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:**

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

<u>Clarifications</u>- Clarifications to policy includes revisions to improve clarity or style.

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

	CWCMPs- Central Registry Requests
What	KPRC's role is to take calls from concerned citizens about abuse or neglect.
prompted	Evening and overnight crews are lower staffed, which is potentially causing
revision?	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	The anticipated impact will be faster results being received for the CMPs to
impact to	run their own background checks rather than wait for KPRC to complete on
practice?	their behalf.
What changed	PPM 0251 – Central Registry Requests
in policy/	
forms or	Policy was updated to allow for CWCMPs to begin running CANIS checks
appendices?	under specific conditions, such as after hours.

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

	A&P, PRC, PI - Preliminary Inquiry
What	PPS and PRC Management identified a need to align assignment decisions
prompted	of reports involving a child death. Consistency in initial assessments along
revision?	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	Less assignments of reports due to the perception of needed DCF
impact to	involvement for families that experience the tragedy of a child death.
practice?	
What changed	PPM 1320 Preliminary Inquiry
in policy/ forms	
or appendices?	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	New AFCARS Requirements
prompted	
revision?	
What is the	N/A
impact to	
practice?	
What changed	<b>PPM 1852</b> – Adding and Updating an Event Role (EVRL)
in policy/ forms	
or appendices?	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** (Kieli Frey, Safety and Thriving Families; Christin Loveall, FACTS Manager)

A&P – External Case File Documentation	
What	This form was previously created in a pilot status to assist with showing that
prompted	there were files or documents that could not be uploaded to KIDS. The
revision?	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.

What changed	PPS 2004 – External Case File Documentation
in policy/ forms	
or appendices?	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.

	A&P - Investigative Documentation and Assessment Map
What	These polices are being updated to show that the PPS 2020 is no longer
prompted	required on Facility and 3 <sup>rd</sup> Party reports unless a family is being referred to
revision?	services through DCF.
What is the	N/A
impact to	
practice?	
What changed	<b>PPM 2222</b> – Investigative Documentation of Facility Reports and
in policy/ forms	Third Party Reports
or appendices?	PPM 2223 – Assessment Documentation of Facility Reports
	PPM 2232 – Investigative Documentation of Non-Family/Unregulated
	Care Giver Reports
	<b>PPM 2600</b> – Åssessment Map
	The policies will be updated to reflect that the PPS 2020 is no longer
	required in Facility or 3 <sup>rd</sup> Party investigations unless a family is being
	referred for services through DCF.

	A&P, Foster Care, PRC-NEW POLICY- Safe Haven
What	The new policy, 2282 Safe Haven, will provide guidance to PRC staff and
prompted	CPS about how to handle cases regarding the Kansas Newborn Infant
revision?	Protection Act (NIPA or "Safe Haven") as there is currently no guidance
	regarding these types of cases.
	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.
What is the	PRC and CPS staff will be better prepared on how to assign and complete
impact to	an assessment regarding a Safe Haven case.
practice?	
What changed	<b>PPM 2282</b> – Safe Haven
in policy/ forms	
or appendices?	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.

	A&P - DELETE - Defining Danger, Safety, and Risk
What	This policy was reviewed for updates due to the KPM and newer
prompted	terminology being used in practice currently. The Assessment and
revision?	Prevention PWG approved to be <u>deleted</u> due to newer forms being used
	(mainly PPS 2020).
What is the	There is little change to practice as staff are already using the PPS 2020.
impact to	
practice?	
What changed	PPM 2300 – Defining Danger, Safety, and Risk
in policy/ forms	
or appendices?	Delete 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?	<b>PPM 2843</b> – 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 <b>2842</b> .

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# Section 3000 Case Management (Christin Loveall, FACTS Manager)

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

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

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## Section 4000 Prevention Services (Christin Loveall, FACTS Manager)

FAC	FACTS – Recording Family First Prevention Services Information	
What	This new candidacy of care code CC03N will be used for all Family First	
prompted	candidacy determinations	
revision?		
What is the	This will reduce errors when pulling candidacy data for different programs	
impact to		
practice?		
What	PPM 4830 - Recording Family First Prevention Services Information	
changed in		
policy/ forms	The new code CC03N will now be used for Family First when recording a	
or	candidacy for care determination.	
appendices?		

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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	A grantee requested an expansion of the definition of relative placement in
prompted	terms of parents and relatives of siblings of children or youth who are in
revision?	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.

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

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

	Adoption – Adopt Kansas Kids	
What	This policy updates are for the CMP adoption staff referring children to the	
prompted	Adoption Exchange (Adopt Kansas Kids) for recruitment as well as the	
revision?	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	Improve Practice and efficiency, as the updates to the forms reflect changes	
impact to	in terminology regarding children's needs and diagnosis. It also involves a	
practice?	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	

	Individual Recruitment Plans for children.
What	<b>PPM 5301</b> – Adoption Roles and Responsibilities
changed in	PPM 5312 – Individualized Recruitment Plans
policy/ forms	PPM 5313 – Specialized Recruitment Activities
or	<b>PPS 5305</b> – Individual Recruitment Plan for Child in need of Adoptive
appendices?	Resource
	PPS 5310 – Child Adoption Exchange Information Form
	<b>PPS 5320</b> – Family Adoption Exchange Information Form
	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.

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

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

policy/ forms	Adding policy 3826 Environment at Removal to record the living situation a
or	child is being removed from.
appendices?	

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

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

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# Section 6000 Permanent Custodianship and Adoption (Corey

Lada, Adoption Program Manager)

Adoption – Special Service Payments & Monthly Payments	
What	Per a customer request and with DCF Leadership support, Permanency
prompted	Team conducted research the impact policy changes would have increasing
revision?	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.

What is the	Though there is a small number of children and youth in out of home care on	
impact to	the TA Waiver, often permanency is delayed or not achieved as the typical	
practice?	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	PPM 6203 – Special Service Payments	
changed in	PPM 6204 – Monthly Case Subsidy Payments	
policy/ forms	PPM 6922 – Special Service Payment	
or		
appendices?		

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# Section 7000 Independent Living (Amy Ervin)

• No Revisions

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# Section 8000 Continuous Performance Improvement

Foster Care -	<b>Residential/Group Home Monitoring policy and Site Visit Tools/Forms</b>	
What	DCF Audits assessed congregate care in KS. As per the corrective action	
prompted	plan outlined in the audit, changes to the forms are needed to bring about	
revision?	changed outlined in the audit.	
What is the	It is anticipated this will improve practice as this policy outlines better	
impact to	practices and provides more structure for both facilities and regional staff in	
practice?	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	PPM 8400 – Residential/Group Home Monitoring	
changed in	PPS 8300 – Quarterly Site Visit Tool	
policy/ forms	PPS 8400 A – CIP Site Visit Tool	
or	PPS 8400 B – Emergency Shelter Site Visit Tool	
appendices?	PPS 8400 C – Residential Maternity Site Visit Tool	
	PPS 8400 D – Secure Care Site Visit Tool	
	<b>PPS 8400 E</b> – TLP Site Visit Tool	
	PPS 8400 F – Staff Secure Care Site Visit Tool	

PPS 8400 G – YRCII Site Visit Tool
PPS 8400 H – QRTP Site Visit Tool
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.

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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 Pro	otective Services – Guidelines for Completing a Corrective Action Plan
What prompted New staff questioning what they are supposed to do when completing a Corrective	
revision?	Action Plan for financial exploitation investigations.
What is the	It is anticipated this change in policy will provide clarification to existing and new
impact to	APS staff.
practice?	
What changed in	<b>PPS 10250 (Instructions)</b> – Guidelines for Completing a Corrective Action Plan
policy/ forms or	
appendices?	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.

	Adult Protective Services – Retention of Records
What prompted	New staff questioning what they are supposed to do with a CD with video
revision?	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	It is anticipated this change in policy will provide clarification to existing and
impact to	new APS staff.
practice?	
-	

What changed	<b>PPM 10411</b> – Retention of Records
in policy/ forms	
or appendices?	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

- 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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### <mark>4 Types:</mark>

- 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. <u>A Family Team Meeting (FTM) is available when:</u>



Practitioner has spoken with relevant family members, consulted with a supervisor, and concluded that there is <u>NOT</u> a <u>caregiver action/inaction</u> 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 <u>does not mean</u> 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, PRTF, etc.)



#### 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 <u>not</u> 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**.



#### 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).



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



# Family Team Meeting Mapping

STAGE 1: Introductions	
Welcome, purpose, & goal	
•	
Meeting Participants (Family Tree/Simple Genogram)	
<ul> <li>Introduction of each participant's name, relationship to the child and/or family</li> </ul>	
Shared Agreements	



#### 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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STAGE 3: Assessing the Situation What are we worried about? What are you most worried could happen to the child(ren) if nothing changes or if things get worse? FUTURE WORRIES • Who is worried? • What are they are worried might happen? • Possible negative impact on the child(ren)	STAGE 3: Assessing the Situation         What is working well?         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?         CURRENT & PAST SUCCESS         • What happened         • Positive impact on the child(ren)
COMPLICATING FACTORS Conditions and circumstances that may make the process of building wellbeing more challenging.	Who are the people in your life who step in to help the most when there is a struggle or crisis? FAMILY RESOURCES Conditions, circumstances, & people that may be helpful in the process of building wellbeing.



#### 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.

# **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 signedrelease 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.
  - 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

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

The Kansas Protection Report Center shall complete after hours Central Registrychecks 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 shallinclude 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.

# **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

- 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.

# 1852 Adding and Updating an Event Role (EVRL)

- 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.

- 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.



#### 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.

 $\Box$  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 <mark>of Facility Reports and Third Party Reports</mark>

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.

# 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.

# 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

# **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
- Unable to Locate

# 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. <u>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</u>
- B. <u>The infant has not suffered bodily harm prior to being surrendered to any</u> <u>employee listed in A.</u>

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.

# 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.
- 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.

# 3860 Entering Candidacy for Care Determination

- A. <u>To determine if a child is a candidate for care for those referred to Family</u> <u>Services, Family Preservation or in custody placed at home, refer to form, PPS</u> <u>3050A Family Service/Family Preservation Candidacy for Care form or PPS 3052</u> <u>Permanency Plan if child is in DCF custody.</u>
  - 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. <u>If a child is not a candidate for care, enter the service action code of CC02N</u> and the service source code of PSW on the RESP screen.
  - 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. <u>The responsibility end date is the date when the child is no longer</u> <u>a candidate for care per PPS 3050A or PPS 3052, the date when the child</u> <u>becomes a candidate for care per PPS 3050A or PPS 3052, the date of when</u> <u>the next case plan is held, or the date the plan closes, whichever comes first.</u>
  - 5. <u>Candidacy for care information on the PPS 3050A or PPS 3052 shall be</u> reviewed each time a case plan conference is held. <u>If the child does not have</u> 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).
  - 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).

 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.

## **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)

# 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 J001N 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):

- 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.
- 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):

 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):

- 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 <u>Extended</u> 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.

## **5234 Relative Home/Placement**

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

- 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, greatgrandparent, 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).
- Grandparents Parents or relatives of siblings and birth parents and grandparents of or 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

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:
  - 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:
  - 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

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:
  - 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.

## **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

- 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
  - 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 educations decisions. If contract agency staff are unavailable, DCF staff shall sign general educational consents.
  - 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. If contract agency staff are not readily available, designated DCF 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

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
  - 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, nonrelated 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. If 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 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

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.

## **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;

- 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:
  - 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.

## **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
  - 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 wellbeing, using the PPS 5305, including a complete assessment of the child's trauma history and impact of the trauma on the child.
  - 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.

## **5313 Specialized Recruitment Activities**

A child shall be referred to the Kansas Adoption Exchange by the Child Welfare Case Management Provider wWhen 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: <u>http://www.adoptuskids.org/for-professionals/writing-childrens-narratives</u> 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: <a href="http://www.adoptuskids.org/for-professionals/writing-childrens-narratives">http://www.adoptuskids.org/for-professionals/writing-childrens-narratives</a> The profile shall describe the child's strengths and areas of challenge in order to promote a successful adoption of the child.

- 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.

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

Adoption 14	on Exchange Information:	Section 1		
Actions	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 Pr	PS 5310 Update Due to Ado	ption Exchange:		
Adopti	on Recruitment History:			
Date:	Case Status:	Status Reason:	Notes:	
Total In	quiries sent to CWCMP to F	Review:		

Section 2Type of Recruitment Provided: (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)

Vouth 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:
oning of reparation and references regarding Adoption.
Case Planning Team's Recommendations Regarding Adoptive Placement:
Special Needs and Services To be Addressed in Adoptive Placement
Ctranathe the Child Driver to Adaptian
Strengths the Child Brings to Adoption:
Other Factors to Consider"

Soction 2

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, Klicks for Kids Heart Gallery.)

Adoption Recruitment Activities		
Recruitment Activity:	Responsible	Notes:Target Date
	PersonDate:	Achieved Date Outcome
1.		
2.		
3.		
0.		
4.		
5.		
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 ConsiderationsAdditional Information Regarding Recruitment Status:

Section 5	
Signatures:	
Case Manager Signature	Date
Supervisor Signature	Date
Superviser Signature	Bulo

BACK



Strong Families Make a Strong Kansas

(This form supersedes Appendix 6P REV 7/11)

#### Adoption Child Profile and Website Registration Match Form

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

revention and riotection services		1 age 2 01 0	
Type of Recruitment Requested: For more in	nformation, please contact us at <u>customercare@adop</u>	tkskids.org	
(check all that apply)			
Private Matching     (Private profile on adoptkskids.org – only visil	ble with a professional login for purposes of child to fa	mily matching)	
<b>Public Photo Listing</b> (Public profile on adoptkskids.org – visible to	both inquiring adoptive families, as well as profession	ıls)	
<b>Extreme Family Finding</b> (Using intensive recruitment efforts, including	diligent relative/kinship searches, to achieve and prepa	are youth for permanency)	
<b>Youth Centered Profile</b> (Children 12+ will work with an Adopt KS Ki	ds Child Specialist on the development of their own in	-depth profile)	
In-State Recruitment     (CWCMP will be provided family inquiries free	om those residing in Kansas)		
<b>Out of State Recruitment</b> (CWCMP will be provided family inquiries fro If child cannot receive out-of-state recruitment	om those residing in both Kansas and out of state)		
Please indicate the following: Targeted Recru (Targeted Recruitment Activities are c	uitment Activities that <u>must</u> be avoided - (list reason w community awareness initiatives used for the purpose o US Kids photo listing, social media, featured child/sibl	f resource family recruitment. May	
Area of state where recruitment should be <u>avo</u> Area of state where recruitment is <u>desired</u> (list			
Photo (Check One):         Photo attached with referral       Recruitm         Date Photo Taken       Date Photo T         Professional Photo Needed/Requested	ent Photo(s)Adopt KS Kids Adoption Exchange has cu aken	nrent <mark>photo on file</mark> (within 1 year) <mark>date taken</mark>	
Race (check up to two)	School Category:	Placement status:	
Caucasian African American		City of current placement:	
- Hispanic Asian	Special Ed. Classroom	County of removal court:	
- American Indian	Type of Special Education	Case Management Provider:	
	Grade level (K-12)		
	□ Not in school		
Sibling Information (list only those to be ado	pted with the case plan goal of aAdoption):	1	
		Data of culit oppressed by Described (see 1)	
Name	Must sibling be adopted with child?           Yes         No	Date of split approval by Provider (required)	
	Yes No		
	Yes No	-	
Cibling onlitered in a	Yes No		
Sibling split pending Special Consideration for placement of sibli	Yes No	un: (safety/risk concerns_sibling split pending	
	goal of adoption, special considerations for placement		
COMMUNITY PROFILE REQUEST SEC	TION (Select Community Awareness Initiatives):		
		angag Wide Balang	
Television     Featured Chil	d/Sibling Spot 🗌 Social Media 🛛 🗌 K	ansas Kids Belong	

State of Kansas	
Department for Children and Families	
Prevention and Protection Services	

### Child Adoption Exchange Information Form

Email:

<del>Fax</del>

Trevention and Trotection Servi			1 age 5 01 0
<b>Radio profile</b>	Newspaper [	Church Bulletin Inserts AdoptUSKids	
Billboard	Website	Klicks for Kids	
Area of State where recrui	itment should be avoided:	Area of State where recruitment desired:	
Provider Case Manager To	eam:		
CWCMP/Agency:	DCF Region:	CWCMP Office Add	ress:
Supervisor:	Ph	none: Email:	
Case Manager:	DI	hone: Email:	
Case Manager.	FI	Ione. Email.	
Support Worker (if applicab	ole): Pl	hone: Email:	
Agency:	DCF Region:	-	
Address:	Emeile	F	
Phone:	Email:	Fax:	
Current Caregiver/Placem	ient:		
Name:		Child Placing Agency (if applicable):	

Caregiver/Placement Address:

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

Phone:

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:	
	D.4.	
Case Manager Approval (Print & Signature):	Date:	
Supervisor Approval (Print & Signature):	Date:	
	eeds/diagnoses, as well as a description of each. Only diagnoses n the private website matching service. Accurate reporting is essent are Definitions guide for assistance	

State of Kansas	
Department for Children and Families	
Prevention and Protection Services	

Child Adoption Exchange Information Form

<u>Behavior<mark>al Needs:</mark></u>	Behavior <mark>al Need</mark> s Cont.:	<u>Behavioral Needs</u> Cont.:	
Cruelty to animals	Hyperactive IEP for behavior	Physically acts out towards adults	
Damages property	☐ Inappropriate interactions with strangers	Physically acts out towards peers	
Displays oppositional behavior	Lack of awareness of others	☐ Runs away <mark>/Missing</mark>	
Fire setting	Lying	Sexually acts out with peers	
History of playing with matches	Masturbates in public	Sexually- <del>provocative</del> inappropriate behavior	
Hyperactive	Physically acts out towards adults	☐ Stealing	
Unable to sustain attention	Physically acts out towards peers	Unable to sustain attention	
EP for behavior		☐ Other	
		Overall Severity Llevel 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.)			

#### Child Adoption Exchange Information Form

Trevention and Trotection Services		
Emotional/Mental Health:	Intellectual/Developmental Disabilities:	Physical/Medical:
Acute Stress Disorder	Attention Deficit Hyperactivity Disorder	Achondroplasia (restricted growth)
Adjustment Disorder	Asperger's Syndrome	Amputee
🗌 Anorexia <mark>Nervosa</mark>	Autism Spectrum Disorder	Anemia/Blood Disorder
Attachment Disorder	Central Auditory Processing Disorder	Asthma
🗌 Bulimia Nervosa	Childhood-Onset Fluency Disorder (Stuttering)	Attention Deficit Disorder
Binge-Eating Disorder	Developmental Articulation Coordination	Attention Deficit Hyperactivity
Bipolar Disorder	Disorder	Blindness - Permanent
Conduct Disorder	Down Syndrome	Cancer
Depression	Dyslexia	Cerebral Palsy
Disruptive Mood Dysregulation Disorder	Drug/Alcohol Exposed	Craniofacial Anomalies
Generalized Anxiety Disorder	Intellectual/Developmental Disability Genetic	Cystic Fibrosis
Gender Dysphoria	Heart Defect	Deaf - Profound Hearing Loss
Intermittent Explosive Disorder	Pervasive Development Disorder	
Loss Issues	Shaken Baby Syndrome	Encopresis
Obsessive Compulsive Disorder	Motor Skills Disorder	Enuresis
Oppositional Defiant Disorder	Receptive Language Disability	Epilepsy
Personality Disorder	Expressive Language Disorder	E Fetal Alcohol Spectrum Disorder
Pica	Fetal Alcohol Spectrum Disorder	Fetal Alcohol Syndrome
Post-Traumatic Stress Disorder	Global Developmental Delay	Hearing Loss
Psychosis	IEP (Learning Disability)	Heart Defect
Reactive Attachment Disorder	IEP (Gifted)	Hydrocephalus
<b>Rumination Disorder</b>	Intellectual Developmental Disability Not	Irritable Bowel Syndrome
□ Schizophrenia	Specified	☐ Kidney Disease
Schizophrenic-Affective Disorder	Language Disorder	Life Threatening Viral Infection
Separation Anxiety Disorder	Non-Specific Learning Disorder	Microcephaly
Social Anxiety Disorder	<b>Receptive-Expressive</b> Language Disorder	Muscular Dystrophy
Substance Use Disorder	Shaken Infant Syndrome	Neurofibromatosis
Takes Psychiatric Medication	Social (Pragmatic) Communication Disorder	Paralysis - Partial Paraplegic
Other	Speech Sound Disorder	🗌 Paralysis - Quadriplegic
<del>Overall Severity</del> <mark>Ll</mark> evel of	Specific Learning Disorder	Respiratory Problems
Emotional <mark>/Mental Health</mark> :	Stereotypic Movement Disorder	Rheumatoid Arthritis
□None □ Mild □ Moderate □ Severe	Other	
	Level of <mark>Intellectual/</mark> Developmental <del>Disabilities</del> :	Seizure Disorder
	🗌 None 🗌 Mild 🗌 Moderate 🗌 Severe	Sickle Cell Anemia
		Sickle Cell Trait

- 🗌 Spina Bifida
- Terminal Illness
- Tourette's Disorder
- Uisually Impaired
- Wheel Chair Dependent
- Other \_\_\_\_\_
- SeverityLlevel of Physical/Medical:
- □None □ Mild □ Moderate □ Severe

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Describe: (date of diagnosis, treatment/s	ervices, resources available, implications for parents, etc.)		
Risk Factors:	Risk Factors Cont.:	Risk Factors Cont.:	
Alcohol/Drug Exposed in Utero	History of Abuse or Neglect	Criminal Activity	
History of Abuse or Neglect	History of Acute/PRTF	Physical Condition/Disability of Parent	
Running Concerns	History of Multiple Placements	Schizophrenia in Birth Family	
Child History Drug/Alcohol Abuse	Intellectual/Developmental Disability in Birth Family	Sexual Abuse	
Criminal Activity	Failure to Thrive	Other (Explain)	
Disrupted Adoption	Mental Illness in Birth Family	None (Explain)	
Mental Illness in Birth Family	Premature Birth	-	
Drug Exposed in Utero			
Describe: (important dates, severity leve	l 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): Print:	Date:
Sign: Supervisor Approval-(Print & Signature): Print:	Date:
Sign:	

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



( <b>Check One)</b> 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:	Parent #2:         (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:	City       State         Zip       County:         Home Phone: ( )       OaternCell Phone: ( )         E-mail:       MAPP/NTDC enrolled date:         MAPP/NTDC enrolled date:       MAPP/NTDC completed date:         Home Study start date:       Home Study approved date:         Home Study update done:       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

ce Parent #1 (check up to two):	
Caucasian 🔄 African American	
Hispanic Asian	
American Indian	
ce Parent #2 (check up to two):	
Caucasian African American	
Hispanic Asian	
American Indian	
urital Status:	

Single Engaged Married		
Divorced Domestic Partner		
Primary Family Language:		
🗌 English 🔄 Spanish 🔲 Other		
MAPP/NTDC enrolled date:	Child Placing Agency/Sponsor:	Home Study Adoption Family Assessment approved date:
MAPP/NTDC completed date:		
	Name of Child Placing Agency Worker:	Home Study Adoption Family Assessment update
Adopt Only (unlicensed)		date:
Foster to Adopt (licensed to foster)	Worker Phone:	
	Worker Email:	
		1

Children/Adults in the home:			
Name	Age	<b>Relationship</b>	Other Additional Information

### Family Website Registration Adoption Exchange Information Form

#### Child Characteristics Checklist

Instructions: Please use the list below to let us know the type of child(ren) you would like to adop or t by placing an X in the appropriate box.			
Child Characteristics Checklist: Please indicate preferences regarding child characteristics that your family is willing to consider in the sections below.			
<u>Gender/Sex</u>	#Number of Children/Siblings (Check all that	Race/Ethnicity (Check all that apply)	
		American Indian or Alaska Native	
ages to	Single child with no siblings	White or Caucasian	
	Sibling group of 2	Hispanic or Latino	
	Sibling group of 3	Asian	
ages to	Sibling group of 4	Black or African American	
	Sibling group of 5 or more	Native Hawaiian or Other Pacific Islander	
Transgender	All of the above	Other	
		Age of Child	
- Non Binary		5 and under	
All of the above		<b>□</b> 7	
LGBTQIA+ identified youth			
Race/Ethnicity (Check all that		<mark>──                                   </mark>	
<del>apply)</del>			
🔲 Hispanic			
🔲 African American			
🗌 Asian			
🔲 American Indian		<u>□ 15</u>	
Biracial			
Other		<u>□ 17</u>	
All of the above		<u>□ 18</u>	
		All of the above	
Behavioral <mark>Needs:</mark>	Behavioral Needs Cont.:	Behavioral Needs Cont.:	
Cruelty to animals	IEP for behavior	Runs away/AWOL	
Damages property	Hyperactive	Sexually acts out with peers	
Displays oppositional behavior	Inappropriate ilnteractions with settingers	Sexually inappropriate provocative	
☐ Fire setting	Lack of awareness of others	behavior	
History of playing with matches	Lying	☐ Stealing	
Unable to sustain attention	Masturbates in public	Unable to sustain attention	
IEP for behavior	Physically acts out towards adults	☐ Other	
Hyperactive	Physically acts out towards peers		
		Overall Lievel of Behaviors:	
		None Mild Moderate Severe	

Indicate experience or training related to behavioral conditions listed above:

	intereotadi Developmental Disabilities.	T Hysical/Mcalcall
Acute Stress Disorder	Attention Deficit Hyperactivity Disorder	Achondroplasia (restricted growth)
Adjustment Disorder	Asperger's Syndrome	Amputee
🗌 Anorexia <mark>Nervosa</mark>	Autism Spectrum Disorder	Anemia/Blood Disorder
Attachment Disorder	Childhood-Onset Fluency Disorder (Stuttering)	🗌 Asthma
🗌 Bulimia Nervosa	Central Auditory Processing Disorder	Attention Deficit Hyperactivity Disorder
Binge-Eating Disorder	Developmental Coordination Disorder	Inattentive Presentation
🗌 Bipolar Disorder	Dyslexia	Blindness - Permanent
Conduct Disorder	Down Syndrome	Cancer
Depression	Drug/Alcohol Exposed	Cerebral Palsy
Disruptive Mood Dysregulation	Expressive Language Disorder	Craniofacial Anomalies
Disorder	Fetal Alcohol Spectrum Disorder	Cystic Fibrosis
Generalized Anxiety Disorder	Global Developmental Delay	Deaf - Profound Hearing Loss
	IEP (Learning Disability)	Dwarfism
🗌 Gender Dysphoria	IEP (Gifted)	Encopresis
Intermittent Explosive Disorder	Intellectual Developmental Disability Not	
Obsessive Compulsive Disorder	Specified	Epilepsy
Oppositional Defiant Disorder	Intellectual Developmental Disability Genetic	Etal Alcohol Spectrum Disorder
Personality Disorder	Heart Defect	Fetal Alcohol Syndrome
Pica	Pervasive Development Disorder	Hearing Loss Partial
Post-Traumatic Stress Disorder	Language Disorder	Heart Defect
Psychosis	Non-Specific Learning Disorder	Hydrocephalus
Reactive Attachment Disorder	Receptive-Expressive Language Disorder	Irritable Bowel Syndrome
Rumination Disorder	Shaken Infant Syndrome	🗌 Kidney Disease
🗌 Schizophrenia	Social (Pragmatic) Communication Disorder	Life Threatening Viral Infection
Schizoaffective Disorder	Speech Sound Disorder	Microcephaly
Separation Anxiety Disorder	Specific Learning Disorder	Muscular Dystrophy
Social Anxiety Disorder	Stereotypic Movement Disorder	Neurofibromatosis
Substance Use Disorder	□ Other	Paralysis - Partial Paraplegic
Takes Psychiatric Medication	Severity Llevel of Intellectual/Developmental	Paralysis - Quadriplegic
□ Other	Disabilities:	Respiratory Problems
<del>Severity</del> Llevel of	🗌 None 🗌 Mild 🗌 Moderate 🗌 Severe	Rheumatoid Arthritis
Emotional/Mental Health:		
🗌 None 🗌 Mild		Seizure Disorder
Moderate Severe		Sickle Cell Anemia
		Sickle Cell Trait
		🗌 Spina Bifida
		Terminal Illness
		Tourette's Syndrome Disorder
		Visually Impaired
		U Wheel Chair Dependent
		□ Other
		Severity Lievel of Physical/Medical:
		🗌 None 🗌 Mild 🗌 Moderate 🗌 Severe

State of Kansas	Family Website Registration Adoption	n PPS 5320
Department for Children and Families Prevention and Protection Services	Exchange Information Form	REV Jan 202 <mark>23</mark> Page 6 of 8
Indicate experience entreining select	ted to conditional listed above:	
Indicate experience or training relation	ied to conditions listed above:	
Risk Factors:	Risk Factors Cont.:	Risk Factors Cont.:
Alcohol/Drug Exposed in Utero	History of Abuse or Neglect	Criminal Activity
History of Abuse or Neglect	History of Acute/PRTF	Schizophrenia in Birth Family
AWOL/Running Concerns	History of Multiple Placements	Physical Condition/Disability of parent
Mental Illness in Birth Family	Intellectual/Developmental Disability in Birth	Premature Birth
Drug Exposed in Utero	Family	Sexual Abuse
Child Hhistory of Ddrug/Aalcohol	Mental Illness in Birth Family	Other (Explain)
<mark>Aa</mark> buse	E Failure to Thrive	None (Explain)
Criminal Activity	Premature Birth	
Disrupted Adoption		
Failure to Thrive		
Indicate experience or training relation	Led to risk factors listed above:	l
	ICU IO FISK IACIOIS IISIEU ADUVE.	

Risk Factors:	E Failure to Thrive	
Alcohol Exposed in Utero	Premature Birth	
History of Abuse or Neglect	Risk Factors Cont.:	
Mental Illness in Birth Family	Criminal Activity	
Drug Exposed in Utero	Schizophrenia in Birth Family	
Risk Factors Cont .:	Sexual Abuse	
History of Multiple Placements	Other	
Intellectual/Developmental Disability in Birth F	a None	
FAMILY NARRATIVE SECTION:		
	ur family (including age of children), the community in which you live (for example, urban, are hoping to adopt. This is your opportunity to help caseworkers get to know your family.	
	e activities that you enjoy doing together (for example, camping, cooking, horseback riding, plvements that affect your family's life (for example, your church or synagogue).	
	e, including your home and community. What does your physical location offer a child/youth' is in your community or region, such as medical facilities, schools, and cultural opportunities.	?
	caring for children in your primary or extended family, as well as children you have worked	
	e, as a scout leader or a coach). List any trainings and dates taken.	
Motivation to Adopt: Why are you choosing to a extended) adjust to this new arrangement?	adopt? How do you envision helping a child/youth, and the family (both immediate and	
	rk, including extended family, close friends and neighbors, and your faith community if you	
have one. This information is valuable for all fam	ilies and especially pertinent for single applicants.	
Trauma Informed Care: Describe your understa informed care	nding of trauma and how it impacts children, as well as any trainings taken regarding trauma	a

#### Family Narrative

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

#### Consent/Release for Kansas Adoption Exchange web site 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 featured on the AdoptKSKids and the AdoptUSKids website mediums for purposes of child matching, and I waive all claims for compensation or damages. (Approval statement indicates that a discussion has been held with the adoptive parent(s) about listing their information on the Exchange.) Consent/Release for Kansas Adoption Exchange web site, AdoptKSKids and AdoptUSKids national web site. I hereby agree and consent to the usage of my photograph and statements made by me to be featured on the AdoptKSKids and the AdoptUSKids website mediums for purposes of child matching, and I waive all claims for compensation or damages. (Approval indicates that a discussion has been held with the adoptive parent(s) about listing their information on the Exchange.)

Adoptive Parent's Approval:	Date:
Adoptive Parent's Approval:	Date:
Child Placing Agency Worker:	Date:

Please email completed form along with current photo to: <u>customercare@adoptkskids.org</u> Electronic Pictures must be at least 300 dpi and 4 in. by 5 in





Department for Children and Families Prevention and Protection Services

## **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

- 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;

- j. Indian Child Welfare Act (ICWA) tribal representative for the affiliated tribe, if applicable;
- k. Any other relevant service providers;
- I. 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
  - 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

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
- I. 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.

- 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

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.

## **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)

# 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.

## 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.

## **6203 Special Service Payments**

A special service payment may be is a pre-approved on a time-limited or one-time onlybasis 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. <u>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;</u>
- 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.

## **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

is posted on the Social Security Administration web site at: <u>www.socialsecurity.gov</u> 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.

## **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.

## 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:
  - 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.
  - 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.
  - 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.

- 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.
- 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:
  - 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).

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.

## 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:** 



#### 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
	<b>Not Met = .25</b>
	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

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.

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.

	Section 1.1: General Req	uirements				
			ne building or complex rivacy, safety and secur	(contained apartments) or scatter site apa	rtments. Each youth shall be	e afforded sufficient
	• The provider sh	nall insure the enviro	nmental safety of the ap	bartment is in compliance with local over	sight agencies such as HUD	), Fire Marshall,
		Apartment Manager		e carried out by the Community Integrati	on Specialist	
	• Services will b	e designed to work in	n collaboration with othe	er community-based providers to develop ent development, behavior management,	a strong foundation of serv	
	of community-	based services, devel	lopment of youth's stren	gths and assets, and positive youth development, being the basic necessities of daily life.		ing dynamics, provision
	• The provider sl	nall offer or arrange	for strength-based interv	ventions to address crisis and or daily living s to increase the youth's interdependency		which they reside
		cessed shall be appro		r, sexual orientation, cultural heritage, de		
	<ul> <li>Admission requ</li> </ul>	uirements shall inclu	de a list of support servi	ce needs as identified by the CWCMP Ca the youth deposits the full or partial amou	ase Manager.	mployment status) of
		ne monthly apartmen		the youn deposits the full of partial allo	unt (depending upon men ei	inployment status) or
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score

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

	Prior to consideration fo at a minimum, shall incl		ommunity Integration s	service youth shall be able to	o demonstrate the ability to perform basic	life skills. These skills
	<ul> <li>Living cooperat</li> <li>Handling landlo</li> <li>Controlling gue</li> <li>Handling basic a</li> <li>Handling simple</li> <li>How to call the</li> <li>Developing and</li> <li>Use of leisure ti</li> <li>Obtaining and u</li> <li>Identify safe and</li> <li>Negotiate a leas</li> <li>Present oneself</li> <li>Prevent actions</li> </ul>	education lean, orderly and safe ively with other hous rd/tenant complaints sts' behavior maintenance e repairs landlord about proble following a budget me sing transportation to 1 affordable housing e	emates or neighbors ems access needed resource eviction	:cs		
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
<mark>3</mark>	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
1	Review program description.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			

	Section 2.1: General Sk All youth in community	<u> </u>	ts shall:			
		ll or part-time	quivalent (if not already rform life skills	obtained)		
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Comp (Or not	Score

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

	Staff shall meet the qualificat where personnel functions ar		oilities as set forth in th	is document. Written job des	scriptions shall be developed for all sta	iff and maintained on
	Section 3.1: Administrator					
	<ul> <li>Qualifications</li> </ul>					
	o			chelor's degree and prior adn		
	o			om working with youth as de		
	0	Shall have	a working knowledge	of adolescent development pr	rinciples.	
	Responsibilities					
			h, supervising and train	ning other staff (e.g., Commu	unity Integration Specialist) who are we	orking with youth in
	community integration	program. Source	Dis dis se	Comments	Date Corrections	Score
	Requirement	Source	Findings (Delete the two that	Comments	Completed	Score
			don't apply)		(Or note)	
	Review p/p.	Policies,	Substantially Met			
		Procedures or	Partially Met			
		<b>Documents</b>	Not Met			
			Not Applicable			
	D · 1.01	HR Files or	Substantially Met			
•	Review personnel file or					
	contract for compliance.	contract	Partially Met			
		<mark>contract</mark>	Not Met			
	contract for compliance.		Not Met Not Applicable			
	contract for compliance. Review job description and	HR Files or	Not Met Not Applicable Substantially Met			
0 .0	contract for compliance.		Not Met Not Applicable			

•	Qualifications
<u>0</u>	The Community Integration Specialist shall have at least a bachelor's degree in one of the human service fields (social work, psychology, hum
	development and family life, criminal justice, counseling, nursing or education) and have a working knowledge of adolescent development principle
o	Shall be at least twenty-one (21) years of age and at least three years older than the oldest youth served.
<u> </u>	Shall not be a person restricted from working with youth as defined by K.S.A. 65-516.
•	Responsibilities
<mark>0</mark>	Service Access plan development, review, and development of collaborations with community-based service providers.
0	Shall be responsible for any monitoring of youth activities as required.
0	Shall inspect youth's apartment as needed to insure the safety and security of youth.
0	Shall coordinate or provide alternative transportation as deemed necessary.
0	Shall complete paperwork or reports to referring agency as required.
0	Shall work shifts and or be on-call 24 hours a day on a rotating basis.
0	Shall be responsible for the day-to-day modeling of life skills (e.g., assertiveness, communication, conflict management,
-	problem solving, and decision making).
0	Shall monitor youth's daily life skills and provide appropriate feedback.

Γ

	vention and 1 rotection Serv	1005	(Delete the two that	
				Completed
			don't apply)	(Or note)
<mark>11</mark>	Review p/p.	Policies,	Substantially Met	
		Procedures or	Partially Met	
		<b>Documents</b>	Not Met	
			Not Applicable	
<mark>12</mark>	Review personnel file or	HR Files	Substantially Met	
	contract for compliance.		Partially Met	
	•		Not Met	
			Not Applicable	
<mark>13</mark>	Review job description and	HR Files	Substantially Met	
	HR file.		Partially Met	
			Not Met	
			Not Applicable	
<mark>14</mark>	Review case job	HR Files	Substantially Met	
	description and HR file.		Partially Met	
	Check ratio assignments.		Not Met	
	- C		Not Applicable	
<mark>15</mark>	Review case personnel file	HR Files	Substantially Met	
	for compliance.		Partially Met	
	• • •		Not Met	
			Not Applicable	
<mark>16</mark>	Review personnel files for	HR Files	Substantially Met	
	age requirements.		Partially Met	
			Not Met	
			Not Applicable	
				Score for this section:

	Section 4: Placement Su	<mark>ipervision</mark>									
	<ul> <li>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.</li> <li>Community Integration staff shall evaluate, at a minimum, the youth's:</li> <li>Safety, health, and overall well-being;</li> <li>Ability to manage school and work responsibilities without daily supervision;</li> <li>Ability to follow program and landlord rules;</li> <li>Ability to use good judgment in daily activities; and</li> <li>Overall progress toward established goals and desired outcomes.</li> </ul>										
	other factors unforeseen of The following contact scl apartment, 1 <sup>st</sup> Week 2 <sup>nd</sup> through 4 <sup>th</sup> 5 <sup>th</sup> through 8 <sup>th</sup> After the eigh	until after placement). hedule, at a minimum, Daily Phone <sup>h</sup> Wks. Twice a Wee <sup>y</sup> Wks. Once a Week	shall be utilized during Contact and minimum & Phone Contact and m Phone Contact and m shall occur no less ofte	g the first eight (8) weeks in n of 1 in person contact ninimum of 1 in person cont inimum of 1 in person cont n than once a month and the		in the youth's					
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score					
<mark>17</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable								
<mark>18</mark>	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

State of Kansas Department for Children and Families Prevention and Protection Services

Pre	evention and Protection Serve	ices				
	<ul> <li>working directly with youth in The documentation shall be pl</li> <li>Staff training, refle</li> <li>Name of training</li> <li>Specify the number</li> <li>Date of the training</li> </ul> Staff shall have completed 18 <ol> <li>Agency policy and</li> <li>Facility emergency</li> <li>Emergency safety procedures)</li> <li>The handling of bl</li> <li>Agency discipline</li> <li>Abuse/neglect mar</li> <li>Youth record docu</li> <li>Policies and proced</li> </ol>	a cCIP. Document aced in a specific a ecting orientation o rs of training hours hours of in-service procedure manual and evacuation pr interventions (inclu- pood borne pathogen standards idatory reporting la mentation policies	ation of completion or rea in the staff's file, r annual training training orientation tr ocedures (non-scatter iding management of a 18 ws	f orientation training shall indicating: aining provided by the fa site only)	especially directed toward the initial train be kept in the staff member's personnel f cility before they can work independently navior and orientation to the facility's restr	ile.
	<ol> <li>Resident rights</li> <li>Confidentiality law</li> <li>Training in CPF/Fi</li> <li>De-escalation techt</li> <li>Trauma based info</li> <li>Comprehensive LC</li> <li>Human Trafficking</li> <li>Cultural Diversity</li> <li>Suicide Prevention</li> </ol>	rst Aid within 3 me niques rmed care BTQ+ g and Exploitation	onths of employment y			
<mark>4</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
9	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
<mark>20</mark>	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

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:

- 1. Staff training, reflecting orientation or annual training
- 2. Name of trainer
- 3. Name of training
- Specify the numbers of training hours 4.
- Date of the training 5.

#### Topics shall include but are not limited to:

#### Facility Refreshers/Trainings:

- Facility policy and procedures manual 1.
- Facility emergency and evacuation procedures
- 2. 3. Facility discipline standards
- 4. Child record documentation policies and procedures
- Resident rights (See Appendix 4, Resident Rights) 5

13 14	<ol> <li>Childhood and adolescent sexuality issues, especially the effects of early sexual abuse</li> <li>Substance Use Disorders</li> <li>Blood Borne Pathogens</li> <li>Childhood and adolescent development (including developmental disorders)</li> <li>Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety</li> </ol>							
15			athology (including suc	ch topics as effects of abuse/neg	lect, reactive attachment disorders,	separation anxiety		
	disorders, ADHD Prevention/Intervent	)	Findings (Delete the two that	n topics as effects of abuse/negi	Date Corrections Completed	separation anxiety Score		
Suicide	disorders, ADHD Prevention/Intervent ement	)) ion/Safety	Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met		Date Corrections			
Suicide Require	disorders, ADHD Prevention/Intervent ement p/p. training	) ion/Safety Source Policies, Procedures or	Findings (Delete the two that don't apply) Substantially Met Partially Met		Date Corrections Completed			

	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).							
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score		
<mark>25</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable					
<mark>26</mark>	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					
	the time of placement.				Score for this section:			

assessm	youth enters the fac ent within 7 days from		begin immediately asso	essing their strengths and nee	ds including documentation and shall h	nave a completed
The asso 1) 2) 3) • • •	Evaluation or ass Physical health Family relations Academic or voc Community life Interpersonal interpersonal inte	ral to the facility sessment covering th cational training eractions is as outlined in the i	<u> </u>	<mark>l</mark> above		
2) 3) 4) •	Developmental Dental Medical Involvement or e Involvement or e	exposure to Substance exposure to other tra	uma			
	nal Assessments:	2	- injuring or suicidal at		identify needs to be addressed in the s	ervice access nlan
	nal Assessments: e coordinator or life	2	minister life skills asso Findings (Delete the two that		identify needs to be addressed in the so <b>Date Corrections</b> <b>Completed</b> (Or note)	ervice access plan, Score
The cas Require	nal Assessments: e coordinator or life ement	skills coach may ad	minister life skills asso	essments as needed to further	Date Corrections Completed	
The cas Require Review Review	nal Assessments: <u>e coordinator or life</u> ement p/p. case file for ntation of initial	skills coach may ad Source Policies, Procedures or	minister life skills asso Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met	essments as needed to further	Date Corrections Completed	
The cas Require Review Review docume assessme Review of initia	nal Assessments: e coordinator or life ement p/p. case file for ntation of initial ent. file for timeliness l assessment 7 days of	skills coach may ad Source Policies, Procedures or Documents	minister life skills asso Findings (Delete the two that don't apply) Substantially Met Not Met Substantially Met Partially Met Partially Met Not Met	essments as needed to further	Date Corrections Completed	

#### Section 8: Apartment/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, 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):

- 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)

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.

<mark>#</mark>	<b>Requirement</b>	Source	Findings	Comments	Date Corrections	<mark>Score</mark>
			(Delete the two that		Completed <b>Completed</b>	
			<mark>don't apply)</mark>		<mark>(Or note)</mark>	
<mark>30</mark>	Review p/p.	Policies,	Substantially Met			
		Procedures or	Partially Met			
		<b>Documents</b>	Not Met			
			Not Applicable			
<mark>31</mark>	Factors considered for the	Case Records	Substantially Met			

wowth room againment	Doution 11 r. Mat	
youth room assignment	Partially Met	
shall be documented in the	Not Met	
youth's file.	Not Applicable	
		Score for this section:

	Section 9: Services					
	• Mental heal • Alcohol and • Educational • Individual c • Pro-social r • Preventativo • Routine trar	th services, including tr l substance use disorder /vocational support services ounseling ecreational activities e, routine and emergence	eatment to address sez treatment services /ices y health care	ual issues if needed	out not limited to the following categories:	
	• Emergency	transportation when rou	itine transportation is	not available	youth's money management skills	
ш						C
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
<mark>32</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
<mark>33</mark>	Review case file.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
I			1	1	Score for this section	<mark>:</mark>

<b>XZ J C J</b>	1.0 1.1.1 1.1 1	· · · · · · · ·	<u>.</u>		1.1.1			
				community integration placements in	which they can take			
				t limited to, the following:				
	<ul> <li>Direct experience with the consequences of daily actions and decisions</li> <li>Life skills practice while having access to staff for support and advice</li> </ul>							
	<ul> <li>Use emergency medical procedures</li> </ul>							
	g a rental agreement	<mark>&gt;</mark>						
	money management and	budgeting						
		aration, food storage, and	consumer skills					
	m snopping, 1000 prepa	aration, 1000 storage, allu	consumer skins					
These experiences sha	ull also be tailored to a y	outh's current level of fu	nctioning. Additional expe	eriences and opportunities may be intro	oduced as a youth's skil			
	ore complex opportunitie		<i></i>	11	,			
Above and beyond the	e services listed above the	e CIP shall continue to r	nonitor and assess the servi	ices that were provided while the yout	n was living in a TLP ar			
address any needs that	t arise. If a youth was no	ot living in a TLP prior to	CIP placement the CIP sh	all assess these needs prior to acceptin	g placement.			
• Preparing	meals	<b>U</b>	•					
	ition education							
<ul> <li>Doing laur</li> </ul>	<mark>idry</mark>							
<ul> <li>Doing failing y</li> <li>Maintaining a clean, orderly, and safe living space</li> </ul>								
• Maintainir		<ul> <li>Maintaining a creat, orderly, and safe fiving space</li> <li>Living cooperatively with other housemates or neighbors</li> </ul>						
<ul> <li>Maintainin</li> <li>Living cod</li> </ul>	peratively with other ho	usemates or neighbors						
Maintainir     Living coo     Handling 1	operatively with other ho andlord/tenant complain	usemates or neighbors						
Maintainir     Living coo     Handling 1     Controlling	peratively with other ho andlord/tenant complain g guests' behavior	usemates or neighbors						
Maintainir     Living coc     Handling l     Controlling     Handling l	peratively with other ho andlord/tenant complain g guests' behavior basic maintenance	usemates or neighbors						
Maintainir     Living coc     Handling I     Controlling     Handling I     Handling I     Handling I	peratively with other ho andlord/tenant complain g guests' behavior basic maintenance simple repairs	usemates or neighbors ts						
Maintainir     Living coc     Handling I     Controlling     Handling I     Handling I     Handling I     Handling I     Handling I	peratively with other ho andlord/tenant complain g guests' behavior basic maintenance simple repairs Il the landlord about prol	usemates or neighbors ts blems						
Maintainir     Living coc     Handling I     Controlling     Handling I     Handling I     Handling I     Handling I     Handling I     How to cal     Developin	peratively with other ho andlord/tenant complain g guests' behavior basic maintenance simple repairs Il the landlord about prol g and following a budge	usemates or neighbors ts blems t	camool)					
<ul> <li>Maintainir</li> <li>Living coordination</li> <li>Handling I</li> <li>Controlling</li> <li>Handling I</li> <li>Handling I</li> <li>Handling I</li> <li>Handling I</li> <li>How to cal</li> <li>Developin</li> <li>Access to a</li> </ul>	peratively with other ho andlord/tenant complain g guests' behavior basic maintenance simple repairs Il the landlord about prol g and following a budge routine transportation (e.	usemates or neighbors ts blems t g., public transportation,	carpool)					
Maintainir     Living coc     Handling I     Controlling     Handling S     Handling S     How to cal     Developin     Access to S	peratively with other ho andlord/tenant complain g guests' behavior basic maintenance simple repairs Il the landlord about prol g and following a budge routine transportation (e. ration, food storage, and	usemates or neighbors ts blems t g., public transportation,	carpool)	Date Corrections	Score			
<ul> <li>Maintainir</li> <li>Living coordination</li> <li>Handling I</li> <li>Controlling</li> <li>Handling I</li> <li>Handling I</li> <li>Handling I</li> <li>Handling I</li> <li>How to cal</li> <li>Developin</li> <li>Access to a</li> </ul>	peratively with other ho andlord/tenant complain g guests' behavior basic maintenance simple repairs Il the landlord about prol g and following a budge routine transportation (e.	usemates or neighbors ts blems t g., public transportation, consumer skills			Score			
Maintainir     Living coc     Handling I     Controlling     Handling S     Handling S     How to cal     Developin     Access to S	peratively with other ho andlord/tenant complain g guests' behavior basic maintenance simple repairs Il the landlord about prol g and following a budge routine transportation (e. ration, food storage, and	usemates or neighbors ts blems t g., public transportation, consumer skills <b>Findings</b>		Date Corrections Completed (Or note)	Score			
Maintainir     Living coc     Handling I     Controlling     Handling S     Handling S     How to cal     Developin     Access to S	peratively with other ho andlord/tenant complain g guests' behavior basic maintenance simple repairs Il the landlord about prol g and following a budge routine transportation (e. ration, food storage, and	usemates or neighbors ts blems t g., public transportation, consumer skills Findings (Delete the two that	-	Completed	Score			

#### State of Kansas Department for Children and Families Prevention and Protection Services

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

					The articles and supplies may be new	or used, but shall be in
	good condition. The articl • A bed and bed l		include, but are not lin	nited to:		
	• A dining table a	g room furniture				
	<ul> <li>Living or sitting</li> <li>A stove and ref</li> </ul>					
			cooking and eating ut			
			cooking and eating ut	ensits)		
	<ul> <li>Basic cleaning :</li> <li>Landline teleph</li> </ul>					
		vater, trash, electricity				
	<ul> <li>Oundes (e.g., w</li> <li>Access to laund</li> </ul>		<u>, gas)</u>			
			e at least three (3) nutr	itionally balanced meals per (	day (Food costs included in room and b	oard youth to be
		shopping and food pr		itionally balanced meals per t	day (1000 costs menuced in 100111 and t	oard, youth to be
	Kitchen and bat		cparation),			
			ision, stereo, video gai	nes) are optional if not provi	ided, youth shall be provided the oppor	tunity to purchase these
	items when the	y are financially capal	ble	· •		
	items when the Emergency tran	y are financially capal asportation when rout	ble ine transportation is no	ot available	· · · ·	
	items when the Emergency tran	y are financially capal asportation when rout	ble ine transportation is no	ot available	h's money management skills	
<mark>#</mark>	items when the Emergency tran	y are financially capal asportation when rout	ble ine transportation is no	ot available	· · · ·	Score
<mark>#</mark> 36	items when the Emergency tran Review of yout	y are financially capal isportation when rout h's financial records (	ble ine transportation is no (e.g., bank statements, Findings (Delete the two that	ot available check stubs) to monitor yout	h's money management skills Date Corrections Completed	
	items when the Emergency tran Review of yout	y are financially capal isportation when rout h's financial records ( Source	ble ine transportation is no (e.g., bank statements, <b>Findings</b> (Delete the two that don't apply)	ot available check stubs) to monitor yout	h's money management skills Date Corrections Completed	
	items when the Emergency tran Review of yout	y are financially capal sportation when rout h's financial records ( Source Policies,	ble ine transportation is no (e.g., bank statements, (Delete the two that don't apply) Substantially Met Partially Met Not Met	ot available check stubs) to monitor yout	h's money management skills Date Corrections Completed	
<mark>36</mark>	items when the Emergency trar Review of yout	y are financially capal sportation when rout h's financial records ( Source Policies, Procedures or Documents	ble ine transportation is no (e.g., bank statements, (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable	ot available check stubs) to monitor yout	h's money management skills Date Corrections Completed	
	items when the Emergency tran Review of yout	y are financially capal isportation when rout h's financial records ( Source Policies, Procedures or	ble ine transportation is no (e.g., bank statements, <b>Findings</b> (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met	ot available check stubs) to monitor yout	h's money management skills Date Corrections Completed	
<mark>36</mark>	items when the Emergency trar Review of yout	y are financially capal sportation when rout h's financial records ( Source Policies, Procedures or Documents	ble ine transportation is no (e.g., bank statements, <b>Findings</b> (Delete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met Partially Met	ot available check stubs) to monitor yout	h's money management skills Date Corrections Completed	
<mark>36</mark>	items when the Emergency trar Review of yout	y are financially capal sportation when rout h's financial records ( Source Policies, Procedures or Documents	ble ine transportation is no (e.g., bank statements, (Delete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met Partially Met Not Met	ot available check stubs) to monitor yout	h's money management skills Date Corrections Completed	
<mark>36</mark> 37	items when they Emergency tran Review of yout Requirement Review p/p. View housing.	y are financially capal hyportation when routh h's financial records ( Source Policies, Procedures or Documents Tour Housing	ble ine transportation is no (e.g., bank statements, (Delete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable	ot available check stubs) to monitor yout	h's money management skills Date Corrections Completed	
36 37	items when they Emergency tran Review of yout Requirement Review p/p. View housing. Review youth financial	y are financially capal sportation when rout h's financial records ( Source Policies, Procedures or Documents	ble ine transportation is no (e.g., bank statements, (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met	ot available check stubs) to monitor yout	h's money management skills Date Corrections Completed	
<mark>36</mark>	items when they Emergency tran Review of yout Requirement Review p/p. View housing.	y are financially capal hyportation when routh h's financial records ( Source Policies, Procedures or Documents Tour Housing	ble ine transportation is no (e.g., bank statements, (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met Partially Met	ot available check stubs) to monitor yout	h's money management skills Date Corrections Completed	
<mark>36</mark> 37	items when they Emergency tran Review of yout Requirement Review p/p. View housing. Review youth financial	y are financially capal hyportation when routh h's financial records ( Source Policies, Procedures or Documents Tour Housing	ble ine transportation is no (e.g., bank statements, (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met	ot available check stubs) to monitor yout	h's money management skills Date Corrections Completed	

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

	<ul> <li>self-destructive behavi</li> </ul>	ors				
	• sexuality					
	communications with	family and others of	outside the program			
	<ul> <li>religious worship</li> </ul>					
	<ul> <li>involvement in therapi</li> </ul>	es				
	theft, property destruct	tion				
	• behaviors resulting in	mandatory remova	l from the program and			
			sult in legal prosecution.			
	1.0		U I			
				upervised activities shall be made a		
				ential facility but also to daily life w	ithin society. A resource list shall	be maintaine
	by the facility of the available res	ources to meet the	child's need in the commu	inity. In dama sing. Children shall not be a		
				ly damaging. Children shall not be s le or ridicule them or their families.		
				be utilized as a disciplinary measure		
		Tamines as pullish	incht. Seelusion shan not	be utilized as a disciplinary measure	. Only start members shall discip	
	in placement.					
<del>4</del>	in placement. Requirement	Source	<b>Findings</b>	Comments	Date	Score
<mark>#</mark>		Source	(Delete the two that	Comments	Date Corrections	Score
<mark>#</mark>		Source		Comments	Corrections Completed	<mark>Score</mark>
	Requirement		(Delete the two that don't apply)	Comments	Corrections	Score
<mark>#</mark> 39		Policies,	(Delete the two that don't apply) Substantially Met (1)	Comments	Corrections Completed	Score
	Requirement	Policies, Procedures or	(Delete the two that don't apply) Substantially Met (1) Partially Met (0.5)	Comments	Corrections Completed	Score
	Requirement	Policies,	(Delete the two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25)	Comments	Corrections Completed	Score
<mark>39</mark>	Requirement Review p/p.	Policies, Procedures or Documents	(Delete the two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)	Comments	Corrections Completed	Score
	Requirement	Policies, Procedures or	(Delete the two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25)	Comments	Corrections Completed	Score
<mark>39</mark>	Requirement Review p/p. Behavior plan posted in	Policies, Procedures or Documents	(Delete the two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1)	Comments	Corrections Completed	Score
<mark>39</mark>	Requirement Review p/p. Behavior plan posted in	Policies, Procedures or Documents	(Delete The two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)	Comments	Corrections Completed	Score
<mark>39</mark> 40	Review p/p. Behavior plan posted in common area Review files for documentation	Policies, Procedures or Documents	(Delete The two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Applicable (0) Substantially Met (1)	Comments	Corrections Completed	Score
<mark>39</mark> 40	Review p/p. Behavior plan posted in common area Review files for documentation that the youth signed the	Policies, Procedures or Documents Tour Facility	(Delete The two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5)	Comments	Corrections Completed	Score
<mark>39</mark> 40	Requirement Review p/p. Behavior plan posted in common area Review files for documentation that the youth signed the behavior system	Policies, Procedures or Documents Tour Facility	(Delete The two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Met (0.25)	Comments	Corrections Completed	Score
<mark>39</mark> 40 41	Review p/p.  Review p/p.  Behavior plan posted in common area  Review files for documentation that the youth signed the behavior system acknowledgement	Policies, Procedures or Documents Tour Facility Case Records	(Delete The two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Met (0.25)	Comments	Corrections Completed	Score
<mark>39</mark> 40	Requirement         Review p/p.         Behavior plan posted in common area         Review files for documentation that the youth signed the behavior system acknowledgement         Review file for level changes	Policies, Procedures or Documents Tour Facility	(Delete The two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1)	Comments	Corrections Completed	Score
<mark>39</mark> 40 41	Requirement         Review p/p.         Behavior plan posted in common area         Review files for documentation that the youth signed the behavior system acknowledgement         Review file for level changes and explanations of the level	Policies, Procedures or Documents Tour Facility Case Records	(Delete The two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Applicable (0) Substantially Met (1) Partially Met (1) Partially Met (0.5)	Comments	Corrections Completed	Score
<mark>39</mark> 40 41	Requirement         Review p/p.         Behavior plan posted in common area         Review files for documentation that the youth signed the behavior system acknowledgement         Review file for level changes	Policies, Procedures or Documents Tour Facility Case Records	(Delete The two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1)	Comments	Corrections Completed	Score

	Section 10.1 Resetting						
	A procedure used to assist the chil Application of a reset:	ld in regaining rega	ain emotional control by pr	oviding a safe and quiet area.			
		never be physicall	y prevented from leaving t	he reset area.			
	• Resets may take place	away from the area	a of activity or from other of	children.			
	Staff shall monitor the	child while he or s	she is in resetting.				
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments		Date Corrections Completed (Or note)	Score
<mark>43</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)				
<mark>44</mark>	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 t	this section:	

### State of Kansas

Department for Children and Families Prevention and Protection Services

	Section 10.2: De-escalation Cer	rtification			
	escalation techniques shall be util in authorized, evidenced based do member's personnel file and shal	lized for any activity e-escalation technique l be made available u oriented to the manage	required to diffuse a con es programs for managin pon request. At the time ging aggressive behavior	ot to prevent a youth from causing harm to flict or intense situation to ensure safety an g aggressive behavior. Staff training record of admission to a facility, the youth and pa s policies of the facility and shall sign a wr	d calm the youth. Staff shall be certified is shall be kept as part of the staff rent (if applicable)/guardian and/or
<mark>#</mark>	Requirement	Source	<mark>Findings</mark> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)
<mark>45</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
<mark>46</mark>	Review personnel files for documentation of required training.	HR Files	Substantially Met Partially Met Not Met Not Applicable		
<mark>47</mark>	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 Cert	tification		
	An emergency safety intervention chronological and developmental	shall be performed age, size, gender ph	d in a manner that is saf ysical, medical, psychiat	è, proportionate, and appropriate ric condition, and personal history	to the severity of the behavior, and the resident's
	The use of emergency safety inte designed to prevent a resident fror				restraint procedures applicable to this population
	An emergency safety intervention body. An emergency safety inter of harming themselves or others	vention shall be us	f physical force without a ed only as last resort af	any mechanical device, for the pur ter all verbal de-escalation techn	pose of restricting the free movement of a youth's aiques have failed and when the youth is at-risk
	Mechanical restraint is the use of a behavior. Mechanical restraints a				en for purposes of preventing self-destructive
	evidenced based training program member's personnel file and shall applicable) and/or CWCMP Case	s for managing aggr be made available u Manager shall be or	ressive behavior and de-e upon request. At the time riented to the emergency	scalation techniques. Staff training of admission to a facility, the you safety intervention policies of the	ons. Staff shall be certified in authorized, g records shall be kept as part of the staff th and parent (if applicable)/guardian (if facility and shall sign a written acknowledgment
<mark>#</mark>	of this orientation. This written ac Requirement	knowledgment shal.	I be kept in the youth's c         Findings         (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)
<mark>48</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
<mark>49</mark>	Review written plan to limit use of restraints.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
<mark>50</mark>	Review restraint logs.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
<mark>51</mark>	Review personnel files for documentation of required training.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
<mark>52</mark>	Ask for other effective techniques and alternatives used by the facility.	Case Records	Substantially Met Partially Met Not Met Not Applicable		

State of Kansas Department for Children and Families Prevention and Protection Services

<mark>53</mark>	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 residenti record. The program plan shall be social, familial, and independent Program plans shall be updated w the case review conferences with	e established by the living skill domains, when new needs are i in 30 days of comple ed from the youth, p	end of 14 days from adm . Youth may not have ide identified or when progra etion of initial program p parent, guardian, and CW	ission and shall address the identific entified needs in every domain. If so im goals are met. Program plans sha lan and each 30 days thereafter, inc CMP Case Manager shall be consid	essment documents shall be included in the case ed needs in the emotional, physical, educational, b, document that no needs were identified. Ill be thoroughly reviewed, and revisions made at luding updated information of the progress of the dered in the report. The initial program plan and
	The program plan shall include in Long term goals in the physical he family relation academic a interpersonal relations substance use service emotional/psychologie Short term goals which Services to meet indep Specific plans for read Estimated time for read The youth shall sign a	adividualized service e areas of: salth tions g skills ind/or vocational ski needs cal health h will help a youth e bendent living goals. ching the short-term ching short term goa nd date the program of the progress of the	es to match the youth's id lls eventually reach his/her l goals including services als. plan indicating participa e youth's goals shall be in	lentified needs in the following area ong-term goals in each of the above to be provided and frequency. tion and input in the development c	• areas.
					outh to have ongoing active and meaningful
	Includes the evaluation and desig connections with family, kin, rela be included in the program plan t which place the youth at risk for d	tives, and the comm o be reviewed every disruption, activities	unity. The goal for achie 30 days. The permanent to prepare the youth's fa	wing permanency shall be coordina by plan shall include strategies and t unily or kinship network for reunifi	outh to have ongoing active and meaningful ted with the youth's CWCMP Case Manager and asks to accomplish the youth's goals. Behaviors cation, identification of other less restrictive
#	Includes the evaluation and desig connections with family, kin, rela be included in the program plan to	tives, and the comm o be reviewed every disruption, activities	unity. The goal for achie 30 days. The permanence to prepare the youth's fa ition to these settings sha Findings (Delete the two that	wing permanency shall be coordina by plan shall include strategies and t unily or kinship network for reunifi	ted with the youth's CWCMP Case Manager and asks to accomplish the youth's goals. Behaviors cation, identification of other less restrictive Date Corrections Completed
<mark>#</mark> 54	Includes the evaluation and desig connections with family, kin, rela be included in the program plan t which place the youth at risk for a living environments and preparin	tives, and the comm o be reviewed every disruption, activities g the youth for trans	aunity. The goal for achied 30 days. The permanence to prepare the youth's fa- ition to these settings shi Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met	wing permanency shall be coordina by plan shall include strategies and t unily or kinship network for reunifi all be addressed.	ted with the youth's CWCMP Case Manager and asks to accomplish the youth's goals. Behaviors cation, identification of other less restrictive Date Corrections
	Includes the evaluation and desig connections with family, kin, rela be included in the program plan t which place the youth at risk for of living environments and preparin <b>Requirement</b> Check for signatures and dates	tives, and the comm o be reviewed every disruption, activities g the youth for trans Source	unity. The goal for achie         30 days. The permanence         30 days. The permanence         to prepare the youth's faition to these settings shift         Findings         (Delete the two that don't apply)         Substantially Met         Partially Met         Not Met         Substantially Met         Not Applicable         Substantially Met         Not Met         Not Met	wing permanency shall be coordina by plan shall include strategies and t unily or kinship network for reunifi all be addressed.	ted with the youth's CWCMP Case Manager and asks to accomplish the youth's goals. Behaviors cation, identification of other less restrictive Date Corrections Completed
<mark>54</mark>	Includes the evaluation and desig connections with family, kin, rela be included in the program plan to which place the youth at risk for a living environments and preparin <b>Requirement</b> Check for signatures and dates on reviews.	tives, and the comm o be reviewed every disruption, activities g the youth for trans Source	<ul> <li>nunity. The goal for achie</li> <li>30 days. The permanend to prepare the youth's faition to these settings shift (Delete the two that don't apply)</li> <li>Substantially Met Partially Met</li> <li>Not Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Not Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Not Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Partially Met</li> <li>Not Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Not Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Not Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Not Met</li> <li>Not Met</li> <li>Not Met</li> <li>Not Met</li> </ul>	wing permanency shall be coordina by plan shall include strategies and t unily or kinship network for reunifi all be addressed.	ted with the youth's CWCMP Case Manager and asks to accomplish the youth's goals. Behaviors cation, identification of other less restrictive Date Corrections Completed
54 55	Includes the evaluation and desig connections with family, kin, rela be included in the program plan t which place the youth at risk for a living environments and preparin <b>Requirement</b> Check for signatures and dates on reviews. Review case record.	tives, and the common o be reviewed every disruption, activities g the youth for trans Source Case Records Case Records	<ul> <li>nunity. The goal for achies</li> <li>30 days. The permanents</li> <li>31 (Delete the two that don't apply)</li> <li>32 (Delete the two that don't apply)</li> <li>33 (Delete the two that don't apply)</li> <li>34 (Delete the two th</li></ul>	wing permanency shall be coordina by plan shall include strategies and t unily or kinship network for reunifi all be addressed.	ted with the youth's CWCMP Case Manager and asks to accomplish the youth's goals. Behaviors cation, identification of other less restrictive Date Corrections Completed
54 55 56	Includes the evaluation and desig connections with family, kin, rela be included in the program plan to which place the youth at risk for of living environments and preparin <b>Requirement</b> Check for signatures and dates on reviews. Review case record. Check for program objectives.	tives, and the common o be reviewed every disruption, activities g the youth for trans Source Case Records Case Records Case Records	<ul> <li>nunity. The goal for achie</li> <li>30 days. The permanend to prepare the youth's faition to these settings shift (Delete the two that don't apply)</li> <li>Substantially Met</li> <li>Partially Met</li> <li>Not Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Not Met</li> <li>Not Met</li> <li>Not Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Partially Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Not Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Partially Met</li> <li>Not Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Partially Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Partially Met</li> <li>Partially Met</li> <li>Partially Met</li> </ul>	wing permanency shall be coordina by plan shall include strategies and t unily or kinship network for reunifi all be addressed.	ted with the youth's CWCMP Case Manager and asks to accomplish the youth's goals. Behaviors cation, identification of other less restrictive Date Corrections Completed

State of Kansas

Department for Children and Families

Prevention and Protection Services

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:

- 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 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.

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.

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.

	menude the CWCMT Case Manag	ser signature.			
<mark>#</mark>	Requirement	Source	Findings	Comments	Date Corrections
			(Delete the two that		<b>Completed</b>
			<mark>don't apply)</mark>		(Or note)
<mark>59</mark>	<mark>Review p/p.</mark>	Policies,	Substantially Met		
		Procedures or	Partially Met		
		<b>Documents</b>	Not Met		
			Not Applicable		
<mark>60</mark>	View designated areas for	Facility Tour	Substantially Met		
	visitation.		Partially Met		
			Not Met		
			Not Applicable		
<mark>61</mark>	Review documentation of	Case Records	Substantially Met		
	visitation and phone calls.		Partially Met		
	<b>I</b>		Not Met		
			Not Applicable		
<mark>62</mark>	Review approved contact lists.	Case Records	Substantially Met		
			Partially Met		
			Not Met		
			Not Applicable		
				Score for this section:	

Section 13: Discharge/Aftercare Plan

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. The discharge summary shall include written:

- 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

_					
<mark>#</mark>	<b>Requirement</b>	Source	<b>Findings</b>	Comments	Date Corrections
			(Delete the two that		<b>Completed</b>
			don't apply)		(Or note)
<mark>63</mark>	Review p/p.	Policies,	Substantially Met		
		Procedures or	Partially Met		
		Documents	Not Met		
			Not Applicable		
<mark>64</mark>	Review discharge planning.	Case Records	Substantially Met		
			Partially Met		
			Not Met		
			Not Applicable		
<mark>65</mark>	Review closed files for aftercare	Case Records	Substantially Met		
	planning.		Partially Met		
			Not Met		

#### State of Kansas Department for Children and Families Prevention and Protection Services

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

	cord 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 us nic filing full access shall be given to DCF employees who are conducting site visit.
	's File:
	ovider shall maintain a file for each child. The file shall contain the following:
rne pi	Childs'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
<b>Recor</b>	d Retention:
<mark>Case r</mark>	ecords, 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
produc	tion of a final audit report, whichever is longer.
<b>D</b> 11	Observations: descend of "deily absentions" (a based on Section 4. Placement Summitting and is a summary destation which is if is at a summary involving
	d record of "daily observations" (as based on Section 4: Placement Supervision, and in person contact with youth) and significant occurrences involving hild 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 t
A date	Significant events should include but not be limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and or
A date each c	
A date each c child.	n, medical appointments, mental health appointments, medication compliance, hygiene (if identified as a need), visits/passes, meals eaten and overall
A date each c child. childre	en, medical appointments, mental health appointments, medication compliance, hygiene (if identified as a need), visits/passes, meals eaten and overall or. 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
A date each c child. childre behavi	
A date each c child. childre behavi	or. 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
A date each c child. childre behavi availal Week	or. 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 ole to review. In Progress Notes:
A date each c child. childre behavi availal Week Notes	or. 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 ble to review. In Progress 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 treatme
A date each c child. childre behavi availal <b>Week</b> Notes plan. T	or. 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 ble to review. <b>y Progress Notes:</b> 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 is documentation shall address the child's responses to interventions and the progress of the child on individualized goals and objectives. The note sha
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A date each c child. childre behavi availal <b>Week</b> Notes plan. T includ need is activit shall b	or. 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 ble to review. <b>y Progress Notes:</b> 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 this documentation shall address the child's responses to interventions and the progress of the child on individualized goals and objectives. The note shall e any significant events that occurred during the week and shall also summarize contacts with family members and other involved agencies. If an unmet 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 tes they are providing to each child. Each month the weekly progress notes shall be sent to the CWCMP Case Manager. The Monthly Progress Report For the submitted to each child's provider no later than the 15th of each month following the reporting month, for all children the in placement more than 15 days of that calendar month. Submission will be accepted by e-mail to: Cornerstones of Care: KSmonthlyprogressreports@Cornerstonesofcare.org
A date each c child. childre behavi availal <b>Week</b> Notes plan. T includ need is activit shall b	or. 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 ble to review. <b>y Progress Notes:</b> 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 is documentation shall address the child's responses to interventions and the progress of the child on individualized goals and objectives. The note shall is documentation shall address the child's responses to interventions and the progress of the child on individualized goals and objectives. The note shall is documentation shall address the actions to be taken to revise the plan to meet that need. The case coordinator shall document specific services and is they are providing to each child. Each month the weekly progress notes shall be sent to the CWCMP Case Manager. The Monthly Progress Report For e submitted to each child's provider no later than the 15th of each month following the reporting month, for all children re 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.
- 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)

<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)
<mark>67</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
<mark>68</mark>	View stored records.	Tour	Substantially Met Partially Met Not Met Not Applicable		
<mark>69</mark>	Review case file for documentation of daily observations and significant occurrences.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
<mark>70</mark>	Review case file for documentation of weekly progress notes.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
<mark>72</mark>	Review case file for documentation of health care records.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
<mark>73</mark>	Review case file for documentation of 30-day progress reports.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
<mark>74</mark>	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/Ne							
	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.							
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score		
<mark>75</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25)					

			Not Applicable (0)			
<mark>76</mark>	View posting of KPRC number	Tour	Substantially Met (1)			
	in the facility.		Partially Met (0.5)			
			Not Met (0.25)			
			Not Applicable (0)			
	•			See	re for this section:	

	Section 16: Significant Incidents										
	A Significant Incident is an unanti	cipated event which	ch does not rise to the level	l of a critical incident but has	the potential risk of a serious adverse ou	itcome.					
	Section 16.1: Significant Inciden	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 incident	s shall be verbally	reported immediately with	a written report to the CWC	MP case manager within 24 hours of the	e event (please					
	The following significant incidents shall be verbally reported immediately with a written report to the CWCMP case manager within 24 hours of the ever refer to the following definitions for clarification):										
	Significant Incident involving a ch	ild in the custody	of the Secretary include bu	it are not limited to:							
	1. death of a parent/ 2. runaway or missi		(provide date of death) t. PPM 5245 shall be follo	wed.							
	3. arrested for a juve	enile offense									
	4. alleged abuse or r 5. child is an alleged		ctim of a criminal assault o	f any kind							
	6. attempted suicide			<u> </u>							
	7. serious physical i 8. unanticipated me	llness dical attention that	requires treatment beyond	first aid							
	9. pregnancy. See F	PM 0513 D. 2.	requires ireathent beyone	inst ald							
	10. birth. See PPM 0										
	11. emergency chang 12. use of illegal drug	11. emergency change in placement									
	13. suspension of the	13. suspension of the license of a group or residential facility used by children									
	14. alleged victim of 15. alleged perpetrate										
	16. other (document	specifics)									
	17. death of child in care										
	If the cignificant invident involves abuse, people or exploitation the facility shall she follow mendered reporting requirements.										
	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 kep	t by the facility do	cumenting significant inci	dents that is separate from the	documentation in the youth's file.						
	Each YRC II provider shall devel emergency or significant incident.	op an internal pro	cess for obtaining on-call	emergency contact informati	on for all CWCMP case managers in the	he event of an					
<mark>#</mark>	Requirement	Source	Findings	Comments	Date	<mark>Score</mark>					
			(Delete the two that don't apply)		Corrections Completed (Or note)						
<mark>77</mark>	Review p/p.	Policies,	Substantially Met (1)								
		Procedures or Documents	Partially Met (0.5) Not Met (0.25)								
		Documents	Not Applicable (0)								
<mark>78</mark>	Review reports of significant	Case Records	Substantially Met (1)								
	incidents.		Partially Met (0.5) Not Met (0.25)								
			Not Applicable (0)								
<mark>79</mark>	Check significant incidents log.	Case Records	Substantially Met (1)								
			Partially Met (0.5) Not Met (0.25)								
			Not Applicable (0)								
<mark>80</mark>	Review sample from log for	Case Records	Substantially Met (1)								
	compliance w/ reporting within	1	Partially Met (0.5)								

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

	nu Protection Services		
Section 17: Fir			
A cumulation o	of all the above sections are scored here for a total score based on the assessments c	ompleted.	
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		
	which do not score substantially met, will require comments which will be u	used for developing a CAP. Facilities	will have 14 days to
	address the missing items and submit corrections or a plan to make necessar and schedule). Track CAP corrections on this form and document the date of		his can take time to find
	and senedule). These erric concertons on this form and document the date v	concettons are received.	
Section			Section Score
	General Requirements		
	Admission Skills Required		
	General Skills Required		
	Community Integration Program General Staffing		
	Community Integration Specialist		
	Placement Supervision		
	Staff Inservice-Orientation		
	Annual Staff Inservice		
	Placement Confirmation		
	nitial Assessment		
	Room/Apartment Assignment		
	cope of Services		
	Positive and Realistic Living Experiences		
	Home Furnishings		
	Behavior Management		
Section 10.1			
	2 De-escalation Certification		
	3: Emergency Safety Interventions Certification		
	Program Plan		
Section 12: Y			
	Discharge/Aftercare		
	Record Keeping		
	Reporting Abuse/Neglect		
Section 16: S	Significant Incidents		
		Total Score	
If the score is 7	70 or less, the result is an automatic Corrective Action Plan (CAP). Use the commet	ts captured above to develop a CAP of	n the following pages

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 Progrm Corrective Action Plan

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

Correction/Compliance Action Plan
Presented Findings:
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. Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:
Finding:

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: 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
	<b>Not Met = .25</b>
	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

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.

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.

Section 1.1: Services Provided in Emergency Shelter

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.

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:

- 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

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.

Section 1.2: Short Term Placement in an Emergency Shelter

#	Requirement	Source	<b>Findings</b> (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			

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:
• 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> <li>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</li> </ul>

- 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	<b>Findings</b> (Delete the two that	Comments	Date Corrections Completed	Score
			don't apply)		(Or note)	
3	Review p/p	Policies,	Substantially Met			
		Procedures or	Partially Met			
		Documents	Not Met			
			Not Applicable			
4	Review case record.	Case Record	Substantially Met			
			Partially Met			
			Not Met			
			Not Applicable			
					Score for this section:	

<b>Population Served:</b>					
Population served is c	hildren and youth, age	s birth thru 21, who:			
			priate stable placement can b	e found for the child/youth.	
	e Protective Custody.				
Emergency Shelters a	e unique in their abilit	w to accept youth who pre	ecent a wide range of behavio	ral and health needs. Emergency Shel	
trauma informed care.	Emergency Shelters	are staffed and administer	ed to serve all youth from the	state agencies with whom they have p	provider agreements
trauma informed care. Placements of youth s	Emergency Shelters	are staffed and administer	ed to serve all youth from the		provider agreements
trauma informed care.	Emergency Shelters	are staffed and administer	ed to serve all youth from the	state agencies with whom they have p	provider agreements
trauma informed care. Placements of youth s	Emergency Shelters	are staffed and administer	ed to serve all youth from the	state agencies with whom they have p	provider agreements
trauma informed care. Placements of youth s cannot be assured.	Emergency Shelters a hould only be denied i	re staffed and administer n the most extreme circum Findings (Delete the two that	ed to serve all youth from the nstances, when the youth's sa	state agencies with whom they have p fety or the safety of other residents in	rovider agreements the Emergency She
trauma informed care. Placements of youth s cannot be assured.	Emergency Shelters a hould only be denied i	are staffed and administer n the most extreme circum Findings	ed to serve all youth from the nstances, when the youth's sa	state agencies with whom they have p fety or the safety of other residents in Date Corrections	rovider agreements the Emergency She

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

	<ul> <li>or residential center to cover</li> <li>The administrator of a prior administrative exp</li> <li>The administrator of a gleast a high school dipl</li> <li>Program plan developn</li> <li>Facility staff shall be at admitted, have at least a special needs of childred</li> </ul>	the programming t residential center (t perience and a worl group boarding hor oma, or its equival- nent, review, and c: t least 21 years of a a high school diplo on who require this	he facility will provide meeting residential cen king knowledge of chil me (meeting group hon ent, prior administrativ ase supervision are car ge with a minimum of ma or equivalent and s level of care.	nd Residential Facility Licensing Divisio to the population of children/youth who ter standards K.A.R 28-4-268 (t) more th d development principles. ne standards K.A.R 28-4-268 (i)) not less e experience and a working knowledge of ried out by the Emergency Shelter/ESC three years age difference between facil- hall practice accepted methods of child of	om the facility will serve. aan 10 residents) shall have s than five nor more than ter of child development princip provider. ity staff and the oldest child/ are. Staff shall be trained to	a bachelor's degree, persons) shall have les. /youth who can be effectively meet the
		re youth safety, the	Emergency Shelter/E	all the children in their care. The staff rat SC facility will have awake staff 24 hour		
#	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			
3	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.		
)	Review administrator job description and HR file.	N/A	N/A	This requirement is monitored by DCF Child Placing Agency and Residential Licensing Division.		
0	Review facility staff job descriptions and HR files.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
1	Review personnel files for age requirements.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
2	Review staffing pattern for compliance with staff ratio requirements.	Staffing schedule	Substantially Met Partially Met Not Met Not Applicable			

	Section 4: Case Coor	dination				
	employer, family, and off site). The Case Coordinator	other appropriate com will maintain a resource esources have been co	munity resources. This sh	all include, but not be limit	l's program and progress with the referried to, documenting phone calls, appoint and to, documenting phone calls, appoint and the second state of the second state of the second and the second state of the s	ment and visits (on and in the child's file, when
#	Requirement	Source	<b>Findings</b> (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:	

Sect	ion 5 – Staff In-service train	<mark>ing.</mark>				
Sect	ion 5.1 In-service Orientatio	<mark>on Training</mark>				
direc	<ul> <li>n facility shall have an in-service</li> <li>ty with children. Documentation shall be placed</li> <li>staff training, reflecting</li> <li>name of trainer</li> <li>name of training</li> <li>specify the number of team</li> <li>date of the training</li> </ul>	tion of completion of 1 in a specific area i g orientation or annu	of orientation training s n the staff's file, indica	hall be kept, in the staff m	Illy directed toward the initial training ne ember's personnel file.	eds of staff working
Faci	lity staff shall have completed	l a minimum of 18 h	ours of in-service orier	ntation training. Staff shall	demonstrate competency in the training	s from orientation before
<u>they</u>	can work independently with	children.				
	<mark>opics listed below shall be tr</mark> lity Trainings:	rained, even if it ex	ceeds the minimum 18	8 hours of orientation:		
1 act	<ul> <li>Facility policy and proceedings.</li> </ul>	cedures manual				
	<ul> <li>Facility emergency and</li> </ul>		ures			
	<ul> <li>Facility discipline stand</li> </ul>	dards				
	Child record document	ation policies and p	rocedures			
	<ul> <li>Resident rights (See A)</li> </ul>	ppendix 4, Resident	Rights)			
	<ul> <li>Confidentiality laws</li> </ul>					
	<ul> <li>Report Writing</li> </ul>					
		and/or trained traine	rs within the facility (so	ource must be well recogn	ized and qualified, trained trainers must	have documentation on
file):		ventions (including	management of aggres	sive or suicidal behavior)	(if a facility chooses to use Emergency S	Sofety Intervention staff
	shall be certified)	ventions (including	management of aggres	sive of suicidal beliavior)	(If a facility chooses to use Emergency a	safety intervention starr
	<ul> <li>De-escalation (staff sha</li> </ul>	all be certified)				
	• The handling of blood	borne pathogens				
	<ul> <li>Medication Administra</li> </ul>	ntion (staff who pass	medications shall be c	ertified)		
	<ul> <li>Certified in CPR/First</li> </ul>	Aid				
	<ul> <li>Trauma based informed</li> </ul>	d care/trauma specif	fic intervention			
	<ul> <li>Mandated Reporting</li> </ul>					
	<ul> <li>HIPPA Laws</li> </ul>					
	Comprehensive LGBT					
	Human Trafficking and	d exploitation				
	Cultural Diversity					
	Suicide Prevention/Inte	ervention/Safety				
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	<b>Comments</b>	Date Corrections Completed (Or note)	Score
<mark>15</mark>	Review p/p.	Policies,	Substantially Met			
		Procedures or	Partially Met			
		Documents	Not Met Not Applicable			
<mark>16</mark>	Review training	Policies,	Substantially Met			
	curriculum.	Procedures or	Partially Met			
		Documents	Not Met			
<mark>17</mark>	Review personnel files for	HR Files	Not Applicable Substantially Met			
<mark>17</mark>	orientation training.	FIX FIICS	Partially Met			
			Not Met			

 Not Applicable

 Score for this section:

	Section 5.2 Annual Service	Training				
	Annual training is beyond or shall receive a minimum of 3				e date of employment. During the first ye	ar of employment staff
	All ER Shelter direct care sta member's personnel record to				raining per year. Documentation shall be	provided in each staff
	The documentation shall be p • staff training, refle • name of trainer			indicating staff training, indi	cating:	
	<ul> <li>name of training</li> <li>specify the numbe</li> <li>date of the training</li> </ul>					
	All topics listed below shall Facility Refreshers/Trainings • Facility policy and	:		11 num 18 hours of annual in-s	service:	
	<ul> <li>Facility emergence</li> </ul>					
	Facility discipline					
	<ul><li>Child record docu</li><li>Resident rights (S</li></ul>	•	·			
	<ul> <li>Confidentiality lav</li> </ul>		sident Rights)			
		outside source and	d/or trained trainers wi	thin the facility (source must	be well recognized and qualified, trained	l trainers must have
	documentation on file): • Emergency safety	interventions (incl	uding management of	aggressive or suicidal behavi	ior) (staff shall maintain certification)	
	<ul> <li>De-escalation (sta</li> </ul>		• •		(suit shar mantum certification)	
	• The handling of b					
	<ul> <li>Medication Admin</li> </ul>	nistration (staff sha	Ill maintain certificatio	n, may or may not require an	inual training)	
				ay not require annual training	<u>z)</u>	
			specific intervention			
	<ul> <li>Mandated Reports</li> <li>HIPPA Laws</li> </ul>	ng (Provided By L	OCF) http://www.dcf.ks	s.gov/services/MRT/Pages/de	efault.aspx	
	Comprehensive L					
			issues, especially the e	ffects of early sexual abuse		
	<ul> <li>Substance Use Dis</li> <li>Blood Borne Path</li> </ul>					
			ent (including develop	mental disorders)		
			thology (including suc	h topics as effects of abuse/n	eglect, reactive attachment disorders, sep	paration anxiety
	disorders, ADH <ul> <li>Suicide Prevention</li> </ul>		:ty			
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	<b>Comments</b>	Date Corrections Completed (Or note)	Score
<mark>18</mark>	Review p/p.	Policies,	Substantially Met			
		Procedures or Documents	Partially Met Not Met			
_			Not Applicable			
<mark>19</mark>	Review training curriculum.	Policies, Procedures or	Substantially Met Partially Met			
		Documents	Not Met Not Applicable			
<mark>20</mark>	Review personnel files for	HR Files	Substantially Met			
	annual training.		Partially Met Not Met			
			Not Applicable			
					Score for this section:	

	Section 6 <mark>: Placement Agr</mark>	<del>eement</del> Confirmat	ion of Placement			
	A signed Placement Agreer Agreement shall be kept in			ler and the referring agency at the tim	e of placement. A copy of the	e signed Placement
	A Foster Care Confirmation Welfare Case Managemer			ough the CareMatch system which	confirms the placement arra	anged by the Child
	Youth shall not be placed in	an emergency shel	ter/ESC for more than (	30 days unless an extension is approv	red for a circumstance as indic	ated below:
		only be requested b		Extension requests and decisions for	youth in DCF custody are man	naged by the child
		0 1	0	only be considered in the following c	ircumstances:	
	place	ment is available in	the district. If the yout	C in the same school district from wh will be finishing the school term wi result in the loss of school credit.		
	o The y	outh is awaiting an	identified placement, v	which will be available within 45 days	s of admission to the Emergen	cy Shelter/ESC.
	o A cir	cumstance of substa	intially the same nature	as above and it is in the best interest	of the child or youth to reques	st an extension.
		e need of an extens	ion for ES/ESC placem	ent		
	1		,	or the need for an extension, includin 50 days, dated and signed by the appr	0 0 1	10 <b>n</b>
Ł	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
1	Review p/p.	Policies, Procedures, Documents	Substantially Met Partially Met Not Met Not Applicable			
2	Look for a conv of the	Case Record	Substantially Met		1	

#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	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:	

	routh enters the facility, the ES shall begin immediately assessing their strengths and needs and shall have a completed assessment within 3 days. The shall include but not be limited to the following:
1 assessme	Reasons for referral to the facility
1. 2	Evaluation or assessment covering the following areas:
۷.	a) physical health
	b) family relations
2	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:
	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
8. 9.	

#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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:	

	housing needs of children. C addition to other indicators. I Suicidal tendencie Level of specializ Displaying inappi Gender Age and/or matur Program needs (s	hildren in a resider Factors to consider es ded needs (i.e. ment ropriate sexual beha ity level ubstance use disord eing victimized by	ntial facility shall be as in assigning rooms sha al health, medical, etc. aviors /victims of sexu	ssigned to a room based upon all include (but are not limited al abuse) al, independent living, etc.)	shall develop an objective formal pr a range of factors, as identified by r l to):	
	•					
	environment, as well as effic	ient and effective r	nanagement of the livi	ng units. The child's room as	need/responsivity factors will allow signment and how the decision was	
#		ient and effective r	nanagement of the livi	ng units. The child's room as		
¥	environment, as well as effic in the child's file. The room	ient and effective r assignment shall be	nanagement of the livi e completed immediate	ng units. The child's room as ly upon admission.	signment and how the decision was	made shall be document
¥	environment, as well as effic in the child's file. The room	ient and effective r assignment shall be	nanagement of the livi completed immediate Findings	ng units. The child's room as ly upon admission.	bignment and how the decision was Date Corrections	made shall be document
¢	environment, as well as effic in the child's file. The room	ient and effective r assignment shall be	nanagement of the livi completed immediate Findings (Delete the two that don't apply) Substantially Met	ng units. The child's room as ly upon admission.	Date Corrections Completed	made shall be document
	environment, as well as effic in the child's file. The room Requirement	ient and effective r assignment shall be Source	nanagement of the livi completed immediate Findings (Delete the two that don't apply) Substantially Met Partially Met	ng units. The child's room as ly upon admission.	Date Corrections Completed	made shall be document
	environment, as well as effic in the child's file. The room Requirement	ient and effective r assignment shall be Source Policies,	nanagement of the livi completed immediate Findings (Delete the two that don't apply) Substantially Met	ng units. The child's room as ly upon admission.	Date Corrections Completed	made shall be document
	environment, as well as effic in the child's file. The room Requirement Review p/p.	ient and effective r assignment shall be Source Policies, Procedures or Documents	nanagement of the livi completed immediate Findings (Delete the two that don't apply) Substantially Met Partially Met	ng units. The child's room as ly upon admission.	Date Corrections Completed	made shall be document
25	environment, as well as effic in the child's file. The room Requirement	ient and effective r assignment shall be Source Policies, Procedures or	nanagement of the livi completed immediate Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met	ng units. The child's room as ly upon admission.	Date Corrections Completed	made shall be document
25	environment, as well as effic in the child's file. The room Requirement Review p/p.	ient and effective r assignment shall be Source Policies, Procedures or Documents	nanagement of the livi completed immediate Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable	ng units. The child's room as ly upon admission.	Date Corrections Completed	made shall be document
	environment, as well as effic in the child's file. The room Requirement Review p/p. Factors considered for the	ient and effective r assignment shall be Source Policies, Procedures or Documents	nanagement of the livi completed immediate Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met	ng units. The child's room as ly upon admission.	Date Corrections Completed	made shall be document

 Section 9: Scope of Services
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.
The ES 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:
<ol> <li>room</li> <li>board</li> <li>child care</li> <li>personal spending money</li> <li>personal care needs</li> <li>school fees</li> </ol>
<ul> <li>7. transportation to appointments within a 60-mile radius; including to and from school, medical care, recreation, etc.</li> <li>8. academic activities <ul> <li>a) assistance with school work</li> <li>b) vocational training, and/or</li> <li>c) G.E.D. training</li> </ul> </li> </ul>

	ining- to include but not limited to:
1.	Personal Hygiene: a) teaching about body cleanliness
	b) use of deodorants and cosmetics
	c) appropriate clothing
	<ul> <li>choosing clothing to fit individual and occasion</li> <li>keeping clothes neat and clean</li> </ul>
	c) Keeping cloues heat and clean
2.	Health:
	<ul> <li>a) identifying and understanding residents' health needs</li> <li>b) securing and utilizing necessary medical treatment including preventive and health maintenance services</li> </ul>
	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
	<ul> <li>x. motivation for meeting own health needs</li> <li>d) maintaining contact with providers of health services (physician, nurse, clinic)</li> </ul>
	<ul> <li>e) using outside resources for assistance (clinics, pharmacies, hospitals)</li> </ul>
3.	Consumer education for independent living:
5.	a) budgeting
	b) comparative buying
	<ul> <li>c) installment buying</li> <li>d) avoiding risks</li> </ul>
	e) identifying illegal or excessive interest rates
	f) use of credit
	<ul> <li>avoiding or dealing with debts</li> <li>using checking and savings accounts</li> </ul>
	i) paying taxes
4.	Communication skills:
	The youth's articulating thoughts and feelings through appropriate use of such skills as:
	a) speech
	<ul> <li>b) writing</li> <li>c) use of the landline/cell telephones</li> </ul>
	d) computer
	e) social networking
	f) internet
5.	Home Management:
	<ul> <li>a) making the bed and changing linens,</li> <li>b) using the vacuum cleaner,</li> </ul>
	c) dusting,
	d) organizing belongings,
	<ul><li>e) disposing of trash,</li><li>f) cleaning all areas of the home,</li></ul>
	g) operating appliances,
	<ul> <li>h) cooking complete meals,</li> <li>i) making simple repairs,</li> </ul>
	j) who to call when a major repair is needed,
	k) being aware of the need for upkeep,
	<ul> <li>handling emergencies,</li> <li>knowing first aid.</li> </ul>
<mark>6.</mark>	Situational Guidance:
	<ul> <li>a) identifying and accepting strengths</li> <li>b) developing patterns of acceptance</li> </ul>
	c) coping with authority figures
	d) getting along with others
	e) sharing responsibility
	f) being considerate of others
	<ul> <li>being considerate of others</li> <li>developing friendships</li> <li>knowing when to go home when visiting</li> </ul>

	vention and Protection Servi					
	k) tolerand					
	<ul> <li>b) learning</li> <li>c) develop</li> <li>d) managi</li> <li>e) finding</li> <li>f) finding</li> <li>g) particip</li> <li>h) particip</li> <li>i) arts and</li> </ul>	community projec pating in social grou pating in sports and	ure time ies tle or no expense invol ts to take part in ups	ved		
#	Dequinement	0	Ein din en	Comments		
	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
	Review p/p.	Policies, Procedures or Documents	(Delete the two that don't apply) Substantially Met Partially Met Not Met			Score
27	-	Policies, Procedures or	(Delete the two that don't apply) Substantially Met Partially Met Not Met Substantially Met Partially Met Not Met		Completed	Score
27 28	Review p/p. Review case file for program plan and	Policies, Procedures or Documents	(Delete the two that don't apply) Substantially Met Partially Met Not Met Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met		Completed	
27 28 29 30	Review p/p. Review case file for program plan and implementation.	Policies, Procedures or Documents Case Records	(Delete the two that don't apply) Substantially Met Partially Met Not Met Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met		Completed	

Each facility shall have a written program of consistent rules and regulations guiding and governing the	
program. The behavior management system shall include a description of the daily routines of the prog	
given behaviors shall be identified. Each child shall be oriented to the facility's behavior management s	
orientation process. Notation shall be made in the child's file and signed by the child that the rules, rew	
The facility shall post the behavior management system in a common area where children are able to ea	asily access the system and the children shall be give
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	
<ul> <li>verbal and physical aggression</li> </ul>	
• allowable possessions	
• awakening and bedtime hours	
• leisure hours,	
• visitation policies	
• runaway attempts	
<ul> <li>involvement in recreation and other activities</li> </ul>	
• self-destructive behaviors	
• sexuality	
<ul> <li>communications with family and others outside the program</li> </ul>	
religious worship	
• involvement in therapies	
theft, property destruction	
<ul> <li>behaviors resulting in mandatory removal from the program and</li> </ul>	
<ul> <li>behaviors at the program which could result in legal prosecution.</li> </ul>	

	telephone calls or visits with their placement.	families as punish	ment. Seclusion shall not	be utilized as a disciplinary measure	re. Only staff members shall disciplin	ne child
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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	

	Section 10.1 Resetting					
		never be physically away from the area	y prevented from leaving the of activity or from other c	ne reset area.		
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
<mark>35</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>36</mark>	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 sa	fety intervention /	De-escalation techni	ques Managing Aggressive	Behaviors De-escalation Certification	
	escalation techniques shall be in authorized, evidenced base member's personnel file and s CWCMP Case Manager shall	utilized for any act d de-escalation tecl shall be made avails be oriented to the	tivity required to diffu hniques programs for r able upon request. At t managing aggressive b	se a conflict or intense situat nanaging aggressive behavio he time of admission to a fac	from causing harm to themselves, others ion to ensure safety and calm the child. r. Staff training records shall be kept as sility, the child and parent (if applicable ity and shall sign a written acknowledge	Staff shall be certified part of the staff /guardian and/or
	This written acknowledgment					
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	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 Safe	ety Interventions (	Certification <mark>/Physica</mark>	l Restraints		
	An emergency safety interven chronological and development				oropriate to the severity of the behavior on al history.	r, and the child's
	The use of emergency safety i designed to prevent a child fro				ognized restraint procedures applicabl ovement.	e to this population
		ntervention shall			, for the purpose of restricting the free lation techniques have failed and w	
	Mechanical restraint is the use behavior. <b>Mechanical restrai</b>				ly, most often for purposes of prevent	ing self-destructive
	evidenced based training prog member's personnel file and s	rams for managing shall be made availa Case Manager shall	aggressive behavior a able upon request. At be oriented to the emo	and de-escalation techniques. Such the time of admission to a facing safety intervention po	y interventions. Staff shall be certified Staff training records shall be kept as lity, the child and parent (if applicabl licies of the facility and shall sign a w	part of the staff e)/guardian (if
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	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			

1100				
	acknowledgments and	Partially Met		
	required signatures.	Not Met		
		Not Applicable		
			Score for this section:	

	Section 11: Program Plan					
	record. The program plan sh social, familial, and where a identified. Program plans sh revisions made within 30 da	all be established b ppropriate independ all be updated when ys of completion of from the youth, par	y the end of 7 days fro dent living skill domain n new needs are identif f initial program plan a ent, guardian, and CW	m admission and shall addres ns. Youth may not have ident fied or when program goals a nd each 30 days thereafter. T	ssessment. Assessment documents sha ss the identified needs in the emotional tified needs in every domain. If so, doc re met. Program plans shall be thoroug 'his includes updated information of th considered in the report. The initial pr	l, physical, educationa cument no needs were shly reviewed, and e progress of the youth
	Program plan development,	review, and case su	pervision are carried o	out by the Emergency Shelter	/ESC provider.	
	<ul> <li>Long term goals         <ol> <li>physic</li> <li>family</li> <li>daily</li> <li>daily</li> <li>daily</li> <li>acader</li> <li>interp</li> <li>substa</li> <li>substa</li> <li>remotive</li> </ol> </li> <li>Short term goals</li> <li>Services to meet</li> <li>Specific plans for</li> <li>Estimated time for</li> <li>The youth shall s</li> </ul>	in the areas of: cal health relations living skills mic and/or vocation ersonal relations mcc use service nec onal/psychological which will help a y independent living reaching the short or reaching short ter ign and date the pro-	nal skills eds health outh eventually reach i goals. -term goals including s	outh's identified needs in the his/her long-term goals in eac services to be provided and fr participation and input in the hall be included.	ch of the above areas. requency. development of the plan.	
	Permanency Planning: Includes the evaluation and o connections with family, kin	design of an approa , relatives, and the	ch for the youth and fa	for achieving permanency sha	nities for the youth to have ongoing ac all be coordinated with the youth's CW	CMP Case Manager
	Permanency Planning: Includes the evaluation and o connections with family, kin be included in the program p which place the youth at risk	design of an approa , relatives, and the lan to be reviewed for disruption, act	ch for the youth and fa community. The goal f every 30 days. The pe ivities to prepare the yo	amily that focuses on opportu for achieving permanency sha rmanency plan shall include s outh's family or kinship netw	unities for the youth to have ongoing ac	CMP Case Manager a youth's goals. Behavio
Ŧ	Permanency Planning: Includes the evaluation and o connections with family, kin be included in the program p	design of an approa , relatives, and the lan to be reviewed for disruption, act	ch for the youth and fa community. The goal f every 30 days. The pe ivities to prepare the yo transition to these set <b>Findings</b> (Delete the two that	amily that focuses on opportu for achieving permanency sha rmanency plan shall include s outh's family or kinship netw	unities for the youth to have ongoing ac all be coordinated with the youth's CW strategies and tasks to accomplish the york for reunification, identification of Date Corrections Completed	CMP Case Manager a youth's goals. Behavio
	Permanency Planning: Includes the evaluation and of connections with family, kin be included in the program p which place the youth at risk living environments and pre	design of an approa , relatives, and the lan to be reviewed for disruption, act paring the youth for	ch for the youth and fa community. The goal t every 30 days. The pe ivities to prepare the youth transition to these set Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met	amily that focuses on opportu for achieving permanency sha rmanency plan shall include s outh's family or kinship netw tings shall be addressed.	unities for the youth to have ongoing ac all be coordinated with the youth's CW strategies and tasks to accomplish the york for reunification, identification of Date Corrections	CMP Case Manager a youth's goals. Behavio other less restrictive
# 46 47	Permanency Planning: Includes the evaluation and a connections with family, kin be included in the program p which place the youth at risk living environments and pre Requirement	design of an approa , relatives, and the lan to be reviewed for disruption, act paring the youth for Source Policies, Procedures or	ch for the youth and fa community. The goal t every 30 days. The pe ivities to prepare the youth transition to these set Findings (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Applicable Not Met	amily that focuses on opportu for achieving permanency sha rmanency plan shall include s outh's family or kinship netw tings shall be addressed.	unities for the youth to have ongoing ac all be coordinated with the youth's CW strategies and tasks to accomplish the york for reunification, identification of Date Corrections Completed	CMP Case Manager a youth's goals. Behavio other less restrictive
46 47	Permanency Planning:         Includes the evaluation and connections with family, kin be included in the program p which place the youth at risk living environments and pre         Requirement         Review p/p.         Check for signatures and	design of an approa , relatives, and the lan to be reviewed for disruption, act paring the youth for Source Policies, Procedures or Documents	ch for the youth and fa community. The goal i every 30 days. The pe ivities to prepare the ye transition to these set <b>Findings</b> (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Not Met Not Applicable Substantially Met Not Applicable Substantially Met Not Met Not Met	amily that focuses on opportu for achieving permanency sha rmanency plan shall include s outh's family or kinship netw tings shall be addressed.	unities for the youth to have ongoing ac all be coordinated with the youth's CW strategies and tasks to accomplish the york for reunification, identification of Date Corrections Completed	CMP Case Manager a youth's goals. Behavio other less restrictive
46 47 48	Permanency Planning:         Includes the evaluation and of connections with family, kinds         be included in the program provide the provide the program provide the provi	design of an approa , relatives, and the lan to be reviewed for disruption, act paring the youth for Source Policies, Procedures or Documents Case Records	ch for the youth and fa community. The goal is every 30 days. The pe ivities to prepare the ye transition to these set Findings (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Met	amily that focuses on opportu for achieving permanency sha rmanency plan shall include s outh's family or kinship netw tings shall be addressed.	unities for the youth to have ongoing ac all be coordinated with the youth's CW strategies and tasks to accomplish the york for reunification, identification of Date Corrections Completed	CMP Case Manager a youth's goals. Behavio other less restrictive
46	Permanency Planning:         Includes the evaluation and a connections with family, kin be included in the program p which place the youth at risk living environments and pregrament         Requirement         Review p/p.         Check for signatures and dates on reviews.         Review case record.         Check for program	design of an approa         , relatives, and the         lan to be reviewed         for disruption, act         paring the youth for         Source         Policies,         Procedures or         Documents         Case Records         Case Records	ch for the youth and fa community. The goal i every 30 days. The pe ivities to prepare the ye transition to these set <b>Findings</b> (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met	amily that focuses on opportu for achieving permanency sha rmanency plan shall include s outh's family or kinship netw tings shall be addressed.	unities for the youth to have ongoing ac all be coordinated with the youth's CW strategies and tasks to accomplish the york for reunification, identification of Date Corrections Completed	CMP Case Manager a youth's goals. Behavio other less restrictive

Subject to the provider's visit	ation guideline (da	ays of the week, times,	appropriate attire, etc.) a pro	ovider shall not prohibit contact with a	child's immediate far
except for the following reaso					
• A court orders no	<mark>contact</mark>				
<ul> <li>There is document</li> </ul>	ted violence, threat	tening or disruptive be	havior by family member th	at occurred during contact	
<ul> <li>There is document</li> </ul>	ted introduction of	f contraband into the fa	<mark>cility</mark>		
The facility shall provide priv (unless required), free of any				ut not be limited to: a private office/roo	om, no staff presence
(unless required), nee of any	marviadais that m	ay overhear confidenti			
				child, their family, and the case coordin	
				Il be to return the child to a family-like	
				r the child. All home visits shall be arra	
coordination with the child's	CWCMP Case Ma		in child's file shall include	who is transporting children to and from	m family visits and
-1	and a strategiest of the				
observation of the child's beh	avior during trans	portation.			
	6	•	nteet allowed (letter phone	day passage avernight passage at a ) The	aontaat list must ha
The child shall have an appro	ved contact list to	include, the type of co	ntact allowed (letter, phone,	day passes, overnight passes, etc.) The	contact list must be
The child shall have an appro	ved contact list to ays. Approved con	include, the type of co	ntact allowed (letter, phone, ed by the CWCMP Case Ma	day passes, overnight passes, etc.) The mager. The initial contact list and all re	contact list must be views/updates shall
The child shall have an appro reviewed/updated every 60 da	ved contact list to ays. Approved con	include, the type of co	ntact allowed (letter, phone, ed by the CWCMP Case Ma Comments	day passes, overnight passes, etc.) The mager. The initial contact list and all re Date Corrections	contact list must be views/updates shall Score
The child shall have an appro reviewed/updated every 60 da include the CWCMP Case Ma	ved contact list to ays. Approved con anager signature.	include, the type of co tacts shall be determin Findings (Delete the two that	ed by the CWCMP Case Ma	anager. The initial contact list and all re Date Corrections Completed	views/updates shall
The child shall have an appro reviewed/updated every 60 da include the CWCMP Case M Requirement	ved contact list to ays. Approved con anager signature. Source	include, the type of co tacts shall be determin Findings (Delete the two that don't apply)	ed by the CWCMP Case Ma	anager. The initial contact list and all re Date Corrections	views/updates shall
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The child shall have an appro reviewed/updated every 60 da include the CWCMP Case Ma Requirement Review p/p.	ved contact list to ays. Approved con anager signature. Source Policies, Procedures or Documents	include, the type of co tacts shall be determin Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable	ed by the CWCMP Case Ma	anager. The initial contact list and all re Date Corrections Completed	views/updates shall
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The child shall have an appro reviewed/updated every 60 da include the CWCMP Case Ma Requirement Review p/p.	ved contact list to ays. Approved con anager signature. Source Policies, Procedures or Documents	include, the type of co tacts shall be determin Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable	ed by the CWCMP Case Ma	anager. The initial contact list and all re Date Corrections Completed	views/updates shall
The child shall have an appro reviewed/updated every 60 da include the CWCMP Case Mi <b>Requirement</b> Review p/p. Look for documentation of transportation activities and	ved contact list to ays. Approved con anager signature. Source Policies, Procedures or Documents	include, the type of co tacts shall be determin Findings (Detete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met Partially Met	ed by the CWCMP Case Ma	anager. The initial contact list and all re Date Corrections Completed	views/updates shall
The child shall have an appro reviewed/updated every 60 da include the CWCMP Case Mi <b>Requirement</b> Review p/p. Look for documentation of transportation activities and	ved contact list to ays. Approved con anager signature. Source Policies, Procedures or Documents	include, the type of co tacts shall be determin Findings (Delete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met Partially Met Not Met	ed by the CWCMP Case Ma	anager. The initial contact list and all re Date Corrections Completed	views/updates shall
The child shall have an appro reviewed/updated every 60 da include the CWCMP Case Mi <b>Requirement</b> Review p/p. Look for documentation of transportation activities and observations.	ved contact list to ays. Approved con anager signature. Source Policies, Procedures or Documents Case Record	include, the type of co tacts shall be determin Findings (Delete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met Partially Met	ed by the CWCMP Case Ma	anager. The initial contact list and all re Date Corrections Completed	views/updates shall
The child shall have an appro reviewed/updated every 60 da include the CWCMP Case Mi <b>Requirement</b> Review p/p. Look for documentation of transportation activities and observations. Look for documentation of	ved contact list to ays. Approved con anager signature. Source Policies, Procedures or Documents Case Record	include, the type of co itacts shall be determin Findings (Delete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met Not Met Not Met Not Applicable Substantially Met Not Applicable Substantially Met	ed by the CWCMP Case Ma	anager. The initial contact list and all re Date Corrections Completed	views/updates shall

	Section 13: Discharge/A	Aftercare Plan				
	the placing agency shall	be involved in planning	g the discharge from th	ne facility.	ld, the child's parents if applicable or g	
	A discharge summary shall		time of the youth's di	scharge and be forwarded to	the CWCMP Case Manager within on	e business day. The
	Summary of     Recommendation	the youth's behavior wh	nile in placement	and objectives while the you ure, frequency, duration of s	Ith was in placement ervices and responsible parties	
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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		
	unoroni o planning.		Not Met		
59	Review closed files for	Case Records	Not Applicable Substantially Met		
57	discharge summary.	Cuse records	Partially Met		
			Not Met Not Applicable		
			Not Applicable	Score for this section:	

Child's File The provier shall minimis all 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 • Forst Cure Confirmation of Plasement • Current CWCMP Res Plan • Current CWCMP Res Plan • Current CWCMP Res Plan • Intell Assessment • Intell Assessment • Intell Assessment • Medical and segacial consents • Program plans • Terumet Plans, if applicabile • Discharge plans/Aftecarae • Approved contact if • Terumal Property Inventory • Elsewident's rights acknowledgement • Medical advectoriation • Terumal Property Inventory • Elsewident segacial documentation • Significant incident report, whichever is longer. <b>Motoriation</b> for the records, including medical records, hall be maintained for 6 years from the date of the child's discharge or unit completion of an on-going audit and for the records, including medical records, which propertions and significant occurrences involving	ciccit	nic filing full access shall be given to DCF employees who are conducting site visit.
The provider shall maintain a file for each child. The file shall contain the following:	Child	s File
<ul> <li>Child's name and date of birth</li> <li>Name, address and emergency contact information of the child's CWCMP Case Manager</li> <li>Foster Care Confirmation of Placement</li> <li>Current CWCMP Referral form</li> <li>Current CWCMP Referral form</li> <li>Current CWCMP Referral form</li> <li>Intrial Assessment</li> <li>Suicide/Refinity questionnaire</li> <li>Room assignment assessment</li> <li>Medical and suppial consents</li> <li>Nonicid/Refinity questionnaire</li> <li>Room assignment assessment</li> <li>Medical and suppial consents</li> <li>Program plans</li> <li>Treatment Plans, if applicable</li> <li>Discharge plans/Alteram</li> <li>Approved contact lisi</li> <li>Rerigency Safey Intervention/do-escalation acknowledgements</li> <li>Handbook/Rules acknowledgement</li> <li>Significant incident reports</li> <li>Program Plans</li> <li>Presention</li> <li>Record for dially observation logs and support the rest for 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.</li> </ul> <b>Room Retention:</b> 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.		
<ul> <li>Name, address and emergency contact information of the child's CWCMP Case Manager</li> <li>Foster Care Confirmation of Placement</li> <li>Current CWCMP Referral form</li> <li>Current CWCMP Case Plan</li> <li>If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family, permanence plan.</li> <li>Initial Assessment</li> <li>Sucide/self-injury questionnairs</li> <li>Room assignment assessment</li> <li>Medical and strigging corests</li> <li>Medical and strigging corests</li> <li>Medical and strigging to constit</li> <li>Medical and strigging to constit</li> <li>Medical and strigging to prescription(s) and non-prescription(s) and when administered</li> <li>Authorization for release of confidential information</li> <li>Day observation logs by shift</li> <li>Weekly progress notes</li> <li>Program plans</li> <li>Treatment Plans, if applicable</li> <li>Discharge plans/Aftereare</li> <li>Approved context Ist</li> <li>Resident's rights acknowledgement</li> <li>Emergency Safety Intervention(4-esscalation acknowledgements)</li> <li>Handbook/Rules acknowledgement</li> <li>Significant incident reports</li> <li>Significant incident reports</li> <li>Significant incident reports</li> <li>Educational documentation</li> <li>Significant incident report, whichever is longer.</li> </ul>	- 1	
<ul> <li>Foster Care Confirmation of Placement</li> <li>Current CWCM PGase Plan</li> <li>Current CWCM PGase Plan</li> <li>If reminication is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family permanency plan.</li> <li>Initial Assessment</li> <li>Suide/self-injury questionnairs</li> <li>Room assignment assessment</li> <li>Medical and surgical consents</li> <li>Medical and surgical consents</li> <li>Medical and surgical consents</li> <li>Medical and genosis (history and current)</li> <li>Documentation of diagnosis (history and current)</li> <li>Documentation of diagnosis (history and current)</li> <li>Medical and genosis (history and current)</li> <li>Documentation of alignosis (history and current)</li> <li>Documentation of diagnosis (history and current)</li> <li>Documentation of diagnosis (history and current)</li> <li>Documentation of diagnosis (history and current)</li> <li>Documentation of alignosis (history and current)</li> <li>Documentation</li> <li>Discharge plans/Alfercare</li> <li>Approved contact list</li> <li>Program plans</li> <li>Treatment Plans, if applicable</li> <li>Discharge plans/Alfercare</li> <li>Approved contact list</li> <li>Brongenes / Safety Intervention/de-escalation acknowledgements</li> <li>Handbook Rules acknowledgement</li> <li>Significant incident reports</li> <li>Personal Property Investory</li> <li>Educational documentation</li> <li>Significant incident reports</li> <li>Personal Property Investory</li> <li>Educational documentation</li> <li>Adator torcoof daily obs</li></ul>		
<ul> <li>Current CWCMP Referral form</li> <li>Current CWCMP Case Plan</li> <li>If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family permanency plan.</li> <li>Initial Assessment</li> <li>Sucide/self-injury questionnaire</li> <li>Room assignment assessment</li> <li>Medical and durgrical consents.</li> <li>Medical and durgrican consta (history and current).</li> <li>Documentation of diagnosis (history and current).</li> <li>Documentation of diagnosis (history and current).</li> <li>Documentation of diagnosis (history and current).</li> <li>Postivation for seless of confidential information</li> <li>Publy observation logs by shift.</li> <li>Weekly progress notes</li> <li>Program plans</li> <li>Treatiment Plans, if applicable</li> <li>Doscharge plans/Aftercare</li> <li>Approved curater list</li> <li>Rescident's rights acknowledgement</li> <li>Emergency Satety Intervention/de-escalation acknowledgements</li> <li>Handbook/Rules acknowledgement</li> <li>Pre and Post wist documentation</li> <li>Significant incident reports</li> <li>Educational documentation</li> <li>Significant incident reports, whichever is longer.</li> </ul>		
<ul> <li>Current CWCMP Case Plan</li> <li>If remification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family permanency plan.</li> <li>Initial Assessmenti</li> <li>Suicideal and surgical consents</li> <li>Room assignment assessmenti.</li> <li>Medical and surgical consents</li> <li>Authorization for release of confidential information</li> <li>Daily observation logs by shift</li> <li>Weekly progress notes</li> <li>Program plans</li> <li>Treatment Plans, if applicable</li> <li>Discharge plans/Alfecrare</li> <li>Approved contact list</li> <li>Pread Post visit documentation</li> <li>Significant incident reports</li> <li>Personal Property Invertory</li> <li>Educational documentation</li> <li>Significant incident reports</li> <li>Personal Property Invertory</li> <li>Educational documentation</li> <li>Aduet record faily abservations and significant occurrences involving each child's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.</li> <li>Parisonal Property Interventions and significant occurrences involving each child's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.</li> <li>Pational documentation</li> <li>Reside Program Soures</li> <li>Program Property Interventions a</li></ul>		
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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 K.	AR 28-4-275, Records of ove	r the counter and prescribed medicatio	ns shall be kent in ea
	child's case medical record		the requirements of RA	11 20 4 275. Records of ove	The counter and presented medicatio	ins shari be kept in ea
		cribing physician				
	<ul> <li>name of the med</li> </ul>					
	<ul> <li>dosage prescribe</li> </ul>					
	<ul> <li>medication sched</li> </ul>					
	• purpose of the m					
	<ul> <li>noted side effect</li> </ul>					
	• date of the prese					
	<ul> <li>date prescribed b</li> </ul>					
	A record of medication give	en, amount, date and	time, and person dispe	ensing shall be recorded. All o	doctor and dental visits, major illnesse	s, and accidents shall
					ord. This provides for a complete Heal	
	and their family, which doc				* *	
		· · ·				
	<b>Personnel Records:</b>					
	A separate file shall be main	ntained for each emp	loyee. Personnel files	shall include the following:		
	<ul> <li>Written employr</li> </ul>	nent application, res	ume and reference che	cks		
	• Date of hire					
	<ul> <li>Position descript</li> </ul>	tion				
		scripts, HS diploma,	college degree, etc.			
		license/Kansas ID (				
	<ul> <li>Disciplinary acti</li> </ul>					
	<ul> <li>Training records</li> </ul>					
			nnlicable (staff memb	er has lived outside of Kansa	s within the last 5 years)	
	Requirement	Source	Findings	Comments	Date Corrections	<b>Score</b>
	Requirement	Source	(Delete the two that	Comments	Completed	Score
			don't apply)		(Or note)	
-	Davian n/n	Policies,	Substantially Met			
	Review D/D.	,		1		
	Review p/p.	Procedures or	Partially Met			
	Keview p/p.	Procedures or Documents	Partially Met Not Met			
	Keview p/p.	Procedures or Documents	Not Met			
	View stored records.		Not Met Not Applicable			
		Documents	Not Met Not Applicable Substantially Met			
		Documents	Not Met Not Applicable Substantially Met Partially Met			
		Documents	Not Met Not Applicable Substantially Met Partially Met Not Met			
	View stored records.	Tour	Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable			
	View stored records. Review case file for	Documents	Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met			
	View stored records. Review case file for documentation of daily	Tour	Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met			
	View stored records. Review case file for documentation of daily observations and	Tour	Not Met Not Applicable Substantially Met Partially Met Not Met Substantially Met Partially Met Not Met			
	View stored records. Review case file for documentation of daily observations and significant occurrences.	Tour	Not Met Not Applicable Substantially Met Partially Met Not Met Substantially Met Partially Met Not Met Not Applicable			
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Ħ	Requirement	Source	Findings (Delete the two that	Comments	Date Corrections	<b>Score</b>
			don't apply)			
			uon i uppiy)		Completed	
					(Or note)	
67	Review p/p.	Policies,	Substantially Met (1)			
		Procedures or	Partially Met (0.5)			
		Documents	Not Met (0.25)			
			Not Applicable (0)			
68	View posting of KPRC number	Tour	Substantially Met (1)			
	in the facility.		Partially Met (0.5)			
	5		Not Met (0.25)			
			Not Applicable (0)			

	Section 16: Significant Incidents					
		cipated event whic	h does not rise to the level	of a critical incident but has the potential risk of a se	erious adverse ou	tcome.
	Section 16.1: Significant Incident	t Reporting				
	Significant incidents are to be repo	orted to the youth's	CWCMP case manager a	nd the youth's parent or guardian when appropriate p	er PPM 0513.	
	The following significant incidents refer to the following definitions for		reported immediately with	a written report to the CWCMP case manager withi	n 24 hours of the	event (please
	Significant Incident involving a ch	ild in the custody	of the Secretary include bu	t are not limited to:		
	<ol> <li>runaway or missin</li> <li>arrested for a juve</li> <li>alleged abuse or n</li> <li>child is an alleged</li> <li>attempted suicide</li> <li>serious physical il</li> <li>unanticipated mec</li> <li>pregnancy. See P</li> <li>birth. See PPM 0</li> <li>emergency chang</li> <li>use of illegal drug</li> <li>suspension of the</li> <li>alleged victim of 1</li> <li>alleged prepetrato</li> <li>other (document s</li> <li>other (document s)</li> </ol>	ng from placement nile offense leglect perpetrator or vice liness lical attention that PM 0513 D. 2. 513 D. 2. e in placement s license of a group human trafficking r of animal abuse specifics) are	(provide date of death) . PPM 5245 shall be follor tim of a criminal assault of requires treatment beyond or residential facility used	f any kind first aid		
	administrative file of significant in An administrative file shall be kep	cidents shall be ke t by the facility do	pt by facility and a copy o	Iministrative staff and recording significant incide f the significant incident shall be placed in the youth dents that is separate from the documentation in the y ll/emergency contact information for all CWCMP ca	's file. vouth's file.	
	emergency or significant incident.	erop un mornar p	to the obtaining off-ca			
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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	Case Records	Substantially Met (1)			
	compliance w/ reporting within		Partially Met (0.5)			
	proper time frame.		Not Met (0.25)			
			Not Applicable (0)			
				Score for	r this section:	

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 A which do not score substantially met, will require comments which will be used for developing a CAP. Facilitie address the missing items and submit corrections or a plan to make necessary corrections (for example trainings and schedule). Track CAP corrections on this form and document the date corrections are received.	es will have 14 days to
Section		Section Score
	Services Provided in an Emergency Shelter	
	escription of Youth to be Served	
	eneral Staffing Requirements	
	ase Coordination	
	aff In-Serving Training	
	Annual In-Service Training	
	onfirmation of Placement	
	itial Assessments	
	bom Assignment	
Section 9: Se		
	Behavior Management	
Section 10.1		
	De-escalation Certification	
	Emergency Safety Interventions Certification	
	Program Plan	
Section 12: V		
	Discharge/Aftercare	
	Record Keeping	
	Reporting Abuse/Neglect	
Section 16: S	Significant Incidents	
	Total Score	

# Emergency Shelter Corrective Action Plan

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

Correction/Compliance Action Plan
Presented Findings:
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.
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

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
Ũ	Partially Met = .5
	<b>Not Met = .25</b>
	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

Documents

Not Met

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.

The range of services to	be delivered by the RM	MC facility to meet the	e variety of individual needs of	f the residents s	shall be clearly define	ed. The General Prog		
description approved by	DCF Prevention and Pr	rotection Services shall	l include but not be limited to:			C C		
1. goals of the p	rogram							
<ol><li>resident beha</li></ol>	vioral treatment system	1						
	ns (responsibilities, fur	nctions, and qualification	ons)					
<ol><li>policies and p</li></ol>								
<ol><li>daily living a</li></ol>								
<ol><li>health service</li></ol>								
<ol><li>recreation act</li></ol>								
8. visitation policies								
The purpose of placeme	nt in an RMC is to imp		ision making, coping skills, so viors in order to transition succ					
The purpose of placeme affecting the youth, whil DCF requires foster pare by careful and sensible p	nt in an RMC is to imp e teaching the youth ho nts and designated offic arental decisions that m	w to handle their beha cials at child care instit naintain a child's healtl		essfully back ir and prudent par ile at the same ti	nto their family or con renting standard. The ime encouraging the o	nmunity. standard is characteriz child's emotional and		
 The purpose of placeme affecting the youth, whil DCF requires foster pare by careful and sensible p developmental growth th	nt in an RMC is to imp e teaching the youth ho nts and designated offic arental decisions that m	w to handle their beha cials at child care instit naintain a child's healtl	viors in order to transition succ tutions to apply the reasonable h, safety, and best interests wh	essfully back ir and prudent par ile at the same ti care to participa D C	nto their family or con renting standard. The ime encouraging the o	nmunity. standard is characteriz child's emotional and		

	e endoù and i roteedoù ber					
			Not Applicable			
2	Review program	Policies,	Substantially Met			
	description.	Procedures or	Partially Met			
	_	Documents	Not Met			
			Not Applicable			
				·	Score for this section:	
1						

	Population Served:								
	<ul> <li>Population s</li> </ul>	erved is pregnant o	or post-partum mothers	thru age 21, who:					
	<ul> <li>Display a need for more structure and supervision than provided in a family foster home due to behaviors which might include difficult</li> </ul>								
			nor offenses, and diffi	culty in school.					
		ild who is not a re							
					PRTF) admission, who are not in need of	of intensive treatment			
				meet the youth's needs.					
			reside in a RMC until t			1 10 4 4			
			ays while awaiting a P		ut shall be completed as soon as possib	ble. If the youth scree			
					and be in the 14 day waiting period for	r a DDTE placement			
	• Youth may step do provided by a PR		n a PKIF after the scre	eener and treatment team nave	e determined the youth no longer needs	s the level of care			
	provided by a r K	11.							
#	Destaura	<b>G</b>	Findings	Comments		a			
#	Requirement	Source	Findings	Comments	Date Corrections	Score			
#	Requirement	Source	(Delete the two that	Comments	Date Corrections Completed	Score			
	-		(Delete the two that don't apply)	Comments		Score			
	Review p/p.	Policies,	(Delete the two that don't apply) Substantially Met		Completed	Score			
	-	Policies, Procedures or	(Delete the two that don't apply) Substantially Met Partially Met		Completed	Score			
	-	Policies,	(Delete the two that don't apply) Substantially Met Partially Met Not Met		Completed	Score			
3	Review p/p.	Policies, Procedures or Documents	(Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable		Completed	Score			
3	Review p/p. Review PRTF/RADAC	Policies, Procedures or	(Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met		Completed	Score			
3	Review p/p.	Policies, Procedures or Documents	(Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met		Completed	Score			
3	Review p/p. Review PRTF/RADAC	Policies, Procedures or Documents	(Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met		Completed				
3	Review p/p. Review PRTF/RADAC	Policies, Procedures or Documents	(Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met		Completed				
3	Review p/p. Review PRTF/RADAC screens if appropriate.	Policies, Procedures or Documents Case Records	(Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable		Completed				
3	Review p/p. Review PRTF/RADAC screens if appropriate. If Mental Health /	Policies, Procedures or Documents Case Records	(Delete the two that don't apply) Substantially Met Partially Met Not Met Substantially Met Partially Met Not Applicable Not Applicable Substantially Met		Completed				
3	Review p/p. Review PRTF/RADAC screens if appropriate. If Mental Health / Substance Abuse treatment	Policies, Procedures or Documents Case Records	(Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Not Met Not Applicable Substantially Met Partially Met		Completed				
3	Review p/p. Review PRTF/RADAC screens if appropriate. If Mental Health / Substance Abuse treatment needs are identified during the course of the youth's stay at the RMC, ensure	Policies, Procedures or Documents Case Records	(Delete the two that don't apply) Substantially Met Partially Met Not Met Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met		Completed				
# 3 4 5	Review p/p. Review PRTF/RADAC screens if appropriate. If Mental Health / Substance Abuse treatment needs are identified during the course of the youth's	Policies, Procedures or Documents Case Records	(Delete the two that don't apply) Substantially Met Partially Met Not Met Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met		Completed				

	SECTION 3: GENERAL	STAFFING REQU	IREMENTS			
	programming the facility v requirements of K.A.R. 28 The admi prior adm The admi a high scl Program The youth The youth The case and famil Facility s Facility c	vill provide to the pop -4-279. RMC's prov nistrator in a RMC (n inistrative experience nistrator in a RMC (n nool diploma or GED, plan development, rev to case coordinator n c Coordinator shall ha y life, criminal justice taff shall be trained to hild care staff shall be	ulation of children/you iding care for post-part neeting residential cent and a working knowle neeting group home sta prior administrative e view, and case supervis ratio in a RMC is 1:16 ve at least a bachelor's c, counseling), nursing, effectively meet the s e at least 21 years of ag o the facility.	degree in one of the human service fields	providing care for pregnant irements of K.A.R. 28-4-28 n 10 residents) shall have a five nor more than ten perse ild development principles oordinator. s (social work, psychology, el of care. erence between the child car	youth shall meet the 0. Bachelor's degree, ons) shall have at least human development re worker and oldest
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
6	Review p/p.	Policies, Procedures or	Substantially Met Partially Met			

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

	employer, family, and other off site). The Case Coordinator will m	Care's case coordina appropriate commu naintain a resource l ces have been cont	inity resources. This sl base of services to add	lity for coordinating the youth's prog- nall include, but not be limited to, doc ress the needs identified in Individual services for the youth. The case cordi	umenting phone calls, appoint Program Plans and document	ment and visits (on and in the youth's file, when
#	Requirement	Source	<b>Findings</b> (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 case file for documentation of coordination with utilized community resources.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
		1	1	1	Score for this section:	

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 working directly with residents. 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: <ol> <li>staff training, reflecting orientation or annual training</li> <li>name of training</li> <li>specify the number of training hours</li> </ol>	Section	Staff In-service training.
<ul> <li>working directly with residents. Documentation of completion of orientation training shall be kept in the staff member's personnel file.</li> <li>The documentation shall be placed in a specific area in the staff's file, indicating: <ol> <li>staff training, reflecting orientation or annual training</li> <li>name of trainer</li> <li>name of training</li> </ol> </li> </ul>	Section	In-service Orientation Training
<ol> <li>staff training, reflecting orientation or annual training</li> <li>name of trainer</li> <li>name of training</li> </ol>	working	rectly with residents. Documentation of completion of orientation training shall be kept in the staff member's personnel file.
	1. 2.	staff training, reflecting orientation or annual training name of trainer
	3.	

before they can work indepe			ce offentation training. Start s	hall demonstrate competency in the train	migs from orientation			
All topics listed below shall	l be trained, even i	if it exceeds the minin	num 18 hours of orientation					
Facility Trainings:								
	nd procedures manu	al						
	cy and evacuation p							
Facility discipline								
	umentation policies							
<ul> <li>Resident rights (a</li> <li>Confidentiality la</li> </ul>	See Appendix 4, Re	esident Rights)						
Report Writing								
	ource and/or trained	trainers within the fac	ility (source must be well rec	ognized and qualified, trained trainers m	nust have			
documentation on file):								
Emergency safety	v interventions (inc	luding management of	aggressive or suicidal behavi	ior) (if a facility chooses to use Emergen	ncy Safety Intervention			
staff shall be cert	ified)				, , , , , , , , , , , , , , , , , , ,			
	aff shall be certified							
	blood borne pathog							
	······································							
	inistration (staff wh /First Aid	no pass medications sha	all be certified)					
Certified in CPR	/First Aid	•	all be certified)					
<ul> <li>Certified in CPR.</li> <li>Trauma based inf</li> <li>Mandated Report</li> </ul>	/First Aid formed care/trauma	no pass medications sha	all be certified)					
<ul> <li>Certified in CPR.</li> <li>Trauma based inf</li> <li>Mandated Report</li> <li>HIPPA Laws</li> </ul>	/First Aid formed care/trauma ting	•	all be certified)					
<ul> <li>Certified in CPR.</li> <li>Trauma based inf</li> <li>Mandated Report</li> <li>HIPPA Laws</li> <li>Comprehensive I</li> </ul>	/First Aid formed care/trauma ting _GBTQ+	specific intervention	all be certified)					
<ul> <li>Certified in CPR.</li> <li>Trauma based inf</li> <li>Mandated Report</li> <li>HIPPA Laws</li> <li>Comprehensive I</li> <li>Human Traffickit</li> </ul>	/First Aid formed care/trauma ting _GBTQ+ ng and exploitation	specific intervention	all be certified)					
<ul> <li>Certified in CPR.</li> <li>Trauma based inf</li> <li>Mandated Report</li> <li>HIPPA Laws</li> <li>Comprehensive I</li> <li>Human Traffickii</li> <li>Cultural Diversity</li> </ul>	/First Aid formed care/trauma ting _GBTQ+ ng and exploitation	specific intervention	all be certified)					
<ul> <li>Certified in CPR.</li> <li>Trauma based inf</li> <li>Mandated Report</li> <li>HIPPA Laws</li> <li>Comprehensive I</li> <li>Human Traffickii</li> <li>Cultural Diversity</li> </ul>	/First Aid formed care/trauma ting _GBTQ+ ng and exploitation y	specific intervention	all be certified)					
<ul> <li>Certified in CPR.</li> <li>Trauma based inf</li> <li>Mandated Report</li> <li>HIPPA Laws</li> <li>Comprehensive I</li> <li>Human Traffickii</li> <li>Cultural Diversity</li> </ul>	/First Aid formed care/trauma ting _GBTQ+ ng and exploitation y	specific intervention ety Findings	Comments	Date Corrections	Score			
<ul> <li>Certified in CPR.</li> <li>Trauma based inf</li> <li>Mandated Report</li> <li>HIPPA Laws</li> <li>Comprehensive I</li> <li>Human Trafficki</li> <li>Cultural Diversit</li> <li>Suicide Prevention</li> </ul>	/First Aid formed care/trauma ting LGBTQ+ ng and exploitation y on/Intervention/Safe	ety Findings (Delete the two that	_	Completed	Score			
Certified in CPR     Trauma based inf     Mandated Report     HIPPA Laws     Comprehensive I     Human Trafficki     Cultural Diversit     Suicide Preventio      Requirement	/First Aid formed care/trauma ting _GBTQ+ ng and exploitation y on/Intervention/Safe	ety Findings (Delete the two that don't apply)	_		Score			
<ul> <li>Certified in CPR.</li> <li>Trauma based inf</li> <li>Mandated Report</li> <li>HIPPA Laws</li> <li>Comprehensive I</li> <li>Human Trafficki</li> <li>Cultural Diversit</li> <li>Suicide Prevention</li> </ul>	/First Aid formed care/trauma ting LGBTQ+ ng and exploitation y on/Intervention/Safe	ety Findings (Delete the two that don't apply) Substantially Met	_	Completed	Score			
Certified in CPR     Trauma based inf     Mandated Report     HIPPA Laws     Comprehensive I     Human Trafficki     Cultural Diversit     Suicide Preventio      Requirement	/First Aid formed care/trauma ting _GBTQ+ ng and exploitation y on/Intervention/Safe	ety Findings (Delete the two that don't apply)	_	Completed	Score			
Certified in CPR.     Trauma based int     Mandated Report     HIPPA Laws     Comprehensive I     Human Trafficki     Cultural Diversit     Suicide Preventio  Requirement  Review p/p.	/First Aid formed care/trauma ting GBTQ+ ng and exploitation y m/Intervention/Safe Source Policies, Procedures or Documents	specific intervention         ety         Findings (Delete the two that don't apply)         Substantially Met Partially Met Not Met Not Applicable	_	Completed	Score			
Certified in CPR     Trauma based inf     Mandated Report     HIPPA Laws     Comprehensive I     Human Trafficki     Cultural Diversit     Suicide Preventio	/First Aid formed care/trauma ting GBTQ+ ng and exploitation y 	specific intervention ety Findings (Delete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met	_	Completed	Score			
Certified in CPR.     Trauma based int     Mandated Report     HIPPA Laws     Comprehensive I     Human Trafficki     Cultural Diversit     Suicide Preventio  Requirement  Review p/p.	/First Aid formed care/trauma ting GBTQ+ ng and exploitation y on/Intervention/Safe Source Policies, Procedures or Documents Policies, Procedures or	ety Findings (Delete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met Partially Met	_	Completed	Score			
Certified in CPR     Trauma based inf     Mandated Report     HIPPA Laws     Comprehensive I     Human Trafficki     Cultural Diversit     Suicide Preventio	/First Aid formed care/trauma ting GBTQ+ ng and exploitation y 	ety Findings (Delete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met Partially Met Not Met	_	Completed	Score			
Certified in CPR     Trauma based inf     Mandated Report     HIPPA Laws     Comprehensive I     Human Trafficki     Cultural Diversit     Suicide Preventio	/First Aid formed care/trauma ting GBTQ+ ng and exploitation y on/Intervention/Safe Source Policies, Procedures or Documents Policies, Procedures or	ety Findings (Delete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met Partially Met	_	Completed	Score			
Certified in CPR     Trauma based inf     Mandated Report     HIPPA Laws     Comprehensive I     Human Traffickii     Cultural Diversity     Suicide Preventio     Requirement  Review p/p.  Review training curriculum.	/First Aid formed care/trauma ting GBTQ+ mg and exploitation y on/Intervention/Safa Source Policies, Procedures or Documents	ety Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Substantially Met Partially Met Partially Met Not Applicable Substantially Met Not Applicable	_	Completed	Score			
Certified in CPR     Trauma based inf     Mandated Report     HIPPA Laws     Comprehensive I     Human Trafficki     Cultural Diversit     Suicide Preventio	/First Aid formed care/trauma ting GBTQ+ mg and exploitation y on/Intervention/Safa Source Policies, Procedures or Documents	ety Findings (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Not Applicable Substantially Met	_	Completed	Score			

 Section 5.2 Annual Service Training
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.
* 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.
The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating: 1. staff training, reflecting orientation or annual training
<ol> <li>name of training</li> <li>specify the number of training hours</li> </ol>
5. date of the training
Facility Refreshers/Trainings:

Preve	ention and Protection Serv Facility policy and					
	<ul><li>Facility discipline</li><li>Child record docu</li></ul>	y and evacuation p standards mentation policies ee Appendix 4, Re	and procedures			
	documentation on file): Emergency safety De-escalation (sta The handling of b Medication Admi CPR/First Aid (St Trauma based infe Mandated Reporti HIPPA Laws Comprehensive L Childhood and ad Substance Use Di Blood Borne Path Childhood and ad Childhood and ad Childhood and ad	interventions (incl ff shall maintain co lood borne pathoge nistration (staff sha aff shall maintain co ormed care/trauma ing (Provided By E GBTQ+ olescent sexuality is sorders ogens olescent developm dolescent psycho-p	luding management of ertification) ens all maintain certification certification, may or m specific intervention OCF) http://www.dcf.k issues, especially the e ent (including develop pathology (including	aggressive or suicidal behavon, may or may not require a lay not require annual trainir s.gov/services/MRT/Pages/orffects of early sexual abuse omental disorders)	ng)	
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
19	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
	Review personnel files for annual training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
			••		Score for this section:	

	Section 6: Placement	Agreement Confirmat	tion of Placement			
	Agreement shall be ke A Foster Care Confi	pt in the youth's file at t	the facility. (PPS <mark>5122) is availabl</mark> e		y, at the time of placement. A copy system which confirms the placemen	U U
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
22	Review p/p.	Policies, Procedures,	Substantially Met Partially Met Not Met			

110					
<mark>23</mark>	Look for a copy of the	Case Records	Substantially Met		
	confirmation of placement		Partially Met		
	signed Placement		Not Met		
	Agreement in the youth's		Not Applicable		
	file that was completed at				
	the time of placement.				
				Score for this section:	

	admission. The assessment shall inclu 1. Rea	ude but not be limited asons for referral to the	to the following:		tely and have a completed assessment w	unn 7 days or
	4. Inte 5. Dai	Physical health Family relations Academic or vocation munity life erpersonal interactions ily living skills as outl mediate service needs: Mental Health Developmental Dental Medical	ined in the scope of se	rvices listed above		
	7. Inv 8. Inv 9. Ass Placement needs of the ye	olvement or exposure olvement or exposure sessment of youth's se outh shall be assess wi	lf- injuring or suicidal th regards to most app	attempts	<mark>1 MCO.</mark>	
#	7. Inv 8. Inv 9. Ass Placement needs of the ye	olvement or exposure olvement or exposure sessment of youth's se outh shall be assess wi	to other trauma lf- injuring or suicidal th regards to most app	attempts	Date Corrections Completed (Or note)	Score
ŧ 24	7. Inv 8. Inv 9. Ass Placement needs of the yo Physical and mental healt	olvement or exposure olvement or exposure sessment of youth's se outh shall be assess wi h needs shall be coord	to other trauma If- injuring or suicidal th regards to most app inated with assigned C Findings (Delete the two that	attempts ropriate next placement. WCMP and youth's assigned	Date Corrections Completed	Score

housing	er to support the daily management and administration of residents, each residential provider shall develop an objective procedure regarding the physical g 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 in	ndicators. Factors to consider in assigning rooms shall include (but are not limited to):
•	Suicidal tendencies
•	Level of specialized needs (i.e. mental health, medical, etc.)
•	Displaying inappropriate sexual behaviors /victims of sexual abuse <del>)</del>
•	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 LGBTO+
	each youth will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secu

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#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	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 <mark>: 8</mark>	<del>cope of</del> Services
Protection S social devel outdoor play	r shall write a policy and procedure manual for the operation of the RMC facility that will be reviewed and approved by DCF Prevention and ervices. The daily schedule shall address the needs of the residents and the use of time to enhance the resident's physical, mental, emotional, and opment. The facility shall provide supervised indoor and outdoor recreation so that every resident may participate. Age appropriate equipment and space to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community assist the youth in transitioning back into their community when appropriate.
The RMC v	vill provide a program for youth in the facility that covers the following program components:
Daily Livin	Services - Daily living services shall be provided and include the following:
	bom
	oard
	hild care
	ersonal spending money ersonal care needs
-	chool fees
	ansportation to appointments within a 60-mile radius; including to and from school, medical care, recreation, etc.
<mark>8. a</mark>	cademic activities
	a) assistance with school work
	b) vocational training, and/or c) G.E.D. training
	() O.L.D. taning
Situational 7	Fraining- to include but not limited to:
1. F	ersonal Hygiene:
	a) teaching about body cleanliness
	b) use of deodorants and cosmetics
	<ul> <li>appropriate clothing</li> <li>choosing clothing to fit individual and occasion</li> </ul>
	e) keeping clothes neat and clean
2. H	lealth:
	a) identifying and understanding residents' health needs
	b) securing and utilizing necessary medical treatment including preventive and health maintenance services
	<ul> <li>c) gaining information and education in health maintenance including:</li> <li>i. preventive measures</li> </ul>
	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 (	onsumer education for independent living:
<u>.</u>	a) budgeting
	b) comparative buying
	c) installment buying
	d) avoiding risks

	partment for Children and I vention and Protection Ser				<del>REV. 7/2016</del>	REV. 8/2022
	e) identi f) use of g) avoid h) using	fying illegal or exce credit ing or dealing with c checking and saving g taxes	lebts			
	4. Communication	skills:				
	The youth's artic	ulating thoughts and	feelings through appr	opriate use of such skills as:		
	a) speec b) writir					
	c) use of	f the landline/cell tel	ephones			
	d) comp e) social	uter networking				
	f) intern					
	5. Home Managem	ent:				
	a) makir	g the bed and chang				
		the vacuum cleaner.				
	c) dustin d) organ	g, izing belongings,				
	e) dispos	sing of trash,				
		ng all areas of the he ting appliances,	ome,			
		ng complete meals,				
	i) makir	g simple repairs,				
1		o call when a major aware of the need for				
	l) handl	ing emergencies,	n upkeep,			
	m) know	ing first aid.				
	6. Situational Guida					
		fying and accepting				
		oping patterns of acc g with authority figu				
		g along with others				
		g responsibility				
		considerate of other oping friendships	' <mark>S</mark>			
		ing when to go home	e when visiting			
			attitudes toward self o	r others		
		nsible work attitudes nce of verbal criticis				
		ons to praise				
	m) punct					
	n) attend	ance				
	7. Recreation:					
	a) partic b) learni	ipating in leisure tin ng how to spend leis	ne activities			
		oping outside activit				
		ging time				
		ig recreation with lit	tle or no expense invo	lved		
	g) partic	ipating in social gro	ups			
	h) partic	ipating in sports and	l games			
	i) arts a j) appre	nd crafts ciating fine arts				
#	Requirement	Source	Findings	Comments	Date Corrections	Score
1	**********		(Delete the two that		Completed	
28	Review p/p.	Policies,	<i>don't apply)</i> Substantially Met		(Or note)	
20	1.0 v 10 w p/p.	Procedures or	Partially Met			
1		Documents	Not Met			
29	Review case file for	Case Records	Not Applicable Substantially Met			
29	program plan and	Case Records	Partially Met			
1	implementation.		Not Met			
20	Davian d-llh 1 1	Case Dev. 1	Not Applicable			
30	Review daily schedule.	Case Records	Substantially Met			8 of 19

		-			1
			Partially Met		
			Not Met		
			Not Applicable		
31	Tour recreational areas to	Facility tour	Substantially Met		
	insure age appropriate	-	Partially Met		
	equipment and space.		Not Met		
			Not Applicable		
				Score for this section:	

	SECTION 10: BEHAVI	OR MANAGEMEN	T									
	The behavior management behaviors shall be identifi	t system shall include ed. Each youth shall b	a description of daily be oriented to the RMC	general routines of the programity of the programity of the programity of the program of the pro	the daily behavior of the youth under n. The system of rules, rewards, and m by a staff member during the adm ions, rewards and consequences have	consequences for given ission or orientation						
	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 r											
	<ul> <li>school attenda</li> <li>verbal and phy</li> </ul>	nce and behavior whil vsical aggression	le at school									
	allowable poss											
		l bedtime hours										
	<ul> <li>leisure hours</li> </ul>											
	<ul> <li>visitation polic</li> </ul>											
	• runaway atter	ipts										
		recreation and other	activities									
	<ul> <li>self-destructiv</li> <li>sexuality</li> </ul>	e behaviors										
		ns with family and oth	ners outside the program	m								
	<ul> <li>religious wors</li> </ul>		lers outside the program									
	<ul> <li>involvement in</li> </ul>											
	<ul> <li>theft, property</li> </ul>	destruction										
			noval from the program									
	<ul> <li>behaviors at the</li> </ul>	e program which coul	ld result in legal prosed	cution								
	The overarching goals sha by the facility of the avail	all be to not only help able resources to mee	the youth adjust to the t the youth's needs in t	he community.	daily life within society. A resources							
	punishment. Youth shall i	not be subjected to rem	narks that belittle or rid	licule them or their families. C	hall not be subjected to cruel, severe, hildren/youth shall not be denied for Only staff members shall discipline of	d, mail, telephone calls						
	Section 10.1: Reset											
_	A 1 1.			· .1 1 · . 1 · .	11 J J J J J J J J J J J J J J J J J J							
	or unlocked quiet room.	t the child to regain e	motional control by re-	moving them from his or her h	mmediate environment and restrictin	g the child to a quiet are						
	of unlocked quiet room.											
	Application of a reset:											
	1. A resident in r			n leaving the time out area.								
			e area of activity or fro									
	3. Staff shall more	nitor the resident while	e he or she is resetting.									
	Description	<b>8</b>		Commente	Date Corrections	C						
	Requirement	Source	Findings (Delete the two that don't apply)	<b>Comments</b>	Completed	Score						
+	Review p/p.	Policies,	Substantially Met		(Or note)							
	neview p/p.	Procedures or	Partially Met									
		Documents	Not Met									
		Documents	Not Met Not Applicable Substantially Met									

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

tech evid and orie	tiques shall be utilized for any enced based de-escalation techn shall be made available upon re	activity required to niques programs for quest. At the time of	diffuse a conflict or in managing aggressive of admission to a facili	tense situation to ensure safet behavior. Staff training record ty, the child and parent (if app	using harm to themselves, others and, y and calm the child. Staff shall be ce Is shall be kept as part of the staff me licable)/guardian and/or CWCMP Ca ent of this orientation. This written a	rtified in authorized, mber's personnel file ise Manager shall be
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	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			

	Section 10.3 Emergency saf	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.											
	body. An emergency safety	intervention shall l		vithout any mechanical device, for the pur esort after all verbal de-escalation techn								
	at-risk of harming themselv	es or others.										
				e movement of the child's body, most ofte I facilities.	n for purposes of prevent	ing self-destructive						
	Each facility shall have a wri	tten policy and all s	aff shall be trained to	provide safe emergency safety interventic	ons. Staff shall be certified	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											
	evidenced based training pro-	grams for managing				part of the staff						
	evidenced based training pro member's personnel file and applicable) and/or CWCMP	grams for managing shall be made availa Case Manager shall	ble upon request. At t be oriented to the eme	he time of admission to a facility, the chil rgency safety intervention policies of the	d and parent (if applicable	part of the staff e)/guardian (if						
#	evidenced based training pro member's personnel file and applicable) and/or CWCMP of this orientation. This writt	grams for managing shall be made availa Case Manager shall en acknowledgment	ble upon request. At t be oriented to the eme shall be kept in the ch	he time of admission to a facility, the chil rgency safety intervention policies of the ild's case record.	d and parent (if applicabl facility and shall sign a w	part of the staff e)/guardian (if rritten acknowledgment						
#	evidenced based training pro member's personnel file and applicable) and/or CWCMP	grams for managing shall be made availa Case Manager shall	ble upon request. At t be oriented to the eme	he time of admission to a facility, the chil rgency safety intervention policies of the	d and parent (if applicable	part of the staff e)/guardian (if						
#	evidenced based training pro member's personnel file and applicable) and/or CWCMP of this orientation. This writt	grams for managing shall be made availa Case Manager shall en acknowledgment	ble upon request. At t be oriented to the eme shall be kept in the ch Findings (Delete the two that	he time of admission to a facility, the chil rgency safety intervention policies of the ild's case record.	d and parent (if applicabl facility and shall sign a w Date Corrections Completed	part of the staff e)/guardian (if rritten acknowledgment						

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

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 cas 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.					
• Long tern 1. phy 2. far 3. dai 4. ac 5. in	all include individ n goals in the areas ysical health nily relations ly living skills ademic and/or voc. terpersonal relation sstance use service	s of: ational skills 15	n the youth's identified needs in the following a	reas:	
<ul> <li>7. emotional/psychological health</li> <li>Short term goals which will help a youth eventually reach his/her long-term goals in each of the above areas.</li> <li>1. Services to meet independent living goals.</li> <li>2. Specific plans for reaching the short-term goals including services to be provided and frequency.</li> <li>3. Estimated time for reaching short term goals.</li> <li>The youth shall sign and date the program plan indicating participation and input in the development of the plan.</li> </ul>					
• Updated information of the progress of the youth's goals shall be included. RMC staff shall participate in the case plan conducted by the CWCMP case manager.					
	• • . •	1 1 1 1 1 7			
Permanency Plannin Includes the evaluati connections with far be included in the pr which place the your	g: ion and design of a nily, kin, relatives, ogram plan to be r th at risk for disrup	n approach for the youth and the community. The eviewed every 30 days. T tion, activities to prepare	WCMP case manager. and family that focuses on opportunities for the goal for achieving permanency shall be coord The permanency plan shall include strategies ar the youth's family or kinship network for reur ese settings shall be addressed.	inated with the youth's CWCM ad tasks to accomplish the you	MP Case Manager a th's goals. Behavio
Permanency Plannin Includes the evaluati connections with far be included in the pr which place the your	g: ion and design of a nily, kin, relatives, ogram plan to be r th at risk for disrup	n approach for the youth and the community. The eviewed every 30 days. T tion, activities to prepare	and family that focuses on opportunities for th goal for achieving permanency shall be coord The permanency plan shall include strategies ar the youth's family or kinship network for reu	inated with the youth's CWCM ad tasks to accomplish the you	MP Case Manager a th's goals. Behavio

		Documents	Not Applicable			
44	Check for signatures	Case	Substantially Met			
	and dates on	Records	Partially Met			
	reviews.		Not Met			
			Not Applicable			
45	Review case record.	Case	Substantially Met			
		Records	Partially Met			
			Not Met			
			Not Applicable			
46	Check for program	Case	Substantially Met			
	objectives.	Records	Partially Met			
			Not Met			
			Not Applicable			
47	Check for 30-day	Case	Substantially Met			
	reviews.	Records	Partially Met			
			Not Met			
			Not Applicable			
48	Check for RMC staff	Case	Substantially Met			
	participation in	Records	Partially Met			
	CWCMP case		Not Met			
	planning.		Not Applicable			
				Score 1	for this section:	

	except for the following reasons • A court orders no co	ntact					
			aband into the facility	by family member that occurred du	ring contact		
	The facility shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff (unless required), free of any individuals that may overhear confidential information.						
	When home visits are a part of t	the treatment plan, the	re shall be coordinated o	connections with the child, their fan	nily, and the case coordinator/facili	ity program	
	staff regarding the youth's treat	ment and program goa	als and objectives. The g	oal of placement shall be to return	the child to a family-like setting, so	it is importa	
					home visits shall be arranged throu rting children to and from family y		
coordination with the child's CWCMP Case Manager. Documentation in child's file shall include w observation of the child's behavior during transportation.					thing enharch to and from family v	isits and	
	observation of the child's behav	'ior during transportat	10n.				
		U 1			· · · · · · · · · · · · · · · · · · ·		
	The child shall have an approve	d contact list to includ	le, the type of contact all		vernight passes, etc.) The contact list tight contact list and all reviews/update		
	The child shall have an approve reviewed/updated every 60 days include the CWCMP Case Man	d contact list to includ s. Approved contacts s ager signature.	le, the type of contact all shall be determined by the	e CWCMP Case Manager. The ini	tial contact list and all reviews/upd	ates shall	
	The child shall have an approve reviewed/updated every 60 days	d contact list to includ s. Approved contacts	de, the type of contact al shall be determined by th <b>Findings</b>		tial contact list and all reviews/upd Date		
4	The child shall have an approve reviewed/updated every 60 days include the CWCMP Case Man	d contact list to includ s. Approved contacts s ager signature.	le, the type of contact all shall be determined by the	e CWCMP Case Manager. The ini	tial contact list and all reviews/upd Date Corrections	ates shall	
	The child shall have an approve reviewed/updated every 60 days include the CWCMP Case Man	d contact list to includ s. Approved contacts s ager signature.	le, the type of contact all shall be determined by th Findings (Delete the two that	e CWCMP Case Manager. The ini	tial contact list and all reviews/upd Date	ates shall	
	The child shall have an approve reviewed/updated every 60 days include the CWCMP Case Man	d contact list to includ s. Approved contacts s ager signature. Source Policies,	le, the type of contact all shall be determined by th Findings (Delete the two that don't apply) Substantially Met	e CWCMP Case Manager. The ini	tial contact list and all reviews/upd Date Corrections Completed	ates shall	
	The child shall have an approve reviewed/updated every 60 days include the CWCMP Case Man <b>Requirement</b>	d contact list to includ s. Approved contacts : ager signature. Source Policies, Procedures or	le, the type of contact all shall be determined by th Findings (Delete the two that don't apply) Substantially Met Partially Met	e CWCMP Case Manager. The ini	tial contact list and all reviews/upd Date Corrections Completed	ates shall	
<mark>9</mark>	The child shall have an approve reviewed/updated every 60 days include the CWCMP Case Man <b>Requirement</b>	d contact list to includ s. Approved contacts s ager signature. Source Policies,	le, the type of contact all shall be determined by the Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met	e CWCMP Case Manager. The ini	tial contact list and all reviews/upd Date Corrections Completed	ates shall	
<mark>.9</mark>	The child shall have an approve reviewed/updated every 60 days include the CWCMP Case Man <b>Requirement</b>	d contact list to includ s. Approved contacts : ager signature. Source Policies, Procedures or	le, the type of contact all shall be determined by th Findings (Delete the two that don't apply) Substantially Met Partially Met	e CWCMP Case Manager. The ini	tial contact list and all reviews/upd Date Corrections Completed	ates shall	
<mark>19</mark>	The child shall have an approve reviewed/updated every 60 days include the CWCMP Case Man <b>Requirement</b> Review p/p. Look for documentation of transportation activities and	d contact list to includ s. Approved contacts s ager signature. Source Policies, Procedures or Documents	ie, the type of contact all shall be determined by the Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met	e CWCMP Case Manager. The ini	tial contact list and all reviews/upd Date Corrections Completed	ates shall	
<mark>#</mark> 49 50	The child shall have an approve reviewed/updated every 60 days include the CWCMP Case Man Requirement Review p/p.	d contact list to includ s. Approved contacts s ager signature. Source Policies, Procedures or Documents	le, the type of contact all shall be determined by the Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met	e CWCMP Case Manager. The ini	tial contact list and all reviews/upd Date Corrections Completed	ates shall	

Section 13: Discharge/Aftercare Plan 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.

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:

• 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

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 or services the facility recommends for the youth. The plan shall also document who the responsible parties are for aftercare services.

Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
Review discharge planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Review closed files for aftercare planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Review closed files for discharge summary.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
	Review p/p. Review discharge planning. Review closed files for aftercare planning. Review closed files for	Review p/p.       Policies, Procedures or Documents         Review discharge planning.       Case Records         Review closed files for aftercare planning.       Case Records         Review closed files for       Case Records	Review p/p.Policies, Procedures or DocumentsSubstantially Met Partially Met Not Met Not ApplicableReview discharge planning.Case RecordsSubstantially Met Partially Met Not ApplicableReview closed files for aftercare planning.Case RecordsSubstantially Met Partially Met Not ApplicableReview closed files for discharge summary.Case RecordsSubstantially Met Partially Met Not ApplicableReview closed files for discharge summary.Case RecordsSubstantially Met Partially Met Not Met Not Applicable	Image: Constraint of the second sec	Image: Construction of tappingCorrections completed don't apply)Corrections completed don't apply)Review p/p.Policies, Procedures or DocumentsSubstantially Met Not Met Not ApplicablePartially Met Not ApplicableReview discharge planning.Case RecordsSubstantially Met Not Met Not ApplicablePartially Met Not ApplicablePartially Met Not Met Not Met Not ApplicableReview closed files for aftercare planning.Case RecordsSubstantially Met Not

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 pro	wider shall maintain a file for each child. The file shall contain the following:				
•	Childs'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 a				
	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

#	Requirement	Source	<b>Findings</b> (Delete the two that	Comments	Date Corrections	Score
			don't apply)		Completed (Or note)	
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	Substantially Met	
	documentation of health care	Partially Met	
	records.	Not Met	
		Not Applicable	
60	Review case file for	Substantially Met	
	documentation of 30-day	Partially Met	
	progress reports.	Not Met	
		Not Applicable	
61	Review case file for	Substantially Met	
	documentation of permanency	Partially Met	
	planning.	Not Met	
		Not Applicable	
	· · · · ·		Score for this section:

	Section 15: Reporting Abuse/Ne	0				
				ployee of the facility who suspect he alleged perpetrator is the facility	s the abuse/neglect of a resident w v Director.	vithin that
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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:	

	: Significant Incident Reporting
Significant in	ncidents are to be reported to the youth's CWCMP case manager and the youth's parent or guardian when appropriate per PPM 0513.
The followin	g significant incidents shall be verbally reported immediately with a written report to the CWCMP case manager within 24 hours of the event (ple
refer to the f	ollowing definitions for clarification):
Significant I	ncident involving a child in the custody of the Secretary include but are not limited to:
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	
7	serious physical illness
8	
9	pregnancy. See PPM 0513 D. 2.
	0. birth. See PPM 0513 D. 2.
	1. emergency change in placement
	2. use of illegal drugs
	3. suspension of the license of a group or residential facility used by children
	4. alleged victim of human trafficking
	5. alleged perpetrator of animal abuse
	<ul> <li>other (document specifics)</li> <li>death of child in care</li> </ul>
1	
1	7. death of child in care

# 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 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.

ŧ	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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)			

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 autom which do not score substantially met, will require comments which will be used for developing address the missing items and submit corrections or a plan to make necessary corrections (for e and schedule). Track CAP corrections on this form and document the date corrections are rece	a CAP. Facilities will have 14 days to example trainings, this can take time to fin
Section		Section Score
	Services Provided in a Residential Maternity Home	
Section 2: D	escription of Youth to be Served	
	eneral Staffing Requirements	
Section 4: C	ase Coordination	
	aff In-Serving Training	
	Annual In-Service Training	
Section 6: C	onfirmation of Placement	
Section 7: A	ssessments	
Section 7.2 I	nitial Assessment	
Section 8: R	oom Assignment	
Section 9: Se	ervices	
Section 10: I	Behavior Management	
Section 10.1		
	De-escalation Certification	
	: Emergency Safety Interventions Certification	
Section 11:	Program Plan	
Section 12: V	Visitation	
Section 13.1	Discharge/Aftercare	

revention and riotection services	
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 of	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	e. Some corrective items
may take longer, such as training compliance.	

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# Residential Maternity Care Corrective Action Plan

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

Correction/Compliance Action Plan
Presented Findings:
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.
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:
Finding:

Fillaing:
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: 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
	<b>Not Met = .25</b>
	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

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

Score for this section:

	SECTION 2: CRITERI	IA FOR THE YOUTI	<b>H'S ADMISSION</b>			
	in a secure facility or juv written report submitted if the child is in the custo the child was brought be The authorization to plac	enile detention facility by the Secretary, if the ody of someone other the fore the court and made we the child in a secure ssue. The court may gra	, if the court determine child is in the Secretan nan the Secretary. The e subject to the order e facility or juvenile deto	is that all other placement op ry's custody, or submitted by report to the court shall deta intered pursuant to subsection ention facility pursuant to thi	() (2 -3). The court may authorize the cust tions have been exhausted or are inapprop a public agency independent of the court il the behavior of the child and the circum n (a) of the CINC code. s subsection shall expire 60 days, inclusiv nal periods, each not to exceed 60 days, u	oriate, based upon a and law enforcement, istances under which we of weekend and
#	Requirement	Source	<b>Findings</b> (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 files.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

Not Applicable

	SECTION 3: GENERAL S	STAFFING REQU	JIREMENTS			
	<ul> <li>Each secure care human developm</li> <li>Facility staff shal age difference be diploma or its equ</li> <li>1. Three</li> <li>2. Eight</li> <li>3. Staff s</li> <li>4. All sta</li> <li>5. One y</li> <li>The facility shall</li> </ul>	center director shal ent and family life, I meet the requiren tween the child car uivalent and shall a semester hours of orientation shall have 32 hours aff shall have 40 ho ear of experience a be staffed appropri Chere shall be 24-ho	I have at least a master psychology or educati tents of K.A.R. 28-4-3: e worker and oldest resistent loo have a minimum of college level study in a training before assur- of training before assur- urs of training per year s a child care worker of ately to meet the needs	dolescent development, psychology or a ning supervisory responsibility of the resi- ming independent supervisory responsibi-	or shall have a bachelor's rvisory experience within a st 21 years of age with a n Childcare staff shall hav related subject dents. lities. th of the same age. f ratio is 1:4 during waking	degree in social work, a childcare agency. ninimum of three years we at least a high school g hours and 1:7 during
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	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			

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

The Secure Care Facility has family, and other appropriate	the responsibility the community resource	for coordinating the yo rees. This shall includ	uth's program and progress with the refer e, but not be limited to, documenting pho	ring CWCMP case managen ne calls, appointment and vis	nent agency, school, sits (on and off site).
what community resources h	ave been contacted				
Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
documentation of coordination with utilized	Case Record	Substantially Met Partially Met Not Met		•	
	family, and other appropriate The Case Coordinator will n what community resources h Section 14: Record Keeping Requirement Review p/p. Review case file for documentation of	family, and other appropriate community resource what community resources have been contacted Section 14: Record Keeping).         Requirement       Source         Review p/p.       Policies, Procedures or Documents         Review case file for documentation of coordination with utilized       Case Record	family, and other appropriate community resources. This shall includ         The Case Coordinator will maintain a resource of services to address to what community resources have been contacted and utilized for service Section 14: Record Keeping).         Requirement       Source       Findings (Delete the two that don't apply)         Review p/p.       Policies, Procedures or Documents       Substantially Met Not Met         Review case file for documentation of coordination with utilized       Case Record       Substantially Met Partially Met Not Met	family, and other appropriate community resources. This shall include, but not be limited to, documenting photomatic and the properties of services to address the needs identified in Individual Program what community resources have been contacted and utilized for services for the youth. The case coordinator shares to address the receds identified in Individual Program what community resources have been contacted and utilized for services for the youth. The case coordinator shares to address the receds identified in Individual Program what community resources have been contacted and utilized for services for the youth. The case coordinator shares to address the receds identified in Individual Program what community resources have been contacted and utilized for services for the youth. The case coordinator shares to address the receds identified in Individual Program what community resources have been contacted and utilized for services for the youth. The case coordinator shares the record Keeping).         Requirement       Source       Findings (Delete the two that don't apply)       Comments         Review p/p.       Policies, Procedures or Documents       Substantially Met Not Applicable       Policies, Not Applicable         Review case file for documentation of coordination with utilized       Case Record       Substantially Met Not Met Not Met	Requirement     Source     Findings (Delete the two that don't apply)     Comments     Date Corrections Completed (Or note)       Review p/p.     Policies, Procedures or Documents     Substantially Met Procedures or Documents     Substantially Met Not Met

Sectior	5.1 In-service Orientation Training
	cility shall have an in-service orientation/training program for new employees, which is especially directed toward the initial training needs of directly with residents. Documentation of completion of orientation training shall be kept in the staff member's personnel file.
The do	umentation shall be placed in a specific area in the staff's file, indicating:
1.0	staff training, reflecting orientation or annual training
2.	name of trainer
3.	name of training
<mark>4</mark> .	specify the number of training hours
5.	date of the training
before	staff shall have completed a minimum of 18 hours of in-service orientation training. Staff shall demonstrate competency in the trainings from orientative can work independently with children.
before All top	bey can work independently with children.
before All top	ey can work independently with children. Is listed below shall be trained, even if it exceeds the minimum 18 hours of orientation:
before All top	ey can work independently with children. Is listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: Trainings: Facility policy and procedures manual
before All top	<ul> <li>as listed below shall be trained, even if it exceeds the minimum 18 hours of orientation:</li> <li>Trainings:</li> <li>Facility policy and procedures manual Facility emergency and evacuation procedures</li> </ul>
before All top	ey can work independently with children. Is listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: Trainings: Facility policy and procedures manual Facility emergency and evacuation procedures Facility discipline standards
before All top	ey can work independently with children. Is listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: <b>Trainings:</b> Facility policy and procedures manual Facility emergency and evacuation procedures Facility discipline standards Child record documentation policies and procedures
before All top	ey can work independently with children. Is listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: <b>Trainings:</b> 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)
before All top	ey can work independently with children. Is listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: <b>Trainings:</b> Facility policy and procedures manual Facility emergency and evacuation procedures Facility discipline standards Child record documentation policies and procedures
before f All top Facility	ey can work independently with children. Is listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: 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
before f All top Facility	ey can work independently with children. Is listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: <b>Trainings:</b> 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 s from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have
before f All top Facility	ey can work independently with children. Is listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: <b>Trainings:</b> 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 s from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have nation on file):
before i All top Facility	ey can work independently with children. Is listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: <b>Trainings:</b> 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 s from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have

	<ul> <li>The handling of b</li> <li>Medication Admi</li> <li>Certified in CPR/</li> <li>Trauma based inff</li> <li>Mandated Report</li> <li>HIPPA Laws</li> </ul>	First Aid ormed care/trauma ing		ll be certified)		
	<ul> <li>Cultural Diversity</li> </ul>	g and exploitation	tv			
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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			
5	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 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.

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
- 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 Findings Comments **Date Corrections Score** # Requirement Source (Delete the two that Completed don't apply) (Or note) 16 Review p/p. Policies, Substantially Met Procedures or Partially Met Documents Not Met Not Applicable Policies, 17 Substantially Met Review training Partially Met curriculum. Procedures or Documents Not Met Not Applicable

18	Review personnel files for	HR Files	Substantially Met		
	annual training.		Partially Met		
	-		Not Met		
			Not Applicable		
				Score for this section:	

	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.								
	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).								
	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.								
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	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						

Section '	7: Initial Assessment
When a v	youth enters the facility, the Secure Care shall begin immediately assessing their strengths and needs and shall have a completed assessment within 1 da
-	ssment shall include but not be limited to the following:
1	Reasons for referral to the facility
2	Evaluation or assessment covering the following areas:
<u>~</u> .	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:
0.	a) mental health
	b) developmental
	c) dental
	d) medical
7	Involvement or exposure to Substance Abuse/disorder
8.	Involvement or exposure to trauma
o. 0	Assessment of youth's self- injuring or suicidal attempts

	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed	Score
21	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		(Or note)	
22	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			

### Section 4.2: Resident Lodging 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):

- 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	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	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			
	5				Score for this section:	

	hall write a policy and procedure manual for the operation of the Secure Care Facility that will be reviewed and approved by DCF Prevention vices. The daily schedule shall address the needs of the residents and the use of time to enhance the resident's physical, mental, emotional
	ment. The facility shall provide supervised indoor and outdoor recreation so that every resident may participate. Age appropriate equipmen
	pace to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing comm sist the youth in transitioning back into their community when appropriate.
resources to as	sist the youth in transitioning back into their community when appropriate.
The Secure Ca	re will provide a program for youth in the facility that covers the following program components:
	ie win provide a program for youth in the facility that covers the fortowing program components:
	ervices - Daily living services shall be provided and include the following:
	ervices - Daily living services shall be provided and include the following:
	ervices - Daily living services shall be provided and include the following: room
	ervices - Daily living services shall be provided and include the following: room board
	ervices - Daily living services shall be provided and include the following: room board child care

Prevention and Protection Services transportation to appointments within a 60-mile radius; including to and from school, medical care, recreation, etc. academic activities assistance with school work a) b) vocational training, and/or G.E.D. training c) Situational Training- to include but not limited to: Personal Hygiene: teaching about body cleanliness a) b) use of deodorants and cosmetics appropriate clothing choosing clothing to fit individual and occasion c) d) keeping clothes neat and clean e) Health: identifying and understanding residents' health needs a) securing and utilizing necessary medical treatment including preventive and health maintenance services b) c) gaining information and education in health maintenance including: preventive measures nutrition ii. iii. menstruation rest iv cleanliness family planning drugs vii. sexually transmitted diseases viii. ix. exercise motivation for meeting own health needs х. maintaining contact with providers of health services (physician, nurse, clinic) using outside resources for assistance (clinics, pharmacies, hospitals) e) Consumer education for independent living: budgeting a) comparative buying b) c) installment buying avoiding risks d) e) identifying illegal or excessive interest rates use of credit f) avoiding or dealing with debts g) using checking and savings accounts h) paying taxes i) Communication skills: The youth's articulating thoughts and feelings through appropriate use of such skills as: speech a) b) writing use of the landline/cell telephones c) d) computer social networking e) internet f) Home Management: making the bed and changing linens, a) using the vacuum cleaner, b) dusting, c) organizing belongings, d) e) disposing of trash, cleaning all areas of the home, f) operating appliances, g) cooking complete meals, h) i) making simple repairs, who to call when a major repair is needed, being aware of the need for upkeep, k) handling emergencies, 1) knowing first aid. m) Situational Guidance: a) identifying and accepting strengths b) developing patterns of acceptance

- c) coping with authority figures
- d) getting along with others

i and Pro	otecti	ion Services
	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 othe
	j) —	responsible work attitudes
	k)	tolerance of verbal criticism
	1)	reactions to praise
	m)	punctuality
	n)	attendance
7.	Reci	reation:
	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	<b>Findings</b> (Delete the two that	Comments	Date Corrections	Score
			don't apply)		Completed (Or note)	
25	Review p/p.	Policies,	Substantially Met		(or note)	
		Procedures or	Partially Met			
		Documents	Not Met			
			Not Applicable			
26	Review case file for	Case Records	Substantially Met			
	program plan and		Partially Met			
	implementation.		Not Met			
	_		Not Applicable			
27	Review daily schedule.	Case Records	Substantially Met			
			Partially Met			
			Not Met			
			Not Applicable			
28	Tour recreational areas to	Facility tour	Substantially Met			
	insure age appropriate		Partially Met			
	equipment and space.		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

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 (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 fo	r this section:	

	Section 10.1 Resetting						
	<ul> <li>A procedure used to assist the child in regaining regain emotional control by providing a safe and quiet area.</li> <li>A child in a reset shall never be physically prevented from leaving the reset area.</li> <li>Resets may take place away from the area of activity or from other children.</li> <li>Staff shall monitor the child while he or she is in resetting.</li> </ul>						
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score	
<mark>33</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)				
<mark>34</mark>	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 Safe	ty Intervention/D	e-Escalation Techniq	ues, Managing Aggressive Behavior <mark>Sec</mark>	ction 10.2: De-escalation (	Certification
				n attempt to prevent a child from causing l		
	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 s	hall be made availa	able upon request. At the	he time of admission to a facility, the child	and parent (if applicable)	guardian and/or
	CWCMP Case Manager shall	be oriented to the r	nanaging aggressive b	ehaviors policies of the facility and shall s	ign a written acknowledgm	ent of this orientation.
	This written acknowledgment	shall be kept in the	child's case record.		-	
#	Requirement	Source	Findings	Comments	Date Corrections	<mark>Score</mark>
	_		(Delete the two that		Completed	
			don't apply)		-	

				(Or note)	
31	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:	

		lety interventions	Certification/Physica	al Restraints		
				is safe, proportionate, and appropriate t psychiatric condition, and personal hist		or, and the resident's
				ough the use of nationally recognized re ernal control over physical movement.	estraint procedures applicabl	le to this population
				anical device, for the purpose of restric alation techniques have failed and whe		
		ntervention shall		vithout any mechanical device, for the p esort after all verbal de-escalation teo		
	Mechanical restraint is the use behavior. <mark>Mechanical restrai</mark>			e movement of the child's body, most c idential facilities.	ften for purposes of prevent	ting self-destructive
	evidenced based training prog member's personnel file and s applicable) and/or CWCMP C	rams for managing hall be made avail base Manager shall	g aggressive behavior a able upon request. At t be oriented to the eme	provide safe emergency safety interver ind de-escalation techniques. Staff train he time of admission to a facility, the c irgency safety intervention policies of t	ing records shall be kept as hild and parent (if applicabl	part of the staff e)/guardian (if
ŧ	of this orientation. This writter Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed	Score
					(Or note)	
37	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
	Review p/p. Review written plan to limit use of restraints.	Procedures or	Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met			
37 38 39	Review written plan to limit	Procedures or Documents	Partially Met Not Met Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met			
38 39	Review written plan to limit use of restraints.	Procedures or Documents Case Records	Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Met			
38 39 40	Review written plan to limit use of restraints. Review restraint logs. Review personnel files for documentation of required	Procedures or Documents Case Records Case Records	Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met			
38	Review written plan to limit use of restraints. Review restraint logs. Review personnel files for documentation of required training. Ask for other effective techniques and alternatives	Procedures or Documents Case Records Case Records Case Records	Partially Met Not Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Applicable			

	l				
record. The program plan social, familial, and where identified. Program plans s revisions made within 30 d	shall be established l appropriate indepen- hall be updated whe ays of completion of	by the end of 14 days f dent living skill domain n new needs are identif f initial program plan a	rom admission and shall add ns. Youth may not have iden ied or when program goals a	ssessment. Assessment documents sh ress the identified needs in the emotion tified needs in every domain. If so, do re met. Program plans shall be thorou 'his includes updated information of the considered in the report.	nal, physical, education cument no needs were ghly reviewed, and
Program plan development	, review, and case su	pervision are carried o	ut by the Secure Care provid	er.	
Long term goal     physical     2. family re     3. daily livit     4. academic     5. interperse     6. substance	s in the areas of: health lations	kills	outh's identified needs in the	following areas:	
<ol> <li>Services</li> <li>Specific</li> </ol>	to meet independent	t living goals. he short-term goals incl	his/her long-term goals in eac uding services to be provided		
• The youth shall	sign and date the pro-	ogram plans indicating	participation and input in the	e development of the plan.	
Undated inform	ation of the progress	s of the youth's goals sl	hall be included.		
	1-8-				
Permanency Planning:		C	ted by CWCMP case manage	_	ctive and meaningful
Permanency Planning: Includes the evaluation and connections with family, k be included in the program	l design of an approa in, relatives, and the plan to be reviewed sk for disruption, act	ach for the youth and fa community. The goal f every 30 days. The pe ivities to prepare the yo	umily that focuses on opportu for achieving permanency sh rmanency plan shall include outh's family or kinship netw	er. nities for the youth to have ongoing ad all be coordinated with the youth's CV strategies and tasks to accomplish the york for reunification, identification of	VCMP Case Manager a youth's goals. Behavio
Permanency Planning: Includes the evaluation and connections with family, k be included in the program which place the youth at ris	l design of an approa in, relatives, and the plan to be reviewed sk for disruption, act	ach for the youth and fa community. The goal f every 30 days. The pe ivities to prepare the your r transition to these set Findings (Delete the two that	umily that focuses on opportu for achieving permanency sh rmanency plan shall include outh's family or kinship netw	nities for the youth to have ongoing as all be coordinated with the youth's CV strategies and tasks to accomplish the york for reunification, identification of Date Corrections Completed	VCMP Case Manager a youth's goals. Behavio
Permanency Planning: Includes the evaluation and connections with family, k be included in the program which place the youth at ris living environments and pr	l design of an approa in, relatives, and the plan to be reviewed sk for disruption, act eparing the youth fo	ach for the youth and fa community. The goal f every 30 days. The pe- tivities to prepare the your r transition to these set Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met	umily that focuses on opportu for achieving permanency sh rmanency plan shall include outh's family or kinship netw tings shall be addressed.	nities for the youth to have ongoing ad all be coordinated with the youth's CV strategies and tasks to accomplish the ork for reunification, identification of Date Corrections	VCMP Case Manager a youth's goals. Behavio other less restrictive
Permanency Planning: Includes the evaluation and connections with family, k be included in the program which place the youth at ri- living environments and pr <b>Requirement</b>	l design of an approa in, relatives, and the plan to be reviewed sk for disruption, act eparing the youth fo Source Policies, Procedures or	ach for the youth and fa community. The goal a every 30 days. The pe tivities to prepare the your transition to these set <b>Findings</b> (Delete the two that don't apply) Substantially Met Partially Met	umily that focuses on opportu for achieving permanency sh rmanency plan shall include outh's family or kinship netw tings shall be addressed.	nities for the youth to have ongoing as all be coordinated with the youth's CV strategies and tasks to accomplish the york for reunification, identification of Date Corrections Completed	VCMP Case Manager a youth's goals. Behavio other less restrictive
Permanency Planning: Includes the evaluation and connections with family, k be included in the program which place the youth at ri- living environments and pr <b>Requirement</b> Review p/p. Check for signatures and	l design of an approa in, relatives, and the plan to be reviewed sk for disruption, act eparing the youth fo Source Policies, Procedures or Documents	ach for the youth and fa community. The goal if every 30 days. The pe tivities to prepare the your transition to these set Findings (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met Partially Met Not Met Not Met	umily that focuses on opportu for achieving permanency sh rmanency plan shall include outh's family or kinship netw tings shall be addressed.	nities for the youth to have ongoing as all be coordinated with the youth's CV strategies and tasks to accomplish the york for reunification, identification of Date Corrections Completed	VCMP Case Manager a youth's goals. Behavio other less restrictive
Permanency Planning: Includes the evaluation and connections with family, k be included in the program which place the youth at ri- living environments and pr <b>Requirement</b> Review p/p. Check for signatures and dates on reviews.	l design of an approa in, relatives, and the plan to be reviewed sk for disruption, act eparing the youth fo Source Policies, Procedures or Documents Case Records	ach for the youth and fa community. The goal a every 30 days. The pe- tivities to prepare the y- r transition to these set <b>Findings</b> ( <i>Delete the two that</i> <i>don't apply</i> ) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met Partially Met Not Met Not Met	umily that focuses on opportu for achieving permanency sh rmanency plan shall include outh's family or kinship netw tings shall be addressed.	nities for the youth to have ongoing as all be coordinated with the youth's CV strategies and tasks to accomplish the york for reunification, identification of Date Corrections Completed	VCMP Case Manager a youth's goals. Behavio other less restrictive
Permanency Planning: Includes the evaluation and connections with family, k be included in the program which place the youth at ri- living environments and pr <b>Requirement</b> Review p/p. Check for signatures and dates on reviews. Review case record. Check for program	l design of an approa in, relatives, and the plan to be reviewed sk for disruption, act eparing the youth fo Source Policies, Procedures or Documents Case Records Case Records	ach for the youth and fa community. The goal a every 30 days. The pe fivities to prepare the y- r transition to these set <b>Findings</b> (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable	umily that focuses on opportu for achieving permanency sh rmanency plan shall include outh's family or kinship netw tings shall be addressed.	nities for the youth to have ongoing as all be coordinated with the youth's CV strategies and tasks to accomplish the york for reunification, identification of Date Corrections Completed	VCMP Case Manager a youth's goals. Behavio other less restrictive

Score for this section:

	Section 12: Visitation					
			ays of the week, times,	appropriate attire, etc.) a prov	ider shall not prohibit contact with a c	hild's immediate family
	• There is documen	ted violence, threat ted introduction of	tening or disruptive be contraband into the fa d to be unsafe for visit		occurred during contact	
	The facility shall provide priv (unless required), free of any				not be limited to: a private office/roon	n, no staff presence
	staff regarding the youth's tre that home visits be carefully	eatment and progra planned and execut CWCMP Case Ma	m goals and objectives ted in the best interests mager. Documentation	S. The goal of placement shall of permanency planning for t	ild, their family, and the case coordina be to return the child to a family-like s he child. All home visits shall be arran ho is transporting children to and from	setting, so it is important aged through
		ays. Approved con			ay passes, overnight passes, etc.) The c ager. The initial contact list and all rev	
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	<b>Comments</b>	Date Corrections Completed (Or note)	Score
<mark>49</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
<mark>50</mark>	Look for quiet private spaces for phone calls and visitation.	Facility Tour	Substantially Met Partially Met Not Met Not Applicable			
<mark>51</mark>	Look for documentation of visitation and phone calls, as well as transportation arrangements.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
<mark>52</mark>	Look for CWCMP approved contact list.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

Not Applicable

	Section 13: Discharge/After	<mark>care Plan</mark>					
		l be involved in pla	nning the discharge fr	ility. At a minimum, the child, the child's point the facility. The discharge plan and modula authority.			
	include delineation of after-ca	are plans and goals ture, frequency, an	which the youth have	charge and be forwarded to the CWCMP ( completed in the Secure Care Facility. W the facility recommends for the youth.			
	• 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						
				are, frequency, duration of services and res	sponsible parties		
	Summary of the reasons the youth was discharged						
#	Requirement	Source	Findings	Comments	Date Corrections	<mark>Score</mark>	
			(Delete the two that		Completed		

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

reco	ord 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 us in filling full access shall be given to DCF employees who are conducting site visit.
	File:
e pro	vider shall maintain a file for each child. The file shall contain the following:
•	Childs'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 a
	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
	Retention: ords, 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
	on of a final audit report, whichever is longer.
uucu	on of a final audit report, whenever is forget.
art I	ocumentation: Daily Observations:
	record of daily observations and significant occurrences involving each child shall be maintained by each shift and maintained in each child's individual
. 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 of
ups (	specific group), interactions and/or interventions with staff and other children, medical appointments, mental health appointments, medication
	nce, hygiene (if identified as a need), visits/passes, meals eaten and overall behavior. Each report shall include the staff member and/or child involved, i

110	vention and Protection Server Weekly Progress Notes:	1005				
	WEERIV FINOLOSS NOIES.					
	Notes shall be completed by plan. This documentation sha include any significant events need is identified, the note sh activities they are providing to shall be submitted to each ch days of that calendar month. • Cornerstones of C • KVC: KVCMontl • St. Francis Minist • TFI: MonthlyRep Health Records: Health Care and Records of c child's case medical record a	all address the child s that occurred durin nall reflect the action to each child. Each ild's provider no lat Submission will be Care: KSmonthlypro hlyReports@KVC.c tries: MonthlyProgra forts@TFIFamily.or	s responses to interve ng the week and shall is to be taken to revise month the weekly pro- er than the 15th of eac accepted by e-mail to gressreports@Corners rg sssReports@st-francis g	stonesofcare.org	dividualized goals and objec nbers and other involved age rdinator shall document spec Case Manager. The Monthly for all children who are in pl	ttives. The note shall encies. If an unmet cific services and Progress Report Form acement more than 15
	• name of the presc	ribing physician				
	• name of the media	cation				
	<ul> <li>dosage prescribed</li> </ul>					
	<ul> <li>medication schedu</li> </ul>	ule				
	• purpose of the me	edication				
	<ul> <li>noted side effects</li> </ul>					
	<ul> <li>date of the prescri</li> </ul>	iption				
	<ul> <li>date prescribed by</li> </ul>	y a physician				
		ointments shall also	be specifically docum	ensing shall be recorded. All doctor and d ented in a child's medical record. This pro l health treatment.		
	<ul> <li>Educational trans</li> </ul>	cripts, HS diploma,				
	<ul> <li>Disciplinary actio</li> <li>Training records</li> </ul>			r has lived outside of Kansas within the la	ist 5 years)	
	<ul> <li>Disciplinary actio</li> <li>Training records</li> <li>Out of state regist</li> </ul> <b>30 day Progress Reports:</b> Thirty-day progress reports s program goals and strategies and program goals and shall <b>Permanency Planning:</b> Includes the evaluation and d connections with family, kin,	n records try checks, when ap hall document prog during the period co be provided to the r lesign of an approac , relatives, and the c	plicable (staff member ress on specific short- overed. The 30 day p eferring agency and a h for the youth and fa ommunity. The goal	term goals, describe significant revisions rogress reports shall summarize progress copy placed in the youth's file. mily that focuses on opportunities for the for achieving permanency shall be coordi	in goals and strategies, and s and note changes regarding youth to have ongoing activ nated with the youth's CWC	long-term placement e and meaningful CMP case manager and
	<ul> <li>Disciplinary actio</li> <li>Training records</li> <li>Out of state regist</li> </ul> 30 day Progress Reports: Thirty day progress reports s program goals and strategies and program goals and shall Permanency Planning: Includes the evaluation and d connections with family, kin, be included in the program po	n records try checks, when ap hall document prog during the period c be provided to the r lesign of an approac , relatives, and the c lan to be reviewed c for disruption, activ	plicable (staff member ress on specific short- overed. The 30 day p eferring agency and a h for the youth and fa ommunity. The goal wery 30 days. The pe vities to prepare the you	term goals, describe significant revisions rogress reports shall summarize progress copy placed in the youth's file. mily that focuses on opportunities for the for achieving permanency shall be coordi rmanency plan shall include strategies an puth's family or kinship network for reun	in goals and strategies, and s and note changes regarding youth to have ongoing activ nated with the youth's CWC d tasks to accomplish the yo	long-term placement e and meaningful CMP case manager and outh's goals. Behaviors
#	<ul> <li>Disciplinary actio</li> <li>Training records</li> <li>Out of state regist</li> </ul> 30 day Progress Reports: Thirty day progress reports s program goals and strategies and program goals and shall Permanency Planning: Includes the evaluation and d connections with family, kin, be included in the program p which place the youth at risk	n records try checks, when ap hall document prog during the period c be provided to the r lesign of an approac , relatives, and the c lan to be reviewed c for disruption, activ	plicable (staff member ress on specific short- overed. The 30 day p eferring agency and a h for the youth and fa ommunity. The goal wery 30 days. The pe vities to prepare the yo transition to these sett Findings (Delete the two that	term goals, describe significant revisions rogress reports shall summarize progress copy placed in the youth's file. mily that focuses on opportunities for the for achieving permanency shall be coordi rmanency plan shall include strategies an puth's family or kinship network for reun	in goals and strategies, and s and note changes regarding youth to have ongoing activ nated with the youth's CWC d tasks to accomplish the yo fication, identification of oth Date Corrections Completed	long-term placement e and meaningful CMP case manager and outh's goals. Behaviors
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61			
61		Not Applicable	
01	Review case file for documentation of health	Substantially Met Partially Met	
	care records.	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	
	I	Score for this section:	

		d in a prominent pla		ployee of the facility who suspect he alleged perpetrator is the Facility		vithin tha
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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)			

Section 16.1: S	Significant Incident Reporting
Significant inc	idents 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 (
	owing definitions for clarification):
Significant Inc	ident involving a child in the custody of the Secretary include but are not limited to:
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
<mark>5.</mark>	child is an alleged perpetrator or victim of a criminal assault of any kind
<mark>6.</mark>	attempted suicide
<mark>7.</mark>	serious physical illness
<mark>8.</mark>	unanticipated medical attention that requires treatment beyond first aid
<mark>9.</mark>	pregnancy. See PPM 0513 D. 2.
	birth. See PPM 0513 D. 2.
11.	emergency change in placement
	use of illegal drugs
13.	suspension of the license of a group or residential facility used by children
14.	alleged victim of human trafficking
	alleged perpetrator of animal abuse
	other (document specifics)

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	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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)			

A cumulation o	f all the above sections are scored here for a total score based on the assessments	s completed.
Scoring:	Substantially Met = 1	
	Partially Met = 0.5	
	Not Met = 0.25 Not Applicable = 0	
	Not Applicable – 0	
	Total possible score on this site visit tool is 75. If the score is 65 or less, t which do not score substantially met, will require comments which will be address the missing items and submit corrections or a plan to make necess and schedule). Track CAP corrections on this form and document the dat	e used for developing a CAP. Facilities will have 14 days to sary corrections (for example trainings, this can take time to find
Section		Section Score
Section 1.1:	Services Provided in Secure Care	
Section 2: D	escription of Youth to be Served	
Section 3: G	eneral Staffing Requirements	
Section 4: C	ase Coordination	
Section 5: St	aff In-Serving Training	
Section 5.2:	Annual In-Service Training	
Section 6: Co	onfirmation of Placement	
Section 7 Ini	tial Assessment	
Section 8: R	oom Assignment	
Section 9: Se	ervices	
Section 10: I	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: V	<b>√isitation</b>	
Section 13: I	Discharge/Aftercare	
Section 14: I	Record Keeping	
Section 15: I	Reporting Abuse/Neglect	
Section 16	Significant Incidents	
Section 10.		

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, Co	unty, Zip Code	
Agency/Facility Re	epresentative	Agency/Facility Phone Number and Email

Correction/Compliance Action Plan
Presented Findings:
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.
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:
Finding:

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

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
	<b>Not Met = .25</b>
	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

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.

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.

## Section 1.1: Transitional Living Program (TLP)

- 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	Comments	Date Corrections	<mark>Score</mark>
			(Delete the two that		Completed	

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

	· · · · · · · · · · · ·	scription of Youth to	NO DOL TOU						
Prior to consideration for admission to any TLP service youth shall be able to demonstrate knowledge of basic life skills.									
TLP services shall provide	TLP services shall provide the opportunity to practice the skills necessary to live independently. These skills, at a minimum, shall include:								
<ul> <li>Preparing meals</li> <li>Basic nutrition education</li> </ul>									
	ann orderly and saf	a living space							
<ul> <li>Maintaining a clean, orderly, and safe living space</li> <li>Living cooperatively with other housemates or neighbors</li> </ul>									
<ul> <li>Handling landlord/tenant complaints</li> <li>Controlling guests' behavior</li> </ul>									
								<ul> <li>Controlling gues</li> <li>Handling basic t</li> </ul>	
<ul> <li>Handling basic i</li> <li>Handling simple</li> </ul>									
	landlord about proble	ems							
	following a budget								
		, public transportation,	. carpool)						
		rage, and consumer ski							
	,	<i>U</i> ,							
All youth in transitional live	ing placements shall								
• Be at least 16 ye									
Be working tow	ards full or part-time	employment							
<ul> <li>Be working towards full or part-time employment</li> <li>Be working towards a diploma or equivalent (if not already obtained)</li> </ul>									
Be working tow	ards a diploma or eq	uivalent (if not already	v obtained)						
• Have demonstra	ted a basic knowled	ge of life skills							
<ul> <li>Have demonstra</li> <li>Youth are required</li> </ul>	ted a basic knowledg	ge of life skills ings account to be held	in trust by the TLP.						
<ul> <li>Have demonstra</li> <li>Youth are require</li> <li>Youth shall deponent</li> </ul>	ted a basic knowledg red to maintain a sav osit the full or partial	ge of life skills ings account to be held amount (depending up	l in trust by the TLP.	of their share of the monthly apartmen	t rent and utilities.				
<ul> <li>Have demonstra</li> <li>Youth are requir</li> <li>Youth shall depo</li> <li>The youth's plan</li> </ul>	ted a basic knowledg red to maintain a sav osit the full or partial nning team (facility s	ge of life skills ings account to be held amount (depending up staff in coordination wi	l in trust by the TLP. pon their employment status) o ith the CWCMP Case Manage	of their share of the monthly apartmen r) will determine the actual amount rea	t rent and utilities. quired to be deposited				
<ul> <li>Have demonstra</li> <li>Youth are requir</li> <li>Youth shall depo</li> <li>The youth's plan trust. These mon</li> </ul>	ted a basic knowledg red to maintain a sav osit the full or partial nning team (facility s nies are then availa	ge of life skills ings account to be held amount (depending up staff in coordination wi ble to the youth when	in trust by the TLP. pon their employment status) of the CWCMP Case Manager they leave the TLP.	r) will determine the actual amount rea	t rent and utilities. quired to be deposited				
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monitoring the activities of youth in their programs. Program staff shall develop a schedule for provision with guidance based on a specific youth's maturity, acquired 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 beave youth as the fragination and the purpose of transporting another youth to and from offsite activities (job, a prointment, school, etc.)         Administrator:       • Shall have a bachelor's degree and prior administrative experience.]         • Shall have a bachelor's degree and prior administrative experience.]       • Shall have a sorking knowledge of adolescent development principles.]         • Shall have 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.         • Shall have a least 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.         • Shall have a least 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.         • Shall have a least shift worthy or dig and at least three years older than the oldest youth served.         • Shall have a least worthy-one (21) years of age and a leasthree years older thanthe oldest youth served.      <							
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	Section 4: Case Coordinato	<b>F</b> Coordination				
	family life, crimin         coordinator ratio i         Shall be at least tw         Shall not be a pers         Responsibilities         Service Access pl         Shall be responsite         Shall inspect yout         Shall coordinate of	al justice, counsel s 1:16. venty-one (21) yer on restricted from an development, r ole for any direct s h's apartment as r or provide alternat perwork or report	ing, nursing or education ars of age and at least the a working with youth as eview, and development upervision of youth as	ety and security of youth. emed necessary.	t development principles. T	
	and other appropriate commu	inity resources. Th	his shall include, but no	child's program and progress with the CV t be limited to, documenting phone calls, a ress the needs identified in Individual Prog	ppointments and visits (on a	and off site).
		es have been cont		ervices for the youth. The case coordinator		
#	Requirement	Source	Findings	Comments	Date Corrections	Score
	1		(Delete the two that		Completed	
						4

			don't apply)	(Or note)	
8	Review p/p.	Policies,	Substantially Met		
		Procedures or	Partially Met		
		Documents	Not Met		
			Not Applicable		
9	Review personnel file for	HR Files	Substantially Met		
	compliance.		Partially Met		
	_		Not Met		
			Not Applicable		
10	Review job description and	HR Files or	Substantially Met		
	HR file.	contract	Partially Met		
			Not Met		
			Not Applicable		
				Score for this section:	

Section 5	1 Orientation						
	.1 Orientation	n comuios orientatio	n tuaining nuoquan fau	nou omnlouese, which is on	assistly, directed toward the initial train	ing people of stoff	
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.							
working d	meetry with childr	en. Documentation	of completion of offen	tation training shart be kept,	in the start member's personnel me.		
The docu	mentation shall be	placed in a specific	area in the staff's file,	indicating:			
•		lecting orientation		<u> </u>			
•	name of trainer						
•	name of training		-				
•	specify the numb	per of training hours	3				
•	date of the trainin	ng					
Facility st	aff shall have com	pleted a minimum	of 18 hours of in-servic	e orientation training. Staff	shall demonstrate competency in the tra	ainings from orienta	
		endently with childr		8	;;;;		
All topics	listed below shall	be trained, even if	it exceeds the minimur	n 18 hours of orientation:			
Facility T	rainings:						
•	Facility policy an	nd procedures manu	ial				
•		cy and evacuation p	procedures				
•	Facility disciplin						
•		umentation policies					
•	Resident rights (	See Appendix 4, Re	sident Rights)				
•	Confidentiality la Report Writing	aws					
•	Report writing						
<b>T</b>	C		l and the second state to state the second	::::::::::::::::::::::::::::::::::::::	cognized and qualified, trained trainers		
	ation on file):	burce and/or trained	urainers within the rac	inty (source must be wen red	cognized and quanned, trained trainers	must nave	
•		v interventions (inc	luding management of	aggressive or suicidal behav	vior) (if a facility chooses to use Emerge	ency Safety Interver	
	staff shall be cert		rudnig management or	aggressive of suleidar behav	(101) (If a facility chooses to use Emerg	ency survey interven	
•		aff shall be certified	d)				
•	The handling of	blood borne pathog	ens				
•	Medication Adm	inistration (staff wl	ho pass medications sha	all be certified)			
•	Certified in CPR						
•	Trauma based in	formed care/trauma	specific intervention				
•		ting (Provided By I	<pre>DCF) http://www.dcf.k</pre>	s.gov/services/MRT/Pages/d	lefault.aspx		
HIPPA Laws							
•	Comprehensive I	LGBTQ+					
:	Cultural Diversit	ng and exploitation	I				
		y tion/Intervention/Sa	fety				
		Source	Findings	Comments	Date Corrections	Score	
Requirem		Source	(Delete the two that	Comments	Completed	Score	
Requiren	lient		don't apply)		(Or note)		
Requiren						T T	
•		Policies,	Substantially Met				
•		Policies, Procedures or	Substantially Met Partially Met				
•		,					
•		Procedures or	Partially Met				
Review cz		Procedures or	Partially Met Not Met				
Review p/	/p. ase personnel file	Procedures or Documents	Partially Met Not Met Not Applicable				

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

	Section 5.2 Annual In-Serv	vice Training								
	Annual training is beyond or shall receive a minimum of a				e date of employment. During the first	year of employment staff				
	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.									
	<ul><li>name of trainer</li><li>name of training</li></ul>	lecting orientation of training hours		indicating staff training, inc	licating:					
	All topics listed below shall	be trained, even if i	t exceeds the minimur	n 18 hours of annual in-serv	ice:					
	<ul> <li>Facility emergen</li> <li>Facility disciplin</li> <li>Child record doc</li> </ul>	nd procedures manu cy and evacuation p e standards umentation policies See Appendix 4, Re	rocedures and procedures							
	Refreshers/Trainings from a documentation on file):	n outside source and	l/or trained trainers wi	thin the facility (source mus	t be well recognized and qualified, train	ned trainers must have				
	<ul> <li>De-escalation (st</li> <li>The handling of Medication Adm</li> <li>CPR/First Aid (S</li> <li>Trauma based initial</li> <li>Mandated Report</li> <li>HIPPA Laws</li> <li>Comprehensive I</li> <li>Cultural Diversitian</li> <li>Childhood and ad</li> <li>Substance Use D</li> <li>Blood Borne Pation</li> <li>Childhood and ad</li> <li>Childhood prevented</li> </ul>	aff shall maintain ce blood borne pathoge inistration (staff sha taff shall maintain c formed care/trauma ting (Provided By D LGBTQ+ y dolescent sexuality i isorders hogens dolescent developme dolescent psycho-pa D)	ertification) ens Il maintain certification certification, may or m specific intervention (CF) http://www.dcf.k ssues, especially the e ent (including develop thology (including suc fety	on, may or may not require a ay not require annual trainir s.gov/services/MRT/Pages/c ffects of early sexual abuse mental disorders) ch topics as effects of abuse/	ig) lefault.aspx neglect, reactive attachment disorders,					
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed	<mark>Score</mark>				
14	Review p/p.	Policies, Procedures or Documents	don't apply) Substantially Met Partially Met Not Met Not Applicable		(Or note)					
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:

## Section 6: Placements Confirmation of Placement

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.

	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	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>		
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 Assessmen	ıt				
	When a youth enters the facil assessment within 7 days from		begin immediately asse	essing their strengths and needs i	ncluding documentation and shall h	ave a completed
	<ul> <li>Community life</li> <li>Interpersonal interactions</li> <li>Daily living skills as outline</li> <li>Immediate service needs: <ol> <li>Mental Health</li> <li>Developmental</li> <li>Dental</li> <li>Medical</li> </ol> </li> <li>Involvement or exposure to</li> <li>Involvement or exposure to</li> </ul>	acility overing the followin lth ions r vocational trainin ed in the scope of so Substance Use/diso other trauma	ng areas: g ervices listed above order			
	<ul> <li>Assessment of the child/you</li> <li>Additional Assessments:</li> </ul>					
	The case coordinator or life s	kills coach may ad	minister life skills asse	essments as needed to further ide	ntify needs to be addressed in the se	ervice access plan.
<mark>#</mark>	Requirement.	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
<mark>19</mark>	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:

	needs of youth. Youth in a res	sidential facility sha	all be assigned to an ap		an objective formal procedure to as ge of factors, as identified by risk/n ot limited to):	
	<ul> <li>Displaying inappro</li> <li>Gender</li> <li>Age and/or maturi</li> <li>Program needs (su</li> <li>Vulnerability to be</li> <li>Comprehensive Lo</li> </ul>	d needs (i.e. menta opriate sexual beha ty level bstance use disord- eing victimized by GBTQ+	others (i.e. physical sta	l abuse) l, independent living, etc.) ture)		
	secure environment, as well a	s efficient and effe	ctive management of t	he living units. The youth's apa	isk/need/responsivity factors will al rtment/room assignment and how the	
#	secure environment, as well a	s efficient and effe	rtment/room assignment Findings (Delete the two that		rtment/room assignment and how the ely upon admission. Date Corrections Completed	
#	secure environment, as well a shall be documented in the yo	s efficient and effe outh's file. The apa	ctive management of t rtment/room assignment Findings	he living units. The youth's apart at shall be completed immediate	rtment/room assignment and how the ely upon admission. Date Corrections	ne decision was made
	secure environment, as well a shall be documented in the yo Requirement	s efficient and effe outh's file. The apa Source Policies, Procedures or	ctive management of t rtment/room assignment (Delete the two that don't apply) Substantially Met Partially Met Not Met	he living units. The youth's apart at shall be completed immediate	rtment/room assignment and how the ely upon admission. Date Corrections Completed	ne decision was made

Section	9: Services/ <mark>Supports</mark>
Youth in	transitional living placements may need access to supportive services including but not limited to the following categories:
•	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)
TLP ser	vices shall provide the opportunity to practice the skills necessary to live independently. These skills, at a minimum, shall include:
•	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 p	preparation, food sto	rage, and consumer sk			
Section 9.1: Positive and R	Realistic Living Exp	eriences			
			living experience, through tr clude, but are not limited to, t	ansitional living placements in which t he following:	hey can take increasi
		nces of daily actions an ess to staff for support			
<ul> <li>Daily social cont</li> </ul>	tacts				
<ul> <li>Emotional adjust</li> <li>Practice living al</li> </ul>		ce between present liv	ing situation and previous on	les	
<ul> <li>Use of leisure tir</li> </ul>					
• Obtaining and us	sing transportation to	o access needed resour	ces		
These experiences shall also level increases and more co			inctioning. Additional experie	ences and opportunities may be introd	uced as a youth's skill
Section 9.2: Home Furnish	nings				
				The articles and supplies may be new	or used but shall be in
good condition. The articles	and supplies shall in	nclude, but are not lim	ited to:		
<ul> <li>A bed and bed li</li> </ul>					
• A dining table at					
<ul> <li>Living or sitting</li> <li>A stove and refri</li> </ul>					
• Kitchen furnishi	ngs (e.g., pots, pans,	cooking and eating ut	ensils)		
<ul> <li>Basic cleaning st</li> </ul>	upplies				
	appres				
• Telephone		<u>( 985)</u>			
<ul> <li>Telephone</li> <li>Utilities (e.g., wa</li> <li>Access to laundr</li> </ul>	ater, trash, electricity y services				
<ul> <li>Telephone</li> <li>Utilities (e.g., wa</li> <li>Access to laundr</li> <li>Food in sufficier</li> </ul>	ater, trash, electricity y services it quantity to provide		itionally balanced meals per o	day	
<ul> <li>Telephone</li> <li>Utilities (e.g., wa</li> <li>Access to laundr</li> <li>Food in sufficier</li> <li>Kitchen and bath</li> </ul>	ater, trash, electricity y services at quantity to provide a linens	e at least three (3) nutr			ortunity to purchase
<ul> <li>Telephone</li> <li>Utilities (e.g., wa</li> <li>Access to laundr</li> <li>Food in sufficier</li> <li>Kitchen and bath</li> <li>Entertainment of these items where</li> </ul>	ater, trash, electricity y services nt quantity to provide 1 linens equipment (e.g., tele 1 they are financially	e at least three (3) nutr vision, stereo, video g v capable	ames) are optional, if not pro	vided, youth shall be provided the opp	
<ul> <li>Telephone</li> <li>Utilities (e.g., wa</li> <li>Access to laundr</li> <li>Food in sufficier</li> <li>Kitchen and bath</li> <li>Entertainment of these items wher</li> </ul>	ater, trash, electricity y services 11 quantity to provide 1 linens equipment (e.g., tele	e at least three (3) nutr vision, stereo, video g			ortunity to purchase
<ul> <li>Telephone</li> <li>Utilities (e.g., wa</li> <li>Access to laundr</li> <li>Food in sufficier</li> <li>Kitchen and bath</li> <li>Entertainment of these items where</li> </ul>	ater, trash, electricity y services tt quantity to provide 1 linens equipment (e.g., tele 1 they are financially Source Policies,	e at least three (3) nutr vision, stereo, video g capable <b>Findings</b> (Delete the two that don't apply) Substantially Met	ames) are optional, if not pro	vided, youth shall be provided the opp Date Corrections Completed	
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State of Kansas Department for Children and Families

Pre	vention and Protection Ser									
	Section 10: Behavior Mana	0								
	management system shall ind	clude a description	of daily general routine	governing the daily behavior of the youth es of the program. The system of rules, rev youth that the rules, rewards and consequ	wards, and consequences for	r behaviors shall be				
	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: <ul> <li>interpresonal interactions with staff and peers</li> </ul>									
	<ul> <li>facility leave poli</li> <li>school attendance</li> </ul>	cies e and behavior while	•							
	<ul> <li>verbal and physic</li> <li>allowable possess</li> </ul>	sions								
	<ul> <li>awakening and be</li> <li>leisure hours, visit</li> </ul>	edtime hours itation policies								
	<ul> <li>runaway attempts</li> </ul>		ativitia							
	<ul> <li>self-destructive b</li> </ul>		acuvities							
	<ul> <li>sexuality</li> <li>communications</li> </ul>	with family and oth	ers outside the program	n						
	<ul> <li>religious worship</li> <li>involvement in th</li> </ul>	2	<u> </u>							
	• theft									
	<ul> <li>property destruction</li> <li>behaviors resultir</li> </ul>		noval from the program	n						
			d result in legal prosec							
	When a youth decides not to	attend religious wo	orship or activities, alte	rnative supervised activities shall be made	e available.					
	The overarching goals shall	be to help the youth	adjust to the residentia	al facility and to daily life within society.	A resource list shall be mai	ntained by the facility				
	of the available resources to									
	Discipline at the facility shal	l be consistent and	not be physically or en	notionally damaging. Youth shall not be s	ubjected to cruel, severe, ur	usual, or unnecessary				
	punishment. Youth shall not with their families as punish	be subjected to rem ment. Seclusion sha	arks that belittle or rid ill not be utilized as a d	licule them or their families. Youth shall n lisciplinary measure. Only staff members	ot be denied food, mail, tel shall discipline youth.	ephone calls or visits				
#	Requirement	Source	Findings	Comments	Date Corrections	Score				
	-		(Delete the two that don't apply)	Comments	Completed (Or note)	<u>3001</u>				
30	Review p/p.	Policies, Procedures or	Substantially Met Partially Met							
		Documents	Not Met							
31	Review case file for	Case File	Not Applicable Substantially Met							
	documentation.		Partially Met Not Met							
			Not Applicable							
32	View posted schedule, behavior management	Facility Tour	Substantially Met Partially Met							
	system.		Not Met							
			Not Applicable		Score for this section:					
					score for this section:					

	Section 10.1: Resetting								
	A procedure used to assist the Application of a reset: • A youth in a reset shall neve • Resets may take place away • Staff shall monitor the youth	er be physically pre from the area of ac	vented from leaving the trivity or from other years						
<mark>#</mark>	Requirement     Source     Findings (Delete the two that don't apply)     Comments     Date Corrections Completed (Or note)     Score								
<mark>33</mark>	Review p/p.	Policies, Procedures or	Substantially Met Partially Met						

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

	Section 10.2: Emergency sa Managing Aggressive Beha		De-escalation Certific	ation techniques					
	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	Comments	Date Corrections	Score			
	•		(Delete the two that don't apply)		<b>Completed</b> (Or note)				
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						
i		1		1	Score for this section	:			

Section 10.3: Emergency Safety Intervention	Certification/Physical restra	uints

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	Comments	Date Corrections	Score
			(Delete the two that		Completed	
			don't apply)		(Or note)	
37	Review p/p.	Policies,	Substantially Met			
		Procedures or	Partially Met			
		Documents	Not Met			
			Not Applicable			
38	Review employee files for	HR Files	Substantially Met			
	documentation.		Partially Met			
			Not Met			

 Not Applicable
 Score for this section:

	SECTION 11: Program Pl	lan				
	record. The program plan sh	nall be established b	y the end of 14 days fr	om admission and shall addre	sessessment. Assessment documents shat sess the identified needs in the emotion a domain. If so, document that no need	al, physical, educational,
	the case review conferences	within 30 days of cobtained from the year	completion of initial propution of initial proputs out the second s	ogram plan and each 30 days and CWCMP Case Manager	gram plans shall be thoroughly review thereafter, including updated informa shall be considered in the report. The	tion of the progress of th
				outh's identified needs in the	following areas:	
	<ul> <li>Services to meet in</li> <li>Specific plans for</li> <li>Estimated time for</li> </ul>	s vocational skills ations rvice needs ological health which will help a yound ndependent living g reaching the short-t reaching short term gn and date the prog	oals. erm goals including se n goals. gram plans indicating p	s/her long-term goals in each rvices to be provided and free varticipation and input in the d	luency.	
	TLP staff shall participate in Permanency Planning: Includes the evaluation and connections with family, kin Manager and be included in	n case plan conducte design of an approa n, relatives, and the the program plan to	ed by CWCMP Case M ich for the youth and fa community. The goal i o be reviewed every 30	Ianager. mily that focuses on opportun for achieving permanency sha days. The permanency plan	nities for the youth to have ongoing as all be coordinated with the youth's CV shall include strategies and tasks to ac	VCMP Case complish the youth's
	TLP staff shall participate in Permanency Planning; Includes the evaluation and connections with family, kin Manager and be included in goals. Behaviors which place	n case plan conducte design of an approa n, relatives, and the the program plan to the the youth at risk f	ed by CWCMP Case M the for the youth and fa community. The goal is b be reviewed every 30 for disruption, activitie	Ianager. mily that focuses on opportun for achieving permanency sha days. The permanency plan	Il be coordinated with the youth's CV shall include strategies and tasks to ac y or kinship network for reunification	VCMP Case complish the youth's
	TLP staff shall participate in Permanency Planning; Includes the evaluation and connections with family, kin Manager and be included in goals. Behaviors which place	n case plan conducte design of an approa n, relatives, and the the program plan to the the youth at risk f	ed by CWCMP Case M the for the youth and fa community. The goal is b be reviewed every 30 for disruption, activitie	Ianager. amily that focuses on opportun for achieving permanency sha ) days. The permanency plan s to prepare the youth's family	Il be coordinated with the youth's CV shall include strategies and tasks to ac y or kinship network for reunification	VCMP Case complish the youth's
	TLP staff shall participate in Permanency Planning; Includes the evaluation and connections with family, kir Manager and be included in goals. Behaviors which plac less restrictive living enviro	n case plan conducte design of an approa n, relatives, and the the program plan to the the youth at risk f nments and preparin	ed by CWCMP Case M ach for the youth and fa community. The goal fo be reviewed every 30 or disruption, activitie ng the youth for transit Findings (Delete the two that	Ianager. amily that focuses on opportun for achieving permanency sha days. The permanency plan s to prepare the youth's family ion to these settings shall be a	Ill be coordinated with the youth's CV shall include strategies and tasks to ac y or kinship network for reunification addressed. Date Corrections Completed	VCMP Case complish the youth's , identification of other
0	TLP staff shall participate in Permanency Planning: Includes the evaluation and connections with family, kin Manager and be included in goals. Behaviors which plac less restrictive living enviro <b>Requirement</b> Review p/p. Check for signatures and dates on reviews.	a case plan conductor design of an approa n, relatives, and the the program plan to the program plan to source Policies, Procedures or Documents Case Records	ed by CWCMP Case M ach for the youth and fa community. The goal i o be reviewed every 30 or disruption, activitie ing the youth for transit Findings (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Met Not Met Not Applicable	Ianager. amily that focuses on opportun for achieving permanency sha days. The permanency plan s to prepare the youth's family ion to these settings shall be a	Ill be coordinated with the youth's CV shall include strategies and tasks to ac y or kinship network for reunification addressed. Date Corrections Completed	VCMP Case complish the youth's , identification of other
0	TLP staff shall participate in Permanency Planning: Includes the evaluation and connections with family, kir Manager and be included in goals. Behaviors which plac less restrictive living enviro <b>Requirement</b> Review p/p. Check for signatures and	a case plan conductor design of an approa a, relatives, and the the program plan to the the youth at risk f nments and preparin Source Policies, Procedures or Documents	ed by CWCMP Case M ach for the youth and fa community. The goal i be reviewed every 30 or disruption, activitie ng the youth for transit <b>Findings</b> ( <i>Delete the two that</i> <i>don't apply</i> ) Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Met	Ianager. amily that focuses on opportun for achieving permanency sha days. The permanency plan s to prepare the youth's family ion to these settings shall be a	Ill be coordinated with the youth's CV shall include strategies and tasks to ac y or kinship network for reunification addressed. Date Corrections Completed	VCMP Case complish the youth's , identification of other
9 0 1	TLP staff shall participate in Permanency Planning: Includes the evaluation and connections with family, kin Manager and be included in goals. Behaviors which plac less restrictive living enviro <b>Requirement</b> Review p/p. Check for signatures and dates on reviews.	a case plan conductor design of an approa n, relatives, and the the program plan to the program plan to source Policies, Procedures or Documents Case Records	ed by CWCMP Case M ach for the youth and fa community. The goal i be reviewed every 30 for disruption, activitie ing the youth for transit <b>Findings</b> ( <i>Delete the two that</i> <i>don't apply</i> ) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met Not Met	Ianager. amily that focuses on opportun for achieving permanency sha days. The permanency plan s to prepare the youth's family ion to these settings shall be a	Ill be coordinated with the youth's CV shall include strategies and tasks to ac y or kinship network for reunification addressed. Date Corrections Completed	VCMP Case complish the youth's , identification of other
4 10 12 13	TLP staff shall participate in Permanency Planning: Includes the evaluation and connections with family, kin Manager and be included in goals. Behaviors which plac less restrictive living enviro <b>Requirement</b> Review p/p. Check for signatures and dates on reviews. Review case record.	a case plan conductor design of an approa n, relatives, and the the program plan to be the youth at risk f mments and preparin Source Policies, Procedures or Documents Case Records Case Records	ed by CWCMP Case M ach for the youth and fa community. The goal is be reviewed every 30 for disruption, activitie ng the youth for transit Findings (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Met N	Ianager. amily that focuses on opportun for achieving permanency sha days. The permanency plan s to prepare the youth's family ion to these settings shall be a	Ill be coordinated with the youth's CV shall include strategies and tasks to ac y or kinship network for reunification addressed. Date Corrections Completed	VCMP Case complish the youth's , identification of other

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

	Subject to the provider's vis except for the following reas		ays of the week, times,	appropriate attire, etc.) a pro	vider shall not prohibit contact with a e	child's immediate fan
		nted violence, threat	tening or disruptive be contraband into the fa	havior by family member tha cility	t occurred during contact	
	The facility shall provide provide provide provide provide (unless required), free of any				t not be limited to: a private office/roo	m, no staff presence
	staff regarding the youth's the that home visits be carefully coordination with the child'a observation of the child's be	eatment and progra planned and execut s CWCMP Case Ma havior during transp	Im goals and objectives ted in the best interests mager. Documentation portation.	s. The goal of placement shal of permanency planning for in child's file shall include v	hild, their family, and the case coordin l be to return the child to a family-like the child. All home visits shall be arra who is transporting children to and fror day passes, overnight passes, etc.) The	setting, so it is import nged through n family visits and
				ad by the CWCMP Case May		
<mark>#</mark>	reviewed/updated every 60 o include the CWCMP Case M	lays. Approved con		ed by the CWCMP Case Mar	nager. The initial contact list and all re	views/updates shall
<mark>#</mark>	reviewed/updated every 60 of	lays. Approved con Ianager signature.	tacts shall be determin		nager. The initial contact list and all re	
<mark>#</mark> 45	reviewed/updated every 60 o include the CWCMP Case M	lays. Approved con Ianager signature.	tacts shall be determin Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met		nager. The initial contact list and all re Date Corrections Completed	views/updates shall
	reviewed/updated every 60 o include the CWCMP Case M Requirement	days. Approved con Manager signature. Source Policies, Procedures or	tacts shall be determin Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Substantially Met Partially Met Partially Met Not Met		nager. The initial contact list and all re Date Corrections Completed	views/updates shall
<mark>45</mark>	reviewed/updated every 60 o include the CWCMP Case M Requirement Review p/p. Review case file for	days. Approved con Manager signature. Source Policies, Procedures or Documents	tacts shall be determin Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met		nager. The initial contact list and all re Date Corrections Completed	views/updates shall

	Section 13: Discharge/Aftercare Plan							
	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 or services recommended for the youth. The plan shall also identify the parties responsible for specific aftercare services The discharge summary shall include written:							
	<ul> <li>Summary of progress, or lack thereof, of the youth's goals and objectives while the youth was in placement</li> <li>Summary of the progress towards securing a residence, home furnishings and utilities for youth being released to live independently</li> <li>Summary of the youth's behavior while in placement</li> <li>Recommendations for aftercare services specifying the nature, frequency, duration of services and responsible parties</li> <li>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.)</li> <li>Summary of the reasons the youth was discharged</li> </ul>							
#	Requirement Source Findings Comments Date Corrections Score							

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

electroni	ic filing full access shall be given to DCF employees who are conducting site visit.
Section	12.2 Chart Documentation:
•	A dated record of daily observations and significant occurrences involving each youth shall be maintained by each shift for each youth an
	maintained in each youth's individual file. The record shall include events, which may affect the well-being of the youth. The record shall tavailable for review. Each report shall include the date and time of occurrence, the staff member and/or youth involved, the nature of the incident an
	the circumstances surrounding it.
	ine encounstances surrounding re-
Youth's	
The prov	vider shall maintain a file for each youth. The file shall contain the following:
•	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
•	
Section	12.1: Record Retention:
	sords, 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 ar

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

D										
Pre	evention and Protection Serv									
					ntments, mental health appointment nclude the staff member and/or you					
	the incident and the circumst				include the start member and/or you	th myorved, the nature of				
	the meldent and the chedmst	ances surrounding.	it. The record shall be	available to review.						
	Weekly Progress Notes:									
	Notes shall be completed by	the case coordinate	or. These notes shall be	e entered into the youth's chart.	, reflecting the delivery of services	according to the treatment				
	plan. This documentation sha	all address the yout	h's responses to interv	ventions and the progress of the	e youth on individualized goals and	objectives. The note shall				
					th family members and other invol-					
					d. The case coordinator shall docur					
					the CWCMP Case Manager. The					
					e reporting month, for all children w	who are in placement more				
	than 15 days of that calendar		ogressreports@Corners							
		hlyReports@KVC.		stolesoreare.org						
			ressReports@st-francis	.org						
		orts@TFIFamily.o								
	Health Records:									
			he requirements of KA	AR 28-4-275. Records of over	the counter and prescribed medicat	tions shall be kept in each				
	youth's case medical record a									
	<ul> <li>name of the presc</li> <li>name of the medic</li> </ul>									
	<ul> <li>dosage prescribed</li> </ul>									
	<ul> <li>medication schedu</li> </ul>									
	• purpose of the me									
	<ul> <li>noted side effects</li> </ul>									
	• date of the prescri	ption								
	<ul> <li>date prescribed by</li> </ul>	/ a physician								
					loctor and dental visits, major illnes					
					ord. This provides for a complete H	fealth record for the youth				
	and their failing, which docu	ments the frequenc	y of the youth's menta	i neatur treatment.						
	and their family, which documents the frequency of the youth's mental health treatment.									
	Personnel Records.									
	Personnel Records:	ained for each emr	lovee Personnel files	shall include the following:						
	A separate file shall be maint									
	A separate file shall be maint Written employm		oloyee. Personnel files ume and reference che							
	A separate file shall be maint	ent application, res								
	A separate file shall be maint • Written employm • Date of hire • Position description • Educational transpondent	ent application, res on cripts, HS diploma,								
	A separate file shall be maint Written employm Date of hire Position description Educational transo OGC- 3004 Staff	ent application, res on cripts, HS diploma, Information Sheet	ume and reference che college degree, etc.							
	A separate file shall be maint Written employm Date of hire Position description Educational transo OGC- 3004 Staff Copy of driver's l	ent application, res on cripts, HS diploma, Information Sheet icense/Kansas ID (	ume and reference che college degree, etc.							
	A separate file shall be maint Written employm Date of hire Position description Educational transo OGC- 3004 Staff Copy of driver's l Disciplinary action	ent application, res on cripts, HS diploma, Information Sheet icense/Kansas ID (	ume and reference che college degree, etc.							
	A separate file shall be maint Written employm Date of hire Position description Educational transo OGC- 3004 Staff Copy of driver's l Disciplinary action Training records	ent application, res on cripts, HS diploma, Information Sheet icense/Kansas ID ( n records	ume and reference che college degree, etc. current)	<u>cks</u>	vithin the last 5 years)					
	A separate file shall be maint • Written employm • Date of hire • Position description • Educational transform • OGC- 3004 Staff • Copy of driver's I • Disciplinary action • Training records • Out of state regist	ent application, res on cripts, HS diploma, Information Sheet icense/Kansas ID ( n records ry checks, when ap	ume and reference che , college degree, etc. current) pplicable (staff membe:	r has lived outside of Kansas w		Score				
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#	A separate file shall be maint • Written employm • Date of hire • Position description • Educational transform • OGC- 3004 Staff • Copy of driver's I • Disciplinary action • Training records • Out of state regist	ent application, res on cripts, HS diploma, Information Sheet icense/Kansas ID ( n records ry checks, when ap Source	ume and reference che , college degree, etc. current) plicable (staff member Findings (Delete the two that don't apply)	r has lived outside of Kansas w		Score				
#	A separate file shall be maint • Written employm • Date of hire • Position description • Educational transform • OGC- 3004 Staff • Copy of driver's I • Disciplinary action • Training records • Out of state regist	ent application, res on cripts, HS diploma, Information Sheet icense/Kansas ID ( n records ry checks, when ap Source Policies,	ume and reference che , college degree, etc. current) plicable (staff member Findings (Delete the two that don't apply) Substantially Met	r has lived outside of Kansas w	Date Corrections Completed	Score				
	A separate file shall be maint Written employm Date of hire Position description Educational transe OGC- 3004 Staff Copy of driver's l Disciplinary action Training records Out of state regist Requirement	ent application, res on cripts, HS diploma, Information Sheet icense/Kansas ID ( n records ry checks, when ap Source Policies, Procedures or	ume and reference che , college degree, etc. current) plicable (staff member Findings (Delete the two that don't apply) Substantially Met Partially Met	r has lived outside of Kansas w	Date Corrections Completed	Score				
	A separate file shall be maint Written employm Date of hire Position description Educational transe OGC- 3004 Staff Copy of driver's l Disciplinary action Training records Out of state regist Requirement	ent application, res on cripts, HS diploma, Information Sheet icense/Kansas ID ( n records ry checks, when ap Source Policies,	ume and reference che , college degree, etc. current) Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met	r has lived outside of Kansas w	Date Corrections Completed	Score				
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57	A separate file shall be maint Written employm Date of hire Position description Educational transform OGC- 3004 Staff Copy of driver's I Disciplinary action Training records Out of state regist Review p/p.	ent application, res on cripts, HS diploma, Information Sheet icense/Kansas ID ( n records ry checks, when ap Source Policies, Procedures or Documents	ume and reference che college degree, etc. current) Findings (Delete the two that don't apply) Substantially Met Not Met Not Met Not Applicable Substantially Met Partially Met	r has lived outside of Kansas w	Date Corrections Completed	Score				
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57	A separate file shall be maint • Written employm • Date of hire • Position description • Educational transon • OGC- 3004 Staff • Copy of driver's l • Disciplinary action • Training records • Out of state regist Requirement Review p/p. Review case files for weekly progress reports.	ent application, res on cripts, HS diploma, Information Sheet icense/Kansas ID ( n records ry checks, when ap Source Policies, Procedures or Documents Case Records	ume and reference che college degree, etc. current) plicable (staff member Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Partially Met Not Applicable Not Applicable	r has lived outside of Kansas w	Date Corrections Completed	Score				
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57	A separate file shall be maint • Written employm • Date of hire • Position description • Educational transform • OGC- 3004 Staff • Copy of driver's I • Disciplinary action • Training records • Out of state regist Requirement Review p/p. Review case files for weekly progress reports.	ent application, res on cripts, HS diploma, Information Sheet icense/Kansas ID ( n records ry checks, when ap Source Policies, Procedures or Documents Case Records	ume and reference che college degree, etc. current) plicable (staff member Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Applicable	r has lived outside of Kansas w	Date Corrections Completed	Score				
57	A separate file shall be maint • Written employm • Date of hire • Position description • Educational transform • OGC- 3004 Staff • Copy of driver's I • Disciplinary action • Training records • Out of state regist Requirement Review p/p. Review case files for weekly progress reports.	ent application, res on cripts, HS diploma, Information Sheet icense/Kansas ID ( n records ry checks, when ap Source Policies, Procedures or Documents Case Records	ume and reference che college degree, etc. current) plicable (staff member Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Not Applicable Substantially Met Partially Met	r has lived outside of Kansas w	Date Corrections Completed	Score Core				
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63	Review case file for	Case Record	Substantially Met		
	personal property		Partially Met		
	documentation.		Not Met		
			Not Applicable		
64	Review case file for	Case Record	Substantially Met		
	medication documentation.		Partially Met		
			Not Met		
			Not Applicable		
65	Review employee files for	HR Files	Substantially Met		
	job description.		Partially Met		
	5 1		Not Met		
			Not Applicable		
66	Review employee files for	HR Files	Substantially Met		
	education requirement		Partially Met		
	documentation		Not Met		
			Not Applicable		
67	Review employee files for	HR Files	Substantially Met		
	driver's license		Partially Met		
	verification.		Not Met		
			Not Applicable		
			••	Score for this section:	
					1]

## 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 Comments Date Score

#	Kequirement	Source Findings Comments (Delete the two that don't apply)		Comments	Correc Compl (Or note	leted	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:							

Sect	ion 16: Significant Incidents							
<mark>A S</mark> i	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.							
Sect	Section 16.1: Significant Incident Reporting							
Sign	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 (pla refer to the following definitions for clarification):							
Sign	Significant Incident involving a child in the custody of the Secretary include but are not limited to:							
	<ol> <li>death of a parent/primary caregiver (provide date of death)</li> <li>runaway or missing from placement. PPM 5245 shall be followed.</li> </ol>							
	<ol> <li>arrested for a juvenile offense</li> <li>alleged abuse or neglect</li> </ol>							
	<ul> <li>child is an alleged perpetrator or victim of a criminal assault of any kind</li> <li>attempted suicide</li> </ul>							
	<ol> <li>serious physical illness</li> <li>unanticipated medical attention that requires treatment beyond first aid</li> <li>pregnancy. See PPM 0513 D. 2.</li> </ol>							
	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	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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:	

A cumulation of	of all the above sections are scored here for a total score based on the assessments con	npleted.
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 r which do not score substantially met, will require comments which will be use address the missing items and submit corrections or a plan to make necessary and schedule). Track CAP corrections on this form and document the date co	ed for developing a CAP. Facilities will have 14 days to corrections (for example trainings, this can take time to fin
Section		Section Score
Section 1.1:	Services Provided in a Transitional Living Program	
Section 2: D	Description of Youth to be Served	
	Beneral Staffing Requirements	
	Case Coordination	
	taff In-Serving Training	
	Annual In-Service Training	
	Confirmation of Placement	
Section 7: A		
	Initial Assessment	
	loom Assignment	
Section 9: S		
	Behavior Management	
Section 10.1		
	2 De-escalation Certification	
	3: Emergency Safety Interventions Certification	
	Program Plan	
Section 12:		
	Discharge/Aftercare	
	Record Keeping	
Section 15	Reporting Abuse/Neglect	
	Significant Incidents	

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, Co	unty, Zip Code							
Agency/Facility Re	epresentative	Agency/Facility Phone Number and Email						

Correction/Compliance Action Plan
Presented Findings:
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.
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:
Finding:

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

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
	<b>Not Met = .25</b>
	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
	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.  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:  Case management Case management Case Mental health counseling Case Any other appropriate services Any other appropriate services
	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.
ш	
<mark>#</mark>	Requirement         Source         Findings         Comments         Date Corrections         Score
I	(Delete the two that don't apply)     Completed       (Or note)     (Or note)

	State of Kansas Department for Children and Families						
	evention and Protection Ser					8/2022	
1	Review p/p						
2	Review program description.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable				
	Score for this section:						

	SECTION 2: CRITERL	SECTION 2: CRITERIA FOR THE YOUTH'S ADMISSION								
	<ul> <li>Youth who have been identified as a Human Trafficking victim in the following, but not limited to:</li> <li>police protective custody</li> <li>custody of the Secretary of the Department for Children and Families in out of home placement</li> </ul>									
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>				
3	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable							
<mark>4</mark>	Review case files.	Case Records	Substantially Met Partially Met Not Met Not Applicable							

SECTION 3: GENE	RAL STAFFING REQ	UIREMENTS										
Administrators:												
Shall have	at least a master's degree	e in social work, human	development, psychology,	, education, nursing, counseling, famil	y studies or a related fie							
			s of administration and ma		, ,							
				iding treatment to children or youth								
Supervisors:												
	at least a bachelor's deg	ree in a human services	field									
Case Coordinator:												
	censed by the Behavioral	Sciences Regulatory Bo	ard (BSRB) pursuant to a	pplicable statutes and licensing regula	tions.							
Clinical Director:												
	11 0 1 1	· · · · · · · · · · · · · · · · · · ·	1		1.1 12 1.4							
				Behavioral Science or a related field a	and be licensed through							
Behavioral	Sciences Regulatory Bo	ard (BSRB) to practice,	diagnose and treat mental	and behavioral disorders.								
		h a minimum of three ye	ars age difference between	n the care provider and the oldest child	d who can be admitted t							
the facility	,,,,,,,											
	at least a high school dip											
• Staff shall			2	2 2 1	• 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;											
<ul> <li>60 semeste</li> </ul>	er hours from an accredite	ed college or university	and two years of experience	ce supervising children or youth in a c								
60 semeste     60 semeste <u>     • Four year   </u>	er hours from an accredite rs of experience supervisi	ed college or university a ing children or youth in	nd two years of experienc a child care facility.	e supervising children or youth in a c	hild care facility;							
60 semeste     60 semeste <u>     • Four year   </u>	er hours from an accredite	ed college or university a ing children or youth in Findings (Delete the two that	and two years of experience	e supervising children or youth in a c Date Corrections Completed								
<ul> <li>60 semeste</li> </ul>	er hours from an accredite rs of experience supervise Source Policies,	ed college or university a ing children or youth in Findings (Delete the two that don't apply) Substantially Met	nd two years of experienc a child care facility.	e supervising children or youth in a contract of the supervising children or youth in a contract of the supervision of the supe	hild care facility;							
60 semeste     Four year     Requirement	r hours from an accredite rs of experience supervise Source Policies, Procedures or	ed college or university a ing children or youth in Findings (Delete the two that don't apply) Substantially Met Partially Met	nd two years of experienc a child care facility.	e supervising children or youth in a c Date Corrections Completed	hild care facility;							
60 semeste     Four year     Requirement	er hours from an accredite rs of experience supervise Source Policies,	ed college or university a ing children or youth in Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met	nd two years of experienc a child care facility.	e supervising children or youth in a c Date Corrections Completed	hild care facility;							
60 semeste     Four year     Requirement	r hours from an accredite rs of experience supervise Source Policies, Procedures or	ed college or university a ing children or youth in Findings (Delete the two that don't apply) Substantially Met Partially Met	nd two years of experienc a child care facility.	e supervising children or youth in a c Date Corrections Completed	hild care facility;							

	te of Kansas			PPS 8400F
	partment for Children and F evention and Protection Service			8/2022
	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	
<mark>9</mark>	Review personnel files for age requirements.	HR Files	Substantially Met Partially Met Not Met Not Applicable	
<u>10</u>	Review staffing pattern for compliance with staff ratio requirements.	Staffing schedule	Substantially Met Partially Met Not Met Not Applicable	
			Score for this sec	tion:

what community resources l	nave been contacted				
Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
Review case file for documentation of coordination with utilized community resources.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
	family, and other appropriat The Case Coordinator will r what community resources I Section 14: Record Keeping Requirement Review p/p. Review case file for documentation of coordination with utilized	family, and other appropriate community resources that a resource what community resources have been contacted section 14: Record Keeping).         Requirement       Source         Review p/p.       Policies, Procedures or Documents         Review case file for documentation of coordination with utilized       Case Record	family, and other appropriate community resources. This shall include         The Case Coordinator will maintain a resource of services to address the what community resources have been contacted and utilized for service section 14: Record Keeping).         Requirement       Source       Findings (Delete the two that don't apply)         Review p/p.       Policies, Procedures or Documents       Substantially Met Not Applicable         Review case file for documentation of coordination with utilized       Case Record       Substantially Met Not Met Not Met	family, and other appropriate community resources. This shall include, but not be limited to, docu         The Case Coordinator will maintain a resource of services to address the needs identified in Individ what community resources have been contacted and utilized for services for the youth. The case consection 14: Record Keeping).         Requirement       Source       Findings (Delete the two that don't apply)       Comments         Review p/p.       Policies, Procedures or Documents       Substantially Met Not Applicable       Partially Met Not Applicable         Review case file for documentation of coordination with utilized       Case Record       Substantially Met Not Met Not Met Not Applicable	Requirement     Source     Findings (Delete the two that don't apply)     Comments     Date Corrections Completed (Or note)       Review p/p.     Policies, Procedures or Documents     Substantially Met Procedures or Documents     Substantially Met Not Met Not Applicable     Image: Comments of the two that don't apply)     Image: Completed (Or note)       Review case file for documentation of coordination with utilized     Case Record     Substantially Met Partially Met Not Met     Image: Case Record Not Met     Substantially Met Not Met

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 residents. 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:         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
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.
All topics listed below shall be trained, even if it exceeds the minimum 50 hours of orientation:
<ul> <li>Facility Trainings:</li> <li>Facility policy and procedures manual</li> <li>Facility emergency and evacuation procedures</li> </ul>

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	vention and Protection Ser					0/2022
	Facility discipline					
		umentation policies	and procedures			
		See Appendix 4, Re				
	• Confidentiality la		<u> </u>			
	Report Writing					
	Trainings from an outside so	urce and/or trained	trainers within the fac	vility (source must be well re	cognized and qualified, trained trainers	must have
	documentation on file):	diee and/or trained	trainers wrunn the rac	anty (source must be wen re-	cognized and quanned, trained trainers	indst nave
		y interventions (inc	luding management of	f aggressive or suicidal behav	vior) (if a facility chooses to use Emerge	ency Safety Interventi
	staff shall be cert		0 0			
	• De-escalation (sta	aff shall be certified	<mark>l)</mark>			
	• The handling of t	olood borne pathog	ens			
			o pass medications sh	all be certified)		
	<ul> <li>Certified in CPR/</li> </ul>					
			specific intervention			
		ing (Provided By I	DCF) http://www.dcf.k	s.gov/services/MRT/Pages/d	lefault.aspx	
	<ul> <li>HIPPA Laws</li> </ul>					
	<ul> <li>Comprehensive L</li> </ul>					
		ng and exploitation				
	Cultural Diversity					
_		on/Intervention/Safe	Findings	Comments	Date Corrections	C
	<b>Requirement</b>	Source	<b>Findings</b> (Delete the two that	Comments	Completed	Score Score
			don't apply)		(Or note)	
3	Review p/p.	Policies.	Substantially Met			
-	p. p.	Procedures or	Partially Met			
		Documents	Not Met			
			Not Applicable			
4	Review training	Policies,	Substantially Met			
	<mark>curriculum.</mark>	Procedures or	Partially Met			
		Documents	Not Met			
			Not Applicable			
_	<b>D</b>		Substantially Met			
<mark>5</mark>	Review personnel files for	HR Files				
5	Review personnel files for orientation training.	HK Files	Partially Met			
<mark>;</mark>		<b>FIK</b> Files	Partially Met Not Met Not Applicable			

#### 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 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. 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 20 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)

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	artment for Children and I vention and Protection Ser					8/2022		
e			···· · · · · · · · · · · · · · · · · ·					
		aff shall maintain co	· · · · ·					
		blood borne pathoge			1			
				on, may or may not require annu ay not require annual training)	iai training)			
			na specific intervention DCF)http://www.dcf.ks.gov/services/MRT/Pages/default.aspx					
	<ul> <li>Mandated Repor</li> <li>HIPPA Laws</li> </ul>	ing (Provided By L	CF)http://www.dci.ks	.gov/services/wik 1/Pages/dela	uit.aspx			
	<ul> <li>Comprehensive l</li> </ul>	GRTO						
			issues especially the a	ffects of early sexual abuse				
	Substance Use D		issues, especially life e	neets of early sexual addse				
	<ul> <li>Blood Borne Pat</li> </ul>							
		0						
	<ul> <li>Childhood and a</li> </ul>	dolescent developm	ent (including develop	mental disorders)				
			ent (including develop thology (including suc		plect reactive attachment disorders so	enaration anxiety		
	<ul> <li>Childhood and a</li> </ul>	lolescent psycho-pa			glect, reactive attachment disorders, se	eparation anxiety		
	<ul> <li>Childhood and a disorders, ADHI</li> </ul>	lolescent psycho-pa	thology (including suc		glect, reactive attachment disorders, so	eparation anxiety		
	<ul> <li>Childhood and a disorders, ADHI</li> </ul>	dolescent psycho-pa	thology (including suc		glect, reactive attachment disorders, so Date Corrections Completed (Or note)	eparation anxiety Score		
<mark>6</mark>	<ul> <li>Childhood and a disorders, ADHI</li> <li>Suicide Prevention</li> </ul>	dolescent psycho-pa )) on/Intervention/Safe	thology (including suc ety Findings (Delete the two that	ch topics as effects of abuse/neg	Date Corrections Completed			
	Childhood and a disorders, ADHI     Suicide Preventio     Requirement	dolescent psycho-pa )) on/Intervention/Safe Source	thology (including suc ty Findings (Delete the two that don't apply) Substantially Met Partially Met	ch topics as effects of abuse/neg	Date Corrections Completed			
	Childhood and a disorders, ADHI     Suicide Preventio     Requirement	lolescent psycho-pa )) n/Intervention/Safe Source Policies,	thology (including suc sty Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met	ch topics as effects of abuse/neg	Date Corrections Completed			
<mark>6</mark>	Childhood and a disorders, ADHI     Suicide Prevention     Requirement     Review p/p.	lolescent psycho-pa )) n/Intervention/Safe Source Policies, Procedures or Documents	thology (including suc ty Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable	ch topics as effects of abuse/neg	Date Corrections Completed			
	Childhood and a disorders, ADHI     Suicide Prevention     Requirement     Review p/p.     Review training	dolescent psycho-pa )) on/Intervention/Safe Source Policies, Procedures or Documents Policies, Policies,	thology (including suc ty Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met	ch topics as effects of abuse/neg	Date Corrections Completed			
<mark>6</mark>	Childhood and a disorders, ADHI     Suicide Prevention     Requirement     Review p/p.	dolescent psycho-pa         on/Intervention/Safe         Source         Policies,         Procedures or         Documents         Policies,         Procedures or         Policies,         Procedures or	thology (including suc ty Findings (Delete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met Partially Met	ch topics as effects of abuse/neg	Date Corrections Completed			
<mark>6</mark>	Childhood and a disorders, ADHI     Suicide Prevention     Requirement     Review p/p.     Review training	dolescent psycho-pa )) on/Intervention/Safe Source Policies, Procedures or Documents Policies, Policies,	thology (including suc sty Findings (Delete the two that don't apply) Substantially Met Not Met Not Applicable Substantially Met Partially Met Not Met	ch topics as effects of abuse/neg	Date Corrections Completed			
<mark>6</mark> 7	Childhood and a disorders, ADHI     Suicide Prevention     Requirement     Review p/p.      Review training     curriculum.	Iolescent psycho-pa         Ion/Intervention/Safe         Source         Policies,         Procedures or         Documents         Policies,         Procedures or         Documents	thology (including suc sty Findings (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Met Not Applicable	ch topics as effects of abuse/neg	Date Corrections Completed			
<mark>6</mark>	Childhood and a disorders, ADHI     Suicide Prevention     Requirement     Review p/p.     Review training     curriculum.     Review personnel files for	dolescent psycho-pa         on/Intervention/Safe         Source         Policies,         Procedures or         Documents         Policies,         Procedures or         Policies,         Procedures or	thology (including suc sty Findings (Delete the two that don't apply) Substantially Met Partially Met Partially Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable	ch topics as effects of abuse/neg	Date Corrections Completed			
<mark>6</mark> 7	Childhood and a disorders, ADHI     Suicide Prevention     Requirement     Review p/p.      Review training     curriculum.	Iolescent psycho-pa         Ion/Intervention/Safe         Source         Policies,         Procedures or         Documents         Policies,         Procedures or         Documents	thology (including suc ty Findings (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met Partially Met	ch topics as effects of abuse/neg	Date Corrections Completed			
7	Childhood and a disorders, ADHI     Suicide Prevention     Requirement     Review p/p.     Review training     curriculum.     Review personnel files for	Iolescent psycho-pa         Ion/Intervention/Safe         Source         Policies,         Procedures or         Documents         Policies,         Procedures or         Documents	thology (including suc sty Findings (Delete the two that don't apply) Substantially Met Partially Met Partially Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable	ch topics as effects of abuse/neg	Date Corrections Completed			

	Section 6: Confirmation of	Placement				
	A Foster Care Confirmation Case Management Provider		5122) is available thro	ugh the CareMatch system	which confirms the placement arranged	by the Child Welfare
	Staff Secure Facility placem in length. Longer term place				the victim is returned to a parent or guar their situation may occur.	rdian average 3-5 days
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
<mark>19</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
<mark>20</mark>	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:	

When a v	outh enters the facility, the Secure Care shall begin immediately assessing their strengths and needs and shall have a completed assessment within
	sment shall include but not be limited to the following:
1.	Reasons for referral to the facility
2.	Evaluation or assessment covering the following areas:
	a) physical health
	b) family relations
	c) academic or vocational training
2	Community life

#### State of Kansas

Department for Children and Families

	vention and Protection So					0/2022
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			scope of services listed	labove		
	6. Immediate serv					
	a) mental h					
	b) develop	mental				
	c) dental					
	d) medical 7. Involvement or exposure to Substance Abuse/disorder					
		exposure to trauma				
	9. Assessment of	youth's self- injuring	or suicidal attempts			
<u>11</u>	D	0	<b>171 . 11</b>	<b>C</b>		0
<mark>#</mark>	Requirement	Source	Findings (Delete the two that	Comments	Date Corrections	Score .
			don't apply)		Completed (Or note)	
21	Review p/p.	Policies,	Substantially Met			
<u>21</u>	Keview p/p.	Procedures or	Partially Met			
		Documents	Not Met			
		Documents	Not Applicable			
<mark>22</mark>	Review case record.	Case Records	Substantially Met			
<u> </u>	Review case record.	cuse records	Partially Met			
			Not Met			
			Not Applicable			
		1		I	Score for this section:	
					Score for this section.	

	In order to support the daily	management and a	dministration of reside	nts, each residential provider	shall develop an objective procedure r	egarding the physical					
					factors, as identified by risk/needs ass	essment(s) in addition					
	other indicators. Factors to c	her indicators. Factors to consider in assigning rooms shall include (but are not limited to):									
<ul> <li>Suicidal tendencies</li> <li>Level of specialized needs (i.e. mental health, medical, etc)</li> </ul>											
									<ul> <li>Displaying inappr</li> </ul>		
	• Gender										
	<ul> <li>Age and/or matur</li> </ul>	ity level									
	<ul> <li>Program needs (st</li> </ul>	ubstance use disord	ler, cognitive behavior	al, independent living, etc)							
	• Vulnerability to b	eing victimized by	others (i.e. physical st	ature)							
	<ul> <li>Vulnerability to being victimized by others (i.e. physical stature)</li> <li>Comprehensive LGBTQ+</li> </ul>										
	<ul> <li>Comprehensive L</li> </ul>	. <mark>GBTQ+</mark>									
	Comprehensive L	. <mark>GBTQ+</mark>									
	Ĩ	~	rogram plan, assigning	rooms based upon risk/need	/responsivity factors will allow for a sa	fer, more secure					
	While each youth will have a environment, as well as effic	in individualized priest and effective r			/responsivity factors will allow for a sa assignment and how the decision was n						
	While each youth will have a	in individualized priest and effective r									
	While each youth will have a environment, as well as effic documented in the youth's fi	n individualized pr ient and effective r le.	nanagement of the livit	ng units. The youth's room a	assignment and how the decision was n	hade shall be					
4	While each youth will have a environment, as well as effic	in individualized priest and effective r	nanagement of the livit		assignment and how the decision was n Date Corrections						
	While each youth will have a environment, as well as effic documented in the youth's fi	n individualized pr ient and effective r le.	nanagement of the livit Findings (Delete the two that	ng units. The youth's room a	Date Corrections Completed	hade shall be					
	While each youth will have a environment, as well as effic documented in the youth's fi <b>Requirement</b>	n individualized pr ient and effective r le. <mark>Source</mark>	nanagement of the livi Findings (Delete the two that don't apply)	ng units. The youth's room a	assignment and how the decision was n Date Corrections	hade shall be					
	While each youth will have a environment, as well as effic documented in the youth's fi	n individualized pr ient and effective r le. Source Policies,	nanagement of the livi Findings (Delete the two that don't apply) Substantially Met	ng units. The youth's room a	Date Corrections Completed	hade shall be					
<mark>3</mark>	While each youth will have a environment, as well as effic documented in the youth's fi <b>Requirement</b>	n individualized prient and effective r le. Source Policies, Procedures or	nanagement of the livi Findings (Delete the two that don't apply) Substantially Met Partially Met	ng units. The youth's room a	Date Corrections Completed	hade shall be					
	While each youth will have a environment, as well as effic documented in the youth's fi <b>Requirement</b>	n individualized pr ient and effective r le. Source Policies,	nanagement of the livi Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met	ng units. The youth's room a	Date Corrections Completed	hade shall be					
3	While each youth will have a environment, as well as effic documented in the youth's fi Requirement Review p/p.	n individualized prient and effective r le. Source Policies, Procedures or Documents	nanagement of the livi Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable	ng units. The youth's room a	Date Corrections Completed	hade shall be					
3	While each youth will have a environment, as well as effic documented in the youth's fi Requirement Review p/p. Factors considered for the	n individualized prient and effective r le. Source Policies, Procedures or	nanagement of the livi Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met	ng units. The youth's room a	Date Corrections Completed	hade shall be					
	While each youth will have a environment, as well as effic documented in the youth's fi Requirement Review p/p.	n individualized prient and effective r le. Source Policies, Procedures or Documents	nanagement of the livi Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met	ng units. The youth's room a	Date Corrections Completed	hade shall be					

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

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	poard	
	hild care	
4. T	personal spending money	
	personal care needs	
<b>.</b>		
	chool fees	
	ransportation to appointments within a 60-mile radius; including to and from school, medical care, recreation, etc.	
	cademic activities	
	) assistance with school work	
	) vocational training, and/or	
C	) G.E.D. training	
Situational Traini	ng- to include but not limited to:	
1. F	Personal Hygiene:	
2	) teaching about body cleanliness	
l I	b) use of deodorants and cosmetics	
	appropriate clothing	
	l) choosing clothing to fit individual and occasion	
	() keeping clothes neat and clean	
<b>2 1</b>	lealth:	
	iteritin:	
	b) securing and utilizing necessary medical treatment including preventive and health maintenance services	
	() gaining information and education in health maintenance including:	
<sup>•</sup>		
	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	
	l) maintaining contact with providers of health services (physician, nurse, clinic)	
e e	using outside resources for assistance (clinics, pharmacies, hospitals)	
3. (	Consumer education for independent living:	
	) budgeting	
	) comparative buying	
c		
d		
e		
f		
l g		
l e		
1		
<u> </u>	paying taxes	
	Communication skills:	
	he youth's articulating thoughts and feelings through appropriate use of such skills as:	
	) speech	
	) writing	
c		
	) computer	
e		
f	) internet	
5. I	Home Management:	
	) making the bed and changing linens,	
	) using the vacuum cleaner,	
	) organizing belongings,	
e		
f		
g	) operating appliances,	
h		
i	) making simple repairs,	
j		
k		
1		
í –	a) knowing first aid	

m) knowing first aid.

	te of Kansas partment for Children and					PPS 8400F 8/2022
re	evention and Protection Se					
	a) ident b) devel c) copir d) gettir e) shari f) being g) devel h) know i) recog j) recog k) tolera	Guidance: ifying and accepting loping patterns of acc or with authority figures and a state of a state or sponsibility considerate of other loping friendships ving when to go home gnizing or modifying onsible work attitudes ance of verbal criticis ions to praise	eptance res s s e when visiting attitudes toward self o	r others		
	m) punc	tuality				
	n) attended	dance				
	c) devel d) mana e) findin f) findin	ing how to spend leis loping outside activit aging time ng recreation with litt ng community projec	ies tle or no expense invol	lved		
	h) partic i) arts a	cipating in social grou cipating in sports and and crafts sciating fine arts	ups			
	h) partic i) arts a	cipating in social grou cipating in sports and and crafts	ups	Comments	Date Corrections Completed (Or note)	Score
5	h) partio i) arts a j) appre Requirement Review p/p.	cipating in social group cipating in sports and und crafts citating fine arts Source Policies, Procedures or Documents	paps games Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable	Comments	Completed	Score
5	h) partic i) arts a j) appre Requirement Review p/p. Review case file for program plan and implementation.	cipating in social group cipating in sports and und crafts eciating fine arts Source Policies, Procedures or	games games Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Met Not Met	Comments	Completed	Score
	h) partic i) arts a j) appre Requirement Review p/p. Review case file for program plan and implementation. Review daily schedule.	cipating in social group cipating in sports and und crafts         sociating fine arts         Source         Policies,         Procedures or         Documents         Case Records         Case Records	games games <b>Findings</b> (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Not Applicable	Comments	Completed	Score
	h) partic i) arts a j) appre Requirement Review p/p. Review case file for program plan and implementation.	cipating in social grou cipating in sports and und crafts sociating fine arts Source Policies, Procedures or Documents Case Records	games games Findings (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Partially Met Partially Met Partially Met	Comments	Completed	Score

	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
	ram. The behavior management system shall include a description of the daily routines of the program. The system of rules, rewards, and consequences for
	behaviors shall be identified. Each child shall be oriented to the facility's behavior management system by a staff member during the admission or
	tation process. Notation shall be made in the child's file and signed by the child that the rules, rewards and consequences have been discussed.
	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
writte	en 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

	te of Kansas partment for Children and Famil	ies			PPS 8 8	3400F /2022
	evention and Protection Services				-	
	<ul> <li>involvement in recreat</li> </ul>		rities			
	<ul> <li>self-destructive behavi</li> </ul>	ors				
	• sexuality					
	communications with t	family and others o	outside the program			
	<ul> <li>religious worship</li> </ul>	2				
	<ul> <li>involvement in therapi</li> </ul>	es				
	• theft, property destruct	tion				
	behaviors resulting in	mandatory remova	l from the program and			
			sult in legal prosecution.			
	When a child decides not to attend	d religious worship	or activities, alternative s	upervised activities shall be made ava	ailable.	
	The everything cools shall be to	not only hold the	hildren adjust to the mail.	ential facility but also to daily life wit	hin aggisty. A magnumon list shall	he maintains
	by the facility of the available reso				nin society. A resource list shall	be maintaine
				ly damaging. Children shall not be su	biected to cruel, severe, unusual	or
	unnecessary punishment. Children telephone calls or visits with their	n shall not be subje	cted to remarks that belittl	e or ridicule them or their families. Coe utilized as a disciplinary measure.	Children shall not be denied food	<mark>, mail,</mark>
	unnecessary punishment. Children telephone calls or visits with their in placement.	n shall not be subje families as punish	ected to remarks that belittl ment. Seclusion shall not l	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food. Only staff members shall discipl	, mail, line children
<mark>#</mark>	unnecessary punishment. Children telephone calls or visits with their	n shall not be subje	cted to remarks that belittl ment. Seclusion shall not b Findings	e or ridicule them or their families. C	Children shall not be denied food Only staff members shall discip	<mark>, mail,</mark>
<mark>#</mark>	unnecessary punishment. Children telephone calls or visits with their in placement.	n shall not be subje families as punish	cted to remarks that belittl ment. Seclusion shall not b Findings (Delete the two that	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections	, mail, line children
#	unnecessary punishment. Children telephone calls or visits with their in placement.	n shall not be subje families as punish	cted to remarks that belittl ment. Seclusion shall not b Findings	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
	unnecessary punishment. Children telephone calls or visits with their in placement.	n shall not be subje families as punish Source Policies,	cted to remarks that belittl ment. Seclusion shall not b Findings (Delete the two that	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections	, mail, line children
	unnecessary punishment. Children telephone calls or visits with their in placement. Requirement	n shall not be subje families as punish Source Policies, Procedures or	Exted to remarks that belittlement. Seclusion shall not be shall not b	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
	unnecessary punishment. Children telephone calls or visits with their in placement. Requirement	n shall not be subje families as punish Source Policies,	ceted to remarks that belittlement. Seclusion shall not be the two that don't apply)         Findings         (Delete the two that don't apply)         Substantially Met (1)         Partially Met (0.5)         Not Met (0.25)	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
# 29	unnecessary punishment. Children telephone calls or visits with their in placement. <b>Requirement</b> Review p/p.	n shall not be subje families as punish Source Policies, Procedures or Documents	Exceed to remarks that belittlement. Seclusion shall not be the first of the first	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
	unnecessary punishment. Children telephone calls or visits with their in placement. <b>Requirement</b> Review p/p. Behavior plan posted in	n shall not be subje families as punish Source Policies, Procedures or	cted to remarks that belittlement. Seclusion shall not be findings (Delete the two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1)	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
<mark>29</mark>	unnecessary punishment. Children telephone calls or visits with their in placement. <b>Requirement</b> Review p/p.	n shall not be subje families as punish Source Policies, Procedures or Documents	cted to remarks that belittl ment. Seclusion shall not l Findings (Delete the two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5)	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
<mark>29</mark>	unnecessary punishment. Children telephone calls or visits with their in placement. <b>Requirement</b> Review p/p. Behavior plan posted in	n shall not be subje families as punish Source Policies, Procedures or Documents	cted to remarks that belittlement. Seclusion shall not to the seclusion of the seclus	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
29 30	unnecessary punishment. Children telephone calls or visits with their in placement. Requirement Review p/p. Behavior plan posted in common area	<ul> <li>shall not be subjered as punish</li> <li>families as punish</li> <li>Source</li> <li>Policies,</li> <li>Procedures or</li> <li>Documents</li> <li>Tour Facility</li> </ul>	cted to remarks that belittl ment. Seclusion shall not l Findings (Delete the two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Met (0.25) Not Applicable (0)	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
29 30	unnecessary punishment. Children telephone calls or visits with their in placement. Requirement Review p/p. Behavior plan posted in common area Review files for documentation	n shall not be subje families as punish Source Policies, Procedures or Documents	cted to remarks that belittl ment. Seclusion shall not l Findings (Delete the two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.25) Not Met (0.25) Not Applicable (0) Substantially Met (1)	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
29 30	unnecessary punishment. Children telephone calls or visits with their in placement. Requirement Review p/p. Behavior plan posted in common area Review files for documentation that the youth signed the	<ul> <li>shall not be subjered as punish</li> <li>families as punish</li> <li>Source</li> <li>Policies,</li> <li>Procedures or</li> <li>Documents</li> <li>Tour Facility</li> </ul>	cted to remarks that belittl ment. Seclusion shall not l Findings (Delete the two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Met (0.25) Not Applicable (0)	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
29 30	unnecessary punishment. Children telephone calls or visits with their in placement. Requirement Review p/p. Behavior plan posted in common area Review files for documentation	<ul> <li>shall not be subjered as punish</li> <li>families as punish</li> <li>Source</li> <li>Policies,</li> <li>Procedures or</li> <li>Documents</li> <li>Tour Facility</li> </ul>	cted to remarks that belittl ment. Seclusion shall not l <i>Findings</i> ( <i>Delete the two that</i> <i>don't apply</i> ) Substantially Met (1) Partially Met (0.5) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Applicable (0) Substantially Met (1) Partially Met (0.5)	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
<mark>29</mark>	unnecessary punishment. Children telephone calls or visits with their in placement. Requirement Review p/p. Behavior plan posted in common area Review files for documentation that the youth signed the behavior system	<ul> <li>shall not be subjered as punish</li> <li>families as punish</li> <li>Source</li> <li>Policies,</li> <li>Procedures or</li> <li>Documents</li> <li>Tour Facility</li> </ul>	cted to remarks that belittly         ment. Seclusion shall not the s	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
29 30 31	unnecessary punishment. Childrer telephone calls or visits with their in placement. Requirement Review p/p. Behavior plan posted in common area Review files for documentation that the youth signed the behavior system acknowledgement Review file for level changes and explanations of the level	<ul> <li>shall not be subjefamilies as punish</li> <li>Source</li> <li>Policies, Procedures or Documents</li> <li>Tour Facility</li> <li>Case Records</li> </ul>	cted to remarks that belittlement. Seclusion shall not the seclusin the seclusion shall not the seclusion shall not the	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children
29 30 31	unnecessary punishment. Children telephone calls or visits with their in placement. Requirement Review p/p. Behavior plan posted in common area Review files for documentation that the youth signed the behavior system acknowledgement Review file for level changes	<ul> <li>shall not be subjefamilies as punish</li> <li>Source</li> <li>Policies, Procedures or Documents</li> <li>Tour Facility</li> <li>Case Records</li> </ul>	cted to remarks that belittly         ment. Seclusion shall not the s	e or ridicule them or their families. C be utilized as a disciplinary measure.	Children shall not be denied food Only staff members shall discipl Date Corrections Completed	, mail, line children

Score for this section:

	Section 10.1 Resetting								
	<ul> <li>A procedure used to assist the child in regaining regain emotional control by providing a safe and quiet area.</li> <li>Application of a reset:         <ul> <li>A child in a reset shall never be physically prevented from leaving the reset area.</li> <li>A child in a reset shall never be physically prevented from other children.</li> <li>Resets may take place away from the area of activity or from other children.</li> <li>Staff shall monitor the child while he or she is in resetting.</li> </ul> </li> </ul>								
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score			
<mark>33</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)						
<mark>34</mark>									
					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.							
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score		
<mark>35</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable					
<mark>36</mark>	Review personnel files for documentation of required training.	HR Files	Substantially Met Partially Met Not Met Not Applicable					
<mark>37</mark>	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable					
					Score for this section	<mark>:</mark>		

	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 behavior. Mechanical restrai				7, most often for purposes of prevent	ing self-destructive		
	evidenced based training prog member's personnel file and s	rams for managing hall be made availa ase Manager shall	aggressive behavior a able upon request. At t be oriented to the eme	nd de-escalation techniques. S he time of admission to a facili rgency safety intervention poli	interventions. Staff shall be certified taff training records shall be kept as ity, the child and parent (if applicabl cies of the facility and shall sign a w	part of the staff e)/guardian (if		
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score		
<mark>38</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable					
<mark>39</mark>	Review written plan to limit use of restraints.	Case Records	Substantially Met Partially Met Not Met Not Applicable					
<mark>40</mark>	Review restraint logs.	Case Records	Substantially Met Partially Met Not Met Not Applicable					
<mark>41</mark>	Review personnel files for documentation of required training.	Case Records	Substantially Met Partially Met Not Met					

Dep	ate of Kansas epartment for Children and Families revention and Protection Services					PPS 8400F 8/2022
			Not Applicable			
<mark>42</mark>	Ask for other effective techniques and alternatives used by the facility.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
<mark>43</mark>	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 <b>30</b> 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,	Program plan development, review, and case supervision are carried out by the SSF provider.							
	<ul> <li>5. interpersor</li> <li>6. substance of a substance of a</li></ul>	in the areas of: ealth tions g skills and/or vocational sk nal relations use service needs /psychological healt which will help a y o meet independent lans for reaching sk sign and date the pro- tion of the progress a case planning conf design of an approa , relatives, and the	ills h outh eventually reach l living goals. e short-term goals incl hort term goals. ogram plans indicating of the youth's goals sl erence conducted by C ch for the youth and fa community. The goal f	his/her long-term goals in e uding services to be provid participation and input in f hall be included. WCMP case manager. willy that focuses on opport for achieving permanency s	each of the above areas.	CMP Case Manager and			
	which place the youth at risk	c for disruption, act	ivities to prepare the year	outh's family or kinship ne	twork for reunification, identification of				
	living environments and pre	paring the youth for	r transition to these set	tings shall be addressed.					
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score			
<mark>44</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable						
<mark>45</mark>	Check for signatures and dates on reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable						
<mark>46</mark>	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable						

	tate of Kansas epartment for Children and Families					
	vention and Protection Services					
<mark>47</mark>	Check for program objectives.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
<mark>48</mark>	Check for 30-day reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
<mark>49</mark>	Check for ES staff participation in CWCMP case planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
		1		Score for this section:		

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

	Section 13: Discharge/After	<mark>rcare Plan</mark>				
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		1. 1.1
					ild, the child's parents (if applicable) or g	
					ge plan and modifications to it shall be n	oted in the case file. All
	releases shall be approved by	the court of jurisd	iction, or the designate	a authority.		
	A 1' 1 1 1 1 1	1 . 11	<i>c c d z r</i>	1 11 6 1 14		1 1 71
			time of the youth's dis	scharge and be forwarded to	the CWCMP Case Manager within one	business day. The
	discharge summary shall incl	lude written:				
	- Commence of any		6 - 6 4141 2 1-	and a bit as the second file when and	and and in the second	
				and objectives while the yo	buth was in placement	
		outh's behavior wh			1 11 11	
				ure, frequency, duration of	services and responsible parties	
		easons the youth w				
<mark>#</mark>	Requirement	Source	<b>Findings</b>	Comments	Date Corrections	<mark>Score</mark>
			(Delete the two that		Completed	
			don't apply)		(Or note)	
<mark>54</mark>	Review p/p.	Policies,	Substantially Met			
		Procedures or	Partially Met			
		<b>Documents</b>	Not Met			
			Not Applicable			
55	Review discharge	Case Records	Substantially Met			

Dep	tate of Kansas epartment for Children and Families Prevention and Protection Services					
	<mark>planning.</mark>		Partially Met Not Met Not Applicable			
<mark>56</mark>	Review closed files for aftercare planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
<mark>57</mark>	Review closed files for discharge summary.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
	·	·	· · · ·		Score for this section:	

The reco	ord 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
	ic filing full access shall be given to DCF employees who are conducting site visit.
Child's	
The prov	vider shall maintain a file for each child. The file shall contain the following:
•	Childs'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 a
	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

- 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:

Jep	e of Kansas artment for Children and F	Families				PPS 8400F 8/2022
	vention and Protection Ser					
	<ul> <li>KVC: KVCMont</li> <li>St. Francis Minis</li> </ul>	thlyReports@KVC.o	essReports@st-franci	-		
	child's case medical record a name of the press aname of the medical dosage prescriber medication sched purpose of the medical purpose of the medical purpose of the medical and the prescribed b A record of medication give recorded. Mental health appeard and their family, which doct Personnel Records: A separate file shall be main Written employm Date of hire Position descripti Educational trans Copy of driver's	and include the: cribing physician ication d lule edication s ription y a physician n, amount, date and ointments shall also iments the frequency tained for each emp nent application, resu ion scripts, HS diploma, license/Kansas ID (a	time, and person disp be specifically docun y of the youth's menta loyee. Personnel files ume and reference che college degree, etc.	ensing shall be recorded. All tented in a child's medical re al health treatment. shall include the following:	er the counter and prescribed medication l doctor and dental visits, major illnesse scord. This provides for a complete Hea	es, and accidents shall l
	<ul> <li>Disciplinary action</li> </ul>		/			
		try checks, when ap		er has lived outside of Kansa		Score
0	Out of state regis     Requirement	try checks, when ap	Findings (Delete the two that don't apply)	er has lived outside of Kansa Comments	s within the last 5 years) Date Corrections Completed (Or note)	Score
8	<ul> <li>Out of state regis</li> </ul>	try checks, when ap	Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met		Date Corrections Completed	Score
	Out of state regis     Requirement	try checks, when ap Source Policies, Procedures or	Findings (Delete the two that don't apply) Substantially Met Partially Met		Date Corrections Completed	Score
9	Out of state regis     Requirement     Review p/p.	try checks, when ap Source Policies, Procedures or Documents	Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Substantially Met Partially Met Not Applicable Substantially Met Partially Met Partially Met Not Met		Date Corrections Completed	Score
8	Out of state regis Requirement Review p/p. View stored records. Review case file for documentation of daily observations and	try checks, when ap Source Policies, Procedures or Documents Tour	Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Partially Met Not Met		Date Corrections Completed	Score
)	Out of state regis Requirement Review p/p. View stored records. Review case file for documentation of daily observations and significant occurrences. Review case file for documentation of weekly	try checks, when ap Source Policies, Procedures or Documents Tour	Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Met		Date Corrections Completed	Score
	Out of state regis Requirement Review p/p. View stored records. Review case file for documentation of daily observations and significant occurrences. Review case file for documentation of weekly progress notes. Review case file for documentation of health	try checks, when ap Source Policies, Procedures or Documents Tour	Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met		Date Corrections Completed	Score
<mark>)</mark>	Out of state regis Requirement Review p/p. View stored records. Review case file for documentation of daily observations and significant occurrences. Review case file for documentation of weekly progress notes. Review case file for documentation of health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review case file for documentation of all health care records. Review	try checks, when ap Source Policies, Procedures or Documents Tour	Findings         (Delete the two that don't apply)         Substantially Met         Partially Met         Not Applicable         Substantially Met         Partially Met         Not Applicable         Substantially Met         Partially Met         Not Met         Not Applicable         Substantially Met         Partially Met         Not Met         Not Applicable         Substantially Met         Partially Met         Not Applicable         Substantially Met         Partially Met         Partially Met         Partially Met		Date Corrections Completed	Score

	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.								
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>			
<mark>65</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)						
<mark>66</mark>	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							
	ignificant 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> <li>death of a parent/primary caregiver (provide date of death)</li> <li>runaway or missing from placement. PPM 5245 shall be followed.</li> <li>arrested for a juvenile offense</li> <li>alleged abuse or neglect</li> <li>child is an alleged perpetrator or victim of a criminal assault of any kind</li> <li>attempted suicide</li> <li>serious physical illness</li> <li>unanticipated medical attention that requires treatment beyond first aid</li> <li>pregnancy. See PPM 0513 D. 2.</li> <li>birth. See PPM 0513 D. 2.</li> <li>use of illegal drugs</li> <li>suspension of the license of a group or residential facility used by children</li> <li>alleged victim of human trafficking</li> <li>alleged perpetrator of animal abuse</li> <li>other (document specifics)</li> <li>death of child in care</li> </ol>							
	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.							
<mark>#</mark>	Requirement         Source         Findings         Comments         Date         Score							
	(Delete the two that don't apply)     Corrections							

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	vention and 1 forcetion Services			(Or note)
5 <mark>7</mark>	Review p/p.	Policies,	Substantially Met (1)	
		Procedures or	Partially Met (0.5)	
		<b>Documents</b>	Not Met (0.25)	
			Not Applicable (0)	
<mark>58</mark>	Review reports of significant	Case Records	Substantially Met (1)	
	incidents.		Partially Met (0.5)	
			Not Met (0.25)	
			Not Applicable (0)	
<mark>59</mark>	Check significant incidents log.	Case Records	Substantially Met (1)	
			Partially Met (0.5)	
			Not Met (0.25)	
			Not Applicable (0)	
7 <mark>0</mark>	Review sample from log for	Case Records	Substantially Met (1)	
_	compliance w/ reporting within		Partially Met (0.5)	
	proper time frame.		Not Met (0.25)	
			Not Applicable (0)	

Section 17: Fin A cumulation of	f 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 which do not score substantially met, will require comments which will be address the missing items and submit corrections or a plan to make necess and schedule). Track CAP corrections on this form and document the date	used for developing a CAP. Facilities will have 14 days to ary corrections (for example trainings, this can take time to find
Section		Section Score
Section 1.1:	Services Provided in a Staff Secure Facility	
	escription of Youth to be Served	
	eneral Staffing Requirements	
Section 4: Ca	ase Coordination	
Section 5: St	aff In-Serving Training	
	Annual In-Service Training	
Section 6: Co	onfirmation of Placement	
Section 7: A		
	nitial Assessment	
	oom Assignment	
Section 9: Se	ervices	
	Behavior Management	
Section 10.1		
	De-escalation Certification	
	: Emergency Safety Interventions Certification	
	Program Plan	
Section 12: V		
	Discharge/Aftercare	
Section 14: I	Record Keeping	
	Reporting Abuse/Neglect	
Section 16: S	Significant Incidents	
		Total Score

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, Co	unty, Zip Code	
Agency/Facility Re	epresentative	Agency/Facility Phone Number and Email

Correction/Compliance Action Plan
Presented Findings:
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.
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:

#### <u>Signatures</u>

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

DCF Surveyor

Date

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
	<b>Not Met = .25</b>
	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:

- 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
- health services
- 7. recreation activities
- 8. visitation policies

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 evaluation of 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.	social activities.					
#	Requirement	Source	<b>Findings</b> (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	Policies,	Substantially Met				

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

	effectively supervise the speci Population served is children a • Have a well-establ • Children/Youth wh treatment, and for • Children/Youth aw • If a child/youth is i child/youth screens	fic ages and range and youth, ages 6 t ished pattern of be no DO NOT meet t whom family-base vaiting a PRTF scr n a YRC II awaitin s into a PRTF they	s of youth the YRCII p hru 21, who: havior or conduct whic he standard for Psychi d services are not appr sen may reside in a YR ng a screen the screen s can stay up to 14 days	ch is antisocial, oppositional, defiant, agg atric Residential Treatment Facility (PR' opriate to meet the child's/youth's needs C II until the time of the screen. shall be completed within 14 days but sh while awaiting a PRTF bed.	gressive, abusive, impulsive or h IF) admission, who are not in n all be completed as soon as pos	igh risk in nature eed of intensive sible. If the
	placement.	ay step down to a Y		facility may have screened into a PRTF a fter the screener and treatment team have		
#	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			

	• •	· · ·	manage at the listed ratios. Comments	Date Corrections	Score
	2		ng hours. There shall be 24-hour awake st	aff to insure child safety.	A higher ratio shall be
	sess a high school d		sen ale enhactie worker and ordest reside	in who can be admitted t	o the fueling. Childeare
			een the childcare worker and oldest reside		
		07	eds of youth who require this level of care		shall be at least 21 years
			none of the human service fields (social v e youth to case coordinator ratio in a YRC		development and family
			arried out by the YRC II Provider.		1 1 . 10 11
			d a working knowledge of child dvelopme	nt principles	
			K.A.R 28-4-268 (i)) not less than five no		shall have at least a high
administrative exp	perience and a work	ting knowledge of child	d dvelopment principles.		
• The administrator in	a YRC II (meetin	g residential center sta	andards K.A.R 28-4-268 (t) more than 1	0 residents) shall have a	Bachelors degree, prior
		· · · · · ·	the population of children/youth whom th		
Twenty-four hour care whic	h has been license	d by DCF Foster Car	e and Residential Facility Licensing Divi	sion (K.A.R 28-4-268-28	0) as a group home or

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

				rogress with the referring CWCMP ca	ase management agenc
				ndividual Program Plans- and document	nt in the youth file, who
Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
Review case file for documentation of coordination with utilized community resources.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
	school, employer, family, and The Case Coordinator will m and what community resource Requirement Review p/p. Review case file for documentation of coordination with utilized	school, employer, family, and other appropriate         The Case Coordinator will maintain a resource and what community resources have been conta         Requirement       Source         Review p/p.       Policies, Procedures or Documents         Review case file for documentation of coordination with utilized       Case Records	school, employer, family, and other appropriate community resources.         The Case Coordinator will maintain a resource base of services to add and what community resources have been contacted and utilized for set of services.         Requirement       Source       Findings (Delete the two that don't apply)         Review p/p.       Policies, Procedures or Documents       Substantially Met Not Met Not Applicable         Review case file for documentation of coordination with utilized       Case Records       Substantially Met Not Met Not Met	school, employer, family, and other appropriate community resources.         The Case Coordinator will maintain a resource base of services to address the needs identified in In and what community resources have been contacted and utilized for services for the youth.         Requirement       Source       Findings (Delete the two that don't apply)       Comments         Review p/p.       Policies, Procedures or Documents       Substantially Met Not Applicable       Partially Met Not Applicable         Review case file for documentation of coordination with utilized       Case Records       Substantially Met Partially Met Not Met       Substantially Met Not Met	The Case Coordinator will maintain a resource base of services to address the needs identified in Individual Program Plans- and document and what community resources have been contacted and utilized for services for the youth.         Requirement       Source       Findings (Delete the two that don't apply)       Comments       Date Corrections Completed (Or note)         Review p/p.       Policies, Procedures or Documents       Substantially Met Not Applicable       Substantially Met Not Applicable       Partially Met Not Met         Review case file for documentation of coordination with utilized       Case Records       Substantially Met Not Met       Not Met

Each facilit	y shall have an in-service orientation training program for new employees, which is especially directed toward the initial training needs of staff
	ectly with children. Documentation of completion of orientation training shall be kept, in the staff member's personnel file.
The docume	entation shall be placed in a specific area in the staff's file, indicating:
staff trainin	g, reflecting orientation or annual training
• n	name of trainer
• n	name of training
• s	specify the number of training hours

evention and Protect	tion Services				
before they can we	ork independently with child	ren.			
	elow shall be trained, even policy and procedures man		um 18 hours of orientation	•	
	emergency and evacuation				
	/ discipline standards	procedures			
	ecord documentation policie				
	nt rights (See Appendix 4, R	esident Rights)			
	entiality laws				
	Writing	cluding management of	aggressive or suicidal behavio	or) (if a facility chooses to use Emerger	nov Sofaty Interventio
• Energe	all be certified)		aggressive of suicidal deliavid	or) (If a facility chooses to use Emerger	icy safety interventio
	alation (staff shall be certifie	d)			
	ndling of blood borne pathog				
	tion Administration (staff w		ll be certified)		
	ed in CPR/First Aid				
	a based informed care/traum	a specific intervention			
	ted Reporting				
<ul> <li>HIPPA</li> </ul>					
	ehensive LGBTQ+				
	Trafficking and exploitation	a			
	ll Diversity				
	Prevention/Intervention/Sat	fetv.			
Trainings from an	outside source and/or trained	l trainers within the faci	lity (source must be well reco	ognized and qualified, trained trainers n	nust have
Trainings from an documentation on		d trainers within the fac	lity (source must be well reco	ognized and qualified, trained trainers n	nust have
		d trainers within the fac	lity (source must be well reco	ognized and qualified, trained trainers n	nust have
		<b>Findings</b> (Delete the two that	lity (source must be well reco Comments	Date Corrections Completed	nust have
documentation on Requirement	file): Source	<b>Findings</b> (Delete the two that don't apply)		Date Corrections	
documentation on	file):	<b>Findings</b> (Delete the two that		Date Corrections Completed	
documentation on Requirement	file): Source Policies,	Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met		Date Corrections Completed	
documentation on Requirement Review p/p.	Source       Policies,       Documents,       Procedures	Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable		Date Corrections Completed	
documentation on         Requirement         Review p/p.         Review training	Source         Policies,         Documents,         Procedures         HR Records,	Findings (Delete the two that don't apply)Substantially Met Partially Met Not Met Not ApplicableSubstantially Met		Date Corrections Completed	
documentation on Requirement Review p/p.	Source       Policies,       Documents,       Procedures	Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable		Date Corrections Completed	
documentation on         Requirement         Review p/p.         Review training curriculum.	file): Source Policies, Documents, Procedures HR Records, policies, procedures, documents	Findings         (Delete the two that don't apply)         Substantially Met         Partially Met         Not Met         Substantially Met         Partially Met         Not Applicable         Substantially Met         Not Met         Not Met         Not Met         Not Met         Not Applicable		Date Corrections Completed	
documentation on         Requirement         Review p/p.         Review training curriculum.         Review HR files fr	Source         Policies, Documents, Procedures         HR Records, policies, procedures, documents         or       HR Records	Findings(Delete the two that don't apply)Substantially Met Partially Met Not Met Substantially MetSubstantially Met Partially Met Not Met Not Met Not ApplicableSubstantially Met Substantially Met Not Applicable		Date Corrections Completed	
documentation on         Requirement         Review p/p.         Review training curriculum.	Source         Policies, Documents, Procedures         HR Records, policies, procedures, documents         or       HR Records	Findings         (Delete the two that don't apply)         Substantially Met         Partially Met         Not Met         Not Applicable         Substantially Met         Partially Met         Not Met         Not Met         Not Met         Not Applicable         Substantially Met         Partially Met         Not Applicable         Substantially Met         Partially Met         Partially Met		Date Corrections Completed	
documentation on         Requirement         Review p/p.         Review training curriculum.         Review HR files fr	Source         Policies, Documents, Procedures         HR Records, policies, procedures, documents         or       HR Records	Findings(Delete the two that don't apply)Substantially Met Partially Met Not Met Substantially MetSubstantially Met Partially Met Not Met Not Met Not ApplicableSubstantially Met Substantially Met Not Applicable		Date Corrections Completed	

#### 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

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

## 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):

#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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			
			riotrippilouolo		Score for this section:	

	Agreement shall be kept in th	ent shall be compl the youth's file at the of Placement (PPS	leted between the YRG e facility. 5120) is available thro	C II and the referring agency at the ti ough the CareMatch system which co		
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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 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. The assessment shall include but not be limited to the following: Reasons for referral to the facility

	<ul> <li>Evaluation or a</li> </ul>	assessment covering th	he following areas:			
	1. Physical	health				
	2. Family re					
	3. Academi	c or vocational trainin	ıg			
	Community lif	<sup>?</sup> e	-			
	<ul> <li>Interpersonal i</li> </ul>	nteractions				
	<ul> <li>Daily living sk</li> </ul>	tills as outlined in the	scope of services listed	l above		
	Immediate ser					
	1. Mental H					
	2. Developr	nental				
	3. Dental					
	4. Medical					
	<ul> <li>Involvement o</li> </ul>	r exposure to Substand	ce Use/disorder			
		•				
	<ul> <li>Involvement o</li> </ul>	r exposure to other tra	iuma			
		r exposure to other tra `the child/vouth's self		tempts		
	• Assessment of	the child/youth's self	- injuring or suicidal at			
	• Assessment of Placement needs of the ch	the child/youth's self tild shall be assessed v	- injuring or suicidal at with regards to most ap	propriate next placement.		
#	Assessment of Placement needs of the ch Physical and mental healt	the child/youth's self tild shall be assessed w h needs shall be coord	<ul> <li>injuring or suicidal at with regards to most ap linated with assigned C</li> </ul>	propriate next placement. WCMP Case Manager and tl	0	Seera
#	• Assessment of Placement needs of the ch	the child/youth's self tild shall be assessed v	- injuring or suicidal at with regards to most ap	propriate next placement.	Date Corrections	Score
	Assessment of Placement needs of the ch Physical and mental healt Requirement	The child/youth's self ild shall be assessed v h needs shall be coord Source	- injuring or suicidal at with regards to most ap linated with assigned C Findings (Delete the two that don't apply)	propriate next placement. WCMP Case Manager and tl	0	Score
	Assessment of Placement needs of the ch Physical and mental healt	The child/youth's self         ild shall be assessed v         h needs shall be coord         Source         Policies,	injuring or suicidal at with regards to most ap linated with assigned C Findings (Delete the two that don't apply) Substantially Met	propriate next placement. WCMP Case Manager and tl	Date Corrections Completed	Score
#	Assessment of Placement needs of the ch Physical and mental healt Requirement	The child/youth's self         ild shall be assessed v         h needs shall be coord         Source         Policies,         Procedures or	<ul> <li>injuring or suicidal at with regards to most ap linated with assigned C</li> <li>Findings (Delete the two that don't apply)</li> <li>Substantially Met</li> <li>Partially Met</li> </ul>	propriate next placement. WCMP Case Manager and tl	Date Corrections Completed	Score
	Assessment of Placement needs of the ch Physical and mental healt Requirement	The child/youth's self         ild shall be assessed v         h needs shall be coord         Source         Policies,	<ul> <li>injuring or suicidal at with regards to most ap linated with assigned C</li> <li>Findings (Delete the two that don't apply)</li> <li>Substantially Met Partially Met Not Met</li> </ul>	propriate next placement. WCMP Case Manager and tl	Date Corrections Completed	Score
23	Assessment of Placement needs of the ch Physical and mental healt Requirement	The child/youth's self         ild shall be assessed v         h needs shall be coord         Source         Policies,         Procedures or	<ul> <li>injuring or suicidal at with regards to most ap linated with assigned C</li> <li>Findings (Delete the two that don't apply)</li> <li>Substantially Met Partially Met Not Met</li> <li>Not Applicable</li> </ul>	propriate next placement. WCMP Case Manager and tl	Date Corrections Completed	Score
	Assessment of Placement needs of the ch Physical and mental healt Requirement Review p/p.	The child/youth's self         iild shall be assessed where         h needs shall be coord         Source         Policies,         Procedures or         Documents	<ul> <li>injuring or suicidal at with regards to most ap linated with assigned C</li> <li>Findings (Delete the two that don't apply)</li> <li>Substantially Met Partially Met Not Met</li> </ul>	propriate next placement. WCMP Case Manager and tl	Date Corrections Completed	Score
23	Assessment of Placement needs of the ch Physical and mental healt Requirement Review p/p.	The child/youth's self         iild shall be assessed where         h needs shall be coord         Source         Policies,         Procedures or         Documents	<ul> <li>injuring or suicidal at with regards to most ap linated with assigned C</li> <li>Findings (Delete the two that don't apply)</li> <li>Substantially Met</li> <li>Partially Met</li> <li>Not Met</li> <li>Not Applicable</li> <li>Substantially Met</li> </ul>	propriate next placement. WCMP Case Manager and tl	Date Corrections Completed	Score
23	Assessment of Placement needs of the ch Physical and mental healt Requirement Review p/p.	The child/youth's self         iild shall be assessed where         h needs shall be coord         Source         Policies,         Procedures or         Documents	<ul> <li>injuring or suicidal at with regards to most ap linated with assigned C</li> <li>Findings</li> <li>(Delete the two that don't apply)</li> <li>Substantially Met</li> <li>Not Met</li> <li>Not Applicable</li> <li>Substantially Met</li> <li>Partially Met</li> </ul>	propriate next placement. WCMP Case Manager and tl	Date Corrections Completed	

	Section 8: Resident Lodgin	0 0				
		Children in a residen	tial facility shall be ass	igned to a room based upor	shall develop an objective formal procedunt a range of factors, as identified by risk/ and to:	1 2
	Suicidal tendenci	ies				
	<ul> <li>Level of specialized</li> </ul>	zed needs (i.e. ment	al health, medical, etc.)			
	<ul> <li>Displaying inapp</li> </ul>	propriate sexual beha	aviors /victims of sexua	al abuse)		
	• Gender					
	• Age and/or matur	rity level				
	<ul> <li>Program needs (s</li> </ul>	substance use disord	ler, cognitive behaviora	al, independent living, etc.)		
	<ul> <li>Vulnerability to b</li> </ul>	being victimized by	others (i.e. physical sta	ature)		
	<ul> <li>Comprehensive I</li> </ul>	LGBTQ+				
		cient and effective n	nanagement of the livir	ng units. The child's room a	/responsivity factors will allow for a safe ssignment and how the decision was ma n admission.	
#	Requirement	Source	<b>Findings</b> (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 record for documentation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
		·		•	Score for this section:	

Protection Ser social develops outdoor play s	shall write a policy and procedure manual for the operation of the YRC II facility that will be reviewed ar vices. The daily schedule shall address the needs of the residents and the use of time to enhance the resider ment. The facility shall provide supervised indoor and outdoor recreation so that every resident may particip pace to promote physical development and physical fitness shall be available. Age appropriate socialization s sist the youth in transitioning back into their community when appropriate.	nt's physical, mental, emotional, ar bate. Age appropriate equipment ar
The YRC II wi	Il provide a program for youth in the facility that covers the following program components:	
Daily Living S 1. 2. 3. 4. 5. 6.	Services: Daily living services shall be provided and include the following: room board child care personal spending money personal care needs school fees	
7. 8.	transportation to appointments within a 60-mile radius; including to and from school, medical care, recreation academic activities         a)       assistance with school work         b)       vocational training, and/or         c)       G.E.D. training.	n, etc.
	raining- to include but not limited to:	
	<ul> <li>a. teaching about body cleanliness</li> <li>b. use of deodorants and cosmetics</li> <li>c. appropriate clothing-</li> <li>d. choosing clothing to fit individual and occasion</li> <li>e. keeping clothes neat and clean-</li> </ul>	
2. He:	<ul> <li>a) identifying and understanding residents' health needs</li> <li>b) securing and utilizing necessary medical treatment including preventive and health maintenance servic</li> <li>c) gaining information and education in health maintenance including: <ol> <li>preventive measures</li> <li>nutrition</li> <li>menstruation</li> <li>rest</li> </ol> </li> </ul>	es
	<ul> <li>v. cleanliness</li> <li>vi. family planning</li> <li>vii. drugs</li> <li>viii. sexually transmitted diseases</li> <li>ix. exercise</li> <li>x. motivation for meeting own health needs</li> <li>d) maintaining contact with providers of health services (physician, nurse, clinic)</li> </ul>	
	<ul> <li>e) using outside resources for assistance (clinics, pharmacies, hospitals)</li> <li>outside resources for assistance (clinics, pharmacies, hospitals)</li> </ul>	
3. Cor	asumer 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	
	<ul> <li>mmunication skills:</li> <li>youth's articulating thoughts and feelings through appropriate use of such skills as:</li> <li>a. speech</li> <li>b. writing</li> <li>c. use of the landline/cell telephones</li> <li>d. computer</li> <li>e. social networking</li> <li>f. internet</li> </ul>	
5. Ho	me Management: a. making the bed and changing linens.	
		Daga 7 of 10

	Prevention and Protection Services					<b>KLV</b> . 0/2022
Pre						
Pre	b. using c. dusti d. orga e. dispo f. clear g. oper h. cook i. maki j. who k. being l. hand m. know <b>6. Situational Gu</b> i a. ident	g the vacuum cleaner ing nizing belongings osing of trash ning all areas of the h ating appliances ting complete meals ing simple repairs to call when a major g aware of the need h lling emergencies ving first aid <b>idance:</b>	nome repair is needed for upkeep			
	c. copin d. gettin e. shari f. being g. deve h. knov i. recop j. respo k. toler l. react n. punc	loping patterns of ac ng with authority fig ng along with others ing responsibility g considerate of othe loping friendships ving when to go hon gnizing or modifying onsible work attitude ance of verbal critici tions to praise tuality idance	ures rs e when visiting g attitudes toward self o	or others		
	b. learn c. deve d. mana e. findi f. findi g. parti h. parti i. arts a	cipating in leisure tin ing how to spend lei loping outside activi aging time ng recreation with li ng community proje cipating in social gro cipating in sports and and crafts eciating fine arts	sure time ties ttle or no expense invo cts to take part in pups	lved		
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	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
1	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 gives 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: <ul> <li>interpersonal interactions with staff and peers</li> <li>facility leave policies</li> </ul>

State of Kansas Department for Children and Families Prevention and Protection Services

	vention and Protection Serv	lices				
	<ul> <li>school attendance</li> </ul>	and behavior whil	e at school			
	<ul> <li>verbal and physic</li> </ul>	al aggression				
	allowable possess	sions				
	• awakening and be	edtime hours				
	• leisure hours,					
	<ul> <li>visitation policies</li> </ul>					
	<ul> <li>runaway attempts</li> </ul>					
	<ul> <li>involvement in re</li> </ul>	creation and other	activities			
	• self-destructive b	ehaviors				
	• sexuality					
	<ul> <li>communications</li> </ul>	with family and oth	ers outside the program	n		
	<ul> <li>religious worship</li> </ul>		1.0	_		
	• involvement in th					
	• theft, property de			_		
			noval from the program d result in legal prosec			
	• Uchaviors at the p	iogram which cou	d lesuit în legăr prosec			
	When a child decides not to	attend religious wo	rship or activities, alter	mative supervised activities sha	ll be made available.	
	the facility of the available re	esources to meet th			ily life within society. A resource lis	st shan oe mantamed by
	unnecessary punishment. Ch	ildren shall not be	subjected to remarks th	at belittle or ridicule them or th	shall not be subjected to cruel, sever eir families. Children shall not be de aary measure. Only staff members sh	nied food, mail,
#	unnecessary punishment. Ch	ildren shall not be	subjected to remarks th	at belittle or ridicule them or th	eir families. Children shall not be de hary measure. Only staff members sh Date Corrections Completed	nied food, mail,
# 29	unnecessary punishment. Ch telephone calls or visits with	ildren shall not be their families as pu	subjected to remarks the mishment. Seclusion s (Delete the two that don't apply) Substantially Met Partially Met Not Met	at belittle or ridicule them or th hall not be utilized as a disciplir	eir families. Children shall not be de hary measure. Only staff members sh Date Corrections	nied food, mail, nall discipline children.
	unnecessary punishment. Ch telephone calls or visits with Requirement	ildren shall not be : their families as pu Source Policies, Procedures or	subjected to remarks the mishment. Seclusion s Findings (Delete the two that don't apply) Substantially Met Partially Met	at belittle or ridicule them or th hall not be utilized as a disciplir	eir families. Children shall not be de hary measure. Only staff members sh Date Corrections Completed	nied food, mail, nall discipline children.

	Section 10.1: Resetting					
	8	ne child to regain en	notional control by rem	oving them from his or her immediate env	vironment and restricting th	e child to a quiet area
	• Resets may take	place away from the	ically prevented from l area of activity or from	n other children.		
<mark>#</mark>	<ul> <li>• Staff shall monitation</li> <li>Requirement</li> </ul>	itor the child while l Source	ne or she is in resetting Findings	Comments	Date Corrections	Score
			(Delete the two that don't apply)		Completed (Or note)	
32	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
<mark>33</mark>	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			

Score for this section:

	Section 10.2 Emergency saf Managing Aggressive Beha		e-escalation Certifica	<mark>ition</mark> <del>techniques</del>			
	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	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	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 Intervention	s Certification <mark>/Physic</mark>	al 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.							
		ty intervention shall		without any mechanical device, for the esort after all verbal de-escalation tech				
	Mechanical restraint is the behavior. Mechanical rest			free movement of the child's body, motial facilities.	ost often for purposes of pre	venting self-destructive		
	evidenced based training member's personnel file a	programs for manag and shall be made a P Case Manager shal	ing aggressive behavi vailable upon request l be oriented to the en	ed to provide safe emergency safety i or and de-escalation techniques. Staff . At the time of admission to a facilit hergency safety intervention policies of bid's agree record	training records shall be keep, the child and parent (if a	ept as part of the staff applicable)/guardian (if		
	of this offentation. This wi	itteli ackilowieugiliei	it shan be kept in the c	ind s case record.				
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	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					

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

	Section 11: Program Plan					
	record. The program plan sha social, familial, and where ap were identified. Program plan revisions made at the case rev	all be established by propriate independent in shall be updated view conferences v als. Information ob	y the end of 14 days fr dent living skill domain when new needs are id within 30 days of comp bained from the child,	om admission and shall addro as. Children may not have ide dentified or when program ge letion of initial program plan parent, guardian, and CWCN	ssessment. Assessment documents sha ess the identified needs in the emotior entified needs in every domain. If so, oals are met. Program plans shall be t and each 30 days thereafter, includin MP Case Manager shall be considered	al, physical, educational document that no needs horoughly reviewed, and g updated information o
					following group	
	1. Services to me	e areas of: ls r vocational skills lations ervice needs hological health ch will help a chilc eet independent liv	l eventually reach his/h ing goals.	her long-term goals in each o	of the above areas.	
		for reaching the sl e for reaching sho		ng services to be provided ar	nd frequency.	
	3. Estimated tim	e for reaching shot	rt term goals.			
	The child shall sign and date	the program plans	indicating participation	n and input in the developme	ent of the plan.	
	Updated information of the p	rogress of the child	d's goals shall be inclu	ded.		
	YRCII staff shall participate	in case plan condu	cted by CWCMP Case	Manager.		
	Permanency Planning:					
	Permanency Planning: Includes the evaluation and d	esign of an approa	ch for the children and	family that focuses on oppo	rtunities for the child to have ongoing	
	Permanency Planning: Includes the evaluation and d connections with family, kin, be included in the program pl	esign of an approa relatives, and the lan to be reviewed	ch for the children and community. The goal f every 30 days. The per	family that focuses on oppo or achieving permanency sha manency plan shall include a	all be coordinated with the child's CW strategies and tasks to accomplish the	CMP Case Manager an child's goals. Behaviors
	Permanency Planning: Includes the evaluation and d connections with family, kin, be included in the program pl which place the child at risk t	lesign of an approa relatives, and the lan to be reviewed for disruption, activ	ch for the children and community. The goal f every 30 days. The per vities to prepare the ch	family that focuses on oppo or achieving permanency sha manency plan shall include s ild's family or kinship netwo	all be coordinated with the child's CW	CMP Case Manager an child's goals. Behaviors
	Permanency Planning: Includes the evaluation and d connections with family, kin, be included in the program pl	lesign of an approa relatives, and the lan to be reviewed for disruption, activ	ch for the children and community. The goal f every 30 days. The per vities to prepare the ch ion to these settings sh Findings	family that focuses on oppo or achieving permanency sha manency plan shall include s ild's family or kinship netwo	all be coordinated with the child's CW strategies and tasks to accomplish the ork for reunification, identification of o	CMP Case Manager an child's goals. Behaviors
	Permanency Planning: Includes the evaluation and d connections with family, kin, be included in the program pl which place the child at risk t environments and preparing t	lesign of an approa relatives, and the lan to be reviewed for disruption, activ the child for transit	ch for the children and community. The goal f every 30 days. The per vities to prepare the ch ion to these settings sh	family that focuses on oppo or achieving permanency sha manency plan shall include ild's family or kinship netwo all be addressed.	all be coordinated with the child's CW strategies and tasks to accomplish the ork for reunification, identification of o Date Corrections Completed	CMP Case Manager an child's goals. Behaviors other less restrictive livir
	Permanency Planning: Includes the evaluation and d connections with family, kin, be included in the program pl which place the child at risk t environments and preparing t	lesign of an approa relatives, and the lan to be reviewed for disruption, activ the child for transit	ch for the children and community. The goal f every 30 days. The per vities to prepare the ch ion to these settings sh Findings (Delete the two that	family that focuses on oppo or achieving permanency sha manency plan shall include ild's family or kinship netwo all be addressed.	all be coordinated with the child's CW strategies and tasks to accomplish the ork for reunification, identification of o Date Corrections	CMP Case Manager an child's goals. Behaviors other less restrictive livir
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0 1 2	Permanency Planning: Includes the evaluation and d connections with family, kin, be included in the program pl which place the child at risk t environments and preparing t <b>Requirement</b> Review p/p. Review case records for program planning. Review program plan for signatures	esign of an approa relatives, and the lan to be reviewed for disruption, activitie child for transit Source Policies, Procedures or Documents Case Record	ch for the children and community. The goal f every 30 days. The per vities to prepare the ch ion to these settings sh Findings (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Not Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met Not Met Not Applicable Substantially Met Not Met Not Applicable	family that focuses on oppo or achieving permanency sha manency plan shall include ild's family or kinship netwo all be addressed.	all be coordinated with the child's CW strategies and tasks to accomplish the ork for reunification, identification of o Date Corrections Completed	CMP Case Manager an child's goals. Behaviors other less restrictive livir
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0 1 2 3	Permanency Planning: Includes the evaluation and d connections with family, kin, be included in the program pl which place the child at risk t environments and preparing t <b>Requirement</b> Review p/p. Review case records for program planning. Review program plan for signatures Review case records for initial program plan completed within 14 days	esign of an approa relatives, and the lan to be reviewed for disruption, activitie child for transit Source Policies, Procedures or Documents Case Record	ch for the children and community. The goal f every 30 days. The per vities to prepare the ch ion to these settings sh Findings (Delete the two that don't apply) Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Met Not Met Not Met	family that focuses on oppo or achieving permanency sha manency plan shall include ild's family or kinship netwo all be addressed.	all be coordinated with the child's CW strategies and tasks to accomplish the ork for reunification, identification of o Date Corrections Completed	CMP Case Manager an child's goals. Behaviors other less restrictive livir
0 1 2	Permanency Planning:         Includes the evaluation and d         connections with family, kin,         be included in the program pl         which place the child at risk te         environments and preparing te         Requirement         Review p/p.         Review case records for         program planning.         Review program plan for         signatures         Review case records for         nitial program plan         completed within 14 days         of admission.         Review case records for	esign of an approa relatives, and the lan to be reviewed for disruption, activ- the child for transit Source Policies, Procedures or Documents Case Record Case Record Case Record	ch for the children and community. The goal f every 30 days. The per vities to prepare the ch- ion to these settings sh Findings (Delete the two that don't apply) Substantially Met Partially Met Not Applicable Substantially Met Not Applicable Substantially Met Not Applicable Substantially Met Not Met Not Applicable Substantially Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Met Not Applicable Substantially Met Partially Met Not Met Not Applicable Substantially Met Partially Met	family that focuses on oppo or achieving permanency sha manency plan shall include ild's family or kinship netwo all be addressed.	all be coordinated with the child's CW strategies and tasks to accomplish the ork for reunification, identification of o Date Corrections Completed	CMP Case Manager an child's goals. Behaviors other less restrictive livir

Not Applicable

	Section 12: Visitation					
	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:					
	• A court orders no c					
				vior by family member that occur	red during contact	
	<ul> <li>There is documente</li> </ul>	d introduction of c	ontraband into the faci	lity		
	The facility shall provide priv	vate accommodatio	ons for visitation. Acco	mmodations shall include but not	be limited to a private office/room	, no staff presence
	(unless required), free of any	individuals that m	ay overhear confidentia	al information.		
	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.					
		ays. Approved con		ntact allowed (letter, phone, day p ed by the CWCMP Case Manager		
#	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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/A	Aftercare Plan				
				facility. At a minimum, the child, the c f a child from the residential facility.	hild's parents, if applicable	e or guardian, and the
	management agency. This s discharge shall be made and	shall include delines shall specify the na be completed at the	ation of after-care plan ture, frequency, and d	he time of the youth's discharge, noted in as and goals which the youth have comple uration or services the facility recommend be forwarded to the CWCMP Case Manag	eted in the YRC II. Written s for the youth.	1 recommendations for
	<ul> <li>Summary of prog</li> <li>Summary of the c</li> <li>Recommendation</li> </ul>	ress, or lack thereof child's behavior whi	ile in placement	and objectives while in placement ure, frequency, duration of services and res	sponsible parties	
#	Requirement	Source	Findings	Comments	Date Corrections	Score

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

- Childs'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

#### **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

ention and	l Protection Services
need is ide	entified, 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 th	hey 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 su	bmitted 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 tha	at 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 Re	ecords:
Health Car	re 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 cas	e medical record and include the:
•	name of the prescribing physician
•	name of the medication
•	dosage prescribed
•	medication schedule
	numose of the medication

- 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	Comments	Date Corrections	Score
#	Kequirement	Source	(Delete the two that	Comments		Score
			don't apply)		Completed	
50	<b>P</b> : /	D 1' '			(Or note)	
52	Review p/p.	Policies,	Substantially Met			
		Procedures or	Partially Met			
		Documents	Not Met			
			Not Applicable			
53	Review case record for	Case Records	Substantially Met			
	documentation.		Partially Met			
			Not Met			
			Not Applicable			
54	Review case records for	Case Records	Substantially Met			
	weekly progress reports.		Partially Met			
			Not Met			
			Not Applicable			
55	Review case records for	Case Records	Substantially Met			
	monthly progress reports.		Partially Met			
			Not Met			
			Not Applicable			
56	Review case records for	Case Records	Substantially Met			
	documentation that		Partially Met			
	progress reports have been		Not Met			

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	sent to case teams.		Not Applicable		
57	Review medication records	Case Records	Substantially Met		
	for youth.		Partially Met		
			Not Met		
			Not Applicable		
58	Review HR files for	HR Files	Substantially Met		
	documentation of health.		Partially Met		
			Not Met		
			Not Applicable		
59	Review HR files for	HR Files	Substantially Met		
	driver's license verification.		Partially Met		
			Not Met		
			Not Applicable		
60	Review HR files for	HR Files	Substantially Met		
	training hours.		Partially Met		
			Not Met		
			Not Applicable		
61	Review HR files for	HR Files	Substantially Met		
	education verification.		Partially Met		
			Not Met		
			Not Applicable		
62	Review HR Files for	HR Files	Substantially Met		
	background checks.		Partially Met		
			Not Met		
			Not Applicable		
				Score for this section	on:

#### 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: 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: 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 Findings Comments** Date Corrections # Source (Delete the two that don't apply) **Score Completed** (Or note) Policies, Substantially Met <mark>63</mark> Review p/p. Procedures or Partially Met Not Met **Documents** Not Applicable Substantially Met <mark>64</mark> Review case records for Case Records approved self-care time Partially Met Not Met agreement with case team. Not Applicable Substantially Met Review case record for Case Records <mark>65</mark> safety plan for self-care Partially Met time. Not Met Not Applicable <mark>66</mark> Review safety plan for Case Records Substantially Met Partially Met appropriate signatures. Not Met Not Applicable <mark>67</mark> Review case record for Case Records Substantially Met Partially Met appropriate assessment for self-care time. 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	<b>Findings</b> (Delete the two that	Comments	Date Corrections Completed (Or note)	Score
	<b>D</b>		don't apply)		• • •	
68	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25)			
		Documents	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 10.1.	Significant Incident Reporting
Significant inc	idents are to be reported to the youth's CWCMP case manager and the youth's parent or guardian when appropriate per PPM 0513.
	significant incidents shall be verbally reported immediately with a written report to the CWCMP case manager within 24 hours of the event (lowing definitions for clarification):
Significant Ind	cident involving a child in the custody of the Secretary include but are not limited to:
1	death of a parent/primary caregiver (provide date of death)
1.	runaway or missing from placement. PPM 5245 shall be followed.
2. 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
<mark>6.</mark>	attempted suicide
7.	serious physical illness
<mark>8.</mark>	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.	
13.	<ul> <li>suspension of the license of a group or residential facility used by children</li> <li>alleged victim of human trafficking</li> </ul>
14.	alleged perpetrator of animal abuse
16	other (document specifics)
17	

#### 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 devel	op an internal process for obtaining	g on-call/emergency contact	act information for all CWCMP c	case managers in the event of an
emergency or significant incident.				

ŧ	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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)			

A cumulation of	f all the above sections are scored here for a total score based on the assessments completed.	
Scoring:	Substantially Met = 1	
Scoring.	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 which do not score substantially met, will require comments which will be used for devaddress the missing items and submit corrections or a plan to make necessary correction and schedule). Track CAP corrections on this form and document the date corrections	reloping a CAP. Facilities will have 14 days to ns (for example trainings, this can take time to fin
Section		Section Score
	Services Provided in a Youth Residential Center II	
	escription of Youth to be Served	
	eneral Staffing Requirements	
	ase Coordination	
	taff In-Serving Training	
	Annual In-Service Training	
	onfirmation of Placement	
	nitial Assessment	
	oom Assignment	
Section 9: S		
	Behavior Management	
Section 10.1	<u> </u>	
	De-escalation Certification	
	: Emergency Safety Interventions Certification	
	Program Plan	
Section 12:		
	Discharge/Aftercare	
Section 14: ]	Record Keeping Self-Care Time	

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Prevention and Protection Services		
Section 16: Reporting Abuse/Neglect		
Section 17: Significant Incidents		
	<mark>Total Score</mark>	
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 o	on the following pages.

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.

## Youth Residential Center II Corrective Action Plan

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

Correction/Compliance Action Plan
Presented Findings:
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 DCF Policy and Procedures, Placement Standards and Provide Agreements are met. If more sections are needed, please add accordingly.
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
	<b>Not Met = 0.25</b>
	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

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 accessor and a 60-day court review. Both the 30-day assessment and court review will determine appropriateness of placement in a QRTP.

QRTP programs shall also:

- 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.

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:

- 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

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es				
Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
n. Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
	Source       Policies, Procedures or Documents       m.     Policies, Procedures or	ervices es Source Policies, Procedures or Documents Policies, Policies, Procedures or Documents Policies, Procedures or Documents Policies, Procedures or Documents Not Applicable (0) Partially Met (0.5) Not Met (0.25) Not Met (0.25) Partially Met (0.5) Not Met (0.25) Partially Met (0.5) Partially Met (0.5) Partially Met (0.5) Partially Met (0.5) Partially Met (0.25) Partially Met (0.2	ervices es Source Policies, Pocedures or Documents Policies, Polic	I Families       Rev. 1/.         ervices       ervices         es       Source       Findings (Delete the two that don't apply)       Comments       Date Corrections Completed (Or note)         Policies, Documents       Substantially Met (1) Procedures or Documents       Partially Met (0.5) Not Applicable (0)       Image: Comment of the two starts of the two

#### 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 PRTF after the screener and treatment team have determined the child no longer needs the level of care provided by a PRTF.

<mark>#</mark>	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 (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>4</mark>	Review program description	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>5</mark>	Review court documents	Case File	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>6</mark>	Review PRTF/RADAC screens if appropriate.	Case File	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			

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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	r this section:		

SECTION 3: GENERAL STAFFING REQUIREMENTS

	SECTION S: 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											
				sidential Facility Licensing Division (K.A.R 2 lation of children/youth whom the facility will		group home or						
	<ul> <li>experience and a worki</li> <li>Program Director shall</li> </ul>	ng knowledge of a have a minimum of		s. al or Behavioral Sciences. This position is resp	ponsible for the opera	tion of the						
	<ul> <li>entire program and may be the same person as the Administrator if desired.</li> <li>Clinical Director, on staff or contracted, is responsible for treatment programing for the youth, according to the treatment model, shall have a master' 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.</li> </ul>											
	(BSRB) to practice. Th	• 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.										
	<ul> <li>The Case Coordinator i development and famil</li> <li>Facility staff shall be at</li> </ul>	<ul> <li>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.)</li> <li>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.</li> <li>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</li> </ul>										
	• Staff ratio is 1:6 during	waking hours and ity and acuity of c		oma or GED. There shall be 24-hour awake staff to insure cl . Due to the variety of presenting difficulties th								
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>						
8	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)									
<mark>9</mark>	Review administrator personnel file or contract for compliance.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)									
<mark>10</mark>	Review administrator job description and HR file.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)									
<mark>11</mark>	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)									
<mark>13</mark>	Review clinical director HR file for compliance	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)									
<mark>14</mark>	Review therapist personnel file for compliance	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)									
<mark>15</mark>	Review nursing staff HR files for compliance	HR Files	Substantially Met (1) Partially Met (0.5)									

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16		HR Files	Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5)	
<mark>17</mark>	Review personnel files for age requirements.	HR Files	Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Met (0.5)	
<mark>18</mark>	Review staffing pattern for compliance with staff ratio requirements.	Staffing schedule	Not Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5) Not Met (0.25)	
	requirements.		Not Applicable (0)	Score for this section:

	Section 4: Case Coordination							
	The QRTP's case coordinator has	the responsibility f	or coordinating the child's	program and progress with the referring	g 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 ha	ve been contacted	and utilized for services fo	r the child. The case cordinator shall be	responsible for Weekly Progr	ess Notes		
<mark>#</mark>	<b>Requirement</b>	Source	<b>Findings</b>	Comments	Date	<mark>Score</mark>		
			<mark>(Delete the two that</mark>		<b>Corrections</b>			
			<mark>don't apply)</mark>		<b>Completed</b>			
					<mark>(Or note)</mark>			
<mark>19</mark>	Review P/P	Policies,	Substantially Met (1)					
		Procedures or	Partially Met (0.5)					
		<b>Documents</b>	Not Met (0.25)					
			Not Applicable (0)					
<mark>20</mark>	Review documentation	Case Files	Substantially Met (1)					
			Partially Met (0.5)					
			Not Met (0.25)					
			Not Applicable (0)					

	5.1 Orientation
	lity shall have an in-service orientation training program for new employees, which is especially directed toward the initial training needs of staff
	directly with children. Documentation of completion of orientation training shall be kept, in the staff member's personnel file.
he docu	mentation 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
rientatic All topic	n before they can work independently with children. s listed below shall be trained, even if it exceeds the minimum 18 hours of orientation:
rientatic All topic	taff shall have completed a minimum of 18 hours of in-service orientation training. Facility staff shall demonstrate competency in the trainings from on before they can work independently with children. s listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: 'rainings: Facility policy and procedures manual
rientatic All topic	taff shall have completed a minimum of 18 hours of in-service orientation training. Facility staff shall demonstrate competency in the trainings from on before they can work independently with children. s listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: Trainings: Facility policy and procedures manual Facility emergency and evacuation procedures
rientatic All topic	taff shall have completed a minimum of 18 hours of in-service orientation training. Facility staff shall demonstrate competency in the trainings from on before they can work independently with children. s listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: Trainings: Facility policy and procedures manual Facility emergency and evacuation procedures Facility discipline standards
rientatic Il topic	taff shall have completed a minimum of 18 hours of in-service orientation training. Facility staff shall demonstrate competency in the trainings from on before they can work independently with children. s listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: 'rainings: Facility policy and procedures manual Facility emergency and evacuation procedures Facility discipline standards Child record documentation policies and procedures
rientatic Il topic	taff shall have completed a minimum of 18 hours of in-service orientation training. Facility staff shall demonstrate competency in the trainings from on before they can work independently with children. s listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: 'rainings: 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)
rientatic Il topic	taff shall have completed a minimum of 18 hours of in-service orientation training. Facility staff shall demonstrate competency in the trainings from on before they can work independently with children. s listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: 'rainings: Facility policy and procedures manual Facility emergency and evacuation procedures Facility discipline standards Child record documentation policies and procedures
rientatic Il topic	taff shall have completed a minimum of 18 hours of in-service orientation training. Facility staff shall demonstrate competency in the trainings from on before they can work independently with children. s listed below shall be trained, even if it exceeds the minimum 18 hours of orientation: 'rainings: 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)

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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

<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
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 fo	r this section:	

Section 5.	2: Annual In-Service Training
	ining is beyond or in addition to the initial 18-hour orientation training program from the date of employment. During the first year of employment s
	ve a minimum of 36 hours of training (18 orientation hours, 18 annual In-Service).
	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
	personnel record to include content, amount of time, trainer, and qualifications.
The docu	nentation 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:
	efreshers/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
	s/Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have
document	ation 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

Dep	e of Kansas partment for Children and Fami evention and Protection Service:				PPS 8 Rev. 1	3400H /2023		
	<ul> <li>Childhood and adolescent development (including developmental disorders)</li> <li>Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD)</li> <li>Suicide Prevention/Intervention/Safety</li> </ul>							
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score		
<mark>23</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)					
<mark>24</mark>	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 Pla	icement						
			22) is available through the	CareMatch system which confirms	the placement arranged by the (	Child Welfare		
	Case Management Provider (CWCMP).							
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score		
<mark>25</mark>	<mark>Review p/p.</mark>	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)					
<mark>26</mark>	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: ASSESSMEN	TS				
	Section 7.1: 30-Day Assessn					
		he case system review	procedure for the child. Th		ness of placement in a QRTP for pu nodate, collaborate and coordinate v	
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
<mark>27</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>28</mark>	Review assessments	Case Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>29</mark>	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:

	te of Kansas partment for Children and Fam	nilies				PPS 8 Rev. 1	
	evention and Protection Service					1007.1	2025
	Reasons for referral to the second seco						
	• Evaluation or assess		llowing areas:				
	Physical health	8	6				
	• Family relations						
	Academic or vocatio	nal training					
	Community life						
	Interpersonal interact	tions					
			e of services listed above				
	Immediate service ne						
	Mental Health						
	Developmental						
	• Dental						
	Medical						
	<ul> <li>Involvement or expo</li> </ul>	sure to Substance U	se/disorder				
	<ul> <li>Involvement or expo</li> </ul>						
	-		uring or suicidal attempts				
		ind/youtil s self- inje	ing of suchar attempts				
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments		Date Corrections Completed (Or note)	<mark>Score</mark>
<mark>30</mark>	Review p/p.	Policies,	Substantially Met (1)				
		Procedures or	Partially Met (0.5)				
		Documents	Not Met (0.25) Not Applicable (0)				
31	Review case file for initial	Case Records	Substantially Met (1)				
51	assessment		Partially Met (0.5)				
			Not Met (0.25)				
			Not Applicable (0)				
					Score for	<mark>r this section:</mark>	

	Section 8: Room Assignment					
	housing needs of children. Childre addition to other indicators. Factor • Suicidal tendencies • Level of specialized ne • Displaying inappropria • Gender • Age and/or maturity lev • Program needs (substar • Vulnerability to being v • Comprehensive LGBT0	n in a residential f is to consider in as eds (i.e. mental he te sexual behavior <u>vel</u> ce use disorder, c victimized by othe Q + vidualized program nd effective manaj	acility shall be assigned to signing rooms shall includ alth, medical, etc.) s /victims of sexual abuse) ognitive behavioral, indepars (i.e. physical stature) n plan, assigning rooms bagement of the living units.	endent living, etc.) sed upon risk/need/responsivity fact The child's room assignment and ho	rs, as identified by risk/needs ass	essment(s) in
<mark>#</mark>	Requirement	Source	<b>Findings</b> (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
<mark>32</mark>	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:	

The residencial facility shall write a policy and provedure menual for the repeating of the QRTP facility that will be reviewed and sprevious of the QRTP facility shall provide spreval the provide spreval by QRTP Prevention and everal development. The facility shall provide spreval the sheeked of the fullowing in the cubical subsystem. There facility shall provide spreval the spreval development and physical fitness shall be available. Age appropriate scaling of the provided unit and provide spreval the cubic in the restriction shall be provided unit and the cubical spreval to scaling of the fullowing in the provide and include the following program components, based on their approval treatment model:  Daily Laing Services: Daily a provide sprevant of the cubic the following program components, based on their approval treatment model:  Daily Laing Services: Daily a provide sprevant of the cubic the following program components, based on their approval treatment model:  Daily Laing Services: Daily a provide a program components, based on their approval treatment model:  Daily Laing Services: Daily a provide a program components, based on their approval treatment model:  Daily Laing Services: Daily a provide a program components, based on their approval treatment model:  Daily Laing Services: Daily a provide approximate scaling to and from school, medical care, recention, etc.  Daily Laing Service: Daily theory approximate scaling to a provide and include the following:  Deleving Handle Component up to the need for the next Level of Care  Deleving Handle approximation from the treatment and based approximate approximate scaling to approximate scaling approximate scaling to the treatment approximate scaling to an include the scaling opponent scaling to the treatment provide approximate scaling to the treatment approximate scaling to the treatment scaling approximate scaling to the treatment scaling to the treatment scaling approximate scaling to the treatment scaling to the trest scaling to the treatment scaling t	Section 9: Services
<ul> <li>Room and Board</li> <li>Personal care needs</li> <li>School fees</li> <li>Transportation to appointments within a 60-mile radius: including to and from school, medical care, recreation, etc.</li> <li>Academic activities such as; assistance with school work, vocational training and/or GED training</li> <li>Beberior: Healthy</li> <li>Individual, group and family therapy.</li> <li>Social rehabilitation and herapy</li> <li>Beherior: Healthy</li> <li>Rehavioral regramming (nuluing design, consultation and supervision) if indicated</li> <li>Transition planning, to include design, consultation and supervision) if indicated</li> <li>Transition planning, to include design, consultation and supervision) if indicated</li> <li>Social rehabilitation and herapy</li> <li>Beherior: Herapy downads reamification with family, if indicated</li> <li>Supprise therapy dury dury granulation of behavioral and substance abuse support services needed for accessful transition in the community</li> <li>If developmental by approprise, services which develop increased capacity for independent living * teaching about body cleanlines?</li> <li>use of deodorans and cosmetics?</li> <li>appropriate (lothing)</li> <li>identifying and understanding shiftern's health needs</li> <li>securing and understanding shiftern's health needs</li> <li>securing and understanding shiftern's health needs</li> <li>gening information and edocution in health maintenance including:</li> <li>neastituation</li> <li>family planning</li> <li>elanning</li> <li>elanning<th>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.</th></li></ul>	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.
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<ul> <li>using outside resources for assistance (clinics, pharmacies, hospitals) • budgeting</li> <li>comparative buying</li> <li>installment buying</li> <li>avoiding risks</li> <li>identifying illegal or excessive interest rates</li> <li>use of credit</li> <li>avoiding or dealing with debts</li> <li>using checking and savings accounts</li> <li>paying taxes</li> </ul> Situational Training- to include but not limited to: Personal Hygiene: Health: <ul> <li>Consumer education for independent living:</li> <li>speech</li> </ul>	
<ul> <li>installment buying         <ul> <li>avoiding risks</li> <li>identifying illegal or excessive interest rates</li> <li>use of credit</li> <li>avoiding or dealing with debts</li> <li>using checking and savings accounts</li> <li>paying taxes</li> </ul> </li> <li>Situational Training- to include but not limited to:         <ul> <li>Personal Hygiene:</li> <li>Health:</li> <li>Consumer education for independent living:</li> <li>speech</li> </ul> </li> </ul>	
<ul> <li>avoiding risks</li> <li>identifying illegal or excessive interest rates</li> <li>use of credit</li> <li>avoiding or dealing with debts</li> <li>using checking and savings accounts</li> <li>paying taxes</li> </ul> Situational Training- to include but not limited to: Personal Hygiene: Health: <ul> <li>Consumer education for independent living:</li> <li>speech</li> </ul>	
<ul> <li>identifying illegal or excessive interest rates</li> <li>use of credit</li> <li>avoiding or dealing with debts</li> <li>using checking and savings accounts</li> <li>paying taxes</li> </ul> Situational Training- to include but not limited to: Personal Hygiene: Health: <ul> <li>Consumer education for independent living:</li> <li>speech</li> </ul>	
<ul> <li>use of credit</li> <li>avoiding or dealing with debts</li> <li>using checking and savings accounts</li> <li>paying taxes</li> </ul> Situational Training- to include but not limited to: Personal Hygiene: Health: <ul> <li>Consumer education for independent living:</li> <li>speech</li> </ul>	
<ul> <li>avoiding or dealing with debts</li> <li>using checking and savings accounts</li> <li>paying taxes</li> <li>Situational Training- to include but not limited to: Personal Hygiene: Health:</li> <li>Consumer education for independent living:</li> <li>speech</li> </ul>	
<ul> <li>using checking and savings accounts</li> <li>paying taxes</li> <li>Situational Training- to include but not limited to:</li> <li>Personal Hygiene:</li> <li>Health:</li> <li>Consumer education for independent living:</li> <li>speech</li> </ul>	
<ul> <li>paying taxes</li> <li>Situational Training- to include but not limited to:</li> <li>Personal Hygiene:</li> <li>Health:</li> <li>Consumer education for independent living:</li> <li>speech</li> </ul>	
Situational Training- to include but not limited to: Personal Hygiene: Health: Consumer education for independent living: speech	
Personal Hygiene: Health: Consumer education for independent living: speech	
Health: Consumer education for independent living: speech	
• speech	Health:
	• speech • writing

Department for Children and Families Prevention and Protection Services

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

<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
<mark>34</mark>	<mark>Review p/p.</mark>	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>35</mark>	Review case record.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
				Score fo	or this section:	

	Section 10: Behavior Manageme	<u>:111</u>				
	Each QRTP shall have a written p program. The behavior manageme given behaviors shall be identifiec orientation process. Notation shall	rogram of consiste ent system shall inc I. Each child shall i I be made in the ch ehavior manageme to use as a referent on swith staff and p behavior while at s gression e hours ion and other activ ors family and others of es	clude a description of the c be oriented to the QRTP's ild's file and signed by the ent system in a common as nce. Behavior managemen beers school	laily routines of the program. The behavior management system by e child that the rules, rewards and rea where children are able to eas	havior of the children under the care system of rules, rewards, and conse a staff member during the admissic consequences have been discussed. ily access the system and the childre	equences for on or
	• behaviors at the progra When a child decides not to attend The overarching goals shall be to by the facility of the available reso Discipline at the facility shall be c	In which could res religious worship not only help the c purces to meet the onsistent and not b	hildren adjust to the reside child's need in the commu be physically or emotional	ential facility but also to daily life mity. ly damaging. Children shall not b	within society. A resource list shall e subjected to cruel, severe, unusual	, or
	• behaviors at the progra When a child decides not to attend The overarching goals shall be to by the facility of the available reso Discipline at the facility shall be c unnecessary punishment. Childrer telephone calls or visits with their	In which could res I religious worship not only help the c purces to meet the onsistent and not b n shall not be subje	sult in legal prosecution. or activities, alternative s hildren adjust to the reside child's need in the commu- pe physically or emotional acted to remarks that belittl	ntial facility but also to daily life nity. ly damaging. Children shall not b le or ridicule them or their familie	within society. A resource list shall	, or , mail,
	• behaviors at the progra When a child decides not to attend The overarching goals shall be to by the facility of the available reso Discipline at the facility shall be c unnecessary punishment. Childrer	In which could res I religious worship not only help the c purces to meet the onsistent and not b n shall not be subje	sult in legal prosecution. or activities, alternative s hildren adjust to the reside child's need in the commu- pe physically or emotional acted to remarks that belittl	ntial facility but also to daily life nity. ly damaging. Children shall not b le or ridicule them or their familie	within society. A resource list shall e subjected to cruel, severe, unusual es. Children shall not be denied food ure. Only staff members shall discip Date Corrections Completed	l, or l, mail,
5	<ul> <li>behaviors at the progra</li> <li>When a child decides not to attend The overarching goals shall be to by the facility of the available reso Discipline at the facility shall be c unnecessary punishment. Childrer telephone calls or visits with their in placement.</li> </ul>	In which could res religious worship not only help the c purces to meet the onsistent and not b shall not be subje families as punish	sult in legal prosecution. or activities, alternative s hildren adjust to the reside child's need in the commu- be physically or emotional ected to remarks that belitti ment. Seclusion shall not Findings (Delete the two that	ntial facility but also to daily life unity. ly damaging. Children shall not b le or ridicule them or their familie be utilized as a disciplinary measu	within society. A resource list shall e subjected to cruel, severe, unusual es. Children shall not be denied food ure. Only staff members shall discip Date Corrections	, or , mail, line children
	• behaviors at the progra When a child decides not to attend The overarching goals shall be to by the facility of the available rest Discipline at the facility shall be c unnecessary punishment. Childrer telephone calls or visits with their in placement. Requirement	I religious worship not only help the c ources to meet the onsistent and not b shall not be subje families as punish Source Policies, Procedures or	sult in legal prosecution. o or activities, alternative s hildren adjust to the reside child's need in the commu- be physically or emotional acted to remarks that belitti ment. Seclusion shall not Findings (Delete the two that don't apply) Substantially Met (1) Partially Met (0.25) Not Met (0.25) Not Met (0.25)	ntial facility but also to daily life unity. ly damaging. Children shall not b le or ridicule them or their familie be utilized as a disciplinary measu	within society. A resource list shall e subjected to cruel, severe, unusual es. Children shall not be denied food ure. Only staff members shall discip Date Corrections Completed	, or , mail, line children
	<ul> <li>behaviors at the progra</li> <li>behaviors at the progra</li> <li>When a child decides not to attend The overarching goals shall be to by the facility of the available reso Discipline at the facility shall be councessary punishment. Childrer telephone calls or visits with their in placement.</li> <li>Requirement</li> <li>Review p/p.</li> <li>Behavior plan posted in</li> </ul>	I religious worship not only help the c purces to meet the onsistent and not b shall not be subje families as punish Source Policies, Procedures or Documents	sult in legal prosecution. o or activities, alternative s hildren adjust to the reside child's need in the commu- be physically or emotional acted to remarks that belitti ment. Seclusion shall not Findings (Delete the two that don't apply) Substantially Met (1) Partially Met (0.25) Not Met (0.25) Substantially Met (1) Partially Met (1) Partially Met (0.5)	ntial facility but also to daily life unity. ly damaging. Children shall not b le or ridicule them or their familie be utilized as a disciplinary measu	within society. A resource list shall e subjected to cruel, severe, unusual es. Children shall not be denied food ure. Only staff members shall discip Date Corrections Completed	, or , mail, line children

	Section 10.1 Resetting						
	<ul> <li>A procedure used to assist the child in regaining regain emotional control by providing a safe and quiet area.</li> <li>Application of a reset:</li> <li>A child in a reset shall never be physically prevented from leaving the reset area.</li> <li>Resets may take place away from the area of activity or from other children.</li> <li>Staff shall monitor the child while he or she is in resetting.</li> </ul>						
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>	
<mark>40</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)				
<mark>41</mark>	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 Cert	tification				
	escalation techniques shall be ut in authorized, evidenced based member's personnel file and sha	ilized for any activitide-escalation techn all be made availab be oriented to the	ty required to diffuse a con iques programs for manag le upon request. At the tir managing aggressive beha	mpt to prevent a child from causing h flict or intense situation to ensure safet ing aggressive behavior. Staff trainin, ne of admission to a facility, the child aviors policies of the facility and sha d.	y and calm the child. Staff sh g records shall be kept as pa l and parent (if applicable)/g	all be certified art of the staff ardian and/or
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
<mark>42</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>43</mark>	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 (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
<mark>44</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>45</mark>	Review HR files for certifications	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>46</mark>	Review HR files for signed discipline policy	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>47</mark>	Review files for documentation of emergency safety interventions	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			

	Section 11: Program Plan					
	record. The program plan shall b social, familial, and where appro were identified. Program plans sl revisions made at the case review	e established by priate independe all be updated y conferences wi Information obt	the end of 14 days from admi ent living skill domains. Child when new needs are identified thin 30 days of completion of ained from the child, parent, g	ssion and shall address the ider ren may not have identified nea or when program goals are me initial program plan and each 2	Assessment documents shall be inc tified needs in the emotional, phys ds in every domain. If so, documer t. Program plans shall be thoroughl 30 days thereafter, including update anager shall be considered in the re	ical, educational, at that no needs y reviewed, and d information of
	The program plan shall include in Long term goals in the I. physical health 2. family relations 3. daily living ski 4. academic and/c 5. interpersonal re 6. substance use s 7. emotional/psyc	e areas of: Is r vocational ski lations ervice needs	Us	ntified needs in the following a	reas:	
	<ul> <li>Short term goals whic</li> <li>Services to meet inde</li> <li>Specific plans for read</li> <li>Estimated time for read</li> </ul>	h will help a ch bendent living g bing the short-t ching short terr	ild eventually reach his/her lor oals. erm goals including services t n goals.			
		<mark>of the progress</mark>	of the child's goals shall be in		it of the plan.	
	The QRTP shall assemble a fami biological family members, relation	ves, and fictive h providers who	kin of the child, as well as pro- have treated the child, or cler	fessionals (as appropriate) who	ents. The team must consist of all ap o are a resource to the family of the ler, the team must also include mer	child, such as
	community. The goal for achievi every 30 days. The permanency	ng permanency plan shall includ mily or kinship e addressed.	shall be coordinated with the o e strategies and tasks to accor network for reunification, ide	hild's CWCMP Case Manager nplish the child's goals. Behavi ntification of other less restrict	onnections with family, kin, relativ and be included in the program pla ors which place the child at risk for ve living environments and prepari gned MCO.	an to be reviewed disruption,
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Correction Completed	

	te of Kansas				PPS 8	
	partment for Children and Famili evention and Protection Services				Rev. 1	/2023
					<mark>(Or note)</mark>	
<mark>48</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>49</mark>	Review files for documentation of program plan completion	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>50</mark>	Initial program plan completed within 14 days	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>51</mark>	Program plan reviewed every 30 days	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>52</mark>	Program plan signed by the youth	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>53</mark>	Case worker participation in the program plan	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
				Score f	or this section:	

#### Section 12: Visitation

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:

- 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

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.

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.

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.

<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
<mark>54</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>55</mark>	Review documentation of visitation	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>56</mark>	Review file for approved contact list	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)		r this section:	

#### Section 13: Discharge/Aftercare

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.

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:

• 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

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.

<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	Score
<mark>57</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>58</mark>	Review case file for discharge summary	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>59</mark>	Review case file for aftercare services provided	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
				Score fo	r this section:	

	ord 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 ic filing full access shall be given to DCF employees who are conducting site visit.
Child's	File
	vider shall maintain a file for each child. The file shall contain the following:
•	Childs'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 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 permanency plan.
•	Initial Assessment
•	30 Day Assessment
•	Written recommendation by the independent accessor 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)

#### State of Kansas

Department for Children and Families Prevention and Protection Services

- 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)

<mark>De</mark> p	te of Kansas PPS 8400H partment for Children and Families Rev. 1/2023 evention and Protection Services					
#	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
<mark>60</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>61</mark>	Weekly progress notes	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>62</mark>	Monthly progress reports	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>63</mark>	Health records	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>64</mark>	Daily logs	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>65</mark>	Visitation logs	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>66</mark>	Review HR files for job description	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>67</mark>	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)			
<mark>68</mark>	Review HR file for orientation training	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>69</mark>	Review HR Files for annual training	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			

	Section 15: Reporting Abuse/No The KPRC number shall be post facility is to notify the Director of	ed in a prominent p			cts the abuse/neglect of a resident v ty Director.	vithin that
<mark>#</mark>	Requirement	Source	Findings (Delete the two that don't apply)	Comments	Date Corrections Completed (Or note)	<mark>Score</mark>
<mark>70</mark>	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
<mark>71</mark>	View posting of KPRC number in the facility.	Tour	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
	in the facility.		Not Met (0.25)		Sec	ore for this section:

	A Significant Incident is an unant	icipated event which	ch does not rise to the leve	I of a critical incident but has the	e potential risk of a serious adverse or	utcome.			
	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 (plea 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> <li>death of a parent/primary caregiver (provide date of death)</li> <li>runaway or missing from placement. PPM 5245 shall be followed.</li> <li>arrested for a juvenile offense</li> <li>alleged abuse or neglect</li> <li>child is an alleged perpetrator or victim of a criminal assault of any kind</li> <li>attempted suicide</li> <li>serious physical illness</li> <li>unanticipated medical attention that requires treatment beyond first aid</li> <li>pregnancy. See PPM 0513 D. 2.</li> <li>birth. See PPM 0513 D. 2.</li> <li>emergency change in placement</li> <li>use of illegal drugs</li> <li>suspension of the license of a group or residential facility used by children</li> <li>alleged victim of human trafficking</li> <li>alleged perpetrator of animal abuse</li> <li>other (document specifics)</li> <li>death of child in care</li> </ol>								
	If the significant incident involves		exploitation the facility s	all also follow mandated report	ing requirements.				
	administrative file of significant i An administrative file shall be kej	s abuse, neglect, or res for reporting ncidents shall be k ot by the facility do op an internal proc	significant incidents to a ept by facility and a copy ocumenting significant inc	dministrative staff and recordin of the significant incident shall b idents that is separate from the d	ng significant incidents in the resid e placed in the youth's file.				
	All facilities shall have procedu administrative file of significant i An administrative file shall be kep Each QRTP provider shall devel	s abuse, neglect, or res for reporting ncidents shall be k ot by the facility do op an internal proc	significant incidents to a ept by facility and a copy ocumenting significant inc	dministrative staff and recordin of the significant incident shall b idents that is separate from the d	ng significant incidents in the resid e placed in the youth's file. ocumentation in the youth's file. for all CWCMP case managers in the Date Corrections Completed				
	All facilities shall have procedu administrative file of significant i An administrative file shall be kep Each QRTP provider shall devel emergency or significant incident	s abuse, neglect, or res for reporting ncidents shall be kn ot by the facility do op an internal proc	significant incidents to a ept by facility and a copy ocumenting significant inc cess for obtaining on-call Findings (Delete the two that don't apply) Substantially Met (1) Partially Met (0.5) Not Met (0.25)	dministrative staff and recordin of the significant incident shall b idents that is separate from the d emergency contact information	ng significant incidents in the resid e placed in the youth's file. ocumentation in the youth's file. for all CWCMP case managers in the Date Corrections	he event of			
	All facilities shall have procedu administrative file of significant i An administrative file shall be kep Each QRTP provider shall devel emergency or significant incident Requirement	s abuse, neglect, or res for reporting ncidents shall be known of by the facility do op an internal procession Source Policies, Procedures or	significant incidents to a ept by facility and a copy ocumenting significant inc cess for obtaining on-call Findings (Delete the two that don't apply) Substantially Met (1) Partially Met (0.25) Not Met (0.25) Not Met (0.25) Not Met (0.25)	dministrative staff and recordin of the significant incident shall b idents that is separate from the d emergency contact information	ng significant incidents in the resid e placed in the youth's file. ocumentation in the youth's file. for all CWCMP case managers in the Date Corrections Completed	he event of			
	All facilities shall have procedu administrative file of significant i An administrative file shall be kep Each QRTP provider shall devel emergency or significant incident <b>Requirement</b> Review p/p. Review reports of significant	s abuse, neglect, or res for reporting ncidents shall be known of by the facility do op an internal procession Source Policies, Procedures or Documents	significant incidents to a ept by facility and a copy ocumenting significant inc cess for obtaining on-call <b>Findings</b> (Delete the two that don't apply) Substantially Met (1) Partially Met (0.25) Not Applicable (0) Substantially Met (1) Partially Met (0.5)	dministrative staff and recordin of the significant incident shall b idents that is separate from the d emergency contact information	ng significant incidents in the resid e placed in the youth's file. ocumentation in the youth's file. for all CWCMP case managers in the Date Corrections Completed	he event of			

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 which do not score substantially met, will require comments which will be address the missing items and submit corrections or a plan to make necessary and schedule). Track CAP corrections on this form and document the date	used for developing a CAP. Facilities will have 14 days to ary corrections (for example trainings, this can take time to find
Section		Section Score
	Services Provided in Qualified Residential Treatment Program	
	escription of Youth to be Served	
	eneral Staffing Requirements	
	use Coordination	
	aff In-Serving Training	
	Annual In-Service Training	
	onfirmation of Placement	
Section 7: As		
	nitial Assessment	
	oom Assignment	
Section 9: Se		
	Behavior Management	
Section 10.1	De-escalation Certification	
	Emergency Safety Interventions Certification	
	Program Plan	
Section 12: V		
	Discharge/Aftercare	
	Record Keeping	
	Reporting Abuse/Neglect	
	lignificant Incidents	
Section 16: S		

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, Co	Address, City, County, Zip Code						
Agency/Facility Re	epresentative	Agency/Facility Phone Number and Email					

Correction/Compliance Action Plan
Presented Findings:
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.
Finding:
Action Plan to Correct Finding:
Person Responsible for Completion:
Target Date for Completion:
Finding:
Action Plan to Correct Finding:

Action Flair 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

# 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. <u>A CAP is not for Alleged Perpetrators (ALP's) who are:</u>
  - a. <u>Employed by a CDDO or affiliate or</u>
  - b. <u>Paid Medicaid provider</u>
    - i. <u>HCBS waiver attendants</u>
    - ii. Employees of Community Service Providers (CSP)
    - iii. <u>Residential Care Facility or Adult Family Home staff</u>
- B. When determining to offer CAP:
  - a. Is the ALP able to pay the money back?
  - b. <u>Did the financial exploitation deprive the IA of goods/services?</u>
  - c. Were the actions of ALP acknowledged as exploitative/abusive?
  - d. <u>Have there been prior occurrences by ALP?</u>
  - e. Review KIPS and Criminal History
- C. <u>To initiate a CAP, the APS Specialist shall:</u>
  - a. Determine the need (money, property restored)
  - b. <u>Determine the timeframe (more than 6 months requires prior approval from</u> <u>APS Program Administrator. Document approval in KIPS notes)</u>
  - c. Staff with APS Supervisor for approval to offer CAP.
- D. <u>How it should look in KIPS</u>
  - a. Complete case finding with Supervisor
  - b. <u>Go through normal KIPS steps and substantiate allegation</u>
    - i. <u>\*\*\* Make sure to add an Appeal/CAP to the Allegation/Perp chapter</u> tab (this ensures the ALP's name does not automatically roll over to registry)
  - <u>Complete the PPS 10250 (Corrective Action Plan) form with the Alleged</u> <u>Perpetrator.</u>

- i. <u>Can be found on DCF website under APS forms or APS manual</u> <u>appendix 10000 section.</u>
- ii. <u>Make sure to add a note of your discussion with the ALP in KIPS</u> <u>concerning the CAP agreement.</u>
- iii. ALP must sign the CAP agreement.
- d. <u>Establish schedule for ALP to provide proof of repayment to APS</u> <u>Specialist. Proof would include receipts, deposit slips, copies of cashed</u> <u>checks or other documents showing payment. (The ALP is responsible to</u> <u>provide documentation to designated parties, failure to provide proof may</u> <u>result in termination of the CAP).</u>
- e. Scan the signed copy of the CAP into a note along with all other documentation provided by the ALP into KIPS.
- f. <u>Have the Parent or Guardian sign the CAP if the ALP is under 18 or if the</u> <u>IA has Guardian.</u>
- 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).
- <u>Review CAP every thirty (30) days for compliance and document in a KIPS</u> note. (Set yourself a reminder to review.)
- E. When the CAP is Successfully completed:
  - <u>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.</u>
  - <u>Within five (5) working days of the completion date, complete the PPS</u> <u>10315 (Notice of Termination of Corrective Action Plan) to advise ALP of</u> <u>successful outcome.</u>
    - i. <u>Can be found in DCF website under APS forms or APS manual</u> 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. <u>Complete KIPS process steps for Appeal/CAP by adding date of</u> <u>completion (Use the date you staffed with your supervisor as the</u> <u>completion date).</u>
  - f. <u>Within five (5) working days of the completion date, provide PPS 10315 to</u> <u>ANE unit in AG's office and the appropriate LE Agency.</u>
    - i. Send to AG's office using email address (ANE@AG.ks.gov)

- ii. <u>Send a copy to the appropriate LE Agency (Same agency the PPS</u> <u>10350 was sent to.)</u>
- iii. <u>The subject line should say: "Notice of Termination of Corrective</u> <u>Action Plan (Successful)"</u>
- 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."
- <u>APS Specialist should send this documentation but, in the event,</u> they are not able to send timely they can request the HSA or <u>Supervisor forward.</u>
- F. <u>When the CAP is NOT Successfully completed:</u>
  - a. <u>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.</u>
  - <u>Within five (5) working days of the completion date send PPS 10315</u> (Notice of Termination of Corrective Action Plan) to advise ALP of unsuccessful outcome.
    - i. <u>Can be found in DCF website under APS forms or APS manual</u> appendix 10000 section.
  - c. Document/attach PPS 10315 in a KIPS note.
  - d. <u>Complete KIPS process steps for Appeal/CAP by adding date of</u> <u>completion (Use the date you staffed with your supervisor as the</u> <u>completion date).</u>
  - e. <u>Within five (5) working days of the completion date provide PPS 10315 to</u> <u>ANE unit in AG's office and appropriate LE Agency.</u>
    - 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. <u>The subject line should say: "Notice of Termination of Corrective</u> <u>Action Plan (Unsuccessful)"</u>
    - iv. <u>Body of the email should say: "Please see attached documents</u> <u>concerning the unsuccessful completion of the Corrective Action</u> <u>Plan. The finding will remain</u>
    - substantiated, and the ALP's name will appear on the Adult Abuse, Neglect and Exploitation (ANE) Central Registry after Due Process is complete."
    - <u>APS Specialist should send this documentation but, in the event,</u> they are not able to send timely they can request the HSA or supervisor forward.

- f. <u>Due Process starts over (to allow the ALP to appeal the substantiated finding)</u>
  - i. <u>The ALP has 33 calendar days to appeal the finding decision.</u> (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. <u>After the Appeal Period is complete and the ALP has not appealed the</u> <u>finding decision</u>
  - i. Complete the PPS 10310 and email to Regional Registry Contact
    - Supervisor
    - <mark>2. <u>APA</u></mark>
    - Senior Admin Assistant for APS
  - ii. Attach copy of email to a KIPS note.
- 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. <u>Supervisor</u>
    - 2. <u>APA</u>
    - Senior Admin Assistant for APS
  - ii. Attach copy of email to a KIPS note.
- i. <u>The Alleged Perpetrators name will automatically roll over on to the</u> <u>Adult ANE Central Registry after the appeal period is complete, so</u> <u>ensure ALP Participant information is up to date by completing</u>
  - i. Date of birth
  - ii. <u>Social security number</u>
  - iii. Correct spelling of name
  - iv. <u>Correct/current address</u>
- 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.

BACK

## **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
  - <u>All records in the Kansas Intake/Investigation Protection System (KIPS)</u> <u>shall remain indefinitely.</u>
    - A. <u>All documents, forms, records received, and handwritten notes</u> <u>captured during an investigation shall be uploaded into the KIPS</u> <u>investigation file and then the paper copy shall be</u> <u>destroyed/shredded after the investigation has been reviewed and</u> <u>set to complete.</u>
    - 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. <u>APS substantiation appeal requests and final orders from</u> <u>Office of Administrative Hearings</u>
      - B. <u>Adult Abuse, Neglect, & Exploitation Central Registry</u> <u>expungement requests, approvals, and denials</u>

- 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
  - 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 videoconferencing 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. <u>CPS Specialist (the worker who has primary responsibility for the case at the time of the meeting)</u>

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:

 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.
 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 pusiness 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.



State of Kansas Department for Children and Families Prevention and Protection Services

Date:	
Case Number:	
Location for TDM:  Service Center  Off Site  Virte	ual 🗌 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:		
1 <sup>st</sup> choice date/time:		
2 <sup>nd</sup> choice date/time:		

#### FAMILY INFORMATION:

#### Parents and/or caregivers:

Relationship to child	DOB	In Household (Y/N)
	Relationship to child	Relationship to child     DOB       Image: Constraint of the second secon

Was the non-custodial parent invited?  UYes	🗆 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.

MEETING PLANNING	
Date of Caregiver/Child Separation (if applicable):	
If Family First, which service?	
Is the family currently involved with? $\square$ Foster Care $\square$ Aftercar	The $\Box$ Family Preservation $\Box$ Family Service $\Box$ Family First
Are the child(ren) in DCF custody?	🗆 Yes 🗆 No
Does the family have history with PPS?	🗆 Yes 🗀 No
Does the family have any Tribal affiliation?	🗆 Yes 🗆 No Tribe:

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 <b>sexual abuse</b> 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





# 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	FACTS	AFCARS Data
	Disability	Special	Element
	Code	Needs Code	
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	<mark>25</mark>
Austistic Disorder	AS	MEC	<mark>25</mark>
Rett Disorder	AS	MEC	<mark>25</mark>
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:	SI	MEC	26
361)			
Visual Disturbances (ICD-9: 368)	SI	MEC	26
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Deaf	HE	MEC	27
Hearing Loss (ICD-9: 389)	HE	MEC	27
Arthritis	PD	PHD	28

			Appendix 1J EV July 2022
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	ED	EMD	29
Agoraphobia	ED	EMD	<mark>29</mark>
Anorexia Nervosa	ED	EMD	<mark>29</mark>
Antisocial Personality Disorder	ED	EMD	<mark>29</mark>
Avoidant Personality Disorder	ED	EMD	<mark>29</mark>
Borderline Personality Disorder	ED	EMD	<mark>29</mark>
Bulimia	ED	EMD	<mark>29</mark>
Conduct Disorder	ED	EMD	<mark>29</mark>
Cyclothymic Disorder	ED	EMD	<mark>29</mark>
Dependent Personality Disorder	ED	EMD	<mark>29</mark>
Depressive Disorders Depression	ED	EMD	<mark>29</mark>
Disruptive Disorders	ED	EMD	<mark>29</mark>
Dysthymic Disorder	ED	EMD	<mark>29</mark>
Histrionic Personality Disorder	ED	EMD	<mark>29</mark>
Impulse Control Disorder	ED	EMD	<mark>29</mark>
Obsessive Compulsive Disorder	ED	EMD	<mark>29</mark>



		RI	Appendix 1J EV July 2022
DESCRIPTION	FACTS Disability Code	FACTS Special Needs Code	AFCARS Data Element
Obsessive Compulsive Personality Disorder	ED	EMD	<mark>29</mark>
Oppositional Defiant Disorder	ED	EMD	<mark>29</mark>
Panic Disorder including Generalized Panic Disorder	ED	EMD	<mark>29</mark>
Paranoid Personality Disorder	ED	EMD	<mark>29</mark>
Phobias	ED	EMD	<mark>29</mark>
Post Traumatic Stress Disorder (PTSD)	ED	EMD	<mark>29</mark>
Reactive Attachment Disorder	ED	EMD	<mark>29</mark>
Separation Anxiety Disorder	ED	EMD	<mark>29</mark>
Somatoform Disorder	ED	EMD	29
Tourette Syndrome	ED	EMD	29
Attention Deficit and Disruptive Disorders: ,ADD, ADHD <del>, Conduct Disorder</del> and Oppositional Defiant Disorder	AH	EMD	<mark>30</mark>
Adding divider line here. Remove Text.			
Bipolar Disorder	SM	EMD	31
Delusional Disorder	ED SM	EMD	<del>29</del> 31
Major Depressive Disorder	SM	EMD	31
Psychotic Disorder	ED SM	EMD	<mark>29</mark> 31
Schizoaffective Disorder	SM	EMD	31
Schizoid Personality Disorder	ED SM	EMD	<mark>29</mark>
Schizophrenaform Disorder	SM	EMD	<mark>31</mark>
Schizophrenia	SM	EMD	<mark>31</mark>
Schizotypal Personality Disorder	ED SM	EMD	<del>29</del> <mark>31</mark>
Childhood Disintegrative Disorder (Pervasive Developmental Disorder)	DL	MEC	32



		R	Appendix 1J EV July 2022
DESCRIPTION	FACTS Disability Code	FACTS Special Needs Code	AFCARS Data Element
Pervasive Developmental Disorders Not Otherwise Specified	DL	MEC	32
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Chromosomal abnormalities	<mark>DS</mark>		<mark>33</mark>
Congenital malformation of the nervous system	DS		<mark>33</mark>
Adding divider line here. Remove text.			
Acquired Immunodeficiency Syndrome (AIDS)	OD	MEC	<mark>34</mark>
Aplastic Anemia	OD	MEC	34
Asthma*	OD	MEC	15 <mark>34</mark> Map only if this has been diagnosed as a disability for the child
Blood disorder that required hospitalization once a month	OD	MEC	<mark>34</mark>
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



		R	Appendix 1J EV July 2022
DESCRIPTION	FACTS	FACTS	AFCARS Data
	Disability	Special	Element
	Code	Needs Code	
Epilepsy	OD	MEC	34
Fetal alcohol syndrome	OD	MEC	34
Fetal drug addiction	OD	MEC	34
Heart disease	OD	MEC	<mark>34</mark>
Heart murmur, vigorous activity curtailed	OD	MEC	34
Hemophilia	OD	MEC	34
Human Immunodeficiency Hiv Disease (HIV)	OD	MEC	<mark>34</mark>
Human T-Cell Lymphotropic Virus-III	OD	MEC	<mark>34</mark>
Hypertension	OD	MEC	34
Immunodeficiency	OD	MEC	<mark>34</mark>
Kidney disease	OD	MEC	<mark>34</mark>
Klienefelter's syndrome	OD	MEC	<mark>34</mark>
Late Effects Of Tuberculosis (ICD-9: 137)	OD	MEC	<mark>34</mark>
Learning Disability	LD	MEC	<mark>34</mark>
Leukemia	OD	MEC	<mark>34</mark>
Liver disease	OD	MEC	<mark>34</mark>
Lupus	OD	MEC	34
Malignant Neoplasms (Malignant tumors)	OD	MEC	34
Misplaced facial feature	OD	MEC	34
Nutritional deficiency	OD	MEC	<mark>34</mark>
Organic Brain Syndrome	OD	MEC	34
Other Human T-Cell Lymphotropic Virus-III	OD	MEC	<mark>34</mark>
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	<mark>34</mark>
Speech	OD	MEC	34



### **AFCARS** Definitions

Disability Data Element	Federal AFCARS Definition
Intellectual Disabilities	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.
Visual Impairment and Blindness/Hearing Impairment and Deafness	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.
Orthopedic Impairment or Other Physical Condition	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.
Mental/Emotional Disorders	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.



	KEV JUly 2022
Other Diagnosed Condition	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.
Autism Spectrum Disorder	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.
Attention Deficit Hyperactivity Disorder	Having, or had previously, a diagnosis of the neurobehavioral disorders of attention deficit or hyperactivity disorder (ADHD) or attention deficit disorder (ADD)
Serious Mental Disorders	Having, or had previously, a diagnosis of a serious mental disorder or illness, such as bipolar disorder, depression, psychotic disorders, or schizophrenia.
Developmental Delay	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.



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	REV July 2022					
Developmentel	Has or had previously been diagnosed with a developmental					
Developmental Dischility	disability as defined in the Developmental Disabilities					
Disability	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.					
L						

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Current Form/Process	Stop Doing	<del>Use Instead</del>	<del>No</del> <del>change</del>	Notes

PPS 1010 Case Activity Log	Documentation of all interviews with all family members for all case assignment types on the PPS 1010 Case Activity Log.	Use <u>PPS 2019 Kansas</u> <u>DCF Conversation Note</u> for all family contacts for all case assignment types. Use age/developmentally appropriate tools for child(ren) interviews.	Continue to use the PPS- 1010 Case Activity Log- for contacts not- documented on the <u>PPS-</u> 2019 Kansas DCF- Conversation Note.
<del>PPS-2003</del> <del>Safety Plan</del>	Discontinue use of DCF PPS 2003 Safety Plan and discontinue use of the SDM Safety Plan.	<u>PPS-2021 Immediate</u> <u>Safety Plan</u>	The PPS 2021         Immediate Safety Plan         shall be:         • provided to the family (original),         • photo documented to attach in KIDS,         • filed in the family file, and         • provided to FACTS Data Unit.
PPS 2030 B Safety Asst.	The PPS 2030 B in KIDS is not required.	PPS 2020 Kansas DCFAssessment Map: Ifreferring for DCF services(Family Services, FamilyFirst Prevention Services,or Family PreservationServices or Foster Care)complete all sections of theAssessment Map. If lastingsafety is rated high enoughthat it indicates ChildWelfare intervention is notneeded, complete at aminimum the followingsections: Genogram,Current & Past HarmCurrent & Past Safety, andthe Lasting Safety Scale.AND FOR COUNTIESUSING SDMSDM Safety Assessment:Counties using SDM will	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.The PPS Supervisor will verify the documentation is attached in KIDS before signing case for closure.



Current Form/Process	Stop Doing	<del>Use Instead</del>	<del>No-</del> change	Notes

		continue completing the SDM Safety Assessment in the SDM system within one working day of the initial contact.	
PPS 2030 C Short Risk	The PPS 2030 C in KIDS is not required.	PPS 2020 Kansas DCFAssessment Map: Ifreferring for DCF services(Family Services, FamilyFirst Prevention Services,or Family PreservationServices or Foster Care)complete all sections of theAssessment Map. If lastingsafety is rated high enoughthat it indicates ChildWelfare intervention is notneeded, complete at aminimum the followingsections: Genogram,Current & Past HarmCurrent & Past Safety, andthe Lasting Safety Scale.AND FORCOUNTIES USINGSDMSDM Risk Assessment:Counties using SDM willalso continue completing theSDM Risk Assessment in theSDM System.	Worker will upload the <u>PPS 2020 Kansas DCF</u> - <u>Assessment Map and</u> SDM Risk Assessment- (SDM Counties only) in KIDS and a paper copy in the family file. The PPS Supervisor will verify the documentation is attached in KIDS- before signing case for closure.
<del>PPS 2030 D</del> <del>Risk Asst.</del>	The PPS 2030 D in KIDS is not required.	<u>PPS 2020 Kansas DCF</u> <u>Assessment Map</u> : 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	Worker will upload the <u>PPS 2020 Kansas DCF</u> <u>Assessment Map</u> and the <u>SDM Safety and Risk</u> <u>Assessments (SDM</u> <u>Counties only) in KIDS</u> and a paper copy in the family file. <u>The PPS Supervisor will</u>



Current Form/Process	Stop Doing	<del>Use Instead</del>	<del>No</del> change	Notes

		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. AND FOR COUNTIES USING SDM SDM Risk Assessment: Counties using SDM will also continue completing the SDM Risk Assessment in the SDM Risk Assessment in the	verify the documentation is attached in KIDS before signing case for closure.
2030 E NAN/FINA	The Child Contributing Factors, Caregiver Contributing Factors and FINA Conclusion screens are no longer required on the FINA Assessment PPS 2030 E.	PPS 2020 Kansas DCFAssessment Map: Ifreferring for DCF services.(Family Services, FamilyFirst Prevention Services,or Family PreservationServices or Foster Care)complete all sections of theAssessment Map. If lastingsafety is rated high enoughthat it indicates ChildWelfare intervention is notneeded, complete at aminimum the followingsections: Genogram,Current & Past HarmCurrent & Past Safety, andthe Lasting Safety Scale.Complete only thePersons Contacted KIDSscreen on the PPS 2030EFINA Assessment.AND FOR COUNTIESUSING SDM	Worker will upload the <u>PPS 2020 Kansas DCF</u> <u>Assessment Map</u> and the SDM Safety and Risk <u>Assessments (SDM</u> <u>Counties only) in KIDS</u> and a paper copy in the family file. <u>The PPS Supervisor will</u> verify the documentation is attached in KIDS before signing case for closure.



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Page	4	-01	1

2030 F FBA Summary	Worker will not be required to complete the entire FBA. The strengths/needs section will not be required to close the case.	SDM Safety and RiskAssessments: Counties usingSDM will also continuecompleting the SDM SafetyAssessment in the SDMsystem within one workingday of the initial contact; andcomplete the SDM RiskAssessment.Worker will complete theFBA Decision Summarywithout enteringinformation into thestrengths/needs memo fieldon the Service Plan KIDSscreen.PPS 2020 Kansas DCFAssessment Map: Ifreferring for DCF services(Family Services, FamilyFirst Prevention Services,or Family PreservationServices or Foster Care)complete all sections of theAssessment Map. If lastingsafety is rated high enoughthat it indicates ChildWelfare intervention is notneeded, complete at aminimum the followingsections: Genogram,Current & Past HarmCurrent & Past Safety, andthe Lasting Safety Scale.	Worker will upload the <u>PPS 2020 Kansas DCF</u> <u>Assessment</u> <u>Map and the SDM Safety</u> and Risk Assessments- (SDM Counties only) in KIDS and a paper copy in the family file. The PPS Supervisor will verify the documentation is attached in KIDS- before signing case for closure.
Pregnant Woman Using Substances	Documentation of all interviews with all family members for all case assignment types on the PPS 1010 Case Activity Log	Use <u>PPS 2019 Kansas DCF</u> <u>Conversation Note</u> for all- family contacts for all case assignment types. Use age/developmentally appropriate tools for child(ren) interviews.	Continue to use PPS 1010 Case Activity Log to document contacts not documented on the PPS 2019 Kansas DCF Conversation



|--|

	Worker will not be required to complete the entire 2030 E Pregnant Woman using Substances Assessment.	Complete only the Persons Contacted KIDS screen on the PPS 2030E FINA Assessment. <u>PPS 2020 Kansas DCF</u> <u>Assessment Map</u> : 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.	Note. Worker will upload the <u>PPS 2020 Kansas</u> <u>DCF Assessment</u> <u>Map in KIDS and a</u> paper copy in the family file. The PPS Supervisor will verify the documentation is attached in KIDS- before signing case for closure.
Facility cases	Documentation of all interviews with all family members for all case assignment types on the PPS 1010 Case Activity Log	Use <u>PPS 2019 Kansas DCF</u> <u>Conversation Note</u> for all- family contacts for all case assignment types. Use age/developmentally appropriate tools for child(ren) interviews. <u>PPS 2020 Kansas DCF</u> <u>Assessment Map: If</u> 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	Continue to use PPS- 1010 Case Activity Log to document contacts- not documented on the <u>PPS 2019 Kansas DCF</u> <u>Conversation Note</u> . Worker will upload the <u>PPS 2020 Kansas DCF</u> <u>Assessment Map</u> in KIDS and a paper copy in the family file. The PPS Supervisor will- verify the documentation is attached in KIDS- before signing case for closure.



Current Form/Process	Stop Doing	<del>Use Instead</del>	<del>No-</del> change	Notes

Third parties	Documentation of all- interviews with all family members for all case assignment types on the PPS 1010 Case Activity Log	needed, complete at a minimum the following sections: Genogram, Current & Past Harm Current & Past Safety, and the Lasting Safety Scale. Use PPS 2019 Kansas DCF Conversation Note notes for all family contacts. Use age/developmentally appropriate tools for child(ren) interviews. <u>PPS 2020 Kansas DCF Assessment Map</u> : 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 Safety, and the Lasting Safety Scale.		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. The PPS Supervisor will verify the documentation is attached in KIDS- before signing case for closure.
Agency response KIDS Screen		No change to the process.	×	
PPS-2000 Request to Interview a Child at School		No change to the form or process.	×	
PPS 2001 Parental Consent to Interview a		No change to the form or process.	×	



Child at School			
PPS 2005	No change to the form or	×	
UNCOPE	process.	-	
PPS 2007	No change to the form or	×	
Plan of Safe	process.	-	
Care	-		
PPS 2010	No change to the form or	X	Document in Mapping
What you	process.		Conversation Notes/PPS
need to know			1010 Case Activity Log.
about			
investigations			
and child			
<del>abuse or</del>			
neglect			
PPS-2011	No change to the form or	×	
Case Findings	process.		
PPS 2012	No change to the form or	×	
Notice of	process.		
Department			
Findings		_	
PPS 2014	No change to the form or	×	
Referral for	process.		
Services		_	
PPS 2015	No change to the form or	×	
Referral to	process.		
Infant and			
Toddler			
Services		37	
PPS 2017	No change to the form	X	
Notification of	or process.		
Affirmed or			
Substantiated			
Case Finding			

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



Strong Families Make a Strong Kansas

Estado de Kansas Departamento de Menores y Familias Servicios de prevención y protección

#### Autorización para divulgar información incluida la información de salud que puede establecer la identidad de los niños

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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

Estado de Kansas

Departamento de Menores y Familias Servicios de prevención y protección que están obligadas por la le

#### Autorización para divulgar información incluida la información de salud que puede establecer la identidad de los niños

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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 autoricé 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 autoricé 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 :
BACK	Kansas Department for Children and Families Prevention and

Protection Services Strong Families Make a Strong Kansas

## **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 isneed and has not vet 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 gualified professional. A gualified 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.

## **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. <u>Searches of DCF, criminal, and sex offense history shall be completed. See PPM</u> 2025
- 2. Interviewing the reporter and witnesses, if any, to the alleged maltreatment.
- 3. <u>Interviewing the child victim.</u> 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. <u>Interviewing the child's parent(s) and other person(s) responsible for the care of the child.</u>
- 5. Interviewing the alleged perpetrator.
- 6. <u>Visiting the scene of the alleged maltreatment; documenting relevant</u> <u>environmental information; requesting a law enforcement officer to seize physical</u> <u>evidence. Photographs or videotapes may be requested of a law enforcement</u> <u>officer, medical staff, or other persons trained and competent in taking</u> <u>photographic or electronic evidence. If such a qualified professional is not</u> <u>available, DCF staff should photograph to record the evidence.</u>
- 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. <u>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.</u>

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.

## **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 <u>immediate safety staffing</u> 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

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 may be present. If there is not worries for imminent danger to the child 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

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.

#### 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 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.

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.
 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.

4. anytime PPS Supervisor advice is needed to assist in determining whether additional inperson 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.

# 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.



# **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, Fthe time and date the worker first attempted contact with the first alleged victim or first identified child in the assigned report shall was be entered into the work start date and time on the top half of MAAS. Information for this data field is was 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 was to be entered 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 was checked, the Date/Time 1<sup>st</sup> attempt with parent/caregiver (including PWS) shall was to 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 was to 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 was when the agency made in-person contact with each identified child and is was 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 is the work start date and time from the top half of MAAS screen.

# **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.

# 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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	Last N	Jame:	Date of Birth:	Age:
Number:	Projec	cted ROC:	Date Completed:	Gender:
	Section	1: My Identifying Documents		
		for all youth ages 14 and older		
		ansition to adulthood and are requi		e you leave care.
	nts do you ha	ave and what do you still need befor		
ital Personal Documents		Current Document Status		the document cated?
al History: Copies of transcript s and addresses of schools atten	nded, etc.	Have Applied for Don't ha		
al Security Card issued by SS		Have Applied for Don't ha		
State-Issued License, Permit Photo Identification	or	Have Applied for Don't ha	ave	
or Certified Copy of Birth Co	ertificate	Have Applied for Don't ha	ave	
Immunization Records		Have Applied for Don't ha	ave	
History: Including current me t, current providers and medica		Have Applied for Don't ha	ave	
Medical and Genetic Inform	ation	Have Applied for Don't ha	ave	
<b>story</b> : Including release of allo records from time in custody	wable	Have Applied for Don't ha	ave	
Life Book		Have Applied for Don't ha	ave	
ments below are need	ed as youtl	h attains age 18.		
oy of Consumer Credit Repor	t	Have Applied for Don't ha	ave	
Card/Health Insurance infor	mation	Have Applied for Don't ha	ave	
ollment Card/Tribal Docume	ntation	Have Applied for Don't ha	ave	
Voter Registration		Have Applied for Don't ha	ave	
elective Service Registration		Have Applied for Don't ha	ave	
enship/Immigration Documer	its	Have Applied for Don't ha	ave	
Proxy or Medical Power of A	Attorney	Have Applied for Don't ha	ave	
F Custody Verification Letter		Have Applied for Don't ha	ave	
	-	<b>documents when released from cu</b> nay not be released without written <u>p</u>	•	nating source.
ase manager and I need to	take to obta	in my identifying document(s):		

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#### 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)

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Section 3: Life Skills Required for all youth ages 14 and older				
What skills have you already learned and what areas you would like to strengthen?				
Specific Skill         Youth Assessment         Placement/Worker Assessment				
Laundry (washing, drying, folding, stain removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.):	<ul> <li>I feel confident in performing this skill.</li> <li>I need support as I continue developing this skill.</li> <li>I have limited experience and will need assistance in developing this skill.</li> </ul>	Describe the youth's level of competency:		
<b>Grocery Shopping</b> (understanding sales/coupons, making healthy meal choices within a budget, buying ingredients for a recipe, etc.):	<ul> <li>I feel confident in performing this skill.</li> <li>I need support as I continue developing this skill.</li> <li>I have limited experience and will need assistance in developing this skill.</li> </ul>	Describe the youth's level of competency:		
<b>Cooking/Meal Preparation</b> (preparing meals with multiple ingredients, basics of cooking, kitchen safety, etc.):	<ul> <li>I feel confident in performing this skill.</li> <li>I need support as I continue developing this skill.</li> <li>I have limited experience and will need assistance in developing this skill.</li> </ul>	Describe the youth's level of competency:		
Self-Care/Hygiene: (bathing, shaving, caring for your teeth, nail and hair care, use of deodorant and other hygiene products, exercise, healthy stress management, etc.)	<ul> <li>I feel confident in performing this skill.</li> <li>I need support as I continue developing this skill.</li> <li>I have limited experience and will need assistance in developing this skill.</li> </ul>	Describe the youth's level of competency:		
<b>Communication Skills:</b> (making appointments for keeping a schedule, setting up an e-mail, and communicating in a professional manner)	<ul> <li>I feel confident in performing this skill.</li> <li>I need support as I continue developing this skill.</li> <li>I have limited experience and will need assistance in developing this skill.</li> </ul>	Describe the youth's level of competency:		

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Healthy Living Environment: (dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)	<ul> <li>I feel confident in performing this skill.</li> <li>I need support as I continue developing this skill.</li> <li>I have limited experience and will need assistance in developing this skill.</li> </ul>	Describe the youth's level of competency:		
Money Management/Budgeting: (saving money, budgeting for bills and groceries, understanding the pros and cons of student/car loans, credit cards, payday loans, etc.)	<ul> <li>I feel confident in performing this skill.</li> <li>I need support as I continue developing this skill.</li> <li>I have limited experience and will need assistance in developing this skill.</li> </ul>	Describe the youth's level of competency:		
Accessing Community Resources/Public Transportation (bus/taxi services; emergency resources for food, clothing, and shelter; crisis/emergency services, etc.) Have you completed a Casey Life Skills	<ul> <li>☐ I feel confident in performing this skill.</li> <li>☐ I need support as I continue developing this skill.</li> <li>☐ I have limited experience and will need assistance in developing this skill.</li> <li>Assessment (CLSA)? ☐ Yes ☐ No ☐ Unsu</li> </ul>	Describe the youth's level of competency:		
(If yes, please attached most recent CLSA.)				
Becoming an Adult				
My thoughts about becoming an adult ar				
Some things I would like to learn before I become an adult are:				
Placement/Worker Assessment- specific	suggested areas of life skill development in	clude:		

Prevention and Protection Services Page 7 of 20 Section 4: My Education Plan Required for all youth ages 14 and older Plans for your educational and career goals. Current Student Status: (Ages 14 and older) Current or Most Recent School Attended: Highest grade completed: Vocational Supports: Do you have any of the following? (check below) (Ages 14 and older) An Individualized Education Plan (IEP) Yes No Unsure 504 Plan  $\Box$  Yes  $\Box$  No  $\Box$  Unsure Visual/Hearing Impairment Yes No Unsure Use of an Assistive Device for Learning Ves No Unsure Other Disability  $\Box Yes \Box No \Box Unsure$ I intend to complete my (check below): (Ages 16 and older) HS diploma at *(name of school)*: GED at (name of school): Testing completed: Yes No Obtain a Vocational Certificate at *(name of school)*: Post-secondary training/degree at (name of school): Highest Level of Education Completed: (Ages 16 and older) # of Credits Earned HS Diploma (name of school) GED College Credits Technical Training If enrolled in high school or GED, I have: Completed ACT or SAT Entrance Exam Completed a Kansas Kids @ Gear Up Application Bought or Have Been Provided Materials/Books Paid Registration Fees I would like more information about the following: A-OK Program Gear Up FAFSA Application Tuition Waiver Tutoring First-Aid/CPR IEP/504 Plan Scholarships Choosing my Classes Dual Credit Classes Credit Recovery Bullying/Anti-Bullying Feeling Alone on Campus Sports/School Activities Military Education Educational Counseling Vocational Rehabilitation Help with Choosing Understanding Student Pre-Employment Loans and Financial Aid Transition Services (Pre-ETS) Electives (High School Level) (VR) Contacting My School Test Preparation (ACT/SAT) College Campus Tours Upward Bound Counselor Applying for an Education Senate Bill 23 (Graduation Obtaining Education with Other: requirements for youth Program a Disability (Federal WIOA experiencing foster care) (KS H.R 803 Section 422) Statute #38-2285)

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**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. <u>"Nothing About Us, Without Us!"</u>				
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:	No Unsure			
Section 6: My Connectio	ns Plan			
Required for all youth ages 14	and older			
Who could you call for issues related to money, job, transportation, sch could you call for general/everyday support when you need it?	ool, housing, physical or emotional health? Who			
Name:	Phone:			
	Email:			
I see him/her as much as I would like to: Yes No I would like him	n/her at my case planning meetings: Yes No			
Name:	Phone:			
	Email:			
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				
Name:	Phone:			
	Email:			
I see him/her as much as I would like to: Yes No I would like him	n/her at my case planning meetings: Yes No			
Name:	Phone:			
	Email:			
I see him/her as much as I would like to: Yes No I would like him	n/her at my case planning meetings: Yes No			
Name:	Email:			
I see him/her as much as I would like to: Yes No I would like him	n/her at my case planning meetings: Yes No			
Name:	Phone:			
	Email:			

#### My Plan for Successful Adulthood

Page 9 of 20 Prevention and Protection Services 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 Other: Aetna 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 mediations Medication: Reason: How often: Medication: How often: Reason: Medication: How often: Reason: 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

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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)?				
If "Yes," list service provider(s) names and	d contact information:			
I would like more information on: (check	k halow)			
Changing Doctors	Communicating with my Doctors	Sobriety Support		
Scheduling Appointments	Applying for Medical Insurance	LGBTQI Supports		
Filling Prescriptions	Substance Abuse Treatment	Physical Health		
Taking Medications as Prescribed	Mental/Emotional Health	Domestic Violence Resources		
Healthy Relationships	Abstinence/Sexual Health	Renewing Health Insurance		
Obtaining/Using Birth Control	Tobacco Use/Quitting	Weight Management		
Healthy Habits	Connecting to Community Resources	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:			
Job/Career Fairs	Opening a Checking/Savings Account	Understanding My Credit		
Interviewing (dress for success)	Completing Job Applications	Saving Money for My Future		
Finding a Job with Criminal History	Creating a Resume/Cover Letter	Understanding Taxes and W-2s		
Vocational Rehabilitation (VR)	Finding a Job	Job Corp		
Jobs for America's Graduates-Kansas (JAG-K)	Pre-Employment Transition Services ( <i>Pre-ETS</i> )	Joining the Military (Army, Air Force, Navy, Marines, Reserves)		
Credit Recovery Programs	Online Banking/Bill Pay	Job Shadowing		
Applying for/Understanding Social Security Benefits (SSI/SSDI)	Obtaining Employment with a Disability	Other:		
Have you completed a career assessment	t such as ONET, My Next Move, OneStop,	or another tool? (check below)		
Yes No Unsure If yes, when?				
What were the results?				
	sment, to see what jobs might interest you?	]Yes DNo Dunsure		
What are some jobs or careers that inter	est 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)?				

My Plan for Successful Adulthood

Prevention and Protection Services Page 11 of 20 Would you like to open a checking/savings account? Yes Who can help you set up a banking account? Do you understand fees that are associated with a bank and/or debit card? Yes 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: TYes 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					
Required for all youth ages 17 and older					
Where I currently live:	Non-Rela	tive Group Facilit	y Shelter Detention	Secure Care Other:	
My options for housing, once	_				
Apartment/House If so, are	Group		Military Housing	College Dorm	
you on the lease? $\Box$ Yes $\Box$ No					
Supportive Adult	Friend	/Non-Relative	Current Placement	Relative	
Not Ready to Think About	Sober	Living/Halfway	Unsure of Where I Will	Residential Community	
Housing Right Now	House	· ·	Live	Setting	
Homeless/Couch Surfing	No sta	ble housing	Homeless Shelter/Streets	Domestic Violence Shelter	
If a stable housing plan is not	in place, id	lentify steps to take to	o help access housing support	s to ensure your safety:	
I have completed the following		p my housing plan:			
Looked into housing rental a	ds	Secured a co-sign	er, if needed	Contacted specific housing	
Developed solid plans with p	otential	I have budgeted a	nd am able to pay my	In person apt/house hunting	
roommates/family members		monthly expenses			
Applied for affordable housing (Section 8, HUD or income-based h	•	Secured deposits,	if needed	Other:	
I understand which utilities I will be responsible for and about how much they will cost me each month. Yes No 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: Locating Housing Applying/Budgeting for Housing Signing a Lease Affordable Housing Utility Deposits/Costs					
Other: Who I plan to live with: (name	e, relationsl	nip and address, if app	licable)		

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#### 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.

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Transition Plan	for Successful Adulthood: Participant S	ignatures & Date of Completion
Youth feedback: (comments)	Concerns about your plan? []Yes []No	Discussed concerns with team?  Yes  No
Youth Signature/Date:		
Case Manager feedback: (comments)	Concerns about youth's plan? [Yes ]No	Discussed concerns with team? Yes No
Case Manager Signature/Date:		
DCF IL Coordinator feedback: (comments)	Concerns about youth's plan?  Yes No	Discussed concerns with youth? $\Box$ Yes $\Box$ No
DCF IL Coordinator Signature/	Date:	
Supportive Adult feedback: Conc (comments) Youth-Selected Supportive Adult		Discussed concerns with youth? Yes No
	eerns about youth's plan? Yes No	Discussed concerns with youth? Yes No
Youth-Selected Supportive Adult	t Signature/Date:	
X		
Other Attendee Signature		Date
Х		
Other Attendee Signature		Date
X		
Other Attendee Signature		Date

# This page is intentionally left blank.

	Section 11: Exit Plan		
		from custody. If the exit plan is unable to be	
		nating circumstances and exception has been as possible and no later than 45 days after	
granted per PPWI 0100 the exit	release from custody.		
	This plan is to be completed		
Youth, Case	Manager and DCF Independer		
		eflects accurate post-release information.	
-		d finalized prior to release from custody.	
After release, my contact information w	<b>Aill be as follows:</b> (Please fill in the in	nformation below.)	
Address:			
Email:			
Phone:			
Social Media:			
If this plan falls through, the address fo	r 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 ca	an be located:	
Do you have any children? Yes No			
Are you currently expecting a child?			
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	Driver's License ( <i>currently valid</i> )	
Copy of Immunization Records	<i>copy</i> ) Educational Records	Diploma/GED	
Letter Verifying Custody	Medical Power of Attorney, if re		
	-	quested	
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? $\Box$ Yes $\Box$ No $\Box$ N/A			
If planning to attend college or other training program, have you enrolled in classes? $\Box$ Yes $\Box$ No $\Box$ N/A			
If planning to work, are you employed? Tyes No N/A			
If employed, what is your employer's name and address?			

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# 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:		
NY.	DI I	Email:		
Name:	Phone number:	Address:		
		Email:		
Name:	Phone number:	Address:		
Name:	Phone number:	Email: Address:		
Name:	Phone number.	Address:		
		Email:		
Name:	Phone number:	Address:		
NT.		Email:		
National Youth in Transition Database (NYTD):				
	(Final Rule: Section 477of the Social S	- · · · ·		
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: <u>KS.NYTD@dcf.ks.gov</u>				
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				
		situations. This adult would make decisions for you		
		egarding medical treatment. If you do not have a		
		i may not trust making these decisions for you.		
When you select a trust	When you select a trusted adult for this document, we can help you obtain the needed document.			
Have you selected a trusted adult to ma	ike important decisions regarding e	mergency medical treatment?		
Do you have documentation for your se	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	e: Email:			

State of Kansas Department for Children and Families 22 Prevention and Protection Services	My Plan for Successful Adulth	nood	PPS 3059 REV. Jul- <del>19</del> Page 20 of 20
	ested in receiving from DCF, if eligible?	Check all that apply:	
Aged Out Medical Card Employment Services Access to Medical Services Accessing Mental Health Childcare Assistance YouThrive Program Referral Completion of Secondary Education		Independent Living Subsider Tuition Waiver Community Resources Start Up Assistance Pre-ETS/Voc. Rehab Ser the community that I plan to live	vices
DCF Independent Living Coordinato			
Name:	Office Location:		
Phone:	Email:		
Regional Group Email:			
Exit Plan Participant Signatures & D	ate 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 <i>(Section 11)</i> 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 <i>(if eligible)</i> , 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 identify 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).



# **3233 D**evelopment 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. <u>Objectives shall relate to presenting problems, not prior or anticipated</u> problems.
  - 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 20202030F. (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. <u>Specific activities to be accomplished by the parents, child and/or other</u> 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. <u>Behavioral change expectation statements shall indicate what qualitative,</u> 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.

# **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 and 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 vet 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 alreadyplaced 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)

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, Aan 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 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

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

# 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.

# **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.

	Part A: Education Best Interest Determination Staffing					
	uired - student remains in school of ori	gin's catchment area.				
Comments:						
Date Staffed:	Participants in Staffing:					
		epartment for Children and Local Education Authority (LEA) lies (DCF)				
	(CWCMP)					
		uthority (LEA): If the school is participating in the Mental				
		ocument is provided to the appropriate staff at the school to				
	ny assessments or referrals needed	for involvement in this program.				
Names of Att	endees:					
<b>Decision</b> Con	siderations:					
	f Time Enrolled in School of Origi					
	<b>Behaviors/Disabilities</b>	<b>Parent Preference, if parental rights are intact</b>				
Safety Fa		Child's Attachment to the School of Origin				
-	tion in Extra-Curricular Activities from School of Origin	S Placement of Siblings				
	504 Plan Services	Availability and Quality of Services				
	nput from Case Participant	Caregiver Requires School Move to Maintain				
		Placement				
Decision Sun	imary:					

Part B: Immediate Enrollment of a Child Placed in Foster Care					
Date of		<b>Responsible State</b>	Department for Children and	<b>Kansas Department for Corrections-</b>	
<b>Placement:</b>		Agency:	Families (DCF)	Juvenile Services (KDOC-JS)	
As authorized by grantee of DCF: Saint Francis Ministries KVC TFI Cornerstones of Care					
Special Instructions:					
• Students in foster care at any time after their 14 <sup>th</sup> birthday shall be awarded a high school diploma if: Child is at					

• Students in foster care at any time after their 14<sup>th</sup> 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: S	Section I: Student and Current Placement Information						
Student Name	e:						
(First, Middl	e, Last)						
DOB:		SSN: (last four		Phone:		Email:	
		digits ONLY)		🗌 NA		🗌 NA	
Placement Na	Placement Name(s):						
Placement Ad	ddress:						
(Street, City,	State, Zip						
Code)							
Placement Te	elephone			Placement Email	:		
Number(s):							

Section II: School in which	Section II: School in which child is being enrolled or maintained						
Unified School District					USD		
(USD) Name:					Number:		
School Name:							
School Address:							
(Street, City, State, Zip)							
School Phone Number:			Fax:				
School Building Contact			School Build	ling Contact			
Name:			Email:	-			
Every Student Succeeds Act							
(ESSA) School District Point							
of Contact Name:							
ESSA School District Point of			ESSA Schoo	ol District Point o	f		
Contact Phone Number:			Contact Ema	ul:			
Enrollment Date:			Grade:				
Check all that apply:	egular Education	Special I	Education	Alternative S	School [	Online Learning	

Section III: Last school attended				
Instructions: The school of or	igin is the school that the child was enrolled at the time of the in	nitial placem	ent. If the child's	
foster care placement changes, t	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		
(USD) Name:		Number:		
School of Origin Name				
(most recent school of				
attendance):				
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: Regular Education	Special Education   Alternative School   Online Learning

Sect	ion IV: Student Educational	Information					
Does	Does the student have any of the following? (Check all that apply)						
1.	Individual Education Plan (IEP):	Yes	No	Evaluation	Unknown		
1.	Individual Education Flan (IEF).			in Progress			
	IEP provide individualized specia	l education and 1	related services t	o meet the unique	needs of the child.		
2.	504 Plan:	Yes	🗌 No	Unknown			
	plans provide services and changes	to the learning e	nvironment to n	neet the needs of the	ne child as adequately as other		
stud							
3.	School Behavior Contract / Management Plan:	Yes	□ No	Unknown			
4.	Is the student currently	Yes	🗌 No	Dates:	Length:		
	suspended?						
5.	Is the student currently expelled?	Yes	□ No	Dates:	Length:		
6.	If yes to questions 4 and 5, please e	xplain below (figh	l nting, truancy, dru	ıgs / alcohol, etc.).			
7.	Describe in detail below any specia	l staffing needs or	safety precaution	18.			
8.	Brief description of reasons for out	of home care as re	elevant to the lear	ning process.			
9.	List current medications below.						
10.	Physical or mental health condition	s as relevant to the	e learning process	5.			
11.	Other information relevant to the le	arning process of	this student.				

Section V: Legal	Education	al Decisio	on Make	r			
Parent/Legal							
Guardian Name:							
Address: (Street,							
City, State, Zip)			1	1	1		
Phone Number:			Email:		Alternate Contact:	/ Back up	
Restricted Contact:	Yes	🗌 No	Parental Relinqui	Rights Terminated or shed:		Tes Yes	🗌 No
Provide additional det	ails as releva	ant to the le	earning				
process:							
				•			
Parent/Legal							
Guardian Name:							
Address: (Street,							
City, State, Zip)							
Phone Number:			Email:		Alternate	/ Back up	
<b>D</b>			<b>D</b> 1		Contact:		
Restricted Contact:	Yes	🗌 No	Parental Relinqui	Rights Terminated or shed:		Yes	No
Provide additional det process:			C				
Education Advocates	are appointe	d through l	Families T	ogether.			
Education Advocate Name:							NA In Process
Address: (Street,							
City, State, Zip)				1	•		
Phone Number:			Email:				
Child residing with	person acting	g as parent	(kinship r	elative) who meets criter	ria for educa	tion decisio	n maker: 🗌 Yes 🗌 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:		
		•	•	

Educational Enrollment Information for School Placement Form (EEISPF)

Second Contact- Case		
Manager Partner Name:		
Address: (Street, City,		
State, Zip)		
State, Zip)		
Cell Phone Number:	Office Phone	Office
	Number:	Extension:
Email:	Fax Number:	
Third Contact-		
Case Team Supervisor		
Name:		
Address: (Street, City, State, Zip)		
Cell Phone Number:	Office Phone	Office
	Number:	Extension:
Email:	Fax Number:	
Fourth Contact-		
Education Contact		
Name:		
Address: (Street, City,		
State, Zip)		
Cell Phone Number:	Office Phone	Office
	Number:	Extension:
Email:	Fax Number:	
Fifth Contact-		
DCF Foster Care		
Liaison:		
Address: (Street, City,		
State, Zip)       Cell Phone Number:	Office Phone	
Cell Phone Number.	Number:	
Email:	Fax Number:	
Sixth Contact-		
DCF Foster Care		
Administrator		
Address: (Street, City,		
State, Zip)       Cell Phone Number:	Office Phone	
Cen ritolie nullibel.	Number:	
Email:	Fax Number:	

State of Kansas Department for Children and Families Prevention and Protection Services Educational Enrollment Information for School Placement Form (EEISPF) PPS 5254 REV August 2022 Page **6** of **6** 



Strong Families Make a Strong Kansas

## **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.

#### Section I: Student Eligibility (To Be Completed By Youth)

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.

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.

cheen me son mar sest deserve	cheek the ook that best debenoes your engionity.						
I was in the custody of	I was released from the	I was adopted from a	I was released from a				
the Secretary of the Kansas	custody of the Secretary of the	foster care placement on	foster care placement subject				
Department for Children and	Kansas DCF before age 18	or after my 16th birthday	to a guardianship under				
Families (DCF) and in a	and graduated from high	while in the custody of the	chapter 38 or 59 of the K.S.A.				
foster care placement on or	school or obtained a GED	Secretary of Kansas DCF.	on or after my 16 <sup>th</sup> birthday				
after my 18 <sup>th</sup> birthday.	while in foster care placement		while in the custody of the				
	and in the custody of the		Secretary of the Kansas DCF.				
	Secretary.						

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 Infor	Section II: Student Information: Write Legible (To Be Completed By Youth)					
Name (First, Middle Initial, L	ast)					
DOB		t 4 Digits of Social urity Number	XXX-XX-			
Address: Street, City, State, 2	Zip Code					
Applicant Telephone Number			Email Address			
Date of High School Graduat	on /or Dat	e GED received				
Post-Secondary Educational I	nstitution a	accepted to (include	the city)			
Enrollment Start Date: (includ	le month &	ż year)				
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.						
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*			

Application for Foster Child Education Assistance Program

Section IV: DCF Applicant Eligibility Determination (To Be Completed By KS DCF)				
Approved for the Foster Child	<b>Denied</b> the applicant doesn't	Youth may be eligible for other		
Educational Assistance Act Program.	meet eligibility criteria.	DCF Independent Living Services.		
		Provide the applicant with contact		
The Kansas Department for Children &		information for DCF Independent		
Families verifies that this applicant is		Living Services at		
eligible at the above institution through				
the semester the applicant attains age 23.				

Print Name & Title of PPS	Date of	
Administration Staff	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 age16 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:
    - 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.

## **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:

- 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.

# **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;
- 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;

- 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