Type of On Site Review: Secure Care
Date of Site Visit:
Provider:
Provider Contact:
DCF Surveyor:

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 Foster Care and Residential Facility Licensing 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 Foster Care and Residential Facility Licensing Division secure care facility.

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

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SECTION 2: GENERAL STAFFING REQUIREMENTS

Twenty-four hour care which has been licensed by DCF Foster Care and Residential Facility Licensing Division (KAR 28-4-350-28-4-360) as a secure care facility.

- Each secure care center director shall have at least a master's degree in social work or a related field, or shall have a bachelor's degree in social work, human development and family life, psychology or education and a minimum of three years of supervisory experience within a child care agency.
- Facility staff shall meet the requirements of K.A.R. 28-4-353a. Facility child care staff shall be at least 21 years of age with a minimum of three years age difference between the child care worker and oldest resident who can be admitted to the facility. Child care staff shall have at least a high school diploma or its equivalent and shall also have a minimum of:
  1. three semester hours of college level study in adolescent development, psychology or a related subject
  2. Eight hours of orientation training before assuming supervisory responsibility of the residents.
  3. Staff shall have 32 hours of training before assuming independent supervisory responsibilities.
  4. All staff shall have 40 hours of training per year
  5. One year of experience as a child care worker or house parent in a facility serving youth of the same age.

- The facility shall be staffed appropriately to meet the needs of all the resident in their care. The staff ratio is 1:7 during waking hours and 1:11 during sleeping hours. There shall be 24-hour awake staff to insure child safety.

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SECTION 3: CRITERIA FOR THE YOUTH'S ADMISSION

Youth are admitted to the facility who have been placed in a secure care facility Per K.S.A 2260 (f) (2-3). The court may authorize the custodian to place the child in a secure facility or juvenile detention facility, if the court determines that all other placement options have been exhausted or are inappropriate, based upon a written report submitted by the Secretary, if the child is in the Secretary's custody, or submitted by a public agency independent of the court and law enforcement, if the child is in the custody of someone other than the Secretary. The report to the court shall detail the behavior of the child and the circumstances under which the child was brought before the court and made subject to the order entered pursuant to subsection (a) of the CINC code.

The authorization to place the child in a secure facility or juvenile detention facility pursuant to this subsection shall expire 60 days, inclusive of weekend and legal holidays, after its issue. The court may grant extensions of such authorization for two additional periods, each not to exceed 60 days, upon rehearing pursuant to K.S.A. 38-2256, and amendments thereto.

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<td>Case Records</td>
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</table>
Section 3.1: Placement Agreement

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.

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.

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<td>12</td>
<td>Look for a copy of the signed Placement Agreement in the youth’s file that was completed at the time of placement.</td>
<td>Case Records</td>
<td>Substantially Met, Partially Met, Not Applicable</td>
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</table>
Section 4: Residential Care Program

Section 4.1 Residential Care System

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

The Secure Care 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:

1. interpersonal interactions with staff and peers
2. facility leave policies
3. school attendance and behavior while at school,
4. verbal and physical aggression,
5. allowable possessions,
6. awakening and bedtime hours,
7. leisure hours,
8. visitation policies,
9. AWOL attempts,
10. involvement in recreation and other activities,
11. self-destructive behaviors,
12. sexuality,
13. communications with family and others outside the program,
14. religious worship,
15. involvement in therapies,
16. theft, property destruction,
17. behaviors resulting in mandatory removal from the program, and
18. behaviors at the program which could result in legal prosecution.

Emphasis in the design of the secure care facility program is to be on addressing the youth’s chronic running behaviors to eliminate current and future running behavior so the youth can be successful in a community non-secure setting.

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<td>15</td>
<td>Look for Behavior Management System posted in common area(s).</td>
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### Section 4.2: Resident lodging

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)

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.

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<td>17</td>
<td>Factors considered for the youth room assignment shall be documented in the youth’s file.</td>
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</table>

### Section 4.3: Education Requirement

All facilities shall have an education agreement letter with a school district certified by the state board of education. The facility shall ensure routine communications between the staff and any educational program in which the youth is placed. This shall include requesting and participating in the development of an Individual Education Plan for each resident when appropriate. These contacts shall be noted in the youth’s case record. Any accredited Kansas Virtual schooling program (on line schooling) shall be approved by the CWCMP Provider for each child. Refer to PPM 3236.

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<td>20</td>
<td>Look for documentation of communications between the staff and any educational program.</td>
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<td>Look for CWCMP provider approval if on-line schooling is utilized.</td>
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### Section 4.4: Scope of Services

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

The Secure Care will provide a program for youth in the facility that covers the following program components:

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

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

**Situational Training** - to include but not limited to:

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

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

3. Consumer education for independent living:
   a) budgeting  
   b) comparative buying  
   c) installment buying  
   d) avoiding risks  
   e) identifying illegal or excessive interest rates  
   f) use of credit  
   g) avoiding or dealing with debts  
   h) using checking and savings accounts  
   i) paying taxes

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

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

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

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Section 4.5: Initial Assessment

When a youth enters the facility, the Secure Care shall begin immediately assessing their strengths and needs and shall have a completed assessment within 7 days. The assessment 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
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

Placement needs of the youth shall be assessed with regards to most appropriate next placement
Physical and mental health needs shall be coordinated with assigned CWCMP case manager and youth’s assigned MCO.

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Section 4.6: Accessing Outpatient Mental Health/Substance Use Disorder Services for Youth Residing in an Secure Care Facility

Only Outpatient Mental Health/Substance Use Disorder services are allowed while a youth is residing in an out of home placement (excluding PRTF placement). If outpatient services are needed, the provider shall coordinate assessments and services through an enrolled Medicaid provider through KanCare. The MCO assigned to the youth through KanCare will determine the type, frequency and duration of services required to meet the individualized Mental Health/Substance Use Disorder needs of each youth.

Upon admission or during the course of the youth’s stay, if the youth begins to exhibit behavior/needs which cannot be addressed by the placement or through outpatient services, the provider shall collaborate with the CWCMP case manager to obtain an appropriate screen/assessment to determine the level of services required.

If the youth is receiving Mental Health/Substance Use Disorder services from an enrolled Medicaid provider through KanCare, including a community mental health center or independent practitioner, at the time of admission, the youth may continue services by the same provider to maintain continuity of service.

Providers may employ, contract or otherwise partner with an enrolled Medicaid provider through KanCare to provide Outpatient Mental Health/Substance Use Disorder services to youth residing at the program.

Providers shall not prohibit the youth’s ability to request or receive services from any willing provider who are enrolled Medicaid providers through KanCare.

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Section 4.7: Program Plan

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

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

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

- Long term goals in the areas of:
  1. physical health
  2. family relations
  3. daily living skills
  4. academic and/or vocational skills
  5. interpersonal relations
  6. substance use service needs
  7. emotional/psychological health

- Short term goals which will help a youth eventually reach his/her long term goals in each of the above areas.
  1. Services to meet independent living goals.
  2. Specific plans for reaching the short-term goals including services to be provided and frequency.
  3. Estimated time for reaching short term goals.

- The youth shall sign and date the program plan indicating participation and input in the development of the plan.
- Updated information of the progress of the youth’s goals shall be included.

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

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<td>32</td>
<td>Review case record.</td>
<td>Case Records</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Check for program objectives.</td>
<td>Case Records</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Check for 30 day reviews.</td>
<td>Case Records</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Check for ES staff participation in CWCMP case planning.</td>
<td>Case Records</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section 4.8: Discharge/Aftercare Plan

Discharge planning shall begin upon admission of the youth to the facility. At a minimum, the resident, the resident’s parents (if applicable) or guardian, and the placing agency shall be involved in planning the discharge of a resident from the facility. The discharge plan and modifications to it shall be noted in the case file. All releases shall be approved by the court of jurisdiction, or the designated authority.

A discharge summary and modifications to it shall be completed at the time of the youth’s discharge, noted in the case file and forwarded to the CWCMP case management agency. This shall include delineation of after-care plans and goals which the youth have completed in the Secure Care Facility. Written recommendations for discharge shall be made and shall specify the nature, frequency, and duration or services the facility recommends for the youth.

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<th>#</th>
<th>Requirement</th>
<th>Source</th>
<th>Findings</th>
<th>Comments</th>
<th>Date Corrections Completed (Or note)</th>
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</thead>
<tbody>
<tr>
<td>36</td>
<td>Review p/p.</td>
<td>Policies, Procedures or Documents</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Review discharge planning.</td>
<td>Case Records</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Review closed files for aftercare planning.</td>
<td>Case Records</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Review closed files for discharge summary.</td>
<td>Case Records</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
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</tr>
</tbody>
</table>

### Section 4.9: Case Coordination

The Secure Care Facility has the responsibility for coordinating the youth’s program and progress with the referring CWCMP case management agency, school, family, and other appropriate community resources. Each Secure Care facility shall outline the case coordination service delivery responsibilities for their facility.

The Case Coordinator will maintain a resource of services to address the needs identified in Individual Program Plans and document in the youth file, when and what community resources have been contacted and utilized for services for the youth.

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<th>#</th>
<th>Requirement</th>
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<th>Findings</th>
<th>Comments</th>
<th>Date Corrections Completed (Or note)</th>
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<tbody>
<tr>
<td>40</td>
<td>Review p/p.</td>
<td>Policies, Procedures or Documents</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Review case file for documentation of coordination with utilized community resources.</td>
<td>Case Record</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 5: RESIDENT’S RIGHTS

The staff of the facility shall allow privacy for each youth. The facility’s space and furnishings shall be designed and planned with respect for the resident’s right to privacy. The facility’s design shall also provide supervision according to the ages and needs of the residents. Each resident shall have a quiet area where they can withdraw from the group when appropriate.

Contacts between the resident and their parents/guardian shall be allowed while the resident is in care unless the rights of the parents have been terminated by court order or family contact is not in the resident’s best interest. The frequency of contact shall be determined by the needs of the resident and his/her family or guardians per program plan requirements.

The facility shall have clearly written policies regarding visits, gifts, mail, E-mail and telephone (including cell phone) calls, pictures and social networking between the resident and their family, or guardian. These policies shall be made known to the resident and his/her family/guardian at or prior to admission. Residents shall be allowed to send and receive mail and have telephone conversations with family members/guardians unless it is not in the best interest of the youth, the safety and security of facility, or if a court order necessitates restrictions.

If restrictions on communications or visits are necessary these shall be documented in the youths file. The youth’s CWCMP case manager shall be notified of any new restrictions to communications or visitation implemented by the facility prior to its implementation.

A resident shall be allowed to bring personal possessions to the facility and may acquire other possessions in accordance with the policies of the facility. Prior to admission, information shall be made available to the youth and their parents/guardians concerning what possessions a youth may bring to the facility and the kinds of gifts they may receive. Possessions, which a youth cannot have or receive at the facility, shall be specified in writing and distributed to the youth and their parents/guardians.

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<th>#</th>
<th>Requirement</th>
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<th>Findings</th>
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<tbody>
<tr>
<td>42</td>
<td>Review p/p.</td>
<td>Policies, Procedures or Documents</td>
<td></td>
<td>Substantially Met</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Partially Met</td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Privacy – observe areas designated for quiet time.</td>
<td>Tour</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>44</td>
<td>Gifts and possessions – Review policies and literature provided to resident and family.</td>
<td>Case Record</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>45</td>
<td>Communication – Review policies and literature provided to resident and family. If restrictions are noted review program plan, 30 day reviews and notifications.</td>
<td>Policies, Case Record</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
## SECTION 6: BEHAVIOR MANAGEMENT

Discipline at the facility shall be consistent and not be physically or emotionally damaging. Youth shall not be subjected to cruel, severe, unusual, or unnecessary punishment. Youth shall not be subjected to remarks that belittle or ridicule them or their families. Residents 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 residents.

### Section 6.1: Time Out

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

**Application of time out**

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

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<th>#</th>
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<th>Findings</th>
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<th>Date Corrections Completed</th>
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<tbody>
<tr>
<td>46</td>
<td>Review p/p.</td>
<td>Policies, Procedures or Documents</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>47</td>
<td>Ask to review files of resident who have been placed in time out. Look for staff observation notes in case record.</td>
<td>Case Records</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
</tr>
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</table>

### Section 6.2: Emergency safety intervention / De-escalation techniques

**Managing Aggressive Behaviors**

De-escalation is a technique used during a potential crisis situation in an attempt to prevent a 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 cool the youth. Staff shall be trained in authorized, well-recognized 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 resident and parent (if applicable)/guardian 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 client’s case record.

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<tbody>
<tr>
<td>48</td>
<td>Review p/p.</td>
<td>Policies, Procedures or Documents</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>49</td>
<td>Review personnel files for documentation of required training.</td>
<td>HR Files</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>50</td>
<td>Look for written acknowledgments and required signatures.</td>
<td>Case Record</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
## Section 6.3 Emergency safety interventions/Physical restraints

An emergency safety intervention shall be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the 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 resident 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.

Mechanical restraint is the use of mechanical devices to restrict the free movement of the resident’s body, most often for purposes of preventing self-destructive behavior. Mechanical restraints are not allowed in Secure Care residential facilities.

Each facility shall have a written restraint policy and all staff shall be trained to provide safe physical restraints in the event of an emergency safety intervention. Staff shall be trained in authorized, well-recognized 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 resident and parent, if applicable or guardian, if applicable shall be oriented to the restraint policies of the facility and must shall sign a written acknowledgment or this orientation. This written acknowledgment shall be kept in the client’s case record.

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<tbody>
<tr>
<td>51</td>
<td>Review p/p.</td>
<td>Policies, Procedures or Documents</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Review written plan to limit use of restraints.</td>
<td>Case Records</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Review restraint logs.</td>
<td>Case Records</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>Review personnel files for documentation of required training.</td>
<td>Case Records</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Ask for other effective techniques and alternatives used by the facility.</td>
<td>Case Records</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>Look for written acknowledgments and required signatures.</td>
<td>Case Record</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
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</tr>
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</table>

## Section 6.4 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.

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<tr>
<th>#</th>
<th>Requirement</th>
<th>Source</th>
<th>Findings</th>
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<tbody>
<tr>
<td>57</td>
<td>Review p/p.</td>
<td>Policies, Procedures or Documents</td>
<td>Substantially Met Partially Met Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>View posting of KPRC number in the facility.</td>
<td>Tour</td>
<td>Substantially Met Partially Met Not Applicable</td>
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</tbody>
</table>
Section 7 - 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 7.1: Significant Incident Reporting

Significant incidents are to be reported to the youth’s CWCMP case manager and the youth’s parent or guardian when appropriate per PPM 0513.

The following significant incidents shall be verbally reported immediately with a written report to the CWCMP case manager within 24 hours of the event (please refer to the following definitions for clarification):

Significant Incident involving a child in the custody of the Secretary include but are not limited to:

1. death of a parent/primary caregiver (provide date of death)
2. runaway or missing from placement. PPM 5245 shall be followed
3. arrested for a juvenile offense
4. alleged abuse or neglect
5. child is an alleged perpetrator or victim of a criminal assault of any kind
6. attempted suicide
7. serious physical illness
8. unanticipated medical attention that requires treatment beyond first aid
9. pregnancy  See PPM 0513 D. 2.
10. birth  See PPM 0513 D. 2.
11. emergency change in placement
12. use of illegal drugs
13. suspension of the license of a group or residential facility used by children
14. alleged victim of human trafficking
15. alleged perpetrator of animal abuse
16. other. (document specifics)
17. death of child in care

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

All facilities shall have procedures for reporting significant incidents to administrative staff and recording significant incidents in the resident files. An administrative file of significant incidents shall be kept by facility.

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.

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<th>Findings</th>
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<th>Date Corrections Completed</th>
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<tbody>
<tr>
<td>59</td>
<td>Review p/p.</td>
<td>Policies, Procedures or Documents</td>
<td>Substantially Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>Review reports of significant incidents.</td>
<td>Case Records</td>
<td>Substantially Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>Check significant incidents log.</td>
<td>Case Records</td>
<td>Substantially Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>Review sample from log for compliance w/ reporting within proper time frame.</td>
<td>Case Records</td>
<td>Substantially Met</td>
<td></td>
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</tr>
</tbody>
</table>
Section 8 – Staff In-service training.

### Section 8.1 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

Child care staff shall have completed 40 hours of in-service orientation training provided by the facility before they can work independently with youth.

The in-service orientation program shall provide written documentation that all staff are oriented to the following:

1. Facility policy and procedures manual
2. Facility emergency and evacuation procedures
3. Emergency safety interventions (including management of aggressive or suicidal behavior and orientation to the facility’s restraint policies and procedures)
4. The handling of blood borne pathogens
5. Facility discipline standards
6. Abuse/neglect mandatory reporting laws
7. Client record documentation policies and procedures
8. Policies and procedures for resident medication management
9. Resident rights
10. Confidentiality laws
11. Training in CPR/First Aid within 3 months of employment
12. De-escalation techniques
13. The handling of youth in trauma based informed care

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<tr>
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<td>Not Applicable</td>
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<tr>
<td>64</td>
<td>Review training curriculum.</td>
<td>Policies, Procedures or Documents</td>
<td>Substantially Met</td>
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<td>Partially Met</td>
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<td>Not Applicable</td>
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<tr>
<td>65</td>
<td>Review personnel files for orientation training.</td>
<td>HR Files</td>
<td>Substantially Met</td>
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<td>Not Applicable</td>
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</table>
Section 8.2 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 forty (40) hour orientation training program.

All secure care direct care staff, shall have a minimum of forty (40) 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
2. name of trainer
3. name of training.
4. specify the number of training hours
5. date of the training

Topics shall include but not be limited to:

1. CPR and First Aid (current not expired)
2. Blood borne pathogens
3. Medications
4. Emergency safety interventions
5. Substance use disorder patterns
6. Childhood and adolescent development (including developmental disorders)
7. Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD)
8. Childhood and adolescent sexuality issues, especially the effects of early sexual abuse.
9. De-escalation techniques/physical restraints techniques
10. Trauma based informed care

Each program manager shall attend at least one training event per year away from the center in addition to the in service training conducted at the center.

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<tbody>
<tr>
<td>66</td>
<td>Review p/p.</td>
<td>Policies, Procedures or Documents</td>
<td>Substantially Met</td>
<td></td>
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</tr>
<tr>
<td>67</td>
<td>Review training curriculum.</td>
<td>Policies, Procedures or Documents</td>
<td>Substantially Met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>Review personnel files for annual training.</td>
<td>HR Files</td>
<td>Substantially Met</td>
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</tbody>
</table>
SECTION 9: 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.

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

Chart Documentation:
A dated record of daily observations and significant occurrences involving each youth shall be maintained by each shift for each youth and maintained in each youth’s individual file. The record shall include events, which may affect the well-being of the youth. The record shall be available for review. Each report shall include the date and time of occurrence, the staff member and/or youth involved, the nature of the incident and the circumstances surrounding it.

Weekly Progress Notes:
Notes shall be completed by the case coordinator and staff providing services. These notes shall be entered into the youth’s chart, reflecting the delivery of services according to the program plan. This documentation shall address the youth’s responses to interventions and the progress of the youth on individualized goals and objectives. The note shall include any significant events that occurred during the week and shall also summarize contacts with family members and other involved agencies. If an unmet need is identified, the note shall reflect the actions to be taken to revise the plan for the youth to meet that need. The case coordinator shall document specific services and activities they are providing to each youth.

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

1. name of the prescribing physician,
2. name of the medication
3. dosage prescribed
4. medication schedule
5. purpose of the medication
6. noted side effects
7. date of the prescription
8. date prescribed by a physician

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

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.

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<tbody>
<tr>
<td>69</td>
<td>Review p/p.</td>
<td>Policies, Procedures or Documents</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>70</td>
<td>View stored records.</td>
<td>Tour</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>71</td>
<td>Review case file for documentation of daily observations and significant</td>
<td>Case Records</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
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<td>occurrences.</td>
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<td>Partially Met</td>
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<tr>
<td>72</td>
<td>Review case file for documentation of weekly progress notes.</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>Review case file for documentation of health care records.</td>
<td>Substantially Met</td>
<td>Partially Met</td>
<td>Not Applicable</td>
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</tr>
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<td>74</td>
<td>Review case file for documentation of 30 day progress reports.</td>
<td>Substantially Met</td>
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<td>75</td>
<td>Review case file for documentation of permanency planning.</td>
<td>Substantially Met</td>
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<td>Not Applicable</td>
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