirements For The Facility:</p> <p>The record keeping requirements of KAR 28-4-272 shall be met by the facility. In addition, the following shall be kept by the facility. If a facility chooses to use electronic filing full access shall be given to DCF employees who are conducting site visit.</p> <p>Child's File: The provider shall maintain a file for each child. The file shall contain the following:</p> <ul style="list-style-type: none"> • Child's name and date of birth • Name, address and emergency contact information of the child's CWCMP Case Manager • Foster Care Confirmation of Placement • Current CWCMP Referral form • Current CWCMP Case Plan • If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency plan. • Initial Assessment • Suicide/self-injury questionnaire • Apartment/Room assignment assessment • Medical and surgical consents • Medical and dental records (history and current) • Documentation of diagnosis (history and current) • Records of the child's prescription(s) and non-prescription(s) and when administered • Authorization for release of confidential information • Daily observation logs by shift • Weekly progress notes • Program plans • Treatment Plans, if applicable • Discharge plans/Aftercare • Approved contact list • Resident's rights acknowledgement • Emergency Safety Intervention/de-escalation acknowledgements • Handbook/Rules acknowledgement • Pre and Post visit documentation • Significant incident reports • Personal Property Inventory • Educational documentation <p>Record Retention: Case records, including medical records, shall be maintained for 6 years from the date of the child's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.</p> <p>Daily Observations: A dated record of daily observations and significant occurrences involving each child shall be maintained by each shift and maintained in each child's individual file. The record shall include events which may affect the well-being of the child. Significant events should include but not be limited to: attendance at school or groups (specific group), interactions and/or interventions with staff and other children, medical appointments, mental health appointments, medication compliance, hygiene (if identified as a need), visits/passes, meals eaten and overall behavior. Each report shall include the staff member and/or child involved, the nature of the incident and the circumstances surrounding it. The record shall be available to review.</p> <p>Weekly Progress Notes: Notes shall be completed by the case coordinator. These notes shall be entered into the child's chart, reflecting the delivery of services according to the treatment plan. This documentation shall address the child's responses to interventions and the progress of the child on individualized goals and objectives. The note shall include any significant events that occurred during the week and shall also summarize contacts with family members and other involved agencies. If an unmet need is identified, the note shall reflect the actions to be taken to revise the plan to meet that need. The case coordinator shall document specific services and activities they are providing to each child. Each month the weekly progress notes shall be sent to the CWCMP Case Manager. The Monthly Progress Report Form shall be submitted to each child's provider no later than the 15th of each month following the reporting month, for all children who are in placement more than 15 days of that calendar month. Submission will be accepted by e-mail to:</p>
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- Cornerstones of Care: KSmonthlyprogressreports@Cornerstonesofcare.org
- KVC: KVCMonthlyReports@KVC.org
- St. Francis Ministries: MonthlyProgressReports@st-francis.org
- TFI: MonthlyReports@TFIFamily.org

Health Records:

Health Care and Records of children shall meet the requirements of KAR 28-4-275. Records of over the counter and prescribed medications shall be kept in each child's case medical record and include the:

- name of the prescribing physician
- name of the medication
- dosage prescribed
- medication schedule
- purpose of the medication
- noted side effects
- date of the prescription
- date prescribed by a physician

A record of medication given, amount, date and time, and person dispensing shall be recorded. All doctor and dental visits, major illnesses, and accidents shall be recorded. Mental health appointments shall also be specifically documented in a child's medical record. This provides for a complete Health record for the child and their family, which documents the frequency of the youth's mental health treatment.

Personnel Records:

A separate file shall be maintained for each employee. Personnel files shall include the following:

- Written employment application, resume and reference checks
- Date of hire
- Position description
- Educational transcripts, HS diploma, college degree, etc.
- Copy of driver's license/Kansas ID (current)
- Disciplinary action records
- Training records
- Out of state registry checks, when applicable (staff member has lived outside of Kansas within the last 5 years)

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
58	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
59	View stored records.	Tour	Substantially Met Partially Met Not Met Not Applicable			
60	Review case file for documentation of daily observations and significant occurrences.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
61	Review case file for documentation of weekly progress notes.		Substantially Met Partially Met Not Met Not Applicable			
62	Review case file for documentation of health care records.		Substantially Met Partially Met Not Met Not Applicable			
63	Review case file for documentation of 30-day progress reports.		Substantially Met Partially Met Not Met Not Applicable			
64	Review case file for documentation of permanency planning.		Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 15: Reporting Abuse/Neglect						
The KPRC number shall be posted in a prominent place in the facility. Any employee of the facility who suspects the abuse/neglect of a resident within that facility is to notify the Director of the facility immediately, except in cases where the alleged perpetrator is the facility Director.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
65	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
66	View posting of KPRC number in the facility.	Tour	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 16: Significant Incidents						
A Significant Incident is an unanticipated event which does not rise to the level of a critical incident but has the potential risk of a serious adverse outcome.						
Section 16.1: Significant Incident Reporting						
Significant incidents are to be reported to the youth's CWCMP case manager and the youth's parent or guardian when appropriate per PPM 0513.						
The following significant incidents shall be verbally reported immediately with a written report to the CWCMP case manager within 24 hours of the event (please refer to the following definitions for clarification):						
Significant Incident involving a child in the custody of the Secretary include but are not limited to:						
<ol style="list-style-type: none"> 1. death of a parent/primary caregiver (provide date of death) 2. runaway or missing from placement. PPM 5245 shall be followed. 3. arrested for a juvenile offense 4. alleged abuse or neglect 5. child is an alleged perpetrator or victim of a criminal assault of any kind 6. attempted suicide 7. serious physical illness 8. unanticipated medical attention that requires treatment beyond first aid 9. pregnancy. See PPM 0513 D. 2. 10. birth. See PPM 0513 D. 2. 11. emergency change in placement 12. use of illegal drugs 13. suspension of the license of a group or residential facility used by children 14. alleged victim of human trafficking 15. alleged perpetrator of animal abuse 16. other (document specifics) 17. death of child in care 						
If the significant incident involves abuse, neglect, or exploitation the facility shall also follow mandated reporting requirements.						
All facilities shall have procedures for reporting significant incidents to administrative staff and recording significant incidents in the resident files. An administrative file of significant incidents shall be kept by facility and a copy of the significant incident shall be placed in the youth's file.						
An administrative file shall be kept by the facility documenting significant incidents that is separate from the documentation in the youth's file.						
Each Staff Secure provider shall develop an internal process for obtaining on-call/emergency contact information for all CWCMP case managers in the event of an emergency or significant incident.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed	Score

					(Or note)	
67	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
68	Review reports of significant incidents.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
69	Check significant incidents log.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
70	Review sample from log for compliance w/ reporting within proper time frame.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 17: Final Scoring	
A cumulation of all the above sections are scored here for a total score based on the assessments completed.	
Scoring:	Substantially Met = 1 Partially Met = 0.5 Not Met = 0.25 Not Applicable = 0
Total possible score on this site visit tool is 75. If the score is 65 or less, the result is an automatic Corrective Action Plan (CAP). Items which do not score substantially met, will require comments which will be used for developing a CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.	
Section	Section Score
Section 1.1: Services Provided in a Staff Secure Facility	
Section 2: Description of Youth to be Served	
Section 3: General Staffing Requirements	
Section 4: Case Coordination	
Section 5: Staff In-Serving Training	
Section 5.2: Annual In-Service Training	
Section 6: Confirmation of Placement	
Section 7: Assessments	
Section 7.2 Initial Assessment	
Section 8: Room Assignment	
Section 9: Services	
Section 10: Behavior Management	
Section 10.1 Resetting	
Section 10.2 De-escalation Certification	
Section 10.3: Emergency Safety Interventions Certification	
Section 11: Program Plan	
Section 12: Visitation	
Section 13: Discharge/Aftercare	
Section 14: Record Keeping	
Section 15: Reporting Abuse/Neglect	
Section 16: Significant Incidents	
	Total Score
If the score is 60 or less, the result is an automatic Corrective Action Plan (CAP). Use the comments captured above to develop a CAP on the following pages. The facility will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections, as applicable. Some corrective items may take longer, such as training compliance.	

Staff Secure Facility (SSF) Corrective Action Plan

Date of Site Visit	Final Score on Site Visit Tool	DCF Surveyor:
Facility Name		
Address, City, County, Zip Code		
Agency/Facility Representative	Agency/Facility Phone Number and Email	

Correction/Compliance Action Plan
Presented Findings: <i>Please use the comments listed on the site scoring tool to outline the presenting corrections and steps needing to be taken to ensure compliance with all DCF Policy and Procedures, Placement Standards and Provide Agreements are met. If more sections are needed, please add accordingly.</i>
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

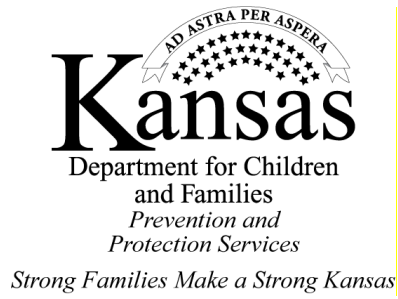
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Signatures
By signing the Corrective Action Plan I agree what is listed above is accurate and complete. I understand I may be required to provide additional information or modify the plan as needed to ensure full compliance. I further understand this information may be provided to DCF Licensing, if necessary to ensure the safety and well-being of the children and youth served.

Agency/Facility Representative Date

DCF Surveyor Date

BACK



Type of On-Site Review: Youth Residential Center II (YRCII) Site Visit Tool

Date of Site Visit:
 Provider:
 Provider Contact:
 DCF Surveyor:

Instructions: The Site Visit Tool is to be completed at in-person site visits for initial reviews, 90-day reviews and annual reviews. This site visit tool will score the policy and procedure manuals, youth, files, employee files, and facility for compliance with the placement standards. Review each section and coordinating source of information. When completing the findings section, choose Substantially Met if all items are located. Partially Met if some of the items are located. Not Met if you do not find the information asked for. And Not Applicable if the item does not apply to this facility. If an item is not Substantially Met, please note what is missing in the comments section.

Scoring:
Substantially Met = 1
Partially Met = .5
Not Met = .25
Not Applicable = 0

Total possible score on this site visit tool is 73. If score is 63 or less, that requires an automatic Corrective Action Plan (CAP). Items that do not score substantially met, will require comments that will be the basis for the CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.

SECTION 1: GENERAL PROGRAM DESCRIPTION AND REQUIREMENTS	
A Youth Residential Care (YRC II) facility is a 24-hour group home or residential facility that meets the requirements of KAR 28-4-123-132 and KAR 28-4-268-280. It is a non-secure residential service designed to provide an environment that will enhance the youth's ability to achieve a higher level of functioning while avoiding future placement in a more highly structured treatment facility.	

Section 1.1: Services Provided in Youth Residential Care						
The range of services to be delivered by the YRC II facility to meet the variety of individual needs of the residents shall be well defined. The General Program description approved by DCF Prevention and Protection Services for each facility shall include but not be limited to the:						
<ol style="list-style-type: none"> 1. goals of the program 2. resident behavioral treatment system 3. job descriptions (responsibilities, functions, and qualifications) 4. policies and procedures 5. daily living activities 6. health services 7. recreation activities 8. visitation policies <p>DCF requires foster parents and designated officials at child care institutions to apply the reasonable and prudent parenting standard. The standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
1	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
2	Review program	Policies,	Substantially Met			

description.	Procedures or Documents	Partially Met Not Met Not Applicable			
Score for this section:					

SECTION 2: Criteria for the Youth's Admission DESCRIPTIONS OF CHILDREN/YOUTH TO BE SERVED						
<p>When determining population to be served, the YRCII facility should have specific safety measures and programming in place that enables the facility to effectively supervise the specific ages and ranges of youth the YRCII plans to serve. Population served is children and youth, ages 6 thru 21, who:</p> <ul style="list-style-type: none"> • Have a well-established pattern of behavior or conduct which is antisocial, oppositional, defiant, aggressive, abusive, impulsive or high risk in nature. • Children/Youth who DO NOT meet the standard for Psychiatric Residential Treatment Facility (PRTF) admission, who are not in need of intensive treatment, and for whom family-based services are not appropriate to meet the child's/youth's needs. • Children/Youth awaiting a PRTF screen may reside in a YRC II until the time of the screen. • If a child/youth is in a YRC II awaiting a screen the screen shall be completed within 14 days but shall be completed as soon as possible. If the child/youth screens into a PRTF they can stay up to 14 days while awaiting a PRTF bed. • No more than 50 percent of the children/youth in a YRC II facility may have screened into a PRTF and be in the 14-day waiting period for a PRTF placement. • Children/Youth may step down to a YRC II from a PRTF after the screener and treatment team have determined the child/youth no longer needs the level of care provided by a PRTF. 						
#	Requirement	Source	Findings	Comments	Date Corrections Completed (or note)	Score
3	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
4	Review PRTF/RADAC screens if appropriate.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
5	If Mental Health / Substance Abuse treatment needs are identified during the course of the youth's stay at the YRC, ensure that they are followed up on the program plan.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

SECTION 3: GENERAL STAFFING REQUIREMENTS						
<p>Twenty-four hour care which has been licensed by DCF Foster Care and Residential Facility Licensing Division (K.A.R 28-4-268-280) as a group home or residential center to cover the programming the facility will provide to the population of children/youth whom the facility will serve.</p> <ul style="list-style-type: none"> • The administrator in a YRC II (meeting residential center standards K.A.R 28-4-268 (t) more than 10 residents) shall have a Bachelors degree, prior administrative experience and a working knowledge of child development principles. • The administrator in a YRC II (meeting group home standards K.A.R 28-4-268 (i)) not less than five nor more than ten persons) shall have at least a high school diploma or GED, prior administrative experience and a working knowledge of child development principles • Program plan development, review, and case supervision are carried out by the YRC II Provider. • The Case Coordinator shall have at least a bachelor's degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling), nursing, or education. The youth to case coordinator ratio in a YRC II is 1:16. • Facility staff shall be trained to effectively meet the special needs of youth who require this level of care. Facility childcare staff shall be at least 21 years of age with a minimum of three years age difference between the childcare worker and oldest resident who can be admitted to the facility. Childcare workers shall possess a high school diploma or GED. • Staff ratio is 1:7 during waking hours and 1:10 during sleeping hours. There shall be 24-hour awake staff to insure child safety. A higher ratio shall be maintained if a child and/or their behaviors become hard to manage at the listed ratios. 						
#	Requirement	Source	Findings (Delete the two that	Comments	Date Corrections Completed	Score

6	Review p/p.	Policies, Procedures or Documents	<i>don't apply</i> Substantially Met Partially Met Not Met Not Applicable		<i>(Or note)</i>	
7	Review administrator personnel file or contract for compliance.	N/A	N/A	This requirement is monitored by DCF Foster Care and Residential Facility Licensing Division.		
8	Review administrator job description and HR file.	N/A	N/A	This requirement is monitored by DCF Foster Care and Residential Facility Licensing Division.		
9	Review case coordinator job description and HR file. Check ratio assignments.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
10	Review case coordinator personnel file for compliance.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
11	Review facility staff job descriptions and HR files.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
12	Review personnel files for age requirements.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
13	Review staffing pattern for compliance with staff ratio requirements.	Staffing schedule	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

SECTION 4: CASE COORDINATION						
<p>The YRC II's case coordinator has the responsibility for coordinating the youth's program and progress with the referring CWCMP case management agency, school, employer, family, and other appropriate community resources.</p> <p>The Case Coordinator will maintain a resource base of services to address the needs identified in Individual Program Plans- and document in the youth file, when and what community resources have been contacted and utilized for services for the youth.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
14	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
15	Review case file for documentation of coordination with utilized community resources.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 5: Staff In-Service Training – Orientation						
<p>Each facility shall have an in-service orientation training program for new employees, which is especially directed toward the initial training needs of staff working directly with children. Documentation of completion of orientation training shall be kept, in the staff member's personnel file. The documentation shall be placed in a specific area in the staff's file, indicating: staff training, reflecting orientation or annual training</p> <ul style="list-style-type: none"> • name of trainer • name of training • specify the number of training hours <p>Facility staff shall have completed a minimum of 18 hours of in-service orientation training. Staff shall demonstrate competency in the trainings from orientation</p>						

before they can work independently with children.

All topics listed below shall be trained, even if it exceeds the minimum 18 hours of orientation:

- Facility policy and procedures manual
- Facility emergency and evacuation procedures
- Facility discipline standards
- Child record documentation policies and procedures
- Resident rights (See Appendix 4, Resident Rights)
- Confidentiality laws
- Report Writing
- Emergency safety interventions (including management of aggressive or suicidal behavior) (if a facility chooses to use Emergency Safety Intervention staff shall be certified)
- De-escalation (staff shall be certified)
- The handling of blood borne pathogens
- Medication Administration (staff who pass medications shall be certified)
- Certified in CPR/First Aid
- Trauma based informed care/trauma specific intervention
- Mandated Reporting
- HIPPA Laws
- Comprehensive LGBTQ+
- Human Trafficking and exploitation
- Cultural Diversity
- Suicide Prevention/Intervention/Safety

Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
16	Review p/p.	Policies, Documents, Procedures	Substantially Met Partially Met Not Met Not Applicable			
17	Review training curriculum.	HR Records, policies, procedures, documents	Substantially Met Partially Met Not Met Not Applicable			
18	Review HR files for training documentation	HR Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 5.2: ANNUAL IN-SERVICE TRAINING

Annual training is beyond or in addition to the initial 18-hour orientation training program from the date of employment. During the first year of employment staff shall receive a minimum of 36 hours of training (18 orientation hours, 18 annual In-Service).

All YRCII direct care staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.

The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating:

- Staff training, reflecting orientation or annual training
- Name of trainer
- Name of training
- Specify the number of training hours
- Date of the training

All topics listed below shall be trained, even if it exceeds the minimum 18 hours of annual in-service:

- Facility policy and procedures manual
- Facility emergency and evacuation procedures

	<ul style="list-style-type: none"> • Facility discipline standards • Child record documentation policies and procedures • Resident rights (See Appendix 4, Resident Rights) • Confidentiality laws • Emergency safety interventions (including management of aggressive or suicidal behavior) (staff shall maintain certification) • De-escalation (staff shall maintain certification) • The handling of blood borne pathogens • Medication Administration (staff shall maintain certification, may or may not require annual training) • CPR/First Aid (Staff shall maintain certification, may or may not require annual training) • Trauma based informed care/trauma specific intervention • Mandated Reporting • Comprehensive LGBTQ+ • Childhood and adolescent sexuality issues, especially the effects of early sexual abuse • Substance Use Disorders • Childhood and adolescent development (including developmental disorders) • Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD) • Suicide Prevention/Intervention/Safety <p>Refreshers/Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):</p>					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
19	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
20	Review HR files for annual training documentation.	HR files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

	Section 6: Placement Agreement Confirmation of placement					
	<p>A signed Placement Agreement shall be completed between the YRC II and the referring agency at the time of placement. A copy of the signed Placement Agreement shall be kept in the youth's file at the facility.</p> <p>A Foster Care Confirmation of Placement (PPS 5120) is available through the CareMatch system which confirms the placement arranged by the Child Welfare Case Management Provider (CWCMP).</p>					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
21	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
22	Documentation of confirmation of placement	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

	Section 7: Initial Assessment					
	<p>When a child enters the facility, the YRC II shall begin immediately assessing their strengths and needs including documentation and shall have a completed assessment within 7 days from admission.</p> <p>The assessment shall include but not be limited to the following:</p> <ul style="list-style-type: none"> • Reasons for referral to the facility 					

<ul style="list-style-type: none"> • Evaluation or assessment covering the following areas: <ol style="list-style-type: none"> 1. Physical health 2. Family relations 3. Academic or vocational training • Community life • Interpersonal interactions • Daily living skills as outlined in the scope of services listed above • Immediate service needs: <ol style="list-style-type: none"> 1. Mental Health 2. Developmental 3. Dental 4. Medical • Involvement or exposure to Substance Use/disorder • Involvement or exposure to other trauma • Assessment of the child/youth's self- injuring or suicidal attempts <p>Placement needs of the child shall be assessed with regards to most appropriate next placement. Physical and mental health needs shall be coordinated with assigned CWCMP Case Manager and the child's assigned MCO.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
23	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
24	Review case record	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 8: Resident Lodging Room Assignment						
<p>To support the daily management and administration of children/youth, each residential provider shall develop an objective formal procedure to assess physical housing needs of children. Children in a residential facility shall be assigned to a room based upon a range of factors, as identified by risk/needs assessment(s) in addition to other indicators. Factors to consider in assigning rooms shall include (but are not limited to):</p> <ul style="list-style-type: none"> • Suicidal tendencies • Level of specialized needs (i.e. mental health, medical, etc.) • Displaying inappropriate sexual behaviors /victims of sexual abuse • Gender • Age and/or maturity level • Program needs (substance use disorder, cognitive behavioral, independent living, etc.) • Vulnerability to being victimized by others (i.e. physical stature) • Comprehensive LGBTQ+ <p>While each child will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units. The child's room assignment and how the decision was made Rev. 10/1/2019 shall be documented in the child's file. The room assignment shall be completed immediately upon admission.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
25	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
26	Review case record for documentation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

The provider shall write a policy and procedure manual for the operation of the YRC II facility that will be reviewed and approved by DCF Prevention and Protection Services. The daily schedule shall address the needs of the residents and the use of time to enhance the resident's physical, mental, emotional, and social development. The facility shall provide supervised indoor and outdoor recreation so that every resident may participate. Age appropriate equipment and outdoor play space to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate.

The YRC II will provide a program for youth in the facility that covers the following program components:

Daily Living Services: Daily living services shall be provided and include the following:

1. room
2. board
3. child care
4. personal spending money
5. personal care needs
6. school fees
7. transportation to appointments within a 60-mile radius; including to and from school, medical care, recreation, etc.
8. academic activities
 - a) assistance with school work
 - b) vocational training, and/or
 - c) G.E.D. training.

Situational Training- to include but not limited to:

1. Personal Hygiene:

- a. teaching about body cleanliness
- b. use of deodorants and cosmetics
- c. appropriate clothing
- d. choosing clothing to fit individual and occasion
- e. keeping clothes neat and clean

2. Health:

- a) identifying and understanding residents' health needs
- b) securing and utilizing necessary medical treatment including preventive and health maintenance services
- c) gaining information and education in health maintenance including:
 - i. preventive measures
 - ii. nutrition
 - iii. menstruation
 - iv. rest
 - v. cleanliness
 - vi. family planning
 - vii. drugs
 - viii. sexually transmitted diseases
 - ix. exercise
 - x. motivation for meeting own health needs
- d) maintaining contact with providers of health services (physician, nurse, clinic)
- e) using outside resources for assistance (clinics, pharmacies, hospitals)
- f) outside resources for assistance (clinics, pharmacies, hospitals)

3. Consumer education for independent living:

- a) budgeting
- b) comparative buying
- c) installment buying
- d) avoiding risks
- e) identifying illegal or excessive interest rates
- f) use of credit
- g) avoiding or dealing with debts
- h) using checking and savings accounts
- i) paying taxes

4. Communication skills:

The youth's articulating thoughts and feelings through appropriate use of such skills as:

- a. speech
- b. writing
- c. use of the landline/cell telephones
- d. computer
- e. social networking
- f. internet

5. Home Management:

- a. making the bed and changing linens

- b. using the vacuum cleaner
- c. dusting
- d. organizing belongings
- e. disposing of trash
- f. cleaning all areas of the home
- g. operating appliances
- h. cooking complete meals
- i. making simple repairs
- j. who to call when a major repair is needed
- k. being aware of the need for upkeep
- l. handling emergencies
- m. knowing first aid

6. Situational Guidance:

- a. identifying and accepting strengths
- b. developing patterns of acceptance
- c. coping with authority figures
- d. getting along with others
- e. sharing responsibility
- f. being considerate of others
- g. developing friendships
- h. knowing when to go home when visiting
- i. recognizing or modifying attitudes toward self or others
- j. responsible work attitudes
- k. tolerance of verbal criticism
- l. reactions to praise
- m. punctuality
- n. attendance

7. Recreation:

- a. participating in leisure time activities
- b. learning how to spend leisure time
- c. developing outside activities
- d. managing time
- e. finding recreation with little or no expense involved
- f. finding community projects to take part in
- g. participating in social groups
- h. participating in sports and games
- i. arts and crafts
- j. appreciating fine arts

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
27	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
28	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10: Residential Care System Behavior Management

Each YRC II shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the youth under the care of the program. The behavior management system shall include a description of daily general routines of the program. The system of rules, rewards, and consequences for given behaviors shall be identified. Each youth shall be oriented to the YRC's behavior management system by a staff member during the admission or orientation process. Notation shall be made in the youth's file and signed by the youth that the rules, rewards and consequences have been discussed with the youth.

The YRC II facility shall post the behavior management system in a common area where children are able to easily access the system and the children shall be given a written copy of the system to use as a reference. Behavior management shall include rules governing:

- interpersonal interactions with staff and peers
- facility leave policies

<ul style="list-style-type: none"> • school attendance and behavior while at school • verbal and physical aggression • allowable possessions • awakening and bedtime hours • leisure hours. • visitation policies • runaway attempts • involvement in recreation and other activities • self-destructive behaviors • sexuality • communications with family and others outside the program • religious worship • involvement in therapies • theft, property destruction • behaviors resulting in mandatory removal from the program and • behaviors at the program which could result in legal prosecution <p>When a child decides not to attend religious worship or activities, alternative supervised activities shall be made available.</p> <p>The overarching goals shall be to not only help the child adjust to the residential facility but also to daily life within society. A resource list shall be maintained by the facility of the available resources to meet the child's need in the community.</p> <p>Discipline at the facility shall be consistent and not be physically or emotionally damaging. Children shall not be subjected to cruel, severe, unusual, or unnecessary punishment. Children shall not be subjected to remarks that belittle or ridicule them or their families. Children shall not be denied food, mail, telephone calls or visits with their families as punishment. Seclusion shall not be utilized as a disciplinary measure. Only staff members shall discipline children.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
29	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
30	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
31	Tour facility for posting of behavior management system.	Facility tour	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.1: Resetting						
<p>A procedure used to assist the child to regain emotional control by removing them from his or her immediate environment and restricting the child to a quiet area or unlocked quiet room.</p> <p>Application of a reset:</p> <ul style="list-style-type: none"> • A child in a reset shall never be physically prevented from leaving the reset area. • Resets may take place away from the area of activity or from other children. • Staff shall monitor the child while he or she is in resetting. 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
32	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
33	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			

Score for this section:	
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Section 10.2 Emergency safety intervention De-escalation Certification techniques Managing Aggressive Behaviors						
De-escalation is a technique used during a potential crisis situation in an attempt to prevent a child from causing harm to themselves, others and/or staff. De-escalation techniques shall be utilized for any activity required to diffuse a conflict or intense situation to ensure safety and calm the child. Staff shall be certified in authorized, evidenced based de-escalation techniques programs for managing aggressive behavior. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian and/or CWCMP Case Manager shall be oriented to the managing aggressive behaviors policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
34	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
35	Review HR files for training certificates	HR Files	Substantially Met Partially Met Not Met Not Applicable			
36	Review case records for documentation of de-escalation use	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.3: Emergency Safety Interventions Certification/Physical Restraints						
An emergency safety intervention shall be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the child's chronological and developmental age, size, gender physical, medical, psychiatric condition, and personal history.						
The use of emergency safety interventions shall be performed only through the use of nationally recognized restraint procedures applicable to this population designed to prevent a child from harming self or others by exerting external control over physical movement.						
Physical restraint is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a resident's body. Physical restraint shall be used only as last resort after all verbal de-escalation techniques have failed and when the resident is at-risk of harming themselves or others.						
An emergency safety intervention is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a child's body. An emergency safety intervention shall be used only as last resort after all verbal de-escalation techniques have failed and when the child is at-risk of harming themselves or others.						
Mechanical restraint is the use of mechanical devices to restrict the free movement of the child's body, most often for purposes of preventing self-destructive behavior. Mechanical restraints are not allowed in YRC II residential facilities.						
Each facility shall have a written policy and all staff shall be trained to provide safe emergency safety interventions. Staff shall be certified in authorized, evidenced based training programs for managing aggressive behavior and de-escalation techniques. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian (if applicable) and/or CWCMP Case Manager shall be oriented to the emergency safety intervention policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
37	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
38	Review HR files for documentation of certification	HR files	Substantially Met Partially Met Not Met Not Applicable			

39	Review case file for documentation	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
	<p>Section 11: Program Plan</p> <p>Each child residing in a residential facility shall have a program plan that is based on a thorough assessment. Assessment documents shall be included in the case record. The program plan shall be established by the end of 14 days from admission and shall address the identified needs in the emotional, physical, educational, social, familial, and where appropriate independent living skill domains. Children may not have identified needs in every domain. If so, document that no needs were identified. Program plans shall be updated when new needs are identified or when program goals are met. Program plans shall be thoroughly reviewed, and revisions made at the case review conferences within 30 days of completion of initial program plan and each 30 days thereafter, including updated information of the progress of the child's goals. Information obtained from the child, parent, guardian, and CWCMP Case Manager shall be considered in the report. The initial program plan and all updates shall be sent to the CWCMP Case Manager.</p> <p>The program plan shall include individualized services to match the child's identified needs in the following areas:</p> <ul style="list-style-type: none"> • Long term goals in the areas of: <ol style="list-style-type: none"> 1. physical health 2. family relations 3. daily living skills 4. academic and/or vocational skills 5. interpersonal relations 6. substance use service needs 7. emotional/psychological health • Short term goals which will help a child eventually reach his/her long-term goals in each of the above areas. <ol style="list-style-type: none"> 1. Services to meet independent living goals. 2. Specific plans for reaching the short-term goals including services to be provided and frequency. 3. Estimated time for reaching short term goals. <p>The child shall sign and date the program plans indicating participation and input in the development of the plan.</p> <p>Updated information of the progress of the child's goals shall be included.</p> <p>YRCII staff shall participate in case plan conducted by CWCMP Case Manager.</p> <p>Permanency Planning: Includes the evaluation and design of an approach for the children and family that focuses on opportunities for the child to have ongoing active and meaningful connections with family, kin, relatives, and the community. The goal for achieving permanency shall be coordinated with the child's CWCMP Case Manager and be included in the program plan to be reviewed every 30 days. The permanency plan shall include strategies and tasks to accomplish the child's goals. Behaviors which place the child at risk for disruption, activities to prepare the child's family or kinship network for reunification, identification of other less restrictive living environments and preparing the child for transition to these settings shall be addressed.</p>					
40	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
41	Review case records for program planning.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
42	Review program plan for signatures	Case Record	Substantially Met Partially Met Not Met Not Applicable			
43	Review case records for initial program plan completed within 14 days of admission.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
44	Review case records for program plan updates every 30 days.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
45	Review case record for case plan participation.	Case Record	Substantially Met Partially Met Not Met			

			Not Applicable			
						Score for this section:

Section 12: Visitation						
<p>Subject to the provider's visitation guideline (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a child's immediate family except for the following reasons:</p> <ul style="list-style-type: none"> • A court orders no contact • There is documented violence, threatening or disruptive behavior by family member that occurred during contact • There is documented introduction of contraband into the facility <p>The facility shall provide private accommodations for visitation. Accommodations shall include but not be limited to a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.</p> <p>When home visits are a part of the treatment plan, there shall be coordinated connections with the child, their family, and the case coordinator/facility program staff regarding the youth's treatment and program goals and objectives. The goal of placement shall be to return the child to a family-like setting, so it is important that home visits be carefully planned and executed in the best interests of permanency planning for the child. All home visits shall be arranged through coordination with the child's CWCMP Case Manager. Documentation in child's file shall include who is transporting children to and from family visits and observation of the child's behavior during transportation.</p> <p>The child shall have an approved contact list to include, the type of contact allowed (letter, phone, day passes, overnight passes, etc.) The contact list must be reviewed/updated every 60 days. Approved contacts shall be determined by the CWCMP Case Manager. The initial contact list and all reviews/updates shall include the CWCMP Case Manager signature.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
46	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
47	Review case records for approved contact list.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
48	Review case record for documentation of visitation and phone calls.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
						Score for this section:

SECTION 13: Discharge/Aftercare Plan						
<p>Discharge planning shall begin upon admission of the child to the facility. At a minimum, the child, the child's parents, if applicable or guardian, and the CWCMP Case Manager shall be involved in planning the discharge of a child from the residential facility.</p> <p>A discharge summary and modifications to it shall be completed at the time of the youth's discharge, noted in the case file and forwarded to the CWCMP case management agency. This shall include delineation of after-care plans and goals which the youth have completed in the YRC II. Written recommendations for discharge shall be made and shall specify the nature, frequency, and duration of services the facility recommends for the youth.</p> <p>A discharge summary shall be completed at the time of discharge and be forwarded to the CWCMP Case Manager within one business day. The discharge summary shall include written:</p> <ul style="list-style-type: none"> • Summary of progress, or lack thereof, of the child's goals and objectives while in placement • Summary of the child's behavior while in placement • Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties • Summary of the reasons the child was discharged 						
#	Requirement	Source	Findings	Comments	Date Corrections	Score

			<i>(Delete the two that don't apply)</i>		Completed <i>(Or note)</i>	
49	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
50	Review case records for discharge planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
51	Review closed files for discharge plan.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

	Section 14: Record Keeping Requirements for the Facility
	<p>The record keeping requirements of KAR 28-4-272 shall be met by the facility. In addition, the following shall be kept by the facility. If a facility chooses to use electronic filing full access shall be given to DCF employees who are conducting site visit.</p> <p>Child's File: The provider shall maintain a file for each child. The file shall contain the following:</p> <ul style="list-style-type: none"> • Child's name and date of birth • Name, address and emergency contact information of the child's CWCMP Case Manager • Foster Care Confirmation of Placement • Current CWCMP Referral form • Current CWCMP Case Plan • If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency plan. • Initial Assessment • Suicide/self-injury questionnaire • Room assignment assessment • Medical and surgical consents • Medical and dental records (history and current) • Documentation of diagnosis (history and current) • Records of the child's prescription(s) and non-prescription(s) and when administered • Authorization for release of confidential information • Daily observation logs by shift • Weekly progress notes • Program plans • Treatment Plans, if applicable • Discharge plans/Aftercare • Approved contact list • Resident's rights acknowledgement • Emergency Safety Intervention/de-escalation acknowledgements • Handbook/Rules acknowledgement • Pre and Post visit documentation • Significant incident reports • Personal Property Inventory • Educational documentation <p>Record Retention: Case records, including medical records, shall be maintained for 6 years from the date of the child's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.</p> <p>Chart Documentation: Daily Observations: A dated record of daily observations and significant occurrences involving each child shall be maintained by each shift and maintained in each child's individual file. The record shall include events which may affect the well-being of the child. Significant events should include but not be limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and other children, medical appointments, mental health appointments, medication compliance, hygiene (if identified as a need), visits/passes, meals eaten and overall behavior. Each report shall include the staff member and/or child involved, the nature of the incident and the circumstances surrounding it. The record shall be available to review.</p> <p>Weekly Progress Notes: Notes shall be completed by the case coordinator. These notes shall be entered into the child's chart, reflecting the delivery of services according to the treatment plan. This documentation shall address the child's responses to interventions and the progress of the child on individualized goals and objectives. The note shall include any significant events that occurred during the week and shall also summarize contacts with family members and other involved agencies. If an unmet</p>

need is identified, the note shall reflect the actions to be taken to revise the plan to meet that need. The case coordinator shall document specific services and activities they are providing to each child. Each month the weekly progress notes shall be sent to the CWCMP Case Manager. The Monthly Progress Report Form shall be submitted to each child's provider no later than the 15th of each month following the reporting month, for all children who are in placement more than 15 days of that calendar month. Submission will be accepted by e-mail to:

- Cornerstones of Care: KSmnthlyprogressreports@Cornerstonesofcare.org
- KVC: KVCMonthlyReports@KVC.org
- St. Francis Ministries: MonthlyProgressReports@st-francis.org
- TFI: MonthlyReports@TFIFamily.org

Health Records:

Health Care and Records of children shall meet the requirements of KAR 28-4-275. Records of over the counter and prescribed medications shall be kept in each child's case medical record and include the:

- name of the prescribing physician
- name of the medication
- dosage prescribed
- medication schedule
- purpose of the medication
- noted side effects
- date of the prescription
- date prescribed by a physician

A record of medication given, amount, date and time, and person dispensing shall be recorded. All doctor and dental visits, major illnesses, and accidents shall be recorded. Mental health appointments shall also be specifically documented in a child's medical record. This provides for a complete Health record for the child and their family, which documents the frequency of the youth's mental health treatment.

Personnel Records:

A separate file shall be maintained for each employee. Personnel files shall include the following:

- Written employment application, resume and reference checks
- Date of hire
- Position description
- Educational transcripts, HS diploma, college degree, etc.
- Copy of driver's license/Kansas ID (current)
- Disciplinary action records
- Training records
- Out of state registry checks, when applicable (staff member has lived outside of Kansas within the last 5 years)

30 Day Progress Reports:

Thirty-day progress reports shall document progress on specific short-term goals, describe significant revisions in goals and strategies, and specify any new program goals and strategies during the period covered. The 30-day progress reports shall summarize progress and note changes regarding long-term placement and program goals and shall be provided to the referring agency and a copy placed in the youth's file.

Permanency Planning:

Includes the evaluation and design of an approach for the youth and family that focuses on opportunities for the youth to have ongoing active and meaningful connections with family, kin, relatives, and the community. The goal for achieving permanency shall be coordinated with the youth's CWCMP case manager and be included in the program plan to be reviewed every 30 days. The permanency plan shall include strategies and tasks to accomplish the youth's goals. Behaviors which place the youth at risk for disruption, activities to prepare the youth's family or kinship network for reunification, identification of other less restrictive living environments and preparing the youth for transition to these settings shall be addressed.

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
52	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
53	Review case record for documentation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
54	Review case records for weekly progress reports.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
55	Review case records for monthly progress reports.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
56	Review case records for documentation that progress reports have been	Case Records	Substantially Met Partially Met Not Met			

	sent to case teams.		Not Applicable		
57	Review medication records for youth.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
58	Review HR files for documentation of health.	HR Files	Substantially Met Partially Met Not Met Not Applicable		
59	Review HR files for driver's license verification.	HR Files	Substantially Met Partially Met Not Met Not Applicable		
60	Review HR files for training hours.	HR Files	Substantially Met Partially Met Not Met Not Applicable		
61	Review HR files for education verification.	HR Files	Substantially Met Partially Met Not Met Not Applicable		
62	Review HR Files for background checks.	HR Files	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 15: Self-Care Time						
Self-care time may be allowed on a case by case basis. Self-care time is not suitable for all youth. Examples of self-care time are:						
<ul style="list-style-type: none"> Walking/biking to work Time to go out and apply for jobs, if eligible Time to walk around the block to cool off 						
The following, but not limited to, shall be considered prior to self-care time being approved:						
<ul style="list-style-type: none"> Level within the behavior management system Daily/past behaviors Maturity (readiness to be out of sight of staff) 						
Self-care time shall be approved and agreed upon by the facility staff and the CWCMP. If approved, a safety plan shall be created and signed by the youth's facility Case Coordinator, CWCMP Case Manager and the youth. The safety plan shall be maintained in the youth's file. Conversations, assessments, etc. used to determine self-care for a youth shall also be maintained in the youth's file.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
63	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
64	Review case records for approved self-care time agreement with case team.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
65	Review case record for safety plan for self-care time.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
66	Review safety plan for appropriate signatures.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
67	Review case record for appropriate assessment for self-care time.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 16: Reporting Abuse/Neglect						
The KPRC number shall be posted in a prominent place in the facility. Any employee of the facility who suspects the abuse/neglect of a resident within that facility is to notify the Director of the facility immediately, except in cases where the alleged perpetrator is the facility Director.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
68	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
69	View posting of KPRC number in the facility.	Tour	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 17: Significant Incidents	
A Significant Incident is an unanticipated event which does not rise to the level of a critical incident but has the potential risk of a serious adverse outcome.	
Section 16.1: Significant Incident Reporting	
Significant incidents are to be reported to the youth's CWCMP case manager and the youth's parent or guardian when appropriate per PPM 0513.	
The following significant incidents shall be verbally reported immediately with a written report to the CWCMP case manager within 24 hours of the event (please refer to the following definitions for clarification):	
Significant Incident involving a child in the custody of the Secretary include but are not limited to:	
<ol style="list-style-type: none"> 1. death of a parent/primary caregiver (provide date of death) 2. runaway or missing from placement. PPM 5245 shall be followed. 3. arrested for a juvenile offense 4. alleged abuse or neglect 5. child is an alleged perpetrator or victim of a criminal assault of any kind 6. attempted suicide 7. serious physical illness 8. unanticipated medical attention that requires treatment beyond first aid 9. pregnancy. See PPM 0513 D. 2. 10. birth. See PPM 0513 D. 2. 11. emergency change in placement 12. use of illegal drugs 13. suspension of the license of a group or residential facility used by children 14. alleged victim of human trafficking 15. alleged perpetrator of animal abuse 16. other (document specifics) 17. death of child in care 	
If the significant incident involves abuse, neglect, or exploitation the facility shall also follow mandated reporting requirements.	
All facilities shall have procedures for reporting significant incidents to administrative staff and recording significant incidents in the resident files. An administrative file of significant incidents shall be kept by facility and a copy of the significant incident shall be placed in the youth's file.	

<p>An administrative file shall be kept by the facility documenting significant incidents that is separate from the documentation in the youth's file.</p> <p>Each YRC II provider shall develop an internal process for obtaining on-call/emergency contact information for all CWCMP case managers in the event of an emergency or significant incident.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
70	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
71	Review reports of significant incidents.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
72	Check significant incidents log.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
73	Review sample from log for compliance w/ reporting within proper time frame.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 18: Final Scoring	
<p>A cumulation of all the above sections are scored here for a total score based on the assessments completed.</p> <p>Scoring: Substantially Met = 1 Partially Met = 0.5 Not Met = 0.25 Not Applicable = 0</p> <p>Total possible score on this site visit tool is 75. If the score is 65 or less, the result is an automatic Corrective Action Plan (CAP). Items which do not score substantially met, will require comments which will be used for developing a CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.</p>	
Section	Section Score
Section 1.1: Services Provided in a Youth Residential Center II	
Section 2: Description of Youth to be Served	
Section 3: General Staffing Requirements	
Section 4: Case Coordination	
Section 5: Staff In-Serving Training	
Section 5.2: Annual In-Service Training	
Section 6: Confirmation of Placement	
Section 7: Initial Assessment	
Section 8: Room Assignment	
Section 9: Services	
Section 10: Behavior Management	
Section 10.1 Resetting	
Section 10.2 De-escalation Certification	
Section 10.3: Emergency Safety Interventions Certification	
Section 11: Program Plan	
Section 12: Visitation	
Section 13: Discharge/Aftercare	
Section 14: Record Keeping	
Section 15: Self-Care Time	

Section 16: Reporting Abuse/Neglect	
Section 17: Significant Incidents	
Total Score	
If the score is 63 or less, the result is an automatic Corrective Action Plan (CAP). Use the comments captured above to develop a CAP on the following pages. The facility will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections, as applicable. Some corrective items may take longer, such as training compliance.	

Youth Residential Center II Corrective Action Plan

Date of Site Visit	Final Score on Site Visit Tool	DCF Surveyor:
Facility Name		
Address, City, County, Zip Code		
Agency/Facility Representative	Agency/Facility Phone Number and Email	

Correction/Compliance Action Plan
Presented Findings: <i>Please use the comments listed on the site scoring tool to outline the presenting corrections and steps needing to be taken to ensure compliance with all DCF Policy and Procedures, Placement Standards and Provide Agreements are met. If more sections are needed, please add accordingly.</i>
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:

Action Plan to Correct Finding:

Person Responsible for Completion:

Target Date for Completion:

Signatures

By signing the Corrective Action Plan I agree what is listed above is accurate and complete. I understand I may be required to provide additional information or modify the plan as needed to ensure full compliance. I further understand this information may be provided to DCF Licensing, if necessary to ensure the safety and well-being of the children and youth served.

Agency/Facility Representative _____
Date

DCF Surveyor _____
Date

[BACK](#)



~~Type of On-Site Review:~~ **Quality Residential Treatment Program (QRTP) Site Visit Tool**

Date of Site Visit:

Provider:

Provider Contact:

DCF Surveyor:

Instructions: The Site Visit Tool is to be completed at in-person site visits for initial reviews, 90-day reviews and annual reviews. This site visit tool will score the policy and procedure manuals, youth, files, employee files, and facility for compliance with the placement standards. Review each section and coordinating source of information. When completing the findings section, choose Substantially Met if all items are located. Partially Met if some of the items are located. Not Met if you do not find the information asked for. And Not Applicable if the item does not apply to this facility. If an item is not Substantially Met, please note what is missing in the comments section.

Scoring:
Substantially Met = 1
Partially Met = 0.5
Not Met = 0.25
Not Applicable = 0

Total possible score on this site visit tool is 75. If the score is 65 or less, the result is an automatic Corrective Action Plan (CAP). Items which do not score substantially met, will require comments which will be used for developing a CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.

SECTION 1: GENERAL PROGRAM DESCRIPTION AND REQUIREMENTS
A Qualified Residential Treatment Program (QRTP) is a 24-hour group home or residential facility that meets the requirements of KAR 28-4-123-132 and KAR 28-4-268-280. It is a non-secure residential, court ordered service designed to provide an environment with consistent structure, therapeutic intervention and stability with a high degree of supervision.

Section 1.1: Services Provided in Qualified Residential Treatment Program
<p>This therapeutic environment will include a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances. This environment will also enhance the child's ability to achieve a higher level of functioning without necessitating a Psychiatric Residential Treatment Facility (PRTF) placement or acute hospitalization. QRTP staff shall be aware of a 30-day assessment to be completed by an independent assessor and a 60-day court review. Both the 30-day assessment and court review will determine appropriateness of placement in a QRTP.</p> <p>QRTP programs shall also:</p> <ul style="list-style-type: none">• be accredited by at least one of the three federally approved accreditors: The Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA) or the Joint Commission (formerly JCAHO).• have an Evidenced Based Program model• have registered or licensed nursing staff and other licensed clinical staff, available 24/7, on-site according to the treatment model.• demonstrate family engagement and outreach, including siblings, in the child's treatment.• provide discharge planning and family-based aftercare supports for at least six months post-discharge. <p>The range of services provided are to be explicitly delineated for meeting the individual needs of the child. The General Program description approved by DCF Prevention and Protection Services for each facility shall include but not be limited to the:</p> <ul style="list-style-type: none">• goals of the program• behavior management system• job descriptions (responsibilities, functions, and qualifications)• policies and procedures• daily living activities• health services• mental health services• recreation activities

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
1	Review p/p	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
2	Review program description.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 2: Description of Youth to be Served

The purpose of placement in an QRTP is to improve child's decision making, coping skills, social skills, and to address any underlying problems which are affecting the child, while teaching them how to handle their behaviors in order to transition successfully back into their family or community. DCF requires foster parents and designated officials at child care institutions to apply the reasonable and prudent parenting standard. The standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities.

- Population served is children and youth in foster care who are under the age of 18
- Have a well-established pattern of behavior or conduct which is antisocial, oppositional, defiant, aggressive, abusive, impulsive and rebellious in nature.
- • Court approved to be placed in a QRTP setting
- • Assessed and qualified via an assessment for QRTP
- • Children may step down to a QRTP from a PRTE after the screener and treatment team have determined the child no longer needs the level of care provided by a PRTE.

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
3	Review p/p	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
4	Review program description	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
5	Review court documents	Case File	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
6	Review PRTE/RADAC screens if appropriate.	Case File	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			

7	If Mental Health / Substance Abuse treatment needs are identified during the course of the youth's stay at the YRC, ensure that they are followed up on the program plan.	Case File	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

SECTION 3: GENERAL STAFFING REQUIREMENTS

Twenty-four hour care which has been licensed by DCF Foster Care and Residential Facility Licensing Division (K.A.R 28-4-268-280) as a group home or residential center to cover the programming the facility will provide to the population of children/youth whom the facility will serve.

- The Program Administrator shall have a Bachelor's Degree, at least one year administrative experience and a working knowledge of child development principles.
- Program Director shall have a minimum of a Masters Degree in Social or Behavioral Sciences. This position is responsible for the operation of the entire program and may be the same person as the Administrator if desired.
- Clinical Director, on staff or contracted, is responsible for treatment programing for the youth, according to the treatment model, shall have a master's degree in Behavioral Science or a related field and be licensed through the Behavioral Sciences Regulatory Board (BSRB) to practice. Clinical Manager shall have at least three years' experience working with children who require out of home placement due to behavioral, emotional or developmental difficulties.
- Therapists shall have a Master's Degree in Behavioral Science or related field and be licensed through the Behavioral Sciences Regulatory Board (BSRB) to practice. Therapist to child/youth ratio shall be determined by the applicable accrediting body.
- RN's, LPN's and other licensed clinical staff, available 24/7, on-site, according to the treatment model. (on-site, on-call, Nurse PRN, etc.)
- The Case Coordinator in a QRTP shall have at least a Bachelor's Degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling, nursing, or education). The child to case coordinator ratio in a QRTP is 1:16.
- Facility staff shall be at least 21 years of age with a minimum of three years age difference between the facility staff and oldest child who can be admitted to the facility. Facility staff shall possess a high school diploma or GED.
- Staff ratio is 1:6 during waking hours and 1:8 during sleeping hours. There shall be 24-hour awake staff to insure child safety. According to the treatment model, capacity and acuity of children the ratio may differ. Due to the variety of presenting difficulties the child(ren) may possess, a staff ratio of 1:1 may be necessary.

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
8	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
9	Review administrator personnel file or contract for compliance.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
10	Review administrator job description and HR file.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
11	Review case coordinator job description and HR file. Check ratio assignments.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
12	Review case coordinator personnel file for compliance.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
13	Review clinical director HR file for compliance	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
14	Review therapist personnel file for compliance	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
15	Review nursing staff HR files for compliance	HR Files	Substantially Met (1) Partially Met (0.5)			

			Not Met (0.25) Not Applicable (0)			
16	Review facility staff job descriptions and HR files.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
17	Review personnel files for age requirements.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
18	Review staffing pattern for compliance with staff ratio requirements.	Staffing schedule	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 4: Case Coordination						
The QRTP's case coordinator has the responsibility for coordinating the child's program and progress with the referring CWCMP, school, employer, family, and other appropriate community resources. This shall include, but not be limited to, documenting phone calls, appointments and visits (on and off site).						
The Case Coordinator will maintain a resource base of services to address the needs identified in Individual Program Plans and document in the child's file, when and what community resources have been contacted and utilized for services for the child. The case coordinator shall be responsible for Weekly Progress Notes						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
19	Review P/P	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
20	Review documentation	Case Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			

SECTION 5: STAFF IN-SERVICE TRAINING						
Section 5.1 Orientation						
<p>Each facility shall have an in-service orientation training program for new employees, which is especially directed toward the initial training needs of staff working directly with children. Documentation of completion of orientation training shall be kept, in the staff member's personnel file. The documentation shall be placed in a specific area in the staff's file, indicating:</p> <ul style="list-style-type: none"> • staff training, reflecting orientation or annual training • name of trainer • name of training • specify the number of training hours • date of the training <p>Facility staff shall have completed a minimum of 18 hours of in-service orientation training. Facility staff shall demonstrate competency in the trainings from orientation before they can work independently with children.</p> <p>All topics listed below shall be trained, even if it exceeds the minimum 18 hours of orientation:</p> <p>Facility Trainings:</p> <ul style="list-style-type: none"> • Facility policy and procedures manual • Facility emergency and evacuation procedures • Facility discipline standards • Child record documentation policies and procedures • Resident rights (See Appendix 4, Resident Rights) • Confidentiality laws • Report Writing <p>Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):</p> <ul style="list-style-type: none"> • Emergency safety interventions (including management of aggressive or suicidal behavior) (if a facility chooses to use Emergency Safety Intervention 						

	staff shall be certified) • De-escalation (staff shall be certified) • The handling of blood borne pathogens • Medication Administration (staff who pass medications shall be certified) • Certified in CPR/First Aid • Trauma based informed care/trauma specific intervention • Mandated Reporting • HIPPA Laws • Comprehensive LGBTQ+ • Human Trafficking and exploitation • Cultural Diversity • Suicide Prevention/Intervention/Safety					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
21	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
22	Review HR files for staff orientation training	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

	<p>Section 5.2: Annual In-Service Training</p> <p>Annual training is beyond or in addition to the initial 18-hour orientation training program from the date of employment. During the first year of employment staff shall receive a minimum of 36 hours of training (18 orientation hours, 18 annual In-Service).</p> <p>All Q RTP direct care staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.</p> <p>The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating:</p> <ul style="list-style-type: none"> • staff training, reflecting orientation or annual training • name of trainer • name of training • specify the number of training hours • date of the training <p>All topics listed below shall be trained, even if it exceeds the minimum 18 hours of annual in-service:</p> <p>Facility Refreshers/Trainings:</p> <ul style="list-style-type: none"> • Facility policy and procedures manual • Facility emergency and evacuation procedures • Facility discipline standards • Child record documentation policies and procedures • Resident rights (See Appendix 4, Resident Rights) • Confidentiality laws <p>Refreshers/Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):</p> <ul style="list-style-type: none"> • Emergency safety interventions (including management of aggressive or suicidal behavior) (staff shall maintain certification) • De-escalation (staff shall maintain certification) • The handling of blood borne pathogens • Medication Administration (staff shall maintain certification, may or may not require annual training) • CPR/First Aid (Staff shall maintain certification, may or may not require annual training) • Trauma based informed care/trauma specific intervention • Mandated Reporting (Provided By DCF) http://www.dcf.ks.gov/services/MRT/Pages/default.aspx • HIPPA Laws • Comprehensive LGBTQ+ • Childhood and adolescent sexuality issues, especially the effects of early sexual abuse • Substance Use Disorders • Blood Borne Pathogens
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	<ul style="list-style-type: none"> Childhood and adolescent development (including developmental disorders) Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD) Suicide Prevention/Intervention/Safety 					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
23	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
24	Review personnel record for required documentation of annual training	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 6: Confirmation of Placement						
A Foster Care Confirmation of Placement (PPS 5122) is available through the CareMatch system which confirms the placement arranged by the Child Welfare Case Management Provider (CWCMP).						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
25	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
26	Review documentation of placement confirmation	Case File	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

SECTION 7: ASSESSMENTS						
Section 7.1: 30-Day Assessment						
All children in a QRTP shall have an assessment done within 30 days of placement to determine the appropriateness of placement in a QRTP for purposes of approving the case plan and the case system review procedure for the child. The residential facility shall accommodate, collaborate and coordinate with the independent assessor to ensure the assessment is completed within 30 days.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
27	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
28	Review assessments	Case Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
29	Review timeliness of assessments	Case Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 7.2 Initial Assessment						
When a child enters the facility, the QRTP shall begin immediately assessing their strengths and needs including documentation and shall have a completed assessment within 7 days. The assessment shall include but not be limited to the following:						

	<ul style="list-style-type: none"> Reasons for referral to the facility Evaluation or assessment covering the following areas: <ul style="list-style-type: none"> Physical health Family relations Academic or vocational training Community life Interpersonal interactions Daily living skills as outlined in the scope of services listed above Immediate service needs: <ul style="list-style-type: none"> Mental Health Developmental Dental Medical Involvement or exposure to Substance Use/disorder Involvement or exposure to other trauma Assessment of the child/youth's self-injuring or suicidal attempts 					
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
30	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
31	Review case file for initial assessment	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 8: Room Assignment						
<p>To support the daily management and administration of children/youth, each residential provider shall develop an objective formal procedure to assess physical housing needs of children. Children in a residential facility shall be assigned to a room based upon a range of factors, as identified by risk/needs assessment(s) in addition to other indicators. Factors to consider in assigning rooms shall include (but are not limited to):</p> <ul style="list-style-type: none"> Suicidal tendencies Level of specialized needs (i.e. mental health, medical, etc.) Displaying inappropriate sexual behaviors /victims of sexual abuse Gender Age and/or maturity level Program needs (substance use disorder, cognitive behavioral, independent living, etc.) Vulnerability to being victimized by others (i.e. physical stature) Comprehensive LGBTQ + <p>While each child will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units. The child's room assignment and how the decision was made shall be documented in the child's file. The room assignment shall be completed immediately upon admission.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
32	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
33	Review case record for documentation of room assignment determination	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 9: Services

The residential facility shall write a policy and procedure manual for the operation of the QRTP facility that will be reviewed and approved by DCF Prevention and Protection Services. The daily schedule shall address the needs of the children and the use of time to enhance the child's physical, mental, emotional, and social development. The facility shall provide supervised indoor and outdoor recreation so that every child may participate. Age appropriate equipment and outdoor play space to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the child in transitioning back into their community when appropriate.

The QRTP will provide a program for children in the facility that covers the following program components, based on their approved treatment model:

Daily Living Services: Daily living services shall be provided and include the following:

- Room and Board
- Personal care needs
- School fees
- Transportation to appointments within a 60-mile radius; including to and from school, medical care, recreation, etc.
- Academic activities such as; assistance with school work, vocational training and/or GED training

Behavioral Health:

- Crisis management up to the need for the next Level of Care
- Individual, group and family therapy
- Social rehabilitation and therapy
- Behavioral programming (including design, consultation and supervision) if indicated
- Therapy towards reunification with family, if indicated
- Supportive therapy during transitions
- Transition planning, to include identification of behavioral and substance abuse support services needed for successful transition into the community
- If developmentally appropriate, services which develop increased capacity for independent living • teaching about body cleanliness
- use of deodorants and cosmetics
- appropriate clothing
- choosing clothing to fit individual and occasion
- keeping clothes neat and clean
- identifying and understanding children's health needs
- securing and utilizing necessary medical treatment including preventive and health maintenance services
- gaining information and education in health maintenance including:
- preventive measures
- nutrition
- menstruation
- rest
- cleanliness
- family planning
- drugs
- sexually transmitted diseases
- exercise
- motivation for meeting own health needs
- maintaining contact with providers of health services (physician, nurse, clinic)
- using outside resources for assistance (clinics, pharmacies, hospitals) • budgeting
- comparative buying
- installment buying
- avoiding risks
- identifying illegal or excessive interest rates
- use of credit
- avoiding or dealing with debts
- using checking and savings accounts
- paying taxes

Situational Training- to include but not limited to:

Personal Hygiene:

Health:

- Consumer education for independent living:
- speech
- writing

- use of the landline/cell telephones
- computer
- social networking
- internet

Communication skills:

The child's articulating thoughts and feelings through appropriate use of such skills as:

Home Management:

- making the bed and changing linens
- using the vacuum cleaner
- dusting
- organizing belongings
- disposing of trash
- cleaning all areas of the home
- operating appliances
- cooking complete meals
- making simple repairs
- who to call for major repairs
- being aware of the need for upkeep
- handling emergencies
- knowing first aid

Situational Guidance:

- coping and self-regulation skills • identifying and accepting strengths
- developing patterns of acceptance
- coping with authority figures
- getting along with others
- sharing responsibility
- being considerate of others
- developing friendships
- knowing when to go home when visiting
- recognizing or modifying attitudes toward self or others
- responsible work attitudes
- tolerance of corrective feedback
- reactions to praise
- punctuality
- attendance
- participating in leisure time activities
- learning how to spend leisure time
- developing outside activities
- managing time
- finding recreation with little or no expense involved
- finding community projects to take part in
- participating in social groups
- participating in sports and games
- arts and crafts
- appreciating fine arts

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
34	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
35	Review case record.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10: Behavior Management

Each QRTP shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the children under the care of the program. The behavior management system shall include a description of the daily routines of the program. The system of rules, rewards, and consequences for given behaviors shall be identified. Each child shall be oriented to the QRTP's behavior management system by a staff member during the admission or orientation process. Notation shall be made in the child's file and signed by the child that the rules, rewards and consequences have been discussed. The QRTP facility shall post the behavior management system in a common area where children are able to easily access the system and the children shall be given a written copy of the system to use as a reference. Behavior management shall include rules governing:

- interpersonal interactions with staff and peers
- facility leave policies
- school attendance and behavior while at school
- verbal and physical aggression
- allowable possessions
- awakening and bedtime hours
- leisure hours,
- visitation policies
- runaway attempts
- involvement in recreation and other activities
- self-destructive behaviors
- sexuality
- communications with family and others outside the program
- religious worship
- involvement in therapies
- theft, property destruction
- behaviors resulting in mandatory removal from the program and
- behaviors at the program which could result in legal prosecution.

When a child decides not to attend religious worship or activities, alternative supervised activities shall be made available. The overarching goals shall be to not only help the children adjust to the residential facility but also to daily life within society. A resource list shall be maintained by the facility of the available resources to meet the child's need in the community. Discipline at the facility shall be consistent and not be physically or emotionally damaging. Children shall not be subjected to cruel, severe, unusual, or unnecessary punishment. Children shall not be subjected to remarks that belittle or ridicule them or their families. Children shall not be denied food, mail, telephone calls or visits with their families as punishment. Seclusion shall not be utilized as a disciplinary measure. Only staff members shall discipline children in placement.

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
36	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
37	Behavior plan posted in common area	Tour Facility	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
38	Review files for documentation that the youth signed the behavior system acknowledgement	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
39	Review file for level changes and explanations of the level changes	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10.1 Resetting						
A procedure used to assist the child in regaining regain emotional control by providing a safe and quiet area.						
Application of a reset:						
<ul style="list-style-type: none"> A child in a reset shall never be physically prevented from leaving the reset area. Resets may take place away from the area of activity or from other children. Staff shall monitor the child while he or she is in resetting. 						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
40	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
41	Review files for documentation of a reset	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10.2 De-escalation Certification						
De-escalation is a technique used during a potential crisis situation in an attempt to prevent a child from causing harm to themselves, others and/or staff. De-escalation techniques shall be utilized for any activity required to diffuse a conflict or intense situation to ensure safety and calm the child. Staff shall be certified in authorized, evidenced based de-escalation techniques programs for managing aggressive behavior. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian and/or CWCMP Case Manager shall be oriented to the managing aggressive behaviors policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
42	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
43	Review employee files for certification	HR File	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10.3: Emergency Safety Interventions Certification					
An emergency safety intervention shall be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the child's chronological and developmental age, size, gender physical, medical, psychiatric condition, and personal history.					
The use of emergency safety interventions shall be performed only through the use of nationally recognized restraint procedures applicable to this population designed to prevent a child from harming self or others by exerting external control over physical movement.					
An emergency safety intervention is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a child's body. An emergency safety intervention shall be used only as last resort after all verbal de-escalation techniques have failed and when the child is at-risk of harming themselves or others.					
Mechanical restraint is the use of mechanical devices to restrict the free movement of the child's body, most often for purposes of preventing self-destructive behavior. Mechanical restraints are not allowed in QRTP residential facilities.					
Each facility shall have a written policy and all staff shall be trained to provide safe emergency safety interventions. Staff shall be certified in authorized, evidenced based training programs for managing aggressive behavior and de-escalation techniques. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian (if applicable) and/or CWCMP Case Manager shall be oriented to the emergency safety intervention policies of the facility and shall sign a acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.					

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
44	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
45	Review HR files for certifications	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
46	Review HR files for signed discipline policy	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
47	Review files for documentation of emergency safety interventions	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed	Score
	Section 11: Program Plan					
	<p>Each child residing in a residential facility shall have a program plan that is based on a thorough assessment. Assessment documents shall be included in the case record. The program plan shall be established by the end of 14 days from admission and shall address the identified needs in the emotional, physical, educational, social, familial, and where appropriate independent living skill domains. Children may not have identified needs in every domain. If so, document that no needs were identified. Program plans shall be updated when new needs are identified or when program goals are met. Program plans shall be thoroughly reviewed, and revisions made at the case review conferences within 30 days of completion of initial program plan and each 30 days thereafter, including updated information of the progress of the child's goals. Information obtained from the child, parent, guardian, and CWCMP Case Manager shall be considered in the report. The initial program plan and all updates shall be sent to the CWCMP Case Manager.</p> <p>The program plan shall include individualized services to match the child's identified needs in the following areas:</p> <ul style="list-style-type: none"> • Long term goals in the areas of: <ol style="list-style-type: none"> 1. physical health 2. family relations 3. daily living skills 4. academic and/or vocational skills 5. interpersonal relations 6. substance use service needs 7. emotional/psychological health • Short term goals which will help a child eventually reach his/her long-term goals in each of the above areas. • Services to meet independent living goals. • Specific plans for reaching the short-term goals including services to be provided and frequency. • Estimated time for reaching short term goals. • The child shall sign and date the program plan indicating participation and input in the development of the plan. • Updated information of the progress of the child's goals shall be included. <p>QRTP staff shall participate in case plan conducted by CWCMP Case Manager.</p> <p>Permanency Planning: The QRTP shall assemble a family and permanency team for the child in accordance with specified requirements. The team must consist of all appropriate biological family members, relatives, and fictive kin of the child, as well as professionals (as appropriate) who are a resource to the family of the child, such as teachers, medical or mental health providers who have treated the child, or clergy. If the child is age 10 or older, the team must also include members of the permanency planning team for the child that are selected by the child</p> <p>A child's Permanency Plan shall focus on opportunities for the child to have ongoing active and meaningful connections with family, kin, relatives, and the community. The goal for achieving permanency shall be coordinated with the child's CWCMP Case Manager and be included in the program plan to be reviewed every 30 days. The permanency plan shall include strategies and tasks to accomplish the child's goals. Behaviors which place the child at risk for disruption, activities to prepare the child's family or kinship network for reunification, identification of other less restrictive living environments and preparing the child for transition to these settings shall be addressed. Physical and mental health needs shall be coordinated with assigned CWCMP Case Manager and child's assigned MCO.</p>					

					(Or note)	
48	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
49	Review files for documentation of program plan completion	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
50	Initial program plan completed within 14 days	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
51	Program plan reviewed every 30 days	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
52	Program plan signed by the youth	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
53	Case worker participation in the program plan	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 12: Visitation						
<p>Subject to the provider's visitation guideline (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a child's immediate family except for the following reasons:</p> <ul style="list-style-type: none"> • A court orders no contact • There is documented violence, threatening or disruptive behavior by family member that occurred during contact • There is documented introduction of contraband into the facility • The milieu is determined to be unsafe for visitors <p>The facility shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.</p> <p>When home visits are a part of the treatment plan, there shall be coordinated connections with the child, their family, and the case coordinator/facility program staff regarding the child's treatment and program goals and objectives. The goal of placement shall be to return the child to a family-like setting, so it is important that home visits be carefully planned and executed in the best interests of permanency planning for the child. All home visits shall be arranged through coordination with the child's CWCMP Case Manager. Documentation in child's file shall include who is transporting children to and from family visits and observation of the child's behavior during transportation.</p> <p>The child shall have an approved contact list to include, the type of contact allowed (letter, phone, day passes, overnight passes, etc.) The contact list must be reviewed/updated every 60 days. Approved contacts shall be determined by the CWCMP Case Manager. The initial contact list and all reviews/updates shall include the CWCMP Case Manager signature.</p>						
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
54	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
55	Review documentation of visitation	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
56	Review file for approved contact list	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 13: Discharge/Aftercare						
<p>Discharge planning shall begin upon admission of the child to the facility. At a minimum, the child, the child’s parents, if applicable or guardian, and the CWCMP Case Manager shall be involved in planning the discharge from the facility.</p> <p>A discharge summary shall be completed at the time of the child’s discharge and be forwarded to the CWCMP Case Manager within one business day. The discharge summary shall include written:</p> <ul style="list-style-type: none"> • Summary of progress, or lack thereof, of the child’s goals and objectives while in placement • Summary of the child’s behavior while in placement • Recommendations for aftercare services specifying the nature (therapy, medications, family therapy, outpatient services, etc.), frequency, duration of services and responsible parties • Plan for monitoring services after discharge • Summary of the reasons the child was discharged <p>The QRTP shall provide discharge planning and family-based aftercare support for at least 6 months post-discharge. The QRTP provider and the CWCMP shall work in conjunction to ensure there is no gap in services for a youth that is discharging from the QRTP.</p>						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
57	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
58	Review case file for discharge summary	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
59	Review case file for aftercare services provided	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 14: Record Keeping						
<p>The record keeping requirements of KAR 28-4-272 shall be met by the facility. In addition, the following shall be kept by the facility. If a facility chooses to use electronic filing full access shall be given to DCF employees who are conducting site visit.</p> <p>Child’s File: The provider shall maintain a file for each child. The file shall contain the following:</p> <ul style="list-style-type: none"> • Child’s name and date of birth • Name, address and emergency contact information of the child’s CWCMP Case Manager, and all members of the family and permanency team (to be included on the approved contact list) • Name and contact information of other family members and fictive kin who are not part of the family and permanency plan (to be included on the approved contact list, if applicable) • Foster Care Confirmation of Placement • Current CWCMP Referral form • Current CWCMP Case Plan • Evidence that meetings of the family and permanency team are held at a time and place convenient for family • If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency plan. • Initial Assessment • 30 Day Assessment • Written recommendation by the independent assessor regarding the appropriateness of the QRTP placement • Court Approval of the QRTP placement • Suicide/self-injury questionnaire • Room assignment assessment • Medical and surgical consents • Medical and dental records (history and current) 						

- Documentation of diagnosis (history and current)
- Records of the child's prescription(s) and non-prescription(s) and when administered
- Authorization for release of confidential information
- Daily observation logs by shift
- Weekly progress notes
- Program plans
- Treatment Plans, if applicable
- Discharge plans/Aftercare
- Approved contact list
- Resident's rights acknowledgement
- Emergency Safety Intervention/de-escalation acknowledgements
- Handbook/Rules acknowledgement
- Pre and Post visit documentation
- Significant incident reports
- Personal Property Inventory
- Educational documentation

Record Retention:

Case records, including medical records, shall be maintained for 6 years from the date of the child's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.

Daily Observations:

A dated record of daily observations and significant occurrences involving each child shall be maintained by each shift and maintained in each child's individual file. The record shall include events which may affect the well-being of the child. Significant events should include but not be limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and other children, medical appointments, mental health appointments, medication compliance, hygiene (if identified as a need), visits/passes, meals eaten and overall behavior. Each report shall include the staff member and/or child involved, the nature of the incident and the circumstances surrounding it. The record shall be available to review.

Weekly Progress Notes:

Notes shall be completed by the case coordinator. These notes shall be entered in the child's chart, reflecting the delivery of services according to the treatment plan. This documentation shall address the child's responses to interventions and the progress of the child on individualized goals and objectives. The note shall include any significant events that occurred during the week and shall also summarize contacts with family members and other involved agencies. If an unmet need is identified, the note shall reflect the actions to be taken to revise the plan to meet that need. The case coordinator shall document specific services and activities they are providing to each child. Each month the weekly progress notes shall be sent to the CWCMP Case Manager. The Monthly Progress Report Form shall be submitted to each child's provider no later than the 15th of each month following the reporting month, for all children who are in placement more than 15 days of that calendar month. Submission will be accepted by e-mail to:

Health Records:

Health Care and Records of children shall meet the requirements of KAR 28-4-275. Records of over the counter and prescribed medications shall be kept in each child's case medical record and include the:

- name of the prescribing physician
- name of the medication
- dosage prescribed
- medication schedule
- purpose of the medication
- noted side effects
- date of the prescription
- date prescribed by a physician

A record of medication given, amount, date and time, and person dispensing shall be recorded. All doctor and dental visits, major illnesses, and accidents shall be recorded. Mental health appointments shall also be specifically documented in a child's medical record. This provides for a complete Health record for the child and their family, which documents the frequency of the youth's mental health treatment.

Personnel Records:

A separate file shall be maintained for each employee. Personnel files shall include the following:

- Written employment application, resume and reference checks
- Date of hire
- Position description
- Educational transcripts, HS diploma, college degree, etc.
- Copy of driver's license/Kansas ID (current)
- Disciplinary action records
- Training records
- Out of state registry checks, when applicable (staff member has lived outside of Kansas within the last 5 years)

#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
60	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
61	Weekly progress notes	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
62	Monthly progress reports	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
63	Health records	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
64	Daily logs	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
65	Visitation logs	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
66	Review HR files for job description	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
67	Review HR Files for educational requirements, age requirements, driver's license	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
68	Review HR file for orientation training	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
69	Review HR Files for annual training	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 15: Reporting Abuse/Neglect						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
The KPRC number shall be posted in a prominent place in the facility. Any employee of the facility who suspects the abuse/neglect of a resident within that facility is to notify the Director of the facility immediately, except in cases where the alleged perpetrator is the facility Director.						
70	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
71	View posting of KPRC number in the facility.	Tour	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 16: Significant Incidents						
A Significant Incident is an unanticipated event which does not rise to the level of a critical incident but has the potential risk of a serious adverse outcome.						
Section 16.1: Significant Incident Reporting						
Significant incidents are to be reported to the youth's CWCMP case manager and the youth's parent or guardian when appropriate per PPM 0513.						
The following significant incidents shall be verbally reported immediately with a written report to the CWCMP case manager within 24 hours of the event (please refer to the following definitions for clarification):						
Significant Incident involving a child in the custody of the Secretary include but are not limited to:						
<ol style="list-style-type: none"> 1. death of a parent/primary caregiver (provide date of death) 2. runaway or missing from placement. PPM 5245 shall be followed. 3. arrested for a juvenile offense 4. alleged abuse or neglect 5. child is an alleged perpetrator or victim of a criminal assault of any kind 6. attempted suicide 7. serious physical illness 8. unanticipated medical attention that requires treatment beyond first aid 9. pregnancy. See PPM 0513 D. 2. 10. birth. See PPM 0513 D. 2. 11. emergency change in placement 12. use of illegal drugs 13. suspension of the license of a group or residential facility used by children 14. alleged victim of human trafficking 15. alleged perpetrator of animal abuse 16. other (document specifics) 17. death of child in care 						
If the significant incident involves abuse, neglect, or exploitation the facility shall also follow mandated reporting requirements.						
All facilities shall have procedures for reporting significant incidents to administrative staff and recording significant incidents in the resident files. An administrative file of significant incidents shall be kept by facility and a copy of the significant incident shall be placed in the youth's file.						
An administrative file shall be kept by the facility documenting significant incidents that is separate from the documentation in the youth's file.						
Each QRTP provider shall develop an internal process for obtaining on-call/emergency contact information for all CWCMP case managers in the event of an emergency or significant incident.						
#	Requirement	Source	Findings <i>(Delete the two that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
72	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
73	Review reports of significant incidents.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
74	Check significant incidents log.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
75	Review sample from log for compliance w/ reporting within proper time frame.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 17: Final Scoring

A cumulation of all the above sections are scored here for a total score based on the assessments completed.

Scoring: **Substantially Met = 1**
 Partially Met = 0.5
 Not Met = 0.25
 Not Applicable = 0

Total possible score on this site visit tool is 75. If the score is 65 or less, the result is an automatic Corrective Action Plan (CAP). Items which do not score substantially met, will require comments which will be used for developing a CAP. Facilities will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections (for example trainings, this can take time to find and schedule). Track CAP corrections on this form and document the date corrections are received.

Section	Section Score
Section 1.1: Services Provided in Qualified Residential Treatment Program	
Section 2: Description of Youth to be Served	
Section 3: General Staffing Requirements	
Section 4: Case Coordination	
Section 5: Staff In-Serving Training	
Section 5.2: Annual In-Service Training	
Section 6: Confirmation of Placement	
Section 7: Assessments	
Section 7.2 Initial Assessment	
Section 8: Room Assignment	
Section 9: Services	
Section 10: Behavior Management	
Section 10.1 Resetting	
Section 10.2 De-escalation Certification	
Section 10.3: Emergency Safety Interventions Certification	
Section 11: Program Plan	
Section 12: Visitation	
Section 13: Discharge/Aftercare	
Section 14: Record Keeping	
Section 15: Reporting Abuse/Neglect	
Section 16: Significant Incidents	
Total Score	

If the score is 65 or less, the result is an automatic Corrective Action Plan (CAP). Use the comments captured above to develop a CAP on the following pages. The facility will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections, as applicable. Some corrective items may take longer, such as training compliance.



Quality Residential Treatment Program (QRTP) Corrective Action Plan

Date of Site Visit	Final Score on Site Visit Tool	DCF Surveyor:
Facility Name		
Address, City, County, Zip Code		
Agency/Facility Representative		Agency/Facility Phone Number and Email

Correction/Compliance Action Plan
Presented Findings: <i>Please use the comments listed on the site scoring tool to outline the presenting corrections and steps needing to be taken to ensure compliance with all DCF Policy and Procedures, Placement Standards and Provide Agreements are met. If more sections are needed, please add accordingly.</i>
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:

Signatures
By signing the Corrective Action Plan I agree what is listed above is accurate and complete. I understand I may be required to provide additional information or modify the plan as needed to ensure full compliance. I further understand this information may be provided to DCF Licensing, if necessary to ensure the safety and well-being of the children and youth served.

Agency/Facility Representative _____
Date

DCF Surveyor _____
Date



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Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2023

Guidelines When Completing A Corrective Action Plan (CAP) Instructions

Under PPM 10315, A Corrective Action Plan may be offered when the allegation of Financial Exploitation is Substantiated, and the name of the Alleged Perpetrator would be added to the Adult Abuse, Neglect, and Exploitation (ANE) Central Registry if a CAP were not implemented and completed. A CAP may be offered on a case-by-case basis, after consulting with the APS Supervisor and other regional staff as appropriate.

A. A CAP is not for Alleged Perpetrators (ALP's) who are:

- a. Employed by a CDDO or affiliate or
- b. Paid Medicaid provider
 - i. HCBS waiver attendants
 - ii. Employees of Community Service Providers (CSP)
 - iii. Residential Care Facility or Adult Family Home staff

B. When determining to offer CAP:

- a. Is the ALP able to pay the money back?
- b. Did the financial exploitation deprive the IA of goods/services?
- c. Were the actions of ALP acknowledged as exploitative/abusive?
- d. Have there been prior occurrences by ALP?
- e. Review KIPS and Criminal History

C. To initiate a CAP, the APS Specialist shall:

- a. Determine the need (money, property restored)
- b. Determine the timeframe (more than 6 months requires prior approval from APS Program Administrator. Document approval in KIPS notes)
- c. Staff with APS Supervisor for approval to offer CAP.

D. How it should look in KIPS

- a. Complete case finding with Supervisor
- b. Go through normal KIPS steps and substantiate allegation
 - i. *** Make sure to add an Appeal/CAP to the Allegation/Perp chapter tab (this ensures the ALP's name does not automatically roll over to registry)
- c. Complete the PPS 10250 (Corrective Action Plan) form with the Alleged Perpetrator.

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2023

- i. Can be found on DCF website under APS forms or APS manual appendix 10000 section.
 - ii. Make sure to add a note of your discussion with the ALP in KIPS concerning the CAP agreement.
 - iii. ALP must sign the CAP agreement.
 - d. Establish schedule for ALP to provide proof of repayment to APS Specialist. Proof would include receipts, deposit slips, copies of cashed checks or other documents showing payment. (The ALP is responsible to provide documentation to designated parties, failure to provide proof may result in termination of the CAP).
 - e. Scan the signed copy of the CAP into a note along with all other documentation provided by the ALP into KIPS.
 - f. Have the Parent or Guardian sign the CAP if the ALP is under 18 or if the IA has Guardian.
 - g. Provide a copy of the signed CAP to the ANE Unit in AG's office and the appropriate LE Agency within 10 working days of completing agreement and documenting in a KIPS note. (Should be included in AG's packet and attached to the PPS 10350 (Notification to Law Enforcement of APS Substantiated Finding)).
 - h. Review CAP every thirty (30) days for compliance and document in a KIPS note. (Set yourself a reminder to review.)
- E. When the CAP is Successfully completed:
 - a. Staff with APS Supervisor and ensure all documentation (including proof of repayment) is in a KIPS note. The date of this staffing is also your completion date.
 - b. Within five (5) working days of the completion date, complete the PPS 10315 (Notice of Termination of Corrective Action Plan) to advise ALP of successful outcome.
 - i. Can be found in DCF website under APS forms or APS manual appendix 10000 section.
 - c. In KIPS amend the finding to Unsubstantiated, ALP's name will not be placed on registry (You might have to have supervisor unlock allegation page).
 - d. Document/attach PPS 10315 in a KIPS note.
 - e. Complete KIPS process steps for Appeal/CAP by adding date of completion (Use the date you staffed with your supervisor as the completion date).
 - f. Within five (5) working days of the completion date, provide PPS 10315 to ANE unit in AG's office and the appropriate LE Agency.
 - i. Send to AG's office using email address (ANE@AG.ks.gov)

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- ii. Send a copy to the appropriate LE Agency (Same agency the PPS 10350 was sent to.)
- iii. The subject line should say: "Notice of Termination of Corrective Action Plan (Successful)"
- iv. Body of the email should say: "Please see attached documents concerning the successful completion of the Corrective Action Plan. The finding will be Unsubstantiated, and the ALP's name will not appear on the Adult Abuse, Neglect and Exploitation (ANE) Central Registry."
- v. APS Specialist should send this documentation but, in the event, they are not able to send timely they can request the HSA or Supervisor forward.

F. When the CAP is NOT Successfully completed:

- a. Staff with APS Supervisor and ensure all documentation (including proof of non-completed payments) are in a KIPS note. The date of the staffing is your completion date.
- b. Within five (5) working days of the completion date send PPS 10315 (Notice of Termination of Corrective Action Plan) to advise ALP of unsuccessful outcome.
 - i. Can be found in DCF website under APS forms or APS manual appendix 10000 section.
- c. Document/attach PPS 10315 in a KIPS note.
- d. Complete KIPS process steps for Appeal/CAP by adding date of completion (Use the date you staffed with your supervisor as the completion date).
- e. Within five (5) working days of the completion date provide PPS 10315 to ANE unit in AG's office and appropriate LE Agency.
 - i. Send to AG's office using email address (ANE@AG.ks.gov)
 - ii. Send to the LE agency that the PPS 10350 was sent to.
 - iii. The subject line should say: "Notice of Termination of Corrective Action Plan (Unsuccessful)"
 - iv. Body of the email should say: "Please see attached documents concerning the unsuccessful completion of the Corrective Action Plan. The finding will remain substantiated, and the ALP's name will appear on the Adult Abuse, Neglect and Exploitation (ANE) Central Registry after Due Process is complete."
 - v. APS Specialist should send this documentation but, in the event, they are not able to send timely they can request the HSA or supervisor forward.

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- f. Due Process starts over (to allow the ALP to appeal the substantiated finding)
 - i. The ALP has 33 calendar days to appeal the finding decision. (After mailing the PPS 10315 mark your calendar 33 days to make sure the ALP has not appealed the finding. After the 33 days, complete the (PPS 10310) Notification to Regional Adult Abuse/Neglect Registry Contact.)
 - g. After the Appeal Period is complete and the ALP has not appealed the finding decision
 - i. Complete the PPS 10310 and email to Regional Registry Contact
 - 1. Supervisor
 - 2. APA
 - 3. Senior Admin Assistant for APS
 - ii. Attach copy of email to a KIPS note.
 - h. If the finding is appealed and the finding decision of substantiation is upheld
 - i. Complete the PPS 10310 and email to Regional Registry Contact
 - 1. Supervisor
 - 2. APA
 - 3. Senior Admin Assistant for APS
 - ii. Attach copy of email to a KIPS note.
 - i. **The Alleged Perpetrators name will automatically roll over on to the Adult ANE Central Registry after the appeal period is complete, so ensure ALP Participant information is up to date by completing**
 - i. **Date of birth**
 - ii. **Social security number**
 - iii. **Correct spelling of name**
 - iv. **Correct/current address**
- G. If the ALP doesn't complete the CAP within the agreed upon time frame, they may still pay the remaining balance of funds and/or property. This shall be completed prior to the deadline to request a fair hearing (30 days) to appeal the substantiated finding and placement of their name on the Adult Abuse, Neglect, and Exploitation Central Registry.

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Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2023

10411 Retention of Records

Effective January 1, 2019, all cases accepted for investigation shall be retained indefinitely. Prior to January 1, 2019, unsubstantiated/unconfirmed cases and guardian/conservator cases were destroyed after six years.

Records are retained or destroyed using the following criteria:

A. **Hardcopy Paper** files prior to KIPS

1. Retain reports not assigned for further assessment for two (2) years.
2. Retain indefinitely, all cases accepted for investigation.
Guardian/conservator cases shall also be retained indefinitely. On cases involving self-neglect allegations only, substantiated/confirmed cases may be destroyed after six years if the adult is deceased.
3. In situations where there is a question as to whether or not a case should be retained beyond the required timeframe, the supervisor may consult the Regional attorney.

B. KIPS Records

1. All records in the Kansas Intake/Investigation Protection System (KIPS) shall remain indefinitely.

- A. All documents, forms, records received, and handwritten notes captured during an investigation shall be uploaded into the KIPS investigation file and then the paper copy shall be destroyed/shredded after the investigation has been reviewed and set to complete.
- B. The exception being items gathered during the investigation that are unable to be uploaded into the electronic KIPS file. For example; video or audio footage provided to the agency on a CD, DVD, flash drive, or other form etc. These shall be kept at the DCF office in a secured lockbox by either the Regional Assistant Program Administrator or the Regional APS Supervisor. APS staff shall add a note to the KIPS investigation file indicating what information was unable to be uploaded into the electronic system and why. The note shall specifically indicate where that information is currently being stored (supervisor or APA's lockbox in their office).
- C. Other Documents & Information to be kept in the KIPS Investigation Files:
 - A. APS substantiation appeal requests and final orders from Office of Administrative Hearings
 - B. Adult Abuse, Neglect, & Exploitation Central Registry expungement requests, approvals, and denials

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2023

C. Petitions to the court for guardian/conservatorship from DCF legal of an APS Involved Adult to include, initial petition, court orders received; temporary orders and/or final orders on guardianship/conservatorship of an Involved Adult.

C. Paper files/original copies

1. DCF Legal maintains records of guardian/conservator files DCF APS has filed with the courts.
2. Adult ANE Central Registry expungement files are kept at the DCF administration building.

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I. Definition and Purpose of TDM

A. Definition

1. A Team Decision Making meeting (TDM) is a facilitated meeting to determine if a child needs to be separated from their parent(s)/primary caregiver(s) due to the parent(s)/primary caregiver(s) behavior(s) threatening a child's safety. A CPS specialist must call a TDM meeting if the following 3 criteria are met:

- a. The behavior (action or inaction) of a parent(s)/primary caregiver(s),
- b. Is threatening a child's safety, and
- c. DCF is considering separating the child from the parent(s)/ primary caregiver(s).

The meeting seeks to make a "live" decision or recommendation, which means that the meeting is intended to be held before a child leaves their own home, unless there is an immediate and serious safety threat. TDM meetings strive to include a diverse group: the family, child or youth (when appropriate), friends/others who support the family, agency staff, service providers, community partners, and others.

2. [Insert Appendix] Team Decision Making Key Elements reflect the defining features and core values of TDM.

B. Purpose

1. To involve parent(s)/ primary caregiver(s) and child, the family's formal and informal support system and community members, service providers and agency staff, to provide a supportive environment for thoughtful decisions about the child's safety and care, and specifically where a child should safely reside.

2. The focus of the TDM meeting is to reach a decision about whether the child needs to be separated from the parent(s)/ primary caregiver(s) to ensure the safety and well-being of the child. The group carefully reviews the family's circumstances presenting threats to child safety and seeks to identify relevant protective factors to enhance the parent(s)/ primary caregiver(s) ability to address the threats and maintain the child safely in the home, or immediately return the child to the home with an appropriate safety plan, or whether the child needs to be separated from the parent(s)/ primary caregiver(s) to ensure safety.

3. When separation is determined necessary, the team determines the least restrictive option to keep the child safe and preserve and nurture the child's familial and community connections.

II. Referral Process

A. Criteria and Timeframe

The CPS Specialist requests a TDM meeting after an initial assessment with family has occurred, consultation with their supervisor has occurred (CPS worker discretion), and a determination is made the following criteria to hold a TDM has been met:

1. The behavior (action or inaction) of a parent(s)/primary caregiver(s),
2. Is threatening a child's safety, and
3. DCF is considering separating the child from the parent(s)/ primary caregiver(s).

B. Scheduling

1. The CPS Specialist requests the designated TDM Scheduler to schedule a TDM meeting prior to the child's separation from the parent(s)/ primary caregiver(s); or within one working day when an emergency separation has already occurred (example Police Protective Custody (PPC)). The TDM Scheduler gathers information about the case and its urgency, which guides in determining a time slot for the meeting. Information is shared between the CPS Specialist and TDM Scheduler through the use of the TDM Request Form, in addition to communication via phone, in-person or email.

2. The TDM Scheduler collects information about any issues which may affect scheduling, such as size of group, a history or present concern around intimate partner violence (IPV), concerns for participant mental health or history of violent behavior, developmental handicaps of participants, needs for language or deaf interpreter support, child care needs, etc.

Safety Check-In Note: If the worker is aware the family has a history of intimate partner violence (IPV), or if the worker suspects such activity, the situation may require separate meetings, generally held consecutively and facilitated by the same TDM Facilitator.

NOTE: Whether or not IPV is known or suspected, a safety check conversation is led by the worker and/or facilitator, (and Domestic Violence/Intimate Partner Violence Advocate if available or applicable,) whenever both parent/caregivers are present for an initial TDM. This brief conversation is held with each parent(s)/ primary caregiver(s) separately just prior to the start of the TDM.

3. Scheduler assigns day/time for TDM based on established timelines, as guided by urgency of the situation and legal considerations about agency intervention and court involvement.

4. When a determination is made outside of business hours that a TDM is needed, the CPS Specialist shall notify the TDM Scheduler via email.

III. Preparation: Expectations for the CPS Specialist and Supervisor

A. Preparing to Lead the Discussion

1. The CPS Specialist and CPS Supervisor jointly prepare for the TDM meeting using the Worker QUICK Presentation Outline and Supervisor Guide for Effective Case Conferences Prior to a TDM Meeting to review the case information.

2. The CPS Specialist and Supervisor prepare to lead the discussion regarding the caregiver's behavior causing a threat to the children's safety and possible separation from the caregiver(s).

B. Preparing Family

1. Work with the family to determine who to invite, and explain certain individuals are expected to participate based on their role or connection to the case (facilitator, supervisor, and other professionals related to the case). Encourage the family to identify formal/informal support persons and assist them in making invitations if necessary.

2. Work with the family to include children/youth age 10 and over, unless a specific and credible reason exists for them not to participate.

3. Prepare children/youth to participate in the TDM meeting. Obtain input from children/youth not in attendance, so their voice can be represented during the meeting.

4. Invite other persons such as current or past service providers or community representatives to attend the meeting. Request progress reports from all current service providers if they are unable to attend the meeting (parental permission may be required.) Be prepared to explain community representative's presence and obtain parental approval for their participation if necessary.

NOTE: CPS Specialist should not communicate with TDM facilitator prior to a TDM meeting, other than to convey safety and special needs information that may impact the process.

IV. TDM Meeting

TDM meetings are most effective when there is participation by a group of people representing diverse perspectives regarding the decision to be made.

A. Who Participates and Roles

1. Parent(s)/Primary Caregiver(s), Family and Other Formal/Informal Supports

a. Parent(s)/Primary Caregiver(s)

- i. Expert on the family and child; essential to the TDM process to provide information on the needs of the child.
- ii. Ideally the parents/caregivers invite their formal/informal support system to the meeting.

b. Child/Youth

- i. Children/youth age 10 and over are required to attend in person, unless a specific and credible reason exists for them not to participate.
- ii. Accommodations can be made for children/youth to participate in certain stages of the meeting, if full attendance is determined not appropriate.
- iii. If the child/youth is unable to attend his/her voice should be represented in the meeting by those present or through use of written input.

c. Extended family and non-related supports

- i. Attend/participate with the parents' consent.
- ii. Provide support to the child, parents, and/or caregiver.
- iii. Share information and opinions about how best to support family and child.
- iv. Help generate positive options for the child's placement and safety needs, and the family's ongoing support needs whether or not the child leaves home.

When parents/caregivers and family members are not able to be present, telephone and video-conferencing participation is encouraged; but should be used only as a last resort after active efforts to involve the family in-person.

2. Prevention and Protection Services Staff

a. CPS Specialist (the worker who has primary responsibility for the case at the time of the meeting)

- i. Convenes the TDM meeting.
- ii. Leads the discussion using the Worker QUICK Presentation Outline and Supervisor Guide for Effective Case Conferences Prior to a TDM Meeting.
- iii. Remains objective by listening and considering input and ideas from the group regarding safety, stability and out of home care planning.

- iv. Makes final decision (along with his or her supervisor) if team consensus with participating staff cannot be reached.
- v. Following the TDM, implements the decisions and action plans.

b. PPS Supervisor

- i. Reviews the family's circumstances with assigned CPS Specialist to determine whether the situation warrants a TDM meeting. Prepares for the TDM meeting in advance using the Worker QUICK Presentation Outline and Supervisor Guide for Effective Case Conferences Prior to a TDM Meeting with the CPS Specialist.
- ii. Attends all TDM meetings. Sends an alternate designee if not able to attend.
- iii. Remains objective by listening and considering input and ideas from the group regarding safety, stability and placement planning.
- iv. Supports the CPS Specialist's role as convener of the TDM team and actively participates in group discussion to generate appropriate safety decisions.
- v. Following the TDM, ensures the decision and action plans are completed by the worker.

c. Facilitator

- i. Dedicated non-case carrying staff person.
- ii. Selected based on experience in field, as well as broad knowledge of laws, agency policies and procedures, community resources and best practice.
- iii. Leads the group through a structured 6-stage process, focusing first on child safety, and modeling respectful family engagement throughout.
- iv. Seeks to bring the group to a consensus decision regarding what safety-related decision will best balance the child's physical safety needs with the need for continuity in family relationships.

d. Other DCF Agency Staff

- i. May include; representatives of programs such as other DCF program staff; adoption staff if applicable; agency attorney if other parties' attorneys are present; etc.
- ii. Actively participate in group discussion to generate a decision to address the threats to the child's safety.

3. Professionals Involved with the Family (This can include, for example, in-home service providers, CASA and GALs, and community service providers from entities such as mental health and developmental disabilities systems, education, drug/alcohol treatment, domestic violence, etc.)

- a. Provide support for the child or parent, as needed.
- b. Provide information regarding needed resources and services.

4. Attorneys for the family and law enforcement: TDM is an agency's internal meeting, intended to develop a family-centered recommendation about where a child will safely live, it includes no legal obligations about who must be invited. If a family chooses to invite their attorney or a member of law enforcement, the role of these community partners in the TDM is considered a non-related support for the family.

5. Grassroots Community Partners/Representatives: Persons who currently or potentially represent the family's informal supports. They could share a home neighborhood, a place of worship, an ethnic identity, or other connection with the family. The TDM approach expects the public child welfare agency to seek such representatives to participate in the TDM, with the family's permission.

- a. Provides support and advocates for the family; may balance out the family's sense of a power differential in the room

- b. Brings cultural and neighborhood perspective to the discussion
- c. May provides resources and nontraditional supports
- d. Creates potential for long term safety net for the family

B. TDM Meeting Protocol/Etiquette

Make the family as comfortable as possible during the meeting so they are able to discuss their concerns and issues. Because the meeting is about critical issues involving their child(ren) and family, agency staff must give their full attention to the discussion. By doing so, staff are indicating the importance of what is being said in the meeting and being respectful to the family. No cell phone use is permitted, and other electronic devices such as laptop or tablet computers may only be used if necessary to identify a resource or service.

The facilitator leads the meeting using a structured process which includes 6 stages:

1. Introduction (includes ground rules to ensure respectful communication)
2. Identifying the Situation (to ensure common understanding of what led to the meeting)
3. Assessing the Situation (to focus on safety concerns and potential protective factors)
4. Developing Ideas (to brainstorm alternatives for ensuring safety in least disruptive fashion)
5. Reaching a Decision (with a goal of consensus around whether the child needs to be separated from parent(s)/primary caregiver(s).)
6. Recap/Closing (to ensure that all attendees understand what has been decided and what the follow up steps will be.)

C. Reaching a Decision

The goal of the meeting is to reach consensus by the team which addresses the parent(s)/primary caregiver(s)' behavior (action or inaction) which presented the threat to child safety, and possible separation of the child from the parent(s)/primary caregiver(s). The CPS Specialist and Supervisor maintain the responsibility to make a decision if consensus by the DCF team cannot be achieved. The decision-making process follows this framework:

1. Team comes to consensus on a decision.
2. If the team cannot come to a consensus the facilitator determines if participating DCF staff can come to a consensus.
3. If the participating DCF staff cannot come to a consensus, the CPS Specialist and Supervisor make the decision for the team.

V. Review Process

If a participating child welfare agency staff member, including the facilitator, feels the team's final decision does not adequately ensure child safety, is too restrictive, or violates a law or Department policy, a request should be made for an immediate review. The facilitator notifies the designated review manager (PPS Administrator), not in the worker's chain of command. The review process will include all TDM participants. The decision made by the PPS Administrator becomes the official decision/recommendation and when applicable, the final agency position/recommendation to Court.

VI. Privacy

The confidentiality of information shared at the TDM meeting is not guaranteed. Privacy and respect are emphasized, but parent(s)/primary caregiver(s) are informed that information from the meeting may be used for case planning, in subsequent court proceedings if necessary, and in the investigation of a new allegation of abuse or neglect should such information arise.

VII. Responsibilities at End of and After TDM Meeting

A. CPS Specialist:

1. Follows through with necessary action(s) based on the team decision and meeting summary, including following up with family and meeting participants to assure the decision is implemented.
2. Files the TDM summary form with signatures in the case record. Follows agency's protocols regarding addition of contact note in system, if applicable.
3. Contacts key persons who were not present at the meeting to share information regarding the meeting recommendations and next steps.

B. PPS Supervisor:

1. Supports the CPS Specialist to implement the meeting's recommendations and action steps.
2. Provides feedback to the CPS Specialist and TDM Facilitator.

C. TDM Facilitator:

1. Inputs the required data into the TDM data application for each meeting within one business day.
2. Whenever possible, debriefs with CPS Specialist and Supervisor, seeking and providing feedback. If not possible immediately after meeting, seeks opportunity to do so shortly thereafter.

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TDM Meeting Scheduling Form

Date: _____

Case Number: _____

Location for TDM: Service Center Off Site Virtual Hybrid

County: _____

Zip code of family home: _____

Has this family had a previous TDM? Yes No

If yes, who was the previous Facilitator: _____

CPS Worker requesting TDM: _____

Worker's Supervisor: _____

Worker Phone: _____

Supervisor

Phone: _____

Email: _____

Email: _____

Total number expected to attend (not including facilitator): _____

Family/Worker Availability for meeting date/time. Please submit two:

1st choice date/time: _____

2nd choice date/time: _____

FAMILY INFORMATION:

Parents and/or caregivers:

Name (First & Last)	Relationship to child	DOB	In Household (Y/N)

Was the non-custodial parent invited? Yes No

If "no" why not? _____

Children in the home and out of the home:

Name (First & Last)	DOB	Client ID	M/F	Race/Eth	Identified Child (Y/N)

* Youth ages 10-17 should be invited to the meeting.

TDM Meeting Scheduling Form

Does the family have any Tribal affiliation? Yes No Tribe: _____
 Does the family have history with PPS? Yes No
 Are the child(ren) in DCF custody? Yes No
 Is the family currently involved with? Foster Care Aftercare Family Preservation Family Service Family First
 If Family First, which service? _____
 Date of Caregiver/Child Separation (if applicable): _____

MEETING PLANNING INFORMATION:

Conference Line needed? YES NO
 Do you have any security concerns? YES NO
 Do you need any special accommodation (accessibility, etc.)? YES NO
 Will an interpreter need to be invited? YES NO
 Are there concerns for **sexual abuse** of the identified child? YES NO
 Is **domestic violence** a known or suspected issue? YES NO
 Is there a court order (no contact, restraining) in place? YES NO
 Is either parent incarcerated? YES NO
 Do you have reason to believe two meetings would be needed? YES NO

Please provide the necessary information for all "yes" answers. (i.e. type of interpreter, special accommodations etc.)

Invitees (counselor/therapist/doctor, teacher, recreation coach, pastor, family, friends, neighbor, co-worker, etc.)

The TDM Scheduler will invite professionals if email address is available. The worker needs to invite all others.

Name (First & Last)	Relationship to Family	Phone number/email address	Scheduler needs to invite (Y/N)?

*For scheduling, email the completed form to:
 You, your supervisor, and the facilitator will receive an Outlook invite to confirm the meeting date/time*



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AFCARS Disability /Special Needs Table and Definitions

The table below lists several medical/emotional conditions that may be mapped to disability codes and special needs codes for FACTS. Following the table is a list of AFCARS definitions for disabilities 45 CFR 1355.40 Appendix A. **This is not an exhaustive list of all conditions** that a State may be using in a State's Information system. In some instances, the ICD-9 code is included.

DESCRIPTION	FACTS Disability Code	FACTS Special Needs Code	AFCARS Data Element
Borderline Intellectual Functioning	MR	MED	24
Down Syndrome	MR	MED	24
Hydrocephalus	MR	MED	24
Intellectual Disabilities (all degrees)	MR	MED	24
Microcephaly	MR	MED	24
Adding a dividing line here. Remove text			
Asperger's Syndrome	AS	MEC	25
Austistic Disorder	AS	MEC	25
Rett Disorder	AS	MEC	25
Adding a dividing line here. Remove Text			
Blindness and Low Vision (ICD-9: 369)	SI	MEC	26
Cataracts	SI	MEC	26
Congenital anomaly of the eye	SI	MEC	26
Diabetic Retinopathy	SI	MEC	26
Glaucoma	SI	MEC	26
Retinal Detachment and Defects (ICD-9: 361)	SI	MEC	26
Visual Disturbances (ICD-9: 368)	SI	MEC	26
Adding a dividing line here. Remove Text			
Deaf	HE	MEC	27
Hearing Loss (ICD-9: 389)	HE	MEC	27
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Arthritis	PD	PHD	28

DESCRIPTION	FACTS Disability Code	FACTS Special Needs Code	AFCARS Data Element
Brittle Bones/Osteogenesis Imperfectus	PD	PHD	28
Cerebral Palsy	PD	PHD	28
Chronic Motor Tic Disorder	PD	PHD	28
Club Foot	PD	PHD	28
Diplegia	PD	PHD	28
Multiple Sclerosis	PD	PHD	28
Muscular Dystrophy	PD	PHD	28
Myasthenia Gravis	PD	PHD	28
Paralysis-Paraplegic, Quadriplegic, Diplegic	PD	PHD	28
Poliomyelitis	PD	PHD	28
Rheumatoid Arthritis (juvenile)	PD	PHD	28
Spina bifida	PD	PHD	28
Adjustment Disorders			
Adjustment Disorders	ED	EMD	29
Agoraphobia	ED	EMD	29
Anorexia Nervosa	ED	EMD	29
Antisocial Personality Disorder	ED	EMD	29
Avoidant Personality Disorder	ED	EMD	29
Borderline Personality Disorder	ED	EMD	29
Bulimia	ED	EMD	29
Conduct Disorder	ED	EMD	29
Cyclothymic Disorder	ED	EMD	29
Dependent Personality Disorder	ED	EMD	29
Depressive Disorders Depression	ED	EMD	29
Disruptive Disorders	ED	EMD	29
Dysthymic Disorder	ED	EMD	29
Histrionic Personality Disorder	ED	EMD	29
Impulse Control Disorder	ED	EMD	29
Obsessive Compulsive Disorder	ED	EMD	29

DESCRIPTION	FACTS Disability Code	FACTS Special Needs Code	AFCARS Data Element
Obsessive Compulsive Personality Disorder	ED	EMD	29
Oppositional Defiant Disorder	ED	EMD	29
Panic Disorder including Generalized Panic Disorder	ED	EMD	29
Paranoid Personality Disorder	ED	EMD	29
Phobias	ED	EMD	29
Post Traumatic Stress Disorder (PTSD)	ED	EMD	29
Reactive Attachment Disorder	ED	EMD	29
Separation Anxiety Disorder	ED	EMD	29
Somatoform Disorder	ED	EMD	29
Tourette Syndrome	ED	EMD	29
Attention Deficit and Disruptive Disorders: ADD, ADHD, Conduct Disorder and Oppositional Defiant Disorder			
	AH	EMD	30
Adding divider line here. Remove Text.			
Bipolar Disorder	SM	EMD	31
Delusional Disorder	ED SM	EMD	29 31
Major Depressive Disorder	SM	EMD	31
Psychotic Disorder	ED SM	EMD	29 31
Schizoaffective Disorder	SM	EMD	31
Schizoid Personality Disorder	ED SM	EMD	29 31
Schizophreniform Disorder	SM	EMD	31
Schizophrenia	SM	EMD	31
Schizotypal Personality Disorder	ED SM	EMD	29 31
Childhood Disintegrative Disorder (Pervasive Developmental Disorder)			
	DL	MEC	32

DESCRIPTION	FACTS Disability Code	FACTS Special Needs Code	AFCARS Data Element
Pervasive Developmental Disorders Not Otherwise Specified	DL	MEC	32
Adding divider line here. Remove text.			
Chromosomal abnormalities	DS		33
Congenital malformation of the nervous system	DS		33
Adding divider line here. Remove text.			
Acquired Immunodeficiency Syndrome (AIDS)	OD	MEC	34
Aplastic Anemia	OD	MEC	34
Asthma*	OD	MEC	15 34 Map only if this has been diagnosed as a disability for the child
Blood disorder that required hospitalization once a month	OD	MEC	34
Cancers	OD	MEC	34
Chronic Granulomatous Disease	OD	MEC	34
Cleft palate	OD	MEC	34
Coagulation Defects	OD	MEC	34
Congenital cystic lung	OD	MEC	34
Congenital heart anomaly	OD	MEC	34
Crohn's disease	OD	MEC	34
Cushing's syndrome	OD	MEC	34
Cystic Fibrosis	OD	MEC	34
Diabetes	OD	MEC	34
Disorders Involving The Immune Mechanism (code 279)	OD	MEC	34
Encephalopathy	OD	MEC	34

DESCRIPTION	FACTS Disability Code	FACTS Special Needs Code	AFCARS Data Element
Epilepsy	OD	MEC	34
Fetal alcohol syndrome	OD	MEC	34
Fetal drug addiction	OD	MEC	34
Heart disease	OD	MEC	34
Heart murmur, vigorous activity curtailed	OD	MEC	34
Hemophilia	OD	MEC	34
Human Immunodeficiency Hiv Disease (HIV)	OD	MEC	34
Human T-Cell Lymphotropic Virus-III	OD	MEC	34
Hypertension	OD	MEC	34
Immunodeficiency	OD	MEC	34
Kidney disease	OD	MEC	34
Klienefelter's syndrome	OD	MEC	34
Late Effects Of Tuberculosis (ICD-9: 137)	OD	MEC	34
Learning Disability	LD	MEC	34
Leukemia	OD	MEC	34
Liver disease	OD	MEC	34
Lupus	OD	MEC	34
Malignant Neoplasms (Malignant tumors)	OD	MEC	34
Misplaced facial feature	OD	MEC	34
Nutritional deficiency	OD	MEC	34
Organic Brain Syndrome	OD	MEC	34
Other Human T-Cell Lymphotropic Virus-III	OD	MEC	34
Pancreatic Disease	OD	MEC	34
Sarcomas	OD	MEC	34
Seizure Disorder	OD	MEC	34
Shaken Infant Syndrome	OD	MEC	34
Sickle cell anemia	OD	MEC	34
Speech	OD	MEC	34

AFCARS Definitions

Disability Data Element	Federal AFCARS Definition
<p>Intellectual Disabilities</p>	<p>The child has or previously had significantly sub average general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affect a child's/youth's socialization and learning.</p>
<p>Visual Impairment and Blindness/Hearing Impairment and Deafness</p>	<p>Having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance.</p>
<p>Orthopedic Impairment or Other Physical Condition</p>	<p>The child has or previously had a physical deformity, such as amputations and fractures or burns that cause contractures, or an orthopedic impairment, including impairments caused by congenital anomalies or disease, such as cerebral palsy, spina bifida, multiple sclerosis, or muscular dystrophy.</p>
<p>Mental/Emotional Disorders</p>	<p>The child has or previously had one or more mood or personality disorders or conditions over a long period of time and to a marked degree, such as conduct disorder, oppositional defiant disorder, emotional disturbance, anxiety disorder, obsessive-compulsive disorder, or eating disorder.</p>



<p>Other Diagnosed Condition</p>	<p>Conditions other than those noted above which require special medical care such as asthma, diabetes, chronic illnesses, a diagnosis as HIV positive or AIDS, epilepsy, traumatic brain injury, other neurological disorders, speech/language impairment, learning disability, or substance abuse issues.</p>
<p>Autism Spectrum Disorder</p>	<p>Having, or had previously, a neurodevelopment disorder, characterized by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior. This includes the range of disorders from autistic disorder, sometimes called autism or classical autism spectrum disorder, to milder forms known as Asperger syndrome and pervasive developmental disorder not otherwise specified.</p>
<p>Attention Deficit Hyperactivity Disorder</p>	<p>Having, or had previously, a diagnosis of the neurobehavioral disorders of attention deficit or hyperactivity disorder (ADHD) or attention deficit disorder (ADD)</p>
<p>Serious Mental Disorders</p>	<p>Having, or had previously, a diagnosis of a serious mental disorder or illness, such as bipolar disorder, depression, psychotic disorders, or schizophrenia.</p>
<p>Developmental Delay</p>	<p>Has been assessed by appropriate diagnostic instruments and procedures and is experiencing delays in one or more of the following areas: physical development or motor skills, cognitive development, communication, language or speech development, social or emotional development, or adaptive development.</p>

Developmental Disability	Has or had previously been diagnosed with a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402), section 102(8). This means a severe, chronic disability of an individual that is attributable to a mental or physical impairment or combination of mental and physical impairments that manifests before the age of 22, is likely to continue indefinitely and results in substantial functional limitations in three or more areas of major life activity. Areas of major life activity include: Self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency; and reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. If a child is given the diagnosis of "developmental disability", do not indicate the individual conditions that form the basis of this diagnosis separately.
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Current Form/Process	Stop Doing	Use Instead	No change	Notes
<p>PPS 1010 Case Activity Log</p>	<p>Documentation of all interviews with all family members for all case assignment types on the PPS 1010 Case Activity Log.</p>	<p>Use PPS 2019 Kansas DCF Conversation Note for all family contacts for all case assignment types.</p> <p>Use age/developmentally appropriate tools for child(ren) interviews.</p>		<p>Continue to use the PPS 1010 Case Activity Log for contacts not documented on the PPS 2019 Kansas DCF Conversation Note.</p>
<p>PPS 2003 Safety Plan</p>	<p>Discontinue use of DCF PPS 2003 Safety Plan and discontinue use of the SDM Safety Plan.</p>	<p>PPS 2021 Immediate Safety Plan</p>		<p>The PPS 2021 Immediate Safety Plan shall be:</p> <ul style="list-style-type: none"> • provided to the family (original), • photo documented to attach in KIDS, • filed in the family file, and • provided to FACTS Data Unit.
<p>PPS 2030 B Safety Asst.</p>	<p>The PPS 2030 B in KIDS is not required.</p>	<p>PPS 2020 Kansas DCF Assessment Map: If referring for DCF services (Family Services, Family First Prevention Services, or Family Preservation Services or Foster Care) complete all sections of the Assessment Map. If lasting safety is rated high enough that it indicates Child Welfare intervention is not needed, complete at a minimum the following sections: Genogram, Current & Past Harm Current & Past Safety, and the Lasting Safety Scale.</p> <p>AND FOR COUNTIES USING SDM</p> <p>SDM Safety Assessment: Counties using SDM will</p>		<p>Worker will upload the PPS 2020 Kansas DCF Assessment Map and SDM Safety Assessment in KIDS (SDM Counties only) and file paper copies in the family file.</p> <p>The PPS Supervisor will verify the documentation is attached in KIDS before signing case for closure.</p>

Current Form/Process	Stop Doing	Use Instead	No change	Notes
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		<p>continue completing the SDM Safety Assessment in the SDM system within one working day of the initial contact.</p>		
<p>PPS 2030 C Short Risk</p>	<p>The PPS 2030 C in KIDS is not required.</p>	<p>PPS 2020 Kansas DCF Assessment Map: If referring for DCF services (Family Services, Family First Prevention Services, or Family Preservation Services or Foster Care) complete all sections of the Assessment Map. If lasting safety is rated high enough that it indicates Child Welfare intervention is not needed, complete at a minimum the following sections: Genogram, Current & Past Harm Current & Past Safety, and the Lasting Safety Scale.</p> <p>AND FOR COUNTIES USING SDM</p> <p>SDM Risk Assessment: Counties using SDM will also continue completing the SDM Risk Assessment in the SDM System.</p>		<p>Worker will upload the PPS 2020 Kansas DCF Assessment Map and SDM Risk Assessment (SDM Counties only) in KIDS and a paper copy in the family file.</p> <p>The PPS Supervisor will verify the documentation is attached in KIDS before signing case for closure.</p>
<p>PPS 2030 D Risk Asst.</p>	<p>The PPS 2030 D in KIDS is not required.</p>	<p>PPS 2020 Kansas DCF Assessment Map: If referring for DCF services (Family Services, Family First Prevention Services, or Family Preservation Services or Foster Care) complete all sections of the Assessment Map. If lasting safety is rated high enough</p>		<p>Worker will upload the PPS 2020 Kansas DCF Assessment Map and the SDM Safety and Risk Assessments (SDM Counties only) in KIDS and a paper copy in the family file.</p> <p>The PPS Supervisor will</p>

Current Form/Process	Stop Doing	Use Instead	No change	Notes
		<p>that it indicates Child Welfare intervention is not needed, complete at a minimum the following sections: Genogram, Current & Past Harm Current & Past Safety, and the Lasting Safety Scale.</p> <p>AND FOR COUNTIES USING SDM SDM Risk Assessment: Counties using SDM will also continue completing the SDM Risk Assessment in the SDM System.</p>		<p>verify the documentation is attached in KIDS before signing case for closure.</p>
<p>2030 E NAN/FINA</p>	<p>The Child Contributing Factors, Caregiver Contributing Factors and FINA Conclusion screens are no longer required on the FINA Assessment PPS 2030 E.</p>	<p>PPS 2020 Kansas DCF Assessment Map: If referring for DCF services (Family Services, Family First Prevention Services, or Family Preservation Services or Foster Care) complete all sections of the Assessment Map. If lasting safety is rated high enough that it indicates Child Welfare intervention is not needed, complete at a minimum the following sections: Genogram, Current & Past Harm Current & Past Safety, and the Lasting Safety Scale.</p> <p>Complete only the Persons Contacted KIDS screen on the PPS 2030E FINA Assessment.</p> <p>AND FOR COUNTIES USING SDM</p>		<p>Worker will upload the PPS 2020 Kansas DCF Assessment Map and the SDM Safety and Risk Assessments (SDM Counties only) in KIDS and a paper copy in the family file.</p> <p>The PPS Supervisor will verify the documentation is attached in KIDS before signing case for closure.</p>

Current Form/Process	Stop Doing	Use Instead	No change	Notes
		<p>SDM Safety and Risk Assessments: Counties using SDM will also continue completing the SDM Safety Assessment in the SDM system within one working day of the initial contact; and complete the SDM Risk Assessment.</p>		
<p>2030 FBA Summary</p>	<p>Worker will not be required to complete the entire FBA. The strengths/needs section will not be required to close the case.</p>	<p>Worker will complete the FBA Decision Summary without entering information into the strengths/needs memo field on the Service Plan KIDS screen.</p> <p>PPS 2020 Kansas DCF Assessment Map: If referring for DCF services (Family Services, Family First Prevention Services, or Family Preservation Services or Foster Care) complete all sections of the Assessment Map. If lasting safety is rated high enough that it indicates Child Welfare intervention is not needed, complete at a minimum the following sections: Genogram, Current & Past Harm Current & Past Safety, and the Lasting Safety Scale.</p>		<p>Worker will upload the PPS 2020 Kansas DCF Assessment Map and the SDM Safety and Risk Assessments (SDM Counties only) in KIDS and a paper copy in the family file.</p> <p>The PPS Supervisor will verify the documentation is attached in KIDS before signing case for closure.</p>
<p>Pregnant Woman Using Substances</p>	<p>Documentation of all interviews with all family members for all case assignment types on the PPS 1010 Case Activity Log</p>	<p>Use PPS 2019 Kansas DCF Conversation Note for all family contacts for all case assignment types. Use age/developmentally appropriate tools for child(ren) interviews.</p>		<p>Continue to use PPS 1010 Case Activity Log to document contacts not documented on the PPS 2019 Kansas DCF Conversation</p>

Current Form/Process	Stop Doing	Use Instead	No change	Notes
	<p>Worker will not be required to complete the entire 2030 E Pregnant Woman using Substances Assessment.</p>	<p>Complete only the Persons Contacted KIDS screen on the PPS 2030E FINA Assessment.</p> <p>PPS 2020 Kansas DCF Assessment Map: If referring for DCF services (Family Services, Family First Prevention Services, or Family Preservation Services or Foster Care) complete all sections of the Assessment Map. If lasting safety is rated high enough that it indicates Child Welfare intervention is not needed, complete at a minimum the following sections: Genogram, Current & Past Harm Current & Past Safety, and the Lasting Safety Scale.</p>		<p><u>Note:</u></p> <p>Worker will upload the PPS 2020 Kansas DCF Assessment Map in KIDS and a paper copy in the family file.</p> <p>The PPS Supervisor will verify the documentation is attached in KIDS before signing case for closure.</p>
<p>Facility cases</p>	<p>Documentation of all interviews with all family members for all case assignment types on the PPS 1010 Case Activity Log</p>	<p>Use PPS 2019 Kansas DCF Conversation Note for all family contacts for all case assignment types. Use age/developmentally appropriate tools for child(ren) interviews.</p> <p>PPS 2020 Kansas DCF Assessment Map: If referring for DCF services (Family Services, Family First Prevention Services, or Family Preservation Services or Foster Care) complete all sections of the Assessment Map. If lasting safety is rated high enough that it indicates Child Welfare intervention is not</p>		<p>Continue to use PPS 1010 Case Activity Log to document contacts not documented on the PPS 2019 Kansas DCF Conversation Note.</p> <p>Worker will upload the PPS 2020 Kansas DCF Assessment Map in KIDS and a paper copy in the family file.</p> <p>The PPS Supervisor will verify the documentation is attached in KIDS before signing case for closure.</p>

Current Form/Process	Stop Doing	Use Instead	No change	Notes
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		<p>needed, complete at a minimum the following sections: Genogram, Current & Past Harm Current & Past Safety, and the Lasting Safety Scale.</p>		
<p>Third parties</p>	<p>Documentation of all interviews with all family members for all case assignment types on the PPS 1010 Case Activity Log</p>	<p>Use PPS 2019 Kansas DCF Conversation Note notes for all family contacts. Use age/developmentally appropriate tools for child(ren) interviews.</p> <p>PPS 2020 Kansas DCF Assessment Map: If referring for DCF services (Family Services, Family First Prevention Services, or Family Preservation Services or Foster Care) complete all sections of the Assessment Map. If lasting safety is rated high enough that it indicates Child Welfare intervention is not needed, complete at a minimum the following sections: Genogram, Current & Past Harm Current & Past Safety, and the Lasting Safety Scale.</p>		<p>Continue to use PPS 1010 Case Activity Log to document contacts not documented on the PPS 2019 Kansas DCF Conversation Note. Worker will upload the PPS 2020 Kansas DCF Assessment Map in KIDS and a paper copy in the family file.</p> <p>The PPS Supervisor will verify the documentation is attached in KIDS before signing case for closure.</p>
<p>Agency response KIDS Screen</p>		<p>No change to the process.</p>	<p>X</p>	
<p>PPS 2000 Request to Interview a Child at School</p>		<p>No change to the form or process.</p>	<p>X</p>	
<p>PPS 2001 Parental Consent to Interview a</p>		<p>No change to the form or process.</p>	<p>X</p>	

Current Form/Process	Stop Doing	Use Instead	No change	Notes
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Child at School				
PPS 2005 UNCOPE		No change to the form or process.	X	
PPS 2007 Plan of Safe Care		No change to the form or process.	X	
PPS 2010 What you need to know about investigations and child abuse or neglect		No change to the form or process.	X	Document in Mapping Conversation Notes/PPS 1010 Case Activity Log.
PPS 2011 Case Findings		No change to the form or process.	X	
PPS 2012 Notice of Department Findings		No change to the form or process.	X	
PPS 2014 Referral for Services		No change to the form or process.	X	
PPS 2015 Referral to Infant and Toddler Services		No change to the form or process.	X	
PPS 2017 Notification of Affirmed or Substantiated Case Finding		No change to the form or process.	X	

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Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2023

Apéndice 5H
KSDE/FERPA 001
Revisado en enero de 2017

Consentimiento para la divulgación de información

Este formulario autoriza al Departamento de Educación del Estado y a cualquier distrito escolar en el que esté inscrito su menor a compartir información sobre su hijo(a) dentro de ese organismo sí y con las demás agencias que se indican a continuación y que se ocupan o participan en la satisfacción de las necesidades de su menor. Se le informa de que:

- La información no se compartirá a menos que sea necesario para satisfacer las necesidades de su menor.
- La información del Departamento de Educación o de la escuela puede incluir cualquiera o todos los registros educativos y la información suministrada al Departamento o a la escuela por otros, como informes médicos de doctores e informes de otras agencias incluyendo DCF, KDOC-JS, KDHE y KanCare, que estén incluidos en los registros educativos de su menor.
- El propósito de compartir información es proporcionar servicios apropiados para su menor, evitar evaluaciones o inmunizaciones duplicadas o innecesarias, evitar retrasos innecesarios en la prestación de servicios mientras se espera la transferencia de registros, permitir que su menor participe con éxito en la escuela y ayudar al distrito escolar a recibir fondos de Medicaid para ayudar a pagar algunos servicios de educación especial.
- Este consentimiento permanecerá en vigor hasta que usted lo revoque por escrito.
- Tiene derecho a revocar este consentimiento en cualquier momento.

El Departamento de Educación del Estado y el distrito escolar en el que está inscrito su menor divulgarán información, previa solicitud, a las siguientes agencias y a sus agentes o proveedores de servicios contratados:

Department for Children and Families (Departamento de Niños y Familias Departamento de Niños y Familias); Kansas Department of Health and Environment (Departamento de Salud y Medioambiente de Kansas); Kansas Department of Corrections Juvenile Services (Departamento de Servicios Correccionales Juveniles de Kansa); KanCare; Kansas Kids @ GEAR UP.

Al firmar y fechar este formulario de Consentimiento para la Divulgación de Información, usted da su consentimiento al Departamento de Educación del Estado y al distrito escolar para compartir cualquiera o todos los registros educativos relativos a su menor entre sí y con las agencias indicadas anteriormente. Su firma también indica que usted entiende que cualquier divulgación de información es con el propósito de satisfacer las necesidades de su menor a través de los esfuerzos cooperativos de las agencias.

Nombre del menor en letra de imprenta

Fecha de nacimiento

Firma del padre o tutor

Relación

Nombre del padre, madre o tutor (letra de imprenta)

Fecha

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2023



Department for Children
and Families
*Prevention and
Protection Services*

Strong Families Make a Strong Kansas

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**Autorización para divulgar información
incluida la información de salud
que puede establecer la identidad de los niños**

Estado de Kansas
Proveedores de gestión de casos de bienestar infantil
Junta de Educación del Estado
Departamento de Menores y Familias
Departamento Correccional de Kansas - División de Servicios Juveniles
(A TENOR DE LA NORMATIVA DE PRIVACIDAD DE LA HIPAA, 45 C.F.R.' 164.508)

A. AUTORIZACIONES; INFORMACIÓN ABARCADA; PERSONAS AUTORIZADAS A REALIZAR Y RECIBIR DIVULGACIONES; FINES DE LAS DIVULGACIONES; INFORMACIÓN MÍNIMA NECESARIA; MÉTODO DE DIVULGACIÓN.

Yo, _____, soy (elija la opción correcta:) ___ el padre/la madre ___ tutor/a legal del (los) siguiente(s) menor(es) con autoridad para actuar en su nombre:

Nombre y apellidos _____	Fecha de nacimiento: _____
Nombre y apellidos _____	Fecha de nacimiento: _____
Nombre y apellidos _____	Fecha de nacimiento: _____
Nombre y apellidos _____	Fecha de nacimiento: _____
Nombre y apellidos _____	Fecha de nacimiento: _____

En nombre del/de los menor(es) arriba mencionado(s), por la presente autorizo al Departamento de Niños y Familias de Kansas (DCF) y/o al Departamento Correccional de Kansas - División de Servicios Juveniles (KDOC-JS) y a sus empleados, contratistas y agentes a:

- (1) divulgar información sobre mi(s) hijo(s)** (incluida la información de salud identificable individualmente y la información de salud protegida, como el nombre, el sexo, la fecha de nacimiento, el número de la seguridad social, la información sobre pruebas de audición y visión, el proveedor de cuidados fuera del hogar, los medicamentos actuales, las afecciones físicas o mentales relevantes para los procesos de aprendizaje y los comportamientos)
- (2) al Departamento de Educación del Estado de Kansas; a cualquier Distrito Escolar Unificado de Kansas que preste servicios educativos a mi(s) menor(es); y a sus empleados, contratistas y agentes autorizados (las instituciones educativas)**
- (3) con el propósito limitado de proporcionar servicios educativos y afines a mi(s) menor(es).**

También autorizo a las organizaciones informantes designadas anteriormente y a sus empleados, contratistas y agentes:

- (1) A hacer esas divulgaciones autorizadas de cualquier manera, incluyendo, pero no limitado a, oralmente, en documentos de papel, o electrónicamente por correo electrónico, máquina de fax, o entrada de datos en la base de datos del Departamento de Educación del Estado de Kansas;
- (2) Divulgar solo la información mínima necesaria para que las instituciones educativas puedan proporcionar servicios educativos y afines a mi(s) menor(es); y
- (3) A acceder, recuperar, editar, corregir, actualizar y volver a introducir la información que previamente introdujeron o enviaron para su introducción en el banco de datos del Departamento de Educación del Estado de Kansas.

B. LIMITACIONES Y CONDICIONES DE MIS AUTORIZACIONES Las divulgaciones de la información de mi(s) menor(es) que estoy autorizando están sujetas a estas limitaciones y condiciones:

- (1) Ninguna organización o persona puede hacer una divulgación si tiene alguna razón para creer que el receptor de la información utilizará una parte o la totalidad de la información para un fin no autorizado.
- (2) No impongo ninguna otra limitación o condición a las divulgaciones que he autorizado.

C. REDIVULGACIÓN DE INFORMACIÓN POR PARTE DE DESTINATARIOS AUTORIZADOS. Entiendo que la información de mi(s) hijo(s) será divulgada a instituciones educativas

**Autorización para divulgar información
incluida la información de salud
que puede establecer la identidad de los niños**

que están obligadas por la ley federal (Ley de Derechos Educativos y Privacidad de la Familia, 20 U.S.C. 1232g) a mantener la confidencialidad de dicha información. También entiendo que las organizaciones y personas a las que he autorizado a divulgar la información de mi(s) hijo(s) no tienen ningún control sobre las instituciones educativas que recibirán la información divulgada ni sobre cualquier divulgación posterior de la información de mi(s) hijo(s) que puedan hacer dichas instituciones educativas. Cualquier divulgación posterior de la información de mi(s) menor(es) por parte de las instituciones educativas está sujeta a mi control y a la ley federal aplicable.

D. CONSECUENCIAS DE NO FIRMAR LA AUTORIZACIÓN Entiendo que si no autorizo la divulgación de la información de mi(s) menor(es) mediante la firma de esta Autorización, las instituciones educativas en las que está(n) inscrito/a(s) este/a(os) pueden verse obstaculizadas en la prestación de servicios educativos y afines a mi(s) menor(es).

E. FECHA DE ENTRADA EN VIGOR DE ESTA AUTORIZACIÓN Esta Autorización para divulgar la información de mi(s) menor(es) a instituciones educativas entrará en vigor el día en que yo firme esta Autorización.

F. EXPIRACIÓN DE ESTA AUTORIZACIÓN Esta Autorización para divulgar la información de mi(s) menor(es) a instituciones educativas expira en la fecha que ocurra primero:

(1) La fecha en que mi(s) menor(es) ya no está(n), por orden judicial, bajo la custodia del Secretario del DCF o del Secretario del KDOC.

(2) La fecha en la que entregue mi revocación por escrito de esta Autorización a la(s) organización(es) que autorice en la Sección A, más arriba, a realizar divulgaciones.

G. DERECHO A REVOCAR MI AUTORIZACIÓN. Me reservo específicamente el derecho a revocar esta Autorización en cualquier momento. Entiendo que, para que mi revocación sea efectiva, debo revocar esta Autorización por escrito y entregar dicha revocación por escrito o hacer que se entregue en la dirección correcta de cualquiera de las siguientes organizaciones a las que autorice a divulgar información:

- **Kansas Department for Children and Families**, ATTN: HIPAA Privacy Officer, 555 S. Kansas Ave., Topeka, KS 66603
- **Kansas Department of Corrections - Juvenile Services Division**, ATTN: HIPAA Privacy Officer, 714 SW Jackson, Suite 300, Topeka, KS 66603.
- Entiendo que el DCF y el JJA y sus empleados, contratistas y agentes están autorizados a continuar divulgando información sobre mi(s) menor(es) a instituciones educativas hasta que les sea entregada mi revocación por escrito de esta Autorización.

Mi nombre (en letra de imprenta): _____

Mi firma _____

Fecha de mi firma _____

Autorización recibida por: _____ Fecha : _____

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Strong Families Make a Strong Kansas

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1883 Disability/Severity

Disability codes on MAC2 shall be entered for every child on a case. If a child **has been determined to not have a** ~~has no~~ disability, enter None (NO). ~~If a clinical assessment has been is need and has not yet been completed, enter Not Yet Determined (ND).~~ **If a clinical assessment has been completed but results have not been received, enter Not Yet Determined (ND).** **If an assessment is needed but has not yet been conducted, enter No exam or assessment conducted (NC).** To document a disability, the condition must have been diagnosed by a qualified professional. A qualified professional is a medical or mental health professional as defined by state law or regulation. If a child has been clinically assessed as having a disability, enter disability type from the user manual. Also, review medical or emotional conditions that may qualify as a disability type on Appendix 1J. Enter Other Disability (OD) only if the child's diagnosed conditions meets one of the listed items that corresponds to the OD on Appendix 1J. (See PPM section 3850 for additional information). ~~If a child has no disability, enter None (NO). If a clinical assessment has not yet been conducted, enter Not Yet Determined (ND).~~

Disability codes on MAC2 shall be entered for specific special needs identified on ADOP. The special needs codes on ADOP that require MAC2 disability codes are: Emotional Disability (EMD), Medical Condition (MEC), Mental Disability (MED), or Physical Disability (PHD). This is an AFCARS requirement.

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Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2023

2010 Investigation

Investigatory activities may vary from case to case based on the specifics of the case. Investigative activities may be done by a Child Protection Services (CPS) Specialist, CPS Investigator, or Law Enforcement, and will commonly involve several of the following activities:

1. Searches of DCF, criminal, and sex offense history shall be completed. See PPM 2025
2. Interviewing the reporter and witnesses, if any, to the alleged maltreatment.
3. Interviewing the child victim. Preferably the child should be interviewed before the alleged perpetrator is interviewed. The child should not be interviewed in the presence of the alleged perpetrator except for good reason.
4. Interviewing the child's parent(s) and other person(s) responsible for the care of the child.
5. Interviewing the alleged perpetrator.
6. Visiting the scene of the alleged maltreatment; documenting relevant environmental information; requesting a law enforcement officer to seize physical evidence. Photographs or videotapes may be requested of a law enforcement officer, medical staff, or other persons trained and competent in taking photographic or electronic evidence. If such a qualified professional is not available, DCF staff should photograph to record the evidence.
7. Obtaining relevant records from DCF, law enforcement, medical practitioners or other relevant entities. Consents for release of information not statutorily available will be necessary. A subpoena for documents or interviews to provide essential information may be requested by DCF or a court appointed multi-disciplinary team.
8. Making and documenting behavioral observations such as the appearance and effect of witnesses and alleged perpetrators when presented with questions or information about the alleged maltreatment; the child's behavior in the presence of care givers or the alleged perpetrator; the type and quality of interaction of family members; statements; or behaviors of any person which might be indicative of truthfulness; lying; any mental, emotional or physical impairment of any other child or adult; behaviors indicating alcohol or other drug use, etc.

Per Adrian's Law, K.S.A. 38-2226 DCF is directly responsible in making visual observation of the child who is an alleged victim of abuse or neglect in an investigation. If there is a joint investigation with law enforcement and DCF, both agencies are responsible to make a visual observation of the alleged victim.

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2310 Immediate Safety Determination

When a report alleging abuse or neglect has been assigned for investigation/assessment, the CPS Specialist shall determine the immediate safety of the child who is the subject of the report within the response time established on the form PPS 1002, Response Determination. Immediate Safety is whether the child(ren) are determined safe while the assessment is completed.

To determine immediate safety, the PPS 2019 DCF Kansas Conversation Note, and/or Appendix 2N My three Houses, Appendix 2P Fairy Wizard Template and 2W Ecomap Template is completed alongside the family and their safety network to engage all members in discussion of worries, what is working well and next steps. This assessment helps the practitioner and family determine whether imminent danger (serious harm from maltreatment) is either present right now, or if there is an imminent threat of danger to the child's safety.

When imminent danger threatens serious harm to a child, action shall be taken to protect the safety of a child. Various interventions and protective actions taken by the safety network, family or DCF may occur to ensure immediate safety of a child. If DCF and the family are agreeing to actions the family and network will take to ensure safety in relation to the immediate threat, an Immediate Safety Plan PPS 2021 shall be completed. The Immediate Safety Plan PPS 2021 is developed alongside the safety network and family. The CPS Specialist's or PPS Supervisor's input and approval is required if the safety plan is being initiated by a CPS Investigator. See PPM 2462 for Safety Planning. An [immediate safety staffing](#) with the PPS Supervisor is required.

The CPS Specialist and PPS Supervisor shall discuss whether the criteria for a Team Decision Making (TDM) is met, per TDM Protocol Appendix 0D. The TDM shall be held prior to a child being separated from a parent/caregiver or by the next business day following the separation.

A. Factors to Consider for the Immediate Safety Determination

The Appendix 2H Immediate Safety Tips Sheet provides factors to consider for the immediate safety determination. The following appendices may be used to gather information for the safety determination:

1. Appendix 2F Six Areas of Family Life for Assessment
2. Appendix 2J Caregiver Protective Capacity Factors may be used as a guide to gather information and assess the protective capacity of the caregiver(s).
3. Appendix 2I Interview Guide for Runaway and Truant Children may be used as a guide to gather safety and risk information when interviewing children.

B. Required Contacts

1. In-Person Contact with Child

The safety determination requires DCF staff or authorized collateral complete an in-person contact with the child who is the subject of the report, in a location where it is reasonable to expect the child to be found, within the assigned response time established on the form PPS

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1002, Section VIII Response Time Determination. Telephone or letter contact with the child is not sufficient. If the child's location is known, in-person contact shall be made within the response time set.

In-person contact **for the safety determination** may be made by a CPS Specialist or authorized collateral, i.e., CPS Investigator, law enforcement officer or child welfare case management provider assigned case responsibility. If authorized collateral makes the in-person contact with the child, the CPS Specialist shall ensure sufficient information has been gathered to consider the required factors and determine the safety of the child within the response time. **Per Adrian's Law, K.S.A. 38-2226, the secretary or the secretary's designee shall visually observe the child who is an alleged victim of abuse or neglect. In the case of a joint investigation with DCF and law enforcement, both agencies shall visually observe the alleged victim.**

Attempts shall be made to notify the parent/caregiver the same day as the in-person contact with the child to inform the parent/caregiver(s) of the investigation/assessment per PPM 2100, and to assess the safety of the child.

2. Additional Contact(s)

Additional contacts and observations with parent/caregivers, siblings, alleged perpetrators and others may be required to gather sufficient information to determine the safety of the child. If the CPS Specialist determines additional information is needed to make a safety determination, the CPS Specialist shall follow-up to gather the additional information to assess the required factors and determine the safety of the child within the response time.

C. Continuing the Safety Determination Beyond the Response Time Assignment

The following provides requirements for reasonable efforts, allowable reasons and exceptions for the safety determination. These requirements apply only to whether the safety determination is made within the assigned response time. Efforts shall continue to determine the safety of the child beyond the assigned response time.

If after attempts are made to engage the parent/caregiver(s) in the assessment and the parent/caregiver decides not to allow access to the alleged victim, the CPS Specialist shall staff the circumstances with a PPS Supervisor. The staffing shall occur immediately when worries for imminent danger to the child may be present. If there is not worries for imminent danger to the child, the staffing shall occur as soon as practical, considering the circumstances of the case. The CPS Specialist and PPS Supervisor are strongly encouraged to discuss worries for imminent danger to the child and determine next steps, i.e. additional attempts, engagement strategies, or whether to contact law enforcement or the County/District Attorney. Appendix 2B, the PPS 2019 Immediate Safety Scale and Appendix 2H Immediate Safety Tips Sheet may be used as a guide to consider whether worries for imminent danger to the child are present suggesting supervisor consultation.

If the child to be interviewed can be located or made available, the investigation and/or protective action shall be carried out. (Example: The parents missed a scheduled appointment causing the in-person contact to be delayed but the safety determination will continue.)

1. Reasonable Efforts Requirements

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Reasonable efforts are the minimum required attempts to determine the safety of the child within the assigned response time established on the form PPS 1002, Section VIII.

DCF staff or authorized collateral shall make two attempts to complete the in-person contact with the child in a location where it is reasonable to expect the child to be found to satisfy the reasonable effort requirement. To meet reasonable efforts requirements either:

- a. two attempts within the response time set, OR
- b. at least one attempt within the response time set, AND
 - i. a second attempt by the close of business the next working day for a "same day" response time OR
 - ii. within 72 hours, excluding weekends and state holidays, of the initial attempt on a 72-hour response time.

If a child is out of state for a timely safety determination, a report shall be made to the other state's child protection report center/hotline to request a courtesy interview and request a safety determination within the assigned response time. Provide information from PPM 2105 A.-F. to assist the other state with the safety determination.

2. Allowable Reasons to Delay the Safety Determination

If it is determined the child is not available within the response time due to allowable reasons; and depending on the circumstances of the situation, two attempts may not be required.

Allowable reasons for delaying the safety determination of a child may include the following:

- a. Family left the state (allowable only after a request to the other state has been made for a courtesy safety determination, and the other state has not been able to locate the child)
- b. DCF has been directed not to proceed by county/district attorney or law enforcement
- c. Family refuses to cooperate. (Requires supervisor staffing per C. above)
- d. Appointments were scheduled but the person(s) failed to keep the appointment
- e. Act of God (weather, road conditions)
- f. Parents refused access to the child. (Requires supervisor staffing per C. above)
- g. Child(ren) out of state - i.e. visiting relatives (allowable only after a request to the other state has been made for a courtesy safety determination, and the other state has not been able to locate the child)
- h. Child is currently hospitalized and hospital personnel verified the child will not be dismissed prior to in-person contact occurring. This shall consider the best interest of the child and is not solely for the convenience of the department or another entity.
- i. child(ren) is on runaway status.
- j. a collaborative decision is made with the PPS Supervisor and Assessment and Prevention Administrator that making the in-person contact within the response time is contrary to the safety and best interest of the child, and is not solely for the convenience of the department or another entity.

DCF should honor a request from a law enforcement agency not to take an action which would interfere with a criminal investigation. Such request, however, does not relieve DCF or the law enforcement agency of the responsibility to determine the safety of a child reported as possibly abused or neglected. If the timing of the investigations cannot be resolved, the county or district attorney shall be contacted.

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D. Documenting Results for the Immediate Safety Determination

Documentation for the safety determination includes the attempts to contact the child, the results/conclusions of the safety determination and the date and time safety was determined. The date and time of the safety determination is when the CPS Specialist has determined the child safe. If the in-person contact was completed by a collateral contact the date and time of the safety determination is the date and time the CPS Specialist has reviewed the information per B. 1-2, and determines the child is safe.

The PPS 2019 Kansas DCF Conversation Note and PPS 2020 Kansas DCF Assessment shall be used to document the immediate safety determination.

If unable to determine the safety of the child within the assigned response time, the documentation includes the reason the contact was not made and the attempts to locate the child (date and results). Reasonable efforts, allowable reasons and exceptions to timelines shall be documented.

1. The dates/times/locations of attempts to contact are documented on the PPS 1010 Case Activity Log or the PPS 2019. The results/conclusions for the determination of safety is documented on the PPS 2019 Kansas DCF Conversation Note.
2. The dates/time/location of the first attempt to contact the first alleged victim shall be documented on the Agency Response screen in KIDS for all abuse/neglect assignments.
3. The date/time/location of the safety determination for each alleged victim shall be documented on PPS 2019 and the Agency Response screen in KIDS for all abuse/neglect assignments. If an alleged victim was not able to be located, check the “unable to locate” box.

E. Safety Staffing with Supervisor

The purpose of the safety staffing between the CPS Specialist, CPS Investigator, if applicable, and the PPS Supervisor is to support a comprehensive and informed safety determination. The discussion fosters critical thinking by considering the information gathered collectively. A safety staffing may occur anytime determined necessary during the case assessment.

An immediate safety staffing shall occur for the following:

1. when imminent danger to a child is identified which may require protective action and/or
2. to determine if a Team Decision Making (TDM) Meeting is needed, and/or
3. when the following alleged victim(s) cannot be seen in-person to determine safety within the assigned response time:
 - a. under the age of six,
 - b. isolated (not attending school/daycare),
 - c. has a disability,
 - d. vulnerable for other reasons,
 - e. young or vulnerable children with concerns for parental substance use/abuse, or
 - f. when an alleged victim(s) of any age is not able to be located to determine safety within the response time or reasonable efforts per C.1.

For alleged victims who had not been seen in-person within the response time or were unable to be located; a follow-up safety staffing to discuss the safety determination shall occur once the alleged victim has been seen in-person.

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4. anytime PPS Supervisor advice is needed to assist in determining whether additional in-person safety contacts are needed, the determination, date and time of the ongoing safety assessment, if applicable, shall be documented for each alleged victim on the Agency Response in KIDS.

Documentation of supervisor consultations shall be completed per PPM 0420. The date and time of the safety staffing with the supervisor shall be documented on the Agency Response screen in KIDS as the "Safety Staffing" date and time. When the child(ren) is not located/has not been seen in-person and the safety determination has not occurred, leave the field blank.

The PPS 2020 Kansas DCF Assessment Map and Appendix 2B may be used, as guides for this safety staffing.

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Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2023

2450 Care Referral and Medical Examination or Treatment Related to Abuse/Neglect

The Child Abuse Review and Evaluation (CARE) is a referral process from DCF to an established medical network to improve services provided to a child alleged to be a victim of abuse or neglect while supporting the DCF Teams in assessing immediate and lasting safety. ~~Until further notice, this policy and referral process is specific to the Kansas City Region and subsequent statewide implementation will be subject to availability of the CARE network.~~

- A. Upon assignment of investigation listed for physical abuse or physical neglect of children under the age of 6, the CPS Specialist shall make a Child Abuse Review and Evaluation (CARE) referral for each child listed as an alleged victim or later determined and added as an alleged victim. The CARE referral shall be made within three business days from the date of when the CPS Specialist or Designee first observes the child. In situations where the child is unable to be located, the referral is still required. ~~The PPS 2450 CARE Referral Form~~ IRIS shall be used to make the referral.
 1. Criteria for a required CARE referral:
 - a. Child under age 6; and
 - b. Allegation of Physical Abuse; and/or
 - c. Physical Neglect
 2. A CARE referral may be completed for any child listed as an alleged victim of allegations other than physical abuse or physical neglect at the discretion of the CPS Specialist and or CPS Supervisor.
 3. Upon receipt of the recommendations, the CPS Specialist should discuss the importance of following the recommendations with the caregiver of the child.
- B. Medical Treatment
 1. When it is determined medical services related to abuse/neglect are needed by a child who is the subject of an abuse/neglect report, reasonable actions shall be taken to obtain medical treatment.

If a CPS specialist determines a child is in need of a medical examination or treatment and the child's parents fail or refuse to obtain a medical examination the CPS specialist should take the actions a reasonable person would take in similar circumstances. The policy requiring the department to seek medical care applies to medical needs resulting from suspected child abuse or neglect only. The department is not responsible to try to meet other medical needs of the child (such as immunizations or eyeglasses) unless failure to meet such needs constitute neglect. CPS Specialist shall document on the PPS 2019 Kansas DCF Conversation Note If the child(ren) required medical treatment due to abuse/neglect, and reasonable actions taken to provide the medical care.

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2023

2821 Entering Contact with Victim/Family

Policy for cases after 11/15/21 due to the KIDS to FACTS Interface:

For all case types, with the exception of FACILITY cases, the date and time the worker first attempted contact with the first alleged victim or first identified child in the assigned report will be prefilled into the work start date and time on the top half of the MAAS screen after it has been entered and saved into KIDS. Facility type cases will continue to manually enter the date and time the worker first attempted contact with the alleged victim. For Non-Abuse Neglect/FINA intakes a tool code of Contact with Child (CWC) will be prefilled onto the MAAS screen after it is entered into KIDS by the investigating worker. If the in-person contact was not made for an identified child, the No Contact with Child (NCC) tool code will be prefilled from KIDS using the date and time of first attempt. FINA cases where the parent has refused access to the child, and PWS type cases will prefill the Work Start date and time with the first attempted contact with the parent or caregiver.

Prior to 11/15/21, the time and date the worker first attempted contact with the first alleged victim or first identified child in the assigned report shall be entered into the work start date and time on the top half of MAAS. Information for this data field is located on the Agency Response section in KIDS for intakes assigned on or after July 1, 2017 for abuse neglect reports, reports involving facilities and third parties, and the 2030E for reports involving Non-Abuse Neglect/FINA or Pregnant Woman Using Substances. The work start time cannot be earlier than the date the report was assigned. If contact was made by DCF or law enforcement prior to report assignment time, enter the date and time assigned as the work start time on MAAS. If the checkbox for Pregnant Woman Using Substances (PWS) or if a parent/caregiver refused access to child is checked, the Date/Time 1st attempt with parent/caregiver (including PWS) shall be used for the work start date and time on the top half of MAAS. This is for PWS and FINA only.

For Non-Abuse Neglect/FINA intakes a tool code of Contact with Child (CWC) shall be recorded in the tool section of MAAS screen once in-person contact has had been made with each identified child. Work start date/time for the CWC code is when the agency made in-person contact with each identified child and is located on the PPS 2030E. The client id of the identified child is also required when using the CWC code. If the in-person contact was not made for an identified child, enter the tool code of NCC (No Contact with Identified Child). The work start date and time of the NCC code is the work start date and time from the top half of MAAS screen. The client id of the identified child is also required when using the NCC code.

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2822 Entering Safety Determinations

Policy for cases after 11/15/21 due to the KIDS to FACTS Interface:

For all case types, except for FACILITY cases, a tool code for safety determination (SAD) will be prefilled on the MAAS screen after it has been entered into KIDS by the investigating worker. If safety is not determined for an alleged victim, the tool code of NSD (No Safety Determination) will be prefilled using the date and time of the first attempt from KIDS. FACILITY cases will continue to be manually entered as previously done.

A tool code of special investigator (SPI) is recorded in the tool section of MAAS if such a position is utilized during the investigation.

A tool code of courtesy interview shall be recorded in the tool section of MAAS for courtesy interviews between DCF areas. The area requesting the courtesy interview is responsible for entering the worker number of the other area who conducted the interview and times of contact for the interview.

A tool code for safety determination (SAD) ~~shall~~ **was to** be recorded for each alleged victim in the tool section of MAAS for reports alleging abuse or neglect. Work start date and time for the SAD code is the date and time the assigned social worker determined safety for the alleged victim. If the safety determination was completed prior to the intake being assigned, ~~use~~ the work start date and time **was to be used** from the top half of MAAS screen for the SAD code. The client id of the alleged victim is also required when using the SAD code. If safety is not determined for an alleged victim, ~~enter~~ the tool code of NSD (No Safety Determination) **was to be used**. The work start date and time of the NSD code is the work start date and time from the top half of MAAS screen. The Client ID of the alleged victim is also required when using the NSD code.

~~A tool code of special investigator (SPI) is recorded in the tool section of MAAS if such a position is utilized during the investigation.~~

~~A tool code of courtesy interview shall be recorded in the tool section of MAAS for courtesy interviews between DCF areas. The area requesting the courtesy interview is responsible for entering the worker number of the other area who conducted the interview and times of contact for the interview.~~

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Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 2023

2823 Recording Ongoing Safety Assessment

Policy for intakes assigned prior to March 2019

To record the second face to face contact of the ongoing safety assessment, enter the tool code of 'SFI' on the MAAS screen. The start date is the date of the face to face contact with the alleged victim who is under six years old. The ongoing safety assessment information is located on the Agency Response section in KIDS for intakes assigned on or after July 1, 2017. If the second contact with the alleged victim never occurred regardless of reason, enter the tool code of 'TIM' and the date of the finding decision. Finding decision date is located on the PPS 2011.

For additional information on the ongoing safety assessment, see PPM section 2313.

Policy for intakes assigned on or after March 2019

If the ongoing safety assessment is determined to not be needed, enter the tool code of 'OAN' on the MAAS screen. The work start date and time would be the same date and time as the safety determination (SAD). If the ongoing safety assessment is determined to be needed, Record the second face to face contact of the ongoing safety assessment; by entering the tool code of 'SFI' on the MAAS screen. The start date is the date of the face to face contact with the alleged victim. The ongoing safety assessment information is located on the Agency Response section in KIDS. If the second contact with the alleged victim was determined to be needed and it never occurred regardless of reason, enter the tool code of 'TIM' and the date of the safety determination.

For additional information on the ongoing safety assessment, see PPM section 2313.

Policy for cases after 11/15/21 due to the KIDS to FACTS Interface:

For Abuse Neglect and Third-Party cases, the Ongoing Safety Assessment (OAN) code will be prefilled from KIDS with the date and time of first attempt. If the ongoing assessment is determined, the second face to face contact of the ongoing safety assessment (SFI) tool code will be prefilled from KIDS. If the ongoing assessment is determined but unable to be completed, the Timeline Exceeded (TIM) tool code will be prefilled from KIDS using the date and time of first attempt. Facility cases will continue to be manually entered into FACTS as previously done.

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First Name:	Last Name:	Date of Birth:	Age:
FACTS Case Number:	Projected ROC:	Date Completed:	Gender:

Section 1: My Identifying Documents
Review for all youth ages 14 and older
 These important documents are critical for your transition to adulthood and are required for you to have before you leave care.
 What documents do you have and what do you still need before you leave care?

Vital Personal Documents	Current Document Status	Where is the document located?
Educational History: <i>Copies of transcripts, report cards, names and addresses of schools attended, etc.</i>	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Social Security Card issued by SSA	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Valid State-Issued License, Permit or Photo Identification	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
An Official or Certified Copy of Birth Certificate	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Immunization Records	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Medical History: <i>Including current medical treatment, current providers and medications</i>	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Copy of Medical and Genetic Information	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Social History: <i>Including release of allowable records from time in custody</i>	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Life Book	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	

The documents below are needed as youth attains age 18.

Copy of Consumer Credit Report	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Medicaid Card/Health Insurance information	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Tribal Enrollment Card/Tribal Documentation	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Voter Registration	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Selective Service Registration	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Citizenship/Immigration Documents	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Healthcare Proxy or Medical Power of Attorney	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
DCF Custody Verification Letter	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	

Do you have a safe place to keep your important documents when released from custody? Yes No
Per DCF Policy, copies of third party information may not be released without written permission from the originating source.

Steps my case manager and I need to take to obtain my identifying document(s):

- 1.
- 2.
- 3.

Section 2: Getting to Know You
Required for all youth ages 14 and older (Attach additional pages as needed.)

What I would like people to know about me:
Examples: interests/hobbies, what you like to do for fun, likes/dislikes, etc.

What I would like people to know about my culture and things that are important to me:
What holidays do you celebrate? Do you attend church? If so, which one? What other events or values are important to you?

My greatest strengths and talents are:
Examples: get along well with others, study hard in school, create art/music, express feelings in a healthy way, etc.

The top three things that I need most right now are:

I think that these things could change if:

When I am an adult, I want to be:

Some things that I would like to accomplish are: *(list short-term and long-term goals)*

Section 3: Life Skills <i>Required for all youth ages 14 and older</i> What skills have you already learned and what areas you would like to strengthen?		
Specific Skill	Youth Assessment	Placement/Worker Assessment
Laundry (<i>washing, drying, folding, stain removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.</i>):	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Grocery Shopping (<i>understanding sales/coupons, making healthy meal choices within a budget, buying ingredients for a recipe, etc.</i>):	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Cooking/Meal Preparation (<i>preparing meals with multiple ingredients, basics of cooking, kitchen safety, etc.</i>):	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Self-Care/Hygiene: (<i>bathing, shaving, caring for your teeth, nail and hair care, use of deodorant and other hygiene products, exercise, healthy stress management, etc.</i>)	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Communication Skills: (<i>making appointments for keeping a schedule, setting up an e-mail, and communicating in a professional manner</i>)	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:

<p>Healthy Living Environment: <i>(dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)</i></p>	<p><input type="checkbox"/> I feel confident in performing this skill.</p> <p><input type="checkbox"/> I need support as I continue developing this skill.</p> <p><input type="checkbox"/> I have limited experience and will need assistance in developing this skill.</p>	<p>Describe the youth's level of competency:</p>
<p>Money Management/Budgeting: <i>(saving money, budgeting for bills and groceries, understanding the pros and cons of student/car loans, credit cards, payday loans, etc.)</i></p>	<p><input type="checkbox"/> I feel confident in performing this skill.</p> <p><input type="checkbox"/> I need support as I continue developing this skill.</p> <p><input type="checkbox"/> I have limited experience and will need assistance in developing this skill.</p>	<p>Describe the youth's level of competency:</p>
<p>Accessing Community Resources/Public Transportation <i>(bus/taxi services; emergency resources for food, clothing, and shelter; crisis/emergency services, etc.)</i></p>	<p><input type="checkbox"/> I feel confident in performing this skill.</p> <p><input type="checkbox"/> I need support as I continue developing this skill.</p> <p><input type="checkbox"/> I have limited experience and will need assistance in developing this skill.</p>	<p>Describe the youth's level of competency:</p>
<p>Have you completed a Casey Life Skills Assessment (CLSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>(If yes, please attached most recent CLSA.)</i></p>		
<p>Becoming an Adult</p>		
<p>My thoughts about becoming an adult are:</p>		
<p>Some things I would like to learn before I become an adult are:</p>		
<p>Placement/Worker Assessment- specific suggested areas of life skill development include:</p>		

My Plan for Successful Adulthood

Section 4: My Education Plan <i>Required for all youth ages 14 and older</i> <i>Plans for your educational and career goals.</i>			
Current Student Status: <i>(Ages 14 and older)</i>			
<input type="checkbox"/> Current or Most Recent School Attended: _____		<input type="checkbox"/> Highest grade completed: _____	
Vocational Supports: Do you have any of the following? (check below) (Ages 14 and older)			
An Individualized Education Plan (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Visual/Hearing Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Use of an Assistive Device for Learning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Other Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
I intend to complete my (check below): (Ages 16 and older)			
<input type="checkbox"/> HS diploma at (name of school): _____			
<input type="checkbox"/> GED at (name of school): _____ Testing completed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Obtain a Vocational Certificate at (name of school): _____			
<input type="checkbox"/> Post-secondary training/degree at (name of school): _____			
Highest Level of Education Completed: <i>(Ages 16 and older)</i> <input type="checkbox"/> # of Credits Earned _____ <input type="checkbox"/> HS Diploma (name of school) _____ <input type="checkbox"/> GED <input type="checkbox"/> College Credits <input type="checkbox"/> Technical Training			
If enrolled in high school or GED, I have:			
<input type="checkbox"/> Completed ACT or SAT Entrance Exam <input type="checkbox"/> Completed a Kansas Kids @ Gear Up Application <input type="checkbox"/> Bought or Have Been Provided Materials/Books <input type="checkbox"/> Paid Registration Fees			
I would like more information about the following:			
<input type="checkbox"/> A-OK Program	<input type="checkbox"/> Gear Up	<input type="checkbox"/> FAFSA Application	<input type="checkbox"/> Tuition Waiver
<input type="checkbox"/> Tutoring	<input type="checkbox"/> First-Aid/CPR	<input type="checkbox"/> IEP/504 Plan	<input type="checkbox"/> Scholarships
<input type="checkbox"/> Choosing my Classes	<input type="checkbox"/> Dual Credit Classes	<input type="checkbox"/> Credit Recovery	<input type="checkbox"/> Bullying/Anti-Bullying
<input type="checkbox"/> Feeling Alone on Campus	<input type="checkbox"/> Sports/School Activities	<input type="checkbox"/> Military Education	<input type="checkbox"/> Educational Counseling
<input type="checkbox"/> Help with Choosing Electives (High School Level)	<input type="checkbox"/> Vocational Rehabilitation (VR)	<input type="checkbox"/> Understanding Student Loans and Financial Aid	<input type="checkbox"/> Pre-Employment Transition Services (Pre-ETS)
<input type="checkbox"/> Contacting My School Counselor	<input type="checkbox"/> Test Preparation (ACT/SAT)	<input type="checkbox"/> College Campus Tours	<input type="checkbox"/> Upward Bound
<input type="checkbox"/> Applying for an Education Program	<input type="checkbox"/> Senate Bill 23 (Graduation requirements for youth experiencing foster care) (KS Statute #38-2285)	<input type="checkbox"/> Obtaining Education with a Disability (Federal WIOA H.R 803 Section 422)	<input type="checkbox"/> Other:

What I need to do to achieve my education goal(s) and what supports I have identified are needed to accomplish this:
(Enroll, submit FAFSA application, talk to an advisor, scholarships, meet with school counselor, pick my elective classes, etc.)

Section 5: Youth Advocacy
Required for all youth ages 14 and older
Kansas is proud to have councils that support youth who have experienced foster care, to ensure that youth's voices are heard for advocacy and to promote change within the child welfare system.
"Nothing About Us, Without Us!"

Kansas Youth Advisory Council & Regional Youth Advisory Council: *(check below)*

I have been to a Regional Youth Advisory Council (RYAC) event: Yes No Unsure

I have been to Kansas Youth Advisory Council (KYAC) event: Yes No Unsure

I am interested in KYAC and /or RYAC: Yes No Unsure

I would need help getting rides to KYAC and/or RYAC meetings: Yes No Unsure

Section 6: My Connections Plan
Required for all youth ages 14 and older

Who could you call for issues related to money, job, transportation, school, housing, physical or emotional health? Who could you call for general/everyday support when you need it?

Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	

I see him/her as much as I would like to: Yes No I would like him/her at my case planning meetings: Yes No

Mentor Supports:

I would like help finding a supportive adult/mentor: Yes No I already have a mentor

Would you or this mentor be interested in participating in YouThrive? Yes No Unsure

If you already have a mentor, please list their name and contact information:

Section 7: My Health/Well-Being
Required for all youth ages 15 and older
Taking care of yourself is important. Without health insurance, you could end up with large bills for having to see a doctor.

My Medicaid or other health insurance provider is: (check below)

United Sunflower Aetna Other:

My Primary Care Doctor is:	Phone:
My OB/GYN Doctor is:	Phone:
My Eye Doctor is:	Phone:
My Mental Health Provider is:	Phone:
My Preferred Pharmacy is:	Phone:
My Dentist is:	Phone:
My Other Provider is:	Phone:
My Other Provider is:	Phone:

I know how to: (check below)

Schedule Appointments Fill Prescriptions Take Medications as Prescribed Obtain/Use Birth Control
 Ask for Help Other:

I take the following medications: (list all medications and the reason they are prescribed): or I am not taking medications

Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:

Do you understand the short-term and/or long-term effects of the medications you are taking? Yes No

Do you plan to continue taking your prescribed medications after being released from custody? Yes No
If No, please work with your case manager to set up an appointment for medical guidance from a professional.

Are you receiving any HCBS waiver services or supports from a Community Developmental Disability Organization (CDDO)?
 Yes No

If "Yes," list service provider(s) names and contact information:

I would like more information on: (check below)

<input type="checkbox"/> Changing Doctors	<input type="checkbox"/> Communicating with my Doctors	<input type="checkbox"/> Sobriety Support
<input type="checkbox"/> Scheduling Appointments	<input type="checkbox"/> Applying for Medical Insurance	<input type="checkbox"/> LGBTQI Supports
<input type="checkbox"/> Filling Prescriptions	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Taking Medications as Prescribed	<input type="checkbox"/> Mental/Emotional Health	<input type="checkbox"/> Domestic Violence Resources
<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Abstinence/Sexual Health	<input type="checkbox"/> Renewing Health Insurance
<input type="checkbox"/> Obtaining/Using Birth Control	<input type="checkbox"/> Tobacco Use/Quitting	<input type="checkbox"/> Weight Management
<input type="checkbox"/> Healthy Habits	<input type="checkbox"/> Connecting to Community Resources	<input type="checkbox"/> Other:

Section 8: My Employment/Financial Plan

Required for all youth ages 16 and older

My Current Employment Status (Check all that apply):

Full-Time Part-Time Volunteering Disabled Student
 Active Job Search Unable to Work Internship/Work Study No Work History

I would like more information about the following topics:

<input type="checkbox"/> Job/Career Fairs	<input type="checkbox"/> Opening a Checking/Savings Account	<input type="checkbox"/> Understanding My Credit
<input type="checkbox"/> Interviewing (<i>dress for success</i>)	<input type="checkbox"/> Completing Job Applications	<input type="checkbox"/> Saving Money for My Future
<input type="checkbox"/> Finding a Job with Criminal History	<input type="checkbox"/> Creating a Resume/Cover Letter	<input type="checkbox"/> Understanding Taxes and W-2s
<input type="checkbox"/> Vocational Rehabilitation (<i>VR</i>)	<input type="checkbox"/> Finding a Job	<input type="checkbox"/> Job Corp
<input type="checkbox"/> Jobs for America's Graduates-Kansas (<i>JAG-K</i>)	<input type="checkbox"/> Pre-Employment Transition Services (<i>Pre-ETS</i>)	<input type="checkbox"/> Joining the Military (<i>Army, Air Force, Navy, Marines, Reserves</i>)
<input type="checkbox"/> Credit Recovery Programs	<input type="checkbox"/> Online Banking/Bill Pay	<input type="checkbox"/> Job Shadowing
<input type="checkbox"/> Applying for/Understanding Social Security Benefits (<i>SSI/SSDI</i>)	<input type="checkbox"/> Obtaining Employment with a Disability	<input type="checkbox"/> Other:

Have you completed a career assessment such as ONET, My Next Move, OneStop, or another tool? (check below)

Yes No Unsure *If yes, when?*

What were the results?

Would you like to complete a career assessment, to see what jobs might interest you? Yes No Unsure

What are some jobs or careers that interest you?

Financial Awareness:

Do you have a checking account? Yes No Do you have a savings account? Yes No

If yes, who has access to your account(s)? _____

Would you like to open a checking/savings account? Yes No

Who can help you set up a banking account? _____

Do you understand fees that are associated with a bank and/or debit card? Yes No

Do you have any credit cards or loans? Yes No Are you interested in financial literacy classes? Yes No

I have \$ _____ saved. My goal is to save \$ _____ per _____ (week/month) for _____

Where will you get the money from for your savings? _____

Who will have access to the money that you are saving? _____

The estimated cost of my housing plan is: \$ _____ per month semester year (*check one*)

Where will you get the money to pay for your housing? _____

Who will have access to your money to pay bills? _____

Some things that I need to learn regarding money before I become an adult are:

Section 9: My Transportation Plan
Required for all youth ages 16 and older

I currently have the following transportation available to me (*check all that apply*):

- Family/Friends Placement/Caseworker I have my own car I borrow a car
 Paid Ride Service/Taxi Bike Walk Bus Other:

I need transportation to: (*check all that apply*)

- School Employment Recreation Appointments Complete My Restricted License Other:

If you own a vehicle:

Who is it registered to? (*list all names on registration*)

When do the tags expire?

Insurance company name:

Insurance policy number:

Drivers listed on the policy:

When does the insurance expire?

When does your driver's license expire, *if applicable*?

My understanding of car repair/upkeep is: (*oil change, gas, regular maintenance, etc.*)

I know how to keep my car in working order by: (*change a tire, pick the correct gas, change my oil etc.*)

I would like to learn how to perform regular car upkeep/repair: Yes No Unsure

My Legal Driving Status: Youth ages 16 and older

I currently have a: Valid Driver's License Valid Restricted Driving Permit Valid Learning Permit
Expired License/Permit No Permit/License Suspended License Other:

I am interested in getting my: Driver's License Restricted Driving Permit Learning Permit
Taking Drivers Education Completing Driving Hours Practicing the Permit Test Other:

What I see as a barrier to me obtaining my license is:

Section 10: My Housing Plan <i>Required for all youth ages 17 and older</i>			
Where I currently live:			
<input type="checkbox"/> Foster Home <input type="checkbox"/> Relative <input type="checkbox"/> Non-Relative <input type="checkbox"/> Group Facility <input type="checkbox"/> Shelter <input type="checkbox"/> Detention <input type="checkbox"/> Secure Care <input type="checkbox"/> Other:			
My options for housing, once I am released are: (select all that apply)			
<input type="checkbox"/> Apartment/House <i>If so, are you on the lease?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Group Home	<input type="checkbox"/> Military Housing	<input type="checkbox"/> College Dorm
<input type="checkbox"/> Supportive Adult	<input type="checkbox"/> Friend/Non-Relative	<input type="checkbox"/> Current Placement	<input type="checkbox"/> Relative
<input type="checkbox"/> Not Ready to Think About Housing Right Now	<input type="checkbox"/> Sober Living/Halfway House	<input type="checkbox"/> Unsure of Where I Will Live	<input type="checkbox"/> Residential Community Setting
<input type="checkbox"/> Homeless/Couch Surfing	<input type="checkbox"/> No stable housing	<input type="checkbox"/> Homeless Shelter/Streets	<input type="checkbox"/> Domestic Violence Shelter
If a stable housing plan is not in place, identify steps to take to help access housing supports to ensure your safety: 			
I have completed the following to develop my housing plan:			
<input type="checkbox"/> Looked into housing rental ads	<input type="checkbox"/> Secured a co-signer, if needed	<input type="checkbox"/> Contacted specific housing	
<input type="checkbox"/> Developed solid plans with potential roommates/family members	<input type="checkbox"/> I have budgeted and am able to pay my monthly expenses	<input type="checkbox"/> In person apt/house hunting	
<input type="checkbox"/> Applied for affordable housing <i>(Section 8, HUD or income-based housing)</i>	<input type="checkbox"/> Secured deposits, if needed	<input type="checkbox"/> Other:	
I understand which utilities I will be responsible for and about how much they will cost me each month. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
What utilities will you have to pay each month? _____			
What resources do you plan to use if you don't have enough money to pay rent/bills?			
I would like more information regarding:			
<input type="checkbox"/> Locating Housing <input type="checkbox"/> Applying/Budgeting for Housing <input type="checkbox"/> Signing a Lease <input type="checkbox"/> Affordable Housing <input type="checkbox"/> Utility Deposits/Costs <input type="checkbox"/> Other:			
Who I plan to live with: (name, relationship and address, if applicable)			

This Section to be Completed by Case Worker:

Summarize progress made since last transition plan meeting (required).

List any concerns that you have regarding the youth's plan to transition into adulthood.

Each entry shall include the name of the staff member completing the update and the date.

Empty box for case worker input.

A large empty rectangular box with a double-line border, occupying the majority of the page. It is intended for content, likely a plan or narrative related to the document's title.

Transition Plan for Successful Adulthood: Participant Signatures & Date of Completion	
<i>Youth feedback:</i> (comments)	<i>Concerns about your plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Youth Signature/Date:</i>	
<i>Case Manager feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Case Manager Signature/Date:</i>	
<i>DCF IL Coordinator feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>DCF IL Coordinator Signature/Date:</i>	
<i>Supportive Adult feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Youth-Selected Supportive Adult Signature/Date:</i>	
<i>Supportive Adult feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Youth-Selected Supportive Adult Signature/Date:</i>	
X	
Other Attendee Signature	Date
X	
Other Attendee Signature	Date
X	
Other Attendee Signature	Date

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Section 11: Exit Plan

This section must be completed within 90 days of prior to release from custody. If the exit plan is unable to be completed within 90 days prior to release of custody due to extenuating circumstances and exception has been granted per PPM 0100 the exit plan shall be completed as soon as possible and no later than 45 days after release from custody.

This plan is to be completed with the Youth, Case Manager and DCF Independent Living Coordinator.

Revisions must be made to ensure the youth's transition plan reflects accurate post-release information. Federal requirements are listed below and shall be addressed and finalized prior to release from custody.

After release, my contact information will be as follows: (Please fill in the information below.)

Address:

Email:

Phone:

Social Media:

If this plan falls through, the address for my back up plan is: (Please fill in the information below.)

Address:

Phone:

Alternate Email or Name of Social Media Contact who will know where you can be located:

Do you have any children? Yes No If yes, how many?

Are you currently expecting a child? Yes No If yes, how many?

If you have children or are expecting a child, what services are you receiving to assist you and your children? (list below)

Check the box(s) for documents you have in your possession:

State Photo Identification Medical Card Citizenship/Immigration Documents

Life book Social Security Card (*not a copy*) Driver's License (*currently valid*)

Copy of Immunization Records Educational Records Diploma/GED

Letter Verifying Custody Medical Power of Attorney, if requested

Copy of the PPS 5340 Medical and Genetic Information for Child

Original or Certified Copy of Birth Certificate

If planning to finish your high school diploma or GED, have you enrolled in classes? Yes No N/A

If planning to attend college or other training program, have you enrolled in classes? Yes No N/A

If planning to work, are you employed? Yes No N/A

If employed, what is your employer's name and address?

List the name, address, and phone number of up to five people who would know how to contact you after release from the Secretary's custody:

(By providing emergency contact information, I agree to allow DCF to contact these individuals in efforts to locate me. I understand that DCF will not release any information about my case to these contacts.)

Name:	Phone number:	Address: Email:
Name:	Phone number:	Address: Email:
Name:	Phone number:	Address: Email:
Name:	Phone number:	Address: Email:
Name:	Phone number:	Address: Email:

National Youth in Transition Database (NYTD):

(Final Rule: Section 477 of the Social Security Act)

The National Youth in Transition Database (NYTD) helps Kansas measure success in preparing youth for the transition from foster care to adult living by surveying youth at 17, 19, & 21 years of age.

You may be contacted at age 19 and 21 and asked to complete a survey by DCF Independent Living staff.

If you have any NYTD questions, please email: KS.NYTD@dcf.ks.gov

Medical Power of Attorney/Living Will: *(Federal Reg. 475(1) F)*

It is important that you choose a trusted adult, in case there is an emergency and you become unable to make medical decisions for yourself. Having a Medical Power of Attorney will protect you in emergency situations. This adult would make decisions for you only if you were seriously injured, critically ill, or became unable to speak regarding medical treatment. If you do not have a formal Medical Power of Attorney, then you risk having someone that you may not trust making these decisions for you.

When you select a trusted adult for this document, we can help you obtain the needed document.

Have you selected a trusted adult to make important decisions regarding emergency medical treatment? Yes No

Do you have documentation for your selected Medical Power of Attorney? Yes No Unsure

The person who I would like to list as my "Health Care Power of Attorney" is:

Name: Phone: Email:

What services/supports are you interested in receiving from DCF, if eligible? Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aged Out Medical Card | <input type="checkbox"/> Life Skills | <input type="checkbox"/> Independent Living Subsidy |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Case Management | <input type="checkbox"/> Tuition Waiver |
| <input type="checkbox"/> Access to Medical Services | <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Community Resources |
| <input type="checkbox"/> Accessing Mental Health | <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Start Up Assistance |
| <input type="checkbox"/> Childcare Assistance | <input type="checkbox"/> Other | <input type="checkbox"/> Pre-ETS/Voc. Rehab Services |
| <input type="checkbox"/> YouThrive Program Referral | <input type="checkbox"/> Crisis Care Information (<i>specific to the community that I plan to live in</i>) | |
| <input type="checkbox"/> Completion of Secondary Education (<i>High School Diploma or GED</i>) | | |

DCF Independent Living Coordinator Contact Information:

Name: _____ Office Location: _____

Phone: _____ Email: _____

Regional Group Email: _____

Exit Plan Participant Signatures & Date of Completion:

Youth's Signature _____ **Date** _____

Case Manager's Signature _____ **Date** _____

DCF IL Coordinator or Designee's Signature _____ **Date** _____

Send the Final PPS 3059 My Plan for Successful Adulthood forms along with the completed Exit Plan (*Section 11*) to the DCF Independent Living regional email for the region where the youth will be located or has requested services. All provider referrals shall have copies of the following attached as applicable: copies of the youth's identifying documents, PPS 3050 series, confirmation the youth has been assisted with applying for Aged Out Medical (*if eligible*), and the last completed Casey Life Skills Assessment (CLSA).

The PPS 3059 serves as the formal transition plan document required by Federal and State policy, in accordance with the Family First Prevention Services Act of 2018. It is crucial that workers understand that transition planning with youth is a process that is to be completed through close youth engagement. It is to be used as a tool to help youth assess their strengths and needs, and to address any current or future challenges while preparing them to for their transition to adulthood. The My Plan for Successful Adulthood is the form to be used for all youth in the custody of the Secretary of DCF who are 14 or older, regardless of case plan goal. The My Plan for Successful Adulthood shall be updated prior to the case planning conference. The My Plan for Successful Adulthood shall be reviewed at the case planning conference to ensure that the youth's goals and needs are being addressed and progress is being made toward a successful transition.

The transition plan is a strategy for assisting youth in achieving self-sufficiency. This plan should be viewed as a process that is youth-centered and focuses on the long-term goals of the youth by breaking them into smaller short-term goals. The PPS 3059 is initiated prior to the case plan when the youth is 14 or older and is updated prior to each case plan thereafter. It shall be forwarded to the court with the court report form/cover sheet and attached to each case plan.

See section 3214 of the PPS PPM for more information.

▪ **Guidelines for Completion**

Youth shall be involved in developing the My Plan for Successful Adulthood. Planning must be guided by the youth's wishes, hopes and dreams. Case workers shall work directly with the youth to ensure that the youth's goals are attainable and that the youth is provided access to work toward their goals. This form shall be completed together in a collaborative manner between the youth, the case manager, and other supportive adults involved in the youth's life, as applicable, including the youth's parent(s) and birth family, foster parents, residential caregiver, kinship connections, and/or mentor. The process shall be youth-directed and based upon encompassing the youth's goals for the future, while utilizing the strengths-based perspective. Based upon the youth's age and maturity level, it is encouraged that each section of the plan be utilized as prompts for guiding case management discussions during monthly worker/child visits with the youth. Introduce the section domains over a period of time to allow the youth to become familiar and comfortable with the form. There are specific section domains that are not required to be completed at age 14, but these sections may be completed, if appropriate, when considering age and maturity factors. The form utilizes personalized wording such as "My Education Plan" and "I need support as I continue..." to encourage youth ownership in the planning process.

The form must be updated prior to each case plan to reflect the sections of the plan that have been discussed with the youth. Participants may type in the form, adding new content each time the plan is updated. The form must be reviewed at each case planning conference. The case manager shall document on the form which sections of the plan were not discussed during the current review period. The form must be completed in its entirety prior to the youth's exit interview. This document is expected to change over the course of the youth's years leading up to adulthood. The information on this form may be maintained with new information added as the document is updated over time. It is appropriate for this document to serve as a historical tracking tool, to assist the youth in documenting/observing their growth, progress, and achievements towards transition into adulthood.

- The top of the PPS 3059 is identifying information about the youth.
- The "Summarize goal progress since the last transition plan update" is intended to reflect ongoing progress for the youth. The summary of progress after initial completion shall include all previous updates to the plan and concerns about the plan, indicated by date with the top entry as the most recent, and shall specify the first and last name of the case manager or family support worker updating the plan. The summary shall reference the section(s) the information is updating.

- The My Plan for Successful Adulthood shall be signed and dated each time transition planning occurs.

- **Section 1: My Identifying Documents (Required for all youth ages 14 and older)**
(PPM 5259, 3214) (Section 475 of the Social Security Act) (Section 603(d) Fair Credit Reporting Act)
Section 1 of the My Plan for Successful Adulthood transition plan focuses on the youth's identifying documents. The status of each personal document shall be checked, along with a location for who has physical possession of these documents. The step(s) needed to be taken shall identify what documents are missing and the plan for obtaining the missing documents prior to release from custody. It is of vital importance that the youth is assisted in obtaining their identifying documents. These documents are required upon release from custody and provide the youth with the essential documents needed to secure employment, housing, appropriate mental health and medical treatment, continued education, as well as a historical reference of their identity from their childhood. Having these documents in the youth's possession upon release is essential to their successful transition. Progress shall be noted at each subsequent update following the initial plan development. Youth shall be provided these documents upon leaving care. Youth shall be guided with development of a secure place to keep all identifying documents upon release from custody.

- **Section 2: Getting to Know You (Required for all youth ages 14 and older)**
Section 2 of the My Plan for Successful Adulthood transition plan focuses on the important details of the youth's specific interests, culture, concerns, strengths, abilities, needs and preferences. This section is intended to be youth-driven and to empower the youth's voice and participation in planning for their own transition to adulthood. By personalizing the transition plan document, it provides an opportunity for the youth to take ownership and become more goal-oriented in the development of their plan.

- **Section 3: Life Skills (Required for all youth ages 14 and older)**
Section 3 is intended to assess the basic skills needed to successfully live independently as an adult. The categories are broken down for the youth, case worker, and placement to assess the youth's skill set in each domain. By assessing the youth's competency in these essential life skills at age 14, the youth is given additional time and support to develop competency in these areas prior to transitioning into adulthood. The youth's progress towards life skills competency is documented on the My Plan for Successful Adulthood transition plan to support the youth in remaining focused on their needs to prepare for adulthood and self-sufficiency.

- **Section 4: My Education Plan (Required for all youth ages 14 and older)**
Section 4 of the My Plan for Successful Adulthood transition plan shall include a strategy for the youth to complete their secondary education, which may include an alternative educational program or a GED. Plans for higher education shall be addressed by indicating if the youth plans to attend college, junior college, or a vocational school. Educational settings and financial assistance shall be addressed, and steps to transition from high school to further education shall be included in tasks on the case plan. If the youth is receiving special education services, the IEP/504 plan shall be coordinated. If it is identified the youth is behind in attainment of their secondary education, the case manager shall assist the youth in checking for missing secondary education credits. The youth shall also be assisted in checking to see if Kansas State Statute #38-2285 applies, also known as Senate Bill 23. This provision allows for foster youth to attain a minimum of 21 credit hours. Additional information can be located on the Kansas State Department of Education (KSDE) website. The step(s) needed to be taken shall address what has been check marked underneath the heading, "I would like more information..." The worker shall assess if the youth has a disability or is receiving educational supports through an Individualized Education Plan (IEP) or a 504 plan and refer the youth to Vocational Rehabilitation and/or Pre-ETS, if it is determined that the youth may be eligible for these services.

- **Section 5: Youth Advocacy (Required for all youth ages 14 and older)**
Section 5 is an evaluation of the youth's awareness of regional and statewide councils (KYAC and RYAC) and assesses the youth's interest in participation. The youth shall be provided with information on the Kansas Youth Advisory Council (KYAC) and the Regional Youth Advisory Councils (RYAC) to ensure that the youth has been given the opportunity to participate in advocacy groups and to promote youth normalcy.
- **Section 6: My Connections Plan (Required for all youth ages 14 and older)**
Section 6 is a strategy for developing Connections for Success via individuals, community supports, and services. The relational supports a youth has or will have shall also be documented. An individual shall be listed for help with overall/everyday living. Community supports may include mentors, legal guardians, faith-based organizations, community agencies (Mental Health Centers, CDDOs, Independent Living Centers, etc.), DCF divisions (Rehabilitation Services, APS), family, and other relationships the youth has established. Mentor programs shall be discussed and documented with the youth. Youth shall be given the opportunity to participate in a mentor/supportive adult relationship and the case worker shall assist in facilitating the resources to do so. Each youth shall be given the opportunity to invite up to two supportive adults of their choice to participate in their case planning.
- **Section 7: My Health/Well-Being (Required for all youth ages 15 and older)**
Section 7 is a strategy for addressing the youth's health needs, including where the youth will receive services and how they will be paid for. Continuing coverage by Medicaid shall be explained in the transition plan. If the youth is receiving mental health services or taking medication, plans for the continued assessment of need, provision of the prescriptions necessary, and payments shall be made. If the youth is eligible for HCBS services and/or is receiving services from a CDDO, this shall be included in the information and the case manager(s) from the agency or agencies shall be included in the transition planning.
- **Section 8: My Employment/Financial Plan (Required for all youth ages 16 and older)**
Section 8 is a strategy for employment and financial literacy. In addition to employment, the plan may include other financial supports such as Independent Living funds, HCBS waivers, and SSI. Vocational training and support, self-employment, supported employment and Working Healthy options shall be explored. Youth shall be assisted in accessing their local Workforce Center's Youth Education, Employment, & Training Programs via the Workforce Investment Opportunities Act (WIOA). The step(s) needed to be taken shall address what has been check marked underneath the heading "I would like more information..." The worker shall assess if the youth has a disability and refer the youth to Vocational Rehabilitation and/or Pre-ETS, if it is determined that the youth may be eligible for these services.
- **Section 9: My Transportation Plan (Required for all youth ages 16 and older)**
Section 9 is a strategy for addressing the youth's transportation needs. Transportation options may include walking, bicycling, bus rides, arrangement of rides with friends, plans for purchasing a car, or completing driver's education. Youth shall be guided in the development of the fiscal cost of their intended transportation plan and ways the youth can achieve the plan. This section shall provide a tangible goal of saving money for a vehicle purchase or provide a sustainable plan for transportation upon transition into adulthood.
- **Section 10: My Housing Plan (Required for all youth ages 17 and older)**
Section 10 is a strategy for where the youth will live once they are no longer in foster care. Housing options include the youth living in their own apartment, an adoptive home or permanent custodianship/guardianship arrangement, relatives, college dormitory, or some other type of setting. The youth shall be guided to formulate a plan that is achievable. The PPS 7000A

Independent Living Monthly Budget Plan can be utilized to assist the youth in financially planning housing options. This section shall describe the youth's plan for housing and where the youth will go if their housing plan were to no longer be a safe or viable option. It is important to list the contact information for housing plans if the youth has those details available to them. If the youth does not have a safe and viable housing plan, substantial efforts shall be documented that show resources have been provided to the youth and safe housing options have been explored in order to avoid homelessness. A safety plan shall be documented to show the youth has access to emergency shelter and food within their community.

- **Section 11: Exit Plan (Must be completed within 90 days of prior to release from custody. If the exit plan is unable to be completed within 90 days prior to release of custody due to extenuating circumstances and exception has been granted per PPM 0100 the exit plan shall be completed as soon as possible and no later than 45 days after release from custody.)**

Section 11 shall be completed immediately prior to release from custody in conjunction with the youth, case manager, and DCF Independent Living Coordinator or designee.

- The youth's contact information after release of care shall be indicated, along with a back-up contact. If the youth is willing, a back-up contact shall be listed to include a possible contact available on social media.
- Boxes shall be checked indicating the individual documents the youth has been provided along with the area identified for secure storage of these documents. The youth shall have all of their listed documents in their possession prior to the release from custody.
- The youth's most recent plans shall be indicated for education and employment.
- Five individuals who would know how to contact the youth shall be listed.
- The youth shall be informed they may be surveyed at 19 and 21 years of age for the National Youth in Transition Database (NYTD).
- The Medical Power of Attorney/Living Will section shall be explained in its entirety. The case worker shall assist the youth in formally selecting a trusted adult to make medical decisions on the youth's behalf, should a situation arise where the youth were to become incapacitated for any reason. Not only is this a Federal requirement but selecting a Medical Power of Attorney helps prepare the youth to plan for emergencies and unforeseen circumstances where the youth may not be able to communicate their needs and treatment preferences.
- Indicate the services and supports the youth is interested in receiving from DCF Independent Living after release of custody.
- The youth shall be provided the DCF's Independent Living Coordinator's contact information.
- Participants in the Exit Plan shall sign and date when the Exit Interview has been completed and document any concerns surrounding the plan that the youth has developed.
- The youth shall be provided a copy of their completed My Plan for Successful Adulthood, with the Section 11: Exit Plan completed.
- The following documents shall be sent to the DCF Independent Living team email, to the region where the youth will be located or has requested services immediately prior to release of custody: copies of the youth's identifying documents, the PPS 3050 series, confirmation the youth was assisted in applying for Aged Out Medical, if eligible, and the last completed Casey Life Skills Assessment (CLSA).



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3233 Development of Objectives and Activities

When developing objectives for the family and child, consideration shall be given to the strengths and needs of each family member. The objectives shall relate to the results of assessments, and designed to help the family overcome barriers to the child remaining at home or returning home. The objectives, activities and behavioral changes expected are to be listed on the PPS 3050 or 3051, Section 3.

A. Objectives

1. Objectives shall relate to presenting problems, not prior or anticipated problems.
2. There shall be at least one but no more than three objectives listed with the associated activities and responsibilities. The objectives shall be taken from the PPS 2020~~2030F~~. (See Section 2820 for FBA timelines.)
3. The case plan shall contain at least one objective that addresses the safety of the child and the reason why the child came into custody.
4. Objectives shall be measurable and shall state an end result (i.e., what changes will be made).

B. Activities

1. Specific activities to be accomplished by the parents, child and/or other members of the household shall be identified;
2. Activities shall be written at the parent's and/or youth's level of understanding;
3. Activities shall be listed in the order of priority;
4. Activities shall identify specifically what shall be done, by whom, how, and in what time frames;
5. There may be multiple activities and multiple persons assigned responsibility for completion of the tasks;
6. Activities shall address needs identified through the CLSA.
7. Activities to develop or enhance a support network shall be a part of the case plan.

C. All youth age 14 and older shall have a PPS 3059 My Plan for Successful Adulthood (refer to PPM 3210 and 3214 for steps to include).

D. All youth must be involved in all planning conferences related to their future and shall help design their plan for self-sufficiency.

E. Behavioral Change Expected

1. Behavioral change expectation statements shall indicate what qualitative, visible differences will occur as a result of the services provided.
2. Each objective listed in the case plan shall have a behavioral changes expectation identified.
3. Parents' input shall be considered
4. The statements shall be individualized for the specific family
5. The language used shall be easily understandable.

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3811 Entering Plan Type

1. Family Case Plan

Family Case Plan (FP) type is entered on each non-custody member of the family who is the subject of a service or specific task.

2. Law Enforcement (LE) Plan

A law enforcement plan (LE) type is entered to document a child or youth's episode of police protective custody. The begin date is the date the child was placed in police protective custody. If this date precedes the case open date, refer to PPM 1872 regarding date to use for case open date on CASE screen. For law enforcement protective custody, the end date of the LE plan is the date child returns home from law enforcement protective custody or enters DCF custody.

Placements in an emergency shelter prior to agency custody are considered a protective action service (PR08N), not a placement (FO...) code. See PPM section 2832 for additional information.

3. Child Custody Plan

A child custody plan type (CC) shall be entered for each child in the custody of the Secretary of DCF who has been ordered by the court to be removed into an out of home placement. The begin date of a CC plan is the date the child was ordered by the court to be removed into out of home placement and in agency custody. This information is located on an order of DCF protective, temporary, or adjudicated custody, whichever comes first. If the custody date precedes the case open date, enter the case open date. If the child's first out of home placement is either a locked facility or hospital for acute care and the child has not been referred to a foster care provider, enter an SC plan and refer to PPM section 3811E (SC plan). If the child ran or family ran with child prior to DCF having physical custody of child, then first placement is AWOL (FO09N) on a CC plan. The end date of a CC plan type is either the date the child is released from custody. Prior to July 1, 2022, a CC plan was closed and a RC plan was opened if the child had been placed at home for a period of 6 months or longer and was not yet released from custody. Also, prior to July 1, 2022, a CC plan was closed and an EC plan was opened if the youth was 18, still in custody and no longer IV-E eligible (GA01N) or 19 years of age and still in custody regardless of IV-E eligibility. As of July 1 2022, EC and RC plan types will no longer be opened, and the current CC plan will remain open until the child is released from custody as per federal guidelines. or the date the child had been placed back home for a period of 6 months, the date a youth age 18 is no longer IV-E eligible, or the date an individual turns age 19, whichever comes first. When a CC plan type ends, discharge information is required per PPM 3835. If the youth is placed at home and while on a CC plan turns 18, keep youth on the CC plan until discharged or placed at home for 6 months, whichever comes first. Discharge reason is reunification (RU). If youth still has not been discharged after 6 months, close the CC plan and open an RC plan. No EC plan is required in this situation. The reason for discharge for youth age 18 who are no longer IV-E eligible (GA01N) or individuals who turn age 19 and are no longer IV-E eligible (GA01N), whichever comes first, is emancipation (EM) unless they are already placed at home (FO06N) on CC plan. This A CC plan type affects AFCARS federal requirements.

Reintegration Custody Plan

As of July 1 2022, Reintegration Custody (RC) plans will no longer be entered for children in DCF custody who have been returned home for a period of 6 months. The child will remain on the Child Custody (CC)

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Plan until they are released from DCF custody. Any existing Reintegration Custody (RC) Plans entered prior to July 1 2022, will remain open until the child has been released from custody. Prior to July 2022, A a reintegration custody plan type (RC) was shall be entered for each child in DCF custody who has been returned home for a period of 6 months and not yet released from custody. The RC plan ended when the child was released from custody. Children on RC plans who re-entered out of home placement prior to being released from custody were considered a new removal episode for purposed of AFCARS and a new CC plan was opened. Initiate (IN) the service action code FU01N with service source code FGC, and service request code of CM. The begin date of a RC plan is the day following the end of the six month period that the child was placed home. The end date of a RC plan is the date that custody is released, or the date that the child reenters out of home placement, whichever comes first. Do not enter a placement service action code. On a RC plan type there is no CORT requirement. Enter on SESS the case plan conferences after the RC plan type starts and enter the tasks and services on RESP when the new case plan is received. If a child has been placed at home for 6 months, and reenters out of home placement, this out of home placement is considered a new removal episode for the purposes of AFCARS, thus a new CC plan and removal information would need to be added. Initiate a new PR09N for each new CC plan.

5. DCF Custody Only Plan

A DCF custody only plan type (SC) shall be entered for each child in the custody of the Secretary of DCF who does not have a removal ordered. Initiate (IN) the service action code FU01N with service source code PSW and service request code of CM. The begin date of a SC plan is the date the agency received custody of the child. This information is located on an order of DCF protective, temporary, or adjudicated custody, whichever comes first. If the custody date precedes the case open date, enter the case open date. The end date of a SC plan is either the date the child is released from custody or the date the child is removed into out of home placement for reintegration/foster care services, whichever comes first. Do not enter a placement service action code. On a SC plan type there is a CORT requirement. Enter on SESS the case plan conferences after the SC plan type starts and enter the tasks and services on RESP when the new case plan is received. If a child enters the custody of the Secretary of DCF who has not been referred to the foster care provider and the child's first out of home placement is either a locked facility or hospital for acute care, then a SC plan shall be opened. Once the child has moved to a foster care like setting (i.e. foster home, relative, residential, shelter, etc.), the SC plan will be closed and a CC plan shall be opened. The removal date for the CC plan shall be the date the child was placed in the foster care like setting.

6. Emancipation Custody Plan

As of July 1 2022, Emancipation Custody (EC) plans will no longer be entered for each child in DCF custody who is age 18 and is not IV-E eligible (GA01N), or reaches age 19. The child will remain on the Child Custody (CC) Plan until they are released from DCF custody. Any existing Emancipation Custody (EC) Plans entered prior to July 1 2022, will remain open until the child has been released from custody.

Prior to July 2022, An emancipation custody plan type (EC) shall be was entered for each child still in DCF custody who is was age 18 and is was not IV-E eligible (GA01N), or reaches reached age 19. The EC plan ended when the child was released from custody. The begin date of a EC plan is either the day following the date the 18 year old is no longer IV-E eligible (GA01N), or the day following the date the individual turns age 19 and are no longer IV-E eligible (GA01N). The end date of an EC plan is the date that custody is released. Initiate (IN) a placement service action code. Do not enter a PR09N responsibility. On an EC plan type there is a CORT requirement. Enter on CORT the court dates after the EC plan type start date. Enter on SESS the case plan conferences after the EC plan type starts and enter the tasks and services on

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~~RESP when the new case plan is received. If the youth is placed at home while on a CC plan and then turns 18, keep youth on the CC plan until discharged or placed at home for 6 months, whichever comes first. Discharge reason is reunification (RU). If youth still has not been discharged after 6 months, close the CC plan and open an RC plan. No EC plan is required in this situation.~~

7. **Private Adoption Plans**

A private adoption **plan** type (PA) is used only to enter private adoptions that do not involve children in DCF custody. This **plan** type documents a non-recurring payment is made to assist a family who has adopted a child who was not in DCF custody. This **plan** type affects AFCARS requirements.

8. **Self Sufficiency Plan**

A self sufficiency **plan** (SS) is only used for youth who are not in DCF custody and are receiving independent living services as per form PPS 7000. Use the goal type of maintain with family (MFM) on a SS **plan** type. Do not enter a placement service action code. A SS **plan** is not opened on youth who are still under a CW/CBS provider. Initiate

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3840 Entering Case Planning Conference Information

All case planning conferences shall be entered on SESS. When reviews for more than one child are combined, only one session is required. Communication type is the method in which those invited to the case planning conference were given notice of the conference.

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3882 Entering Total Number of Siblings

Enter the total number of siblings on the MACL screen from the PPS 3052 form. A sibling to the child is his or her brother or sister by biological, legal, marital connection, or adoption. This number is subject to change shall the occurrence of a new birth, death, divorce that separates step siblings, adoption, etc.

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Part A: Education Best Interest Determination Staffing			
<div style="background-color: yellow; padding: 2px;"><input type="checkbox"/> No BID required - student remains in school of origin's catchment area.</div> <p>Comments:</p>			
Date Staffed:	Participants in Staffing: <input type="checkbox"/> Child Welfare Case Management Provider (CWCMP) <input type="checkbox"/> Department for Children and Families (DCF) <input type="checkbox"/> Local Education Authority (LEA)		
<p>IMPORTANT NOTE FOR Local Education Authority (LEA): If the school is participating in the Mental Health in Schools program, please ensure this document is provided to the appropriate staff at the school to coordinate any assessments or referrals needed for involvement in this program.</p>			
Names of Attendees:			
Decision Considerations: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services <input type="checkbox"/> Caregiver Requires School Move to Maintain Placement </td> </tr> </table>		<input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant	<input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services <input type="checkbox"/> Caregiver Requires School Move to Maintain Placement
<input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant	<input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services <input type="checkbox"/> Caregiver Requires School Move to Maintain Placement		
Decision Summary:			

Part B: Immediate Enrollment of a Child Placed in Foster Care			
Date of Placement:		Responsible State Agency:	<input type="checkbox"/> Department for Children and Families (DCF) <input type="checkbox"/> Kansas Department for Corrections-Juvenile Services (KDOC-JS)
As authorized by grantee of DCF: <input type="checkbox"/> Saint Francis Ministries <input type="checkbox"/> KVC <input type="checkbox"/> TFI <input type="checkbox"/> Cornerstones of Care			
Special Instructions: <ul style="list-style-type: none"> Students in foster care at any time after their 14th birthday shall be awarded a high school diploma if: Child is at least 17 years old, is enrolled or resides in the school district granting the diploma and has achieved at least the minimum high school graduation requirements adopted by state board of education. See K.S.A. 38-2285. 			

• **Education related documents can be transferred electronically using the Kansas Department of Education (KSDE) Student Record Exchange (SRE) securely.**

Section I: Student and Current Placement Information

Student Name: (First, Middle, Last)							
DOB:		SSN: (last four digits ONLY)		Phone: <input type="checkbox"/> NA		Email: <input type="checkbox"/> NA	
Placement Name(s):							
Placement Address: (Street, City, State, Zip Code)							
Placement Telephone Number(s):			Placement Email:				

Section II: School in which child is being enrolled or maintained

Unified School District (USD) Name:		USD Number:		
School Name:				
School Address: (Street, City, State, Zip)				
School Phone Number:		Fax:		
School Building Contact Name:		School Building Contact Email:		
Every Student Succeeds Act (ESSA) School District Point of Contact Name:				
ESSA School District Point of Contact Phone Number:		ESSA School District Point of Contact Email:		
Enrollment Date:		Grade:		
Check all that apply:	<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Online Learning

Section III: Last school attended

Instructions: The school of origin is the school that the child was enrolled at the time of the initial placement. If the child's foster care placement changes, the school of origin would then be the school in which the child is enrolled at the time of the placement change.

1. Unified School District (USD) Name:		USD Number:	
School of Origin Name (most recent school of attendance): <input type="checkbox"/> NA			
School Address: (Street, City, State, Zip)			

School Phone Number:		Fax:	
School Building Contact Name:		School Building Contact Email:	
Every Student Succeeds Act (ESSA) School District Point of Contact Name:			
ESSA School District Point of Contact Phone Number:		ESSA School District Point of Contact Email:	
Dates Attended:			
Check all that apply:	<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Alternative School <input type="checkbox"/> Online Learning

Section IV: Student Educational Information				
Does the student have any of the following? (Check all that apply)				
1. Individual Education Plan (IEP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Evaluation in Progress	<input type="checkbox"/> Unknown
IEP provide individualized special education and related services to meet the unique needs of the child.				
2. 504 Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
504 plans provide services and changes to the learning environment to meet the needs of the child as adequately as other students.				
3. School Behavior Contract / Management Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
4. Is the student currently suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates:	Length:
5. Is the student currently expelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates:	Length:
6. If yes to questions 4 and 5, please explain below (fighting, truancy, drugs / alcohol, etc.).				
7. Describe in detail below any special staffing needs or safety precautions.				
8. Brief description of reasons for out of home care as relevant to the learning process.				
9. List current medications below.				
10. Physical or mental health conditions as relevant to the learning process.				
11. Other information relevant to the learning process of this student.				

Section V: Legal Educational Decision Maker

Parent/Legal Guardian Name:					
Address: (Street, City, State, Zip)					
Phone Number:		Email:		Alternate / Back up Contact:	
Restricted Contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parental Rights Terminated or Relinquished:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide additional details as relevant to the learning process:					

Parent/Legal Guardian Name:					
Address: (Street, City, State, Zip)					
Phone Number:		Email:		Alternate / Back up Contact:	
Restricted Contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parental Rights Terminated or Relinquished:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide additional details as relevant to the learning process:					

Education Advocates are appointed through Families Together.

Education Advocate Name:		<input type="checkbox"/> NA	<input type="checkbox"/> In Process
Address: (Street, City, State, Zip)			
Phone Number:		Email:	
Child residing with person acting as parent (kinship relative) who meets criteria for education decision maker: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section VI: Agency Chain of Communication

First Contact- Case Manager Name:				
Address: (Street, City, State, Zip)				
Cell Phone Number:		Office Phone Number:		Office Extension:
Email:		Fax Number:		

Second Contact- Case Manager Partner Name:				
Address: (Street, City, State, Zip)				
Cell Phone Number:		Office Phone Number:		Office Extension:
Email:		Fax Number:		
Third Contact- Case Team Supervisor Name:				
Address: (Street, City, State, Zip)				
Cell Phone Number:		Office Phone Number:		Office Extension:
Email:		Fax Number:		
Fourth Contact- Education Contact Name:				
Address: (Street, City, State, Zip)				
Cell Phone Number:		Office Phone Number:		Office Extension:
Email:		Fax Number:		
Fifth Contact- DCF Foster Care Liaison:				
Address: (Street, City, State, Zip)				
Cell Phone Number:		Office Phone Number:		Office Extension:
Email:		Fax Number:		
Sixth Contact- DCF Foster Care Administrator:				
Address: (Street, City, State, Zip)				
Cell Phone Number:		Office Phone Number:		Office Extension:
Email:		Fax Number:		

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5831 Adding Placement Information

Enter all planned and initiated placements for a child in DCF custody on RESP. FACTS will only allow one initiated placement responsibility at a time. Placement information is located on the Acknowledgment/ Change of Placement form from the provider. Service action codes and sources entered into FACTS shall match documentation from the provider. The options for services requested in FACTS for children in agency custody are involuntary placement, emergency shelter for member, or voluntary placement if the youth is a runaway. Episodes of runaway are recorded in FACTS with the service action code of FO09N and with the service source code of SLF. Episodes of Drug and Alcohol Inpatient Treatment are recorded in FACTS as a placement with the service action code of FO02N and with the service source code of DAT. If a child was referred and their initial placement is in an in-patient psychiatric hospital, then the service action code FO02N will be used with the service source code of MTF. If a child was referred and their initial placement is in a medical hospital (non-psychiatric) then the placement service action code FO02N will be used with the service source code of MDH. If documentation received from the provider is believed to be in error, seek resolution with the assigned worker or regional contract specialist. For each move, MACL shall be updated with child's current placement address, current school district code, and any other applicable information.

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Application for Foster Child
 Education Assistance Program

Section I: Student Eligibility (To Be Completed By Youth)			
<p><i>Youth who are, or have been, in foster care seeking tuition / fee assistance must complete and return this form to the Registrar's Office of the school they will be attending. Assistance will be provided if a student meets eligibility criteria. Please read the statutory definitions on the reverse side of this form to help you determine whether you will be eligible for tuition and fee assistance.</i></p>			
<p>Students must meet one of the below criteria for the foster child education assistance program (tuition waiver) eligibility. Check the box that best describes your eligibility.</p>			
<input type="checkbox"/> I was in the custody of the Secretary of the Kansas Department for Children and Families (DCF) and in a foster care placement on or after my 18 th birthday.	<input type="checkbox"/> I was released from the custody of the Secretary of the Kansas DCF before age 18 and graduated from high school or obtained a GED while in foster care placement and in the custody of the Secretary.	<input type="checkbox"/> I was adopted from a foster care placement on or after my 16th birthday while in the custody of the Secretary of Kansas DCF.	<input type="checkbox"/> I was released from a foster care placement subject to a guardianship under chapter 38 or 59 of the K.S.A. on or after my 16 th birthday while in the custody of the Secretary of the Kansas DCF.
<input type="checkbox"/> I'm unsure about my eligibility for the Kansas Foster Child Education Assistance Program (tuition waiver) and would request my eligibility be checked.			

Section II: Student Information: Write Legible (To Be Completed By Youth)			
Name (First, Middle Initial, Last)			
DOB	Last 4 Digits of Social Security Number		XXX-XX-
Address: Street, City, State, Zip Code			
Applicant Telephone Number		Email Address	
Date of High School Graduation /or Date GED received			
Post-Secondary Educational Institution accepted to (include the city)			
Enrollment Start Date: (include month & year)			
<p>I understand that in order to maintain my eligibility for the Foster Child Education Assistance Program (tuition waiver), if granted, I will need to remain in good academic standing at the Kansas educational institution and make satisfactory progress toward completion of the requirements of the educational program. I authorize the school I am attending to provide any information concerning financial aid, grades, and any other academic information requested to Prevention and Protection Services of the Kansas Department for Children and Families.</p>			
Signature of Student			Date

Section III: Educational Institution Contact Information (To Be Completed By The School)	
Registrar's Office: Please email this form to the Kansas DCF Administration Office at: DCF.TuitionWaivers@ks.gov . Faxed applications will no longer be accepted.	
DCF return this form to the Registrar's Office at (EMAIL ONLY)	
Contact information at the Education Institution (Name & Phone Number)	
The Kansas Department for Children and Families PPS Administration must verify the applicant's eligibility status	

Section IV: DCF Applicant Eligibility Determination (To Be Completed By KS DCF)		
<input type="checkbox"/> Approved for the Foster Child Educational Assistance Act Program. The Kansas Department for Children & Families verifies that this applicant is eligible at the above institution through the semester the applicant attains age 23.	<input type="checkbox"/> Denied the applicant doesn't meet eligibility criteria.	<input type="checkbox"/> Youth may be eligible for other DCF Independent Living Services. Provide the applicant with contact information for DCF Independent Living Services at

Print Name & Title of PPS Administration Staff		Date of Verification	
Signature		Phone Number	

Registrar's Office: Please retain a copy of this form for your records.

Section V: Kansas Statutory Provision for the Foster Child Educational Assistance Act Program
K.S.A. 32, 161 and 75-53,111 et seq. provides an opportunity for foster care children (1) in the custody of the Secretary of the Kansas Department for Children and Families and in a foster care placement ; at age 18; or (2) released from custody of the Secretary prior to their 18th birthday, after having graduated from high school or having completed their General Educational Development (GED) while in foster care placement and in the custody of the Secretary or (3) adopted from foster care on or after the age of 16; or (4) left foster care placement on or after age 16 subject to guardianship under chapter 38 or 59 of K.S.A., to enroll in Kansas educational institutions without payment of tuition and required fees. Enrollment without payment of tuition and required fees means that an eligible student will be allowed to enroll without payment of tuition and required fees required of all students at the time of enrollment. The student will be responsible for other charges associated with the student's academic program and living costs, such as books and room and board. The applicant may be eligible for assistance for other costs of higher education through Social and Rehabilitation Services. This program provides for undergraduate enrollment of eligible applicant through the semester applicant attains 23 years of age.
Where May Eligible Students Enroll:
Enrollment without charge of tuition and fees will be possible at Kansas educational institutions including: area vocational schools, area vocational-technical schools, community colleges, the municipal university, state educational institutions or technical colleges. For approved public post-secondary educational facilities refer to the Kansas Board of Regents website.
Requirements Of Eligible Students:
Students who have been granted tuition waiver shall remain in good academic standing at the Kansas educational institution where the eligible applicant is enrolled and shall make satisfactory progress toward completion of the requirements of the educational program in which the eligible applicant is enrolled.
Kansas Educational Institutions:
All students who are accepted and enrolled through the Foster Child Education Assistance Program, Kansas educational institutions shall provide a list of current students enrolled in their institution within 60 days from the start of classes to the Program Manager for Independent Living, Kansas Department for Children and Families (DCF) at DCF.TuitionWaivers@ks.gov .

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10211 APS **Special** Investigator

The role of the Adult Protective Service Special Investigator (APSI) is to assist the assigned APS Specialist with specific tasks of the investigation. When the APS Specialist has been assigned an investigation, the APS Specialist shall consult with the APS Supervisor to determine if the (APSI) will be assisting in the investigation.

A. Time frame for Initiating Assistance:

The (APSI) can begin assistance with an open investigation only after the APS Specialist has completed the initial face to face safety determination. This includes instances when the APS Specialist has made two unsuccessful attempts to locate the involved adult during the assigned response time frame. If the APS Specialist continues to attempt contact with the involved adult after the assigned response time frame, the initial face to face safety determination must still be completed and documented in KIPS before the (APSI) can begin assisting with other investigative tasks.

B. Tasks Assigned to APS Special Investigator:

1. The (APSI) may conduct the following tasks, working in coordination with the assigned APS Specialist:
 - a. Accompany the APS Specialist to conduct the initial face to face safety determination the (APSI) shall not conduct this safety determination on their own;
 - b. Interview the alleged perpetrator(s);
 - c. Interview reporter and any collateral witness(es);
 - d. Obtain relevant records from law enforcement, banks and other financial institution's, medical providers or other relevant entities;
 - e. Provide input to APS Specialist and make referrals to appropriate resources to meet the needs of the involved adult;
 - f. Provide input to APS Specialist regarding development of a service plan or corrective action plan. The APS Specialist develops and monitors these plans.
2. The (APSI) shall perform the following tasks for cases on which they are assisting the assigned APS Specialist:
 - a. Participate with the APS Specialist in staffing's with supervisor during the course of the investigation;
 - b. Document in the KIPS record all activities performed, including updates with APS Specialist and participation in case staffing to determine agency decision;
 - c. Participate with assigned APS Specialist in the case staffing with supervisor to determine agency decision;
 - d. Work closely with the APS Specialist or supervisor when responding to an appeal of agency decision or an appeal hearing.

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10410 Requests for Expungement

A substantiated perpetrator may apply in writing to the Secretary of the Department for Children and Families (DCF) to have his/her name expunged from the **Adult Abuse Neglect, and Exploitation (ANE) Central** Registry when the following conditions are met:

1. Three years have elapsed since the perpetrator's name was entered on the **Adult ANE Central** Registry, and
2. There has been a change of circumstances or identification of new information, and
3. Twelve months have passed since the last request for expungement has been submitted

The initial request for an expungement hearing shall be made by the perpetrator and sent to the Adult Protective Services (APS) Program Administrator. The APS Program Administrator shall send a questionnaire to the perpetrator to be completed and returned to the APS Program Administrator. When a request is received and three (3) years has not passed, a letter will be sent to the perpetrator indicating they are not yet eligible to request expungement.

If 1-3 above conditions are met, a regional recommendation form will be sent to the APS Regional Assistant Program Administrator to provide input regarding the applicant's request for expungement. All documentation provided will be reviewed by a panel and a hearing held that includes the perpetrator, Regional Office, and PPS Administration Office representatives. A recommendation shall be given to the Secretary regarding the request.

The final decision whether to approve or deny the expungement request is at the discretion of the Secretary. Written notification of the decision shall be sent to the individual requesting expungement.

There is a right to appeal the Secretary's or Director of Institution's decision pursuant to K.S.A. 77-601 et seq.

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10500 Providing Services

Assessments for protection needs are ongoing throughout the life of the case. The APS Specialist shall discuss with the Involved Adult and others, as appropriate, what services, if any, should be offered. The APS Specialist will make referrals for services and document in KIPS notes section.

The APS Specialist shall obtain a release of information (PPS 10210) from the Involved Adult or the legally responsible party for referral to community services.

When an Involved Adult is in need of protective services and the APS Specialist has reason to believe the Involved Adult lacks the capacity to consent, the APS Specialist shall assess whether a petition for appointment of a guardian/conservator shall be filed on behalf of the Involved Adult. If appropriate, the APS Specialist shall begin the process to secure a guardian/conservator (See PPM Section 10600 Guardian/Conservator).

A. Continuum of Interventions

Assessment shall determine appropriate service delivery. The APS Specialist shall consider least restrictive options first. If it is unclear what level of assistance the Involved Adult may need, the APS Specialist may complete the PPS 10610, Decision Making and Functional Assessment: Criteria for Legal Impairment: A Multi-Disciplinary Tool.

The following is a continuum of interventions in order of least restrictive, informal support to most restrictive, full guardianship:

1. Informal community intervention including family, friends, financial assistance such as bill paying, etc. from banks or other;
2. Formal community intervention including but not limited to Home and Community Based Services, Home Health Care or information on having a power of attorney if the Involved Adult has capacity and there is an appropriate option for health care/financial decisions;
3. Social Security Payee;
4. Activated Durable Power of Attorney (DPOA)
5. Voluntary conservatorship;
6. Temporary Guardianship and/or Temporary Conservatorship;
7. Full Guardianship and/or Conservatorship with a plan;
8. Full Guardianship and/or Conservatorship;
9. Full Guardianship and Conservatorship with placement in a treatment facility or nursing facility.

B. Provision of Necessary Protective Services

When needs are identified, services are accepted by the Involved Adult, and the services cannot be completed prior to the end of the thirty (30) or sixty (60) working day investigation period, the APS Specialist shall:

1. Staff with Supervisor and document in KIPS notes section, the initiation of service planning;

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2. Develop a service plan with the Involved Adult by the end of the thirty (30) or sixty (60) working day investigation period using the APS Service Plan, PPS 10500. If services can be completed during the thirty (30) or sixty (60) working day investigation period, a PPS 10500 is not required.
 - a. The Involved Adult may identify family members to assist with tasks.
 - b. The APS Specialist may identify appropriate individuals to work with the Involved Adult, with the consent of the Involved Adult.

The service plan shall be signed by the Involved Adult. If the Involved Adult is unable or unwilling to sign due to apparent lack of capacity, the APS Specialist shall document reason in the PPS 10500. If the Involved Adult has a guardian, the guardian must consent and sign the service plan on behalf of the incapacitated Involved Adult.

Adult Protective Service Plan (PPS 10500) shall be completed in the Documentation section of KIPS. The signed service plan shall be scanned and attached in KIPS.

The Service Plan shall be written for no more than 180 calendar days and reviewed with the supervisor every sixty (60) days or sooner if there is a change in the Involved Adult's situation, to determine if continued services are needed.

Documentation of the review shall be in the KIPS record note section. The decision to continue provision of services shall comply with the consent provision of K.S.A. 39-1440.

3. Assist in coordination of service delivery with other DCF staff and/or community agencies including Area Agencies on Aging, Independent Living Centers, Kansas Guardianship program etc.
When a referral is made for Guardian/Conservator, the service case shall remain open while G/C is pursued.
4. Once the Involved Adult is no longer in need of protective services, the outcomes identified on the service plan are accomplished, or the Involved Adult withdraws consent for services the service plan shall be closed. Document the reason for closure in the KIPS record note section

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