

Quality Residential Treatment Program (QRTF) Site Visit Tool

Date of Site Visit:

Provider:

Provider Contact:

DCF Surveyor:

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

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

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

	SECTION 1: GENERAL PROGRAM DESCRIPTION AND REQUIREMENTS
	A Qualified Residential Treatment Program (QRTF) is a 24-hour group home or residential facility that meets the requirements of KAR 28-4-123-132 and KAR 28-4-268-280. It is a non-secure residential, court ordered service designed to provide an environment with consistent structure, therapeutic intervention and stability with a high degree of supervision.

	Section 1.1: Services Provided in Qualified Residential Treatment Program
	<p>This therapeutic environment will include a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances. This environment will also enhance the child's ability to achieve a higher level of functioning without necessitating a Psychiatric Residential Treatment Facility (PRTF) placement or acute hospitalization. QRTF staff shall be aware of a 30-day assessment to be completed by an independent assessor and a 60-day court review. Both the 30-day assessment and court review will determine appropriateness of placement in a QRTF.</p> <p>QRTF programs shall also:</p> <ul style="list-style-type: none">• be accredited by at least one of the three federally approved accreditors: The Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA) or the Joint Commission (formerly JCAHO).• have an Evidenced Based Program model• have registered or licensed nursing staff and other licensed clinical staff, available 24/7, on-site according to the treatment model.• demonstrate family engagement and outreach, including siblings, in the child's treatment.• provide discharge planning and family-based aftercare supports for at least six months post-discharge. <p>The range of services provided are to be explicitly delineated for meeting the individual needs of the child. The General Program description approved by DCF Prevention and Protection Services for each facility shall include but not be limited to the:</p> <ul style="list-style-type: none">• goals of the program• behavior management system• job descriptions (responsibilities, functions, and qualifications)• policies and procedures• daily living activities• health services• mental health services• recreation activities

	• visitation policies					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
1	Review p/p	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
2	Review program description.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 2: Description of Youth to be Served

	<p>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.</p> <ul style="list-style-type: none"> • 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. 					
#	Requirement	Source	Findings (Delete the three 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)			
4	Review program description	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
5	Review court documents	Case File	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
6	Review PRTF/RADAC screens if appropriate.	Case File	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
7	If Mental Health / Substance Abuse treatment needs are identified during the course of the youth's stay at the YRC, ensure that they are followed up on the program plan.	Case File	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

SECTION 3: GENERAL STAFFING REQUIREMENTS

	Twenty-four hour care which has been licensed by DCF Foster Care and Residential Facility Licensing Division (K.A.R 28-4-268-280) as a group home or residential center to cover the programming the facility will provide to the population of children/youth whom the facility will serve.
--	--

	<ul style="list-style-type: none"> The Program Administrator shall have a Bachelor's Degree, at least one year administrative experience and a working knowledge of child development principles. Program Director shall have a minimum of a Masters Degree in Social or Behavioral Sciences. This position is responsible for the operation of the entire program and may be the same person as the Administrator if desired. Clinical Director, on staff or contracted, is responsible for treatment programing for the youth, according to the treatment model, shall have a master's degree in Behavioral Science or a related field and be licensed through the Behavioral Sciences Regulatory Board (BSRB) to practice. Clinical Manager shall have at least three years' experience working with children who require out of home placement due to behavioral, emotional or developmental difficulties. Therapists shall have a Master's Degree in Behavioral Science or related field and be licensed through the Behavioral Sciences Regulatory Board (BSRB) to practice. Therapist to child/youth ratio shall be determined by the applicable accrediting body. RN's, LPN's and other licensed clinical staff, available 24/7, on-site, according to the treatment model. (on-site, on-call, Nurse PRN, etc.) The Case Coordinator in a QRTP shall have at least a Bachelor's Degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling, nursing, or education). The child to case coordinator ratio in a QRTP is 1:16. Facility staff shall be at least 21 years of age with a minimum of three years age difference between the facility staff and oldest child who can be admitted to the facility. Facility staff shall possess a high school diploma or GED. Staff ratio is 1:6 during waking hours and 1:8 during sleeping hours. There shall be 24-hour awake staff to insure child safety. According to the treatment model, capacity and acuity of children the ratio may differ. Due to the variety of presenting difficulties the child(ren) may possess, a staff ratio of 1:1 may be necessary. 					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
8	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
9	Review administrator personnel file or contract for compliance.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
10	Review administrator job description and HR file.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
11	Review case coordinator job description and HR file. Check ratio assignments.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
12	Review case coordinator personnel file for compliance.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
13	Review clinical director HR file for compliance	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
14	Review therapist personnel file for compliance	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
15	Review nursing staff HR files for compliance	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
16	Review facility staff job descriptions and HR files.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
17	Review personnel files for age requirements.	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
18	Review staffing pattern for compliance with staff ratio requirements.	Staffing schedule	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			

Score for this section:

Section 4: Case Coordination						
<p>The Q RTP's case coordinator has the responsibility for coordinating the child's program and progress with the referring CWCMP, school, employer, family, and other appropriate community resources. This shall include, but not be limited to, documenting phone calls, appointments and visits (on and off site).</p> <p>The Case Coordinator will maintain a resource base of services to address the needs identified in Individual Program Plans and document in the child's file, when and what community resources have been contacted and utilized for services for the child. The case coordinator shall be responsible for Weekly Progress Notes</p>						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
19	Review P/P	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
20	Review documentation	Case Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			

SECTION 5: STAFF IN-SERVICE TRAINING						
Section 5.1 Orientation						
<p>Each facility shall have an in-service orientation training program for new employees, which is especially directed toward the initial training needs of staff working directly with children. Documentation of completion of orientation training shall be kept, in the staff member's personnel file.</p> <p>The documentation shall be placed in a specific area in the staff's file, indicating:</p> <ul style="list-style-type: none"> • staff training, reflecting orientation or annual training • name of trainer • name of training • specify the number of training hours • date of the training <p>Facility staff shall have completed a minimum of 18 hours of in-service orientation training. Facility staff shall demonstrate competency in the trainings from orientation before they can work independently with children.</p> <p>All topics listed below shall be trained, even if it exceeds the minimum 18 hours of orientation:</p> <p>Facility Trainings:</p> <ul style="list-style-type: none"> • Facility policy and procedures manual • Facility emergency and evacuation procedures • Facility discipline standards • Child record documentation policies and procedures • Resident rights (See Appendix 4, Resident Rights) • Confidentiality laws • Report Writing <p>Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):</p> <ul style="list-style-type: none"> • Emergency safety interventions (including management of aggressive or suicidal behavior) (if a facility chooses to use Emergency Safety Intervention staff shall be certified) • De-escalation (staff shall be certified) • The handling of blood borne pathogens • Medication Administration (staff who pass medications shall be certified) • Certified in CPR/First Aid • Trauma based informed care/trauma specific intervention • Mandated Reporting • HIPPA Laws • Comprehensive LGBTQ+ • Human Trafficking and exploitation • Cultural Diversity • Suicide Prevention/Intervention/Safety 						
#	Requirement	Source	Findings (Delete the three that	Comments	Date Corrections	Score

			<i>don't apply</i>		Completed <i>(Or note)</i>	
21	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
22	Review HR files for staff orientation training	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 5.2: Annual In-Service Training						
<p>Annual training is beyond or in addition to the initial 18-hour orientation training program from the date of employment. During the first year of employment staff shall receive a minimum of 36 hours of training (18 orientation hours, 18 annual In-Service).</p> <p>All Q RTP direct care staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.</p> <p>The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating:</p> <ul style="list-style-type: none"> • staff training, reflecting orientation or annual training • name of trainer • name of training • specify the number of training hours • date of the training <p>All topics listed below shall be trained, even if it exceeds the minimum 18 hours of annual in-service:</p> <p>Facility Refreshers/Trainings:</p> <ul style="list-style-type: none"> • Facility policy and procedures manual • Facility emergency and evacuation procedures • Facility discipline standards • Child record documentation policies and procedures • Resident rights (See Appendix 4, Resident Rights) • Confidentiality laws <p>Refreshers/Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):</p> <ul style="list-style-type: none"> • Emergency safety interventions (including management of aggressive or suicidal behavior) (staff shall maintain certification) • De-escalation (staff shall maintain certification) • The handling of blood borne pathogens • Medication Administration (staff shall maintain certification, may or may not require annual training) • CPR/First Aid (Staff shall maintain certification, may or may not require annual training) • Trauma based informed care/trauma specific intervention • Mandated Reporting (Provided By DCF) http://www.dcf.ks.gov/services/MRT/Pages/default.aspx • HIPPA Laws • Comprehensive LGBTQ+ • Childhood and adolescent sexuality issues, especially the effects of early sexual abuse • Substance Use Disorders • Blood Borne Pathogens • Childhood and adolescent development (including developmental disorders) • Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD) • Suicide Prevention/Intervention/Safety 						
#	Requirement	Source	Findings <i>(Delete the three that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
23	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
24	Review personnel record for required documentation of annual training	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			

Score for this section:				
-------------------------	--	--	--	--

Section 6: Confirmation of Placement						
A Foster Care Confirmation of Placement (PPS 5122) is available through the CareMatch system which confirms the placement arranged by the Child Welfare Case Management Provider (CWCMP).						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
25	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
26	Review documentation of placement confirmation	Case File	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

SECTION 7: ASSESSMENTS						
Section 7.1: 30-Day Assessment						
All children in a QRTP shall have an assessment done within 30 days of placement to determine the appropriateness of placement in a QRTP for purposes of approving the case plan and the case system review procedure for the child. The residential facility shall accommodate, collaborate and coordinate with the independent assessor to ensure the assessment is completed within 30 days.						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
27	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
28	Review assessments	Case Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
29	Review timeliness of assessments	Case Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 7.2 Initial Assessment	
<p>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.</p> <p>The assessment shall include but not be limited to the following:</p> <ul style="list-style-type: none"> Reasons for referral to the facility Evaluation or assessment covering the following areas: <ul style="list-style-type: none"> Physical health Family relations Academic or vocational training Community life Interpersonal interactions Daily living skills as outlined in the scope of services listed above Immediate service needs: <ul style="list-style-type: none"> Mental Health Developmental Dental Medical Involvement or exposure to Substance Use/disorder Involvement or exposure to other trauma 	

	• Assessment of the child/youth's self- injuring or suicidal attempts					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
30	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
31	Review case file for initial assessment	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

	Section 8: Room Assignment					
	<p>To support the daily management and administration of children/youth, each residential provider shall develop an objective formal procedure to assess physical housing needs of children. Children in a residential facility shall be assigned to a room based upon a range of factors, as identified by risk/needs assessment(s) in addition to other indicators. Factors to consider in assigning rooms shall include (but are not limited to):</p> <ul style="list-style-type: none"> Suicidal tendencies Level of specialized needs (i.e. mental health, medical, etc.) Displaying inappropriate sexual behaviors /victims of sexual abuse) Gender Age and/or maturity level Program needs (substance use disorder, cognitive behavioral, independent living, etc.) Vulnerability to being victimized by others (i.e. physical stature) Comprehensive LGBTQ + <p>While each child will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units. The child's room assignment and how the decision was made shall be documented in the child's file. The room assignment shall be completed immediately upon admission.</p>					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
32	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
33	Review case record for documentation of room assignment determination	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

	Section 9: Services					
	<p>The residential facility shall write a policy and procedure manual for the operation of the QRTP facility that will be reviewed and approved by DCF Prevention and Protection Services. The daily schedule shall address the needs of the children and the use of time to enhance the child's physical, mental, emotional, and social development. The facility shall provide supervised indoor and outdoor recreation so that every child may participate. Age appropriate equipment and outdoor play space to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the child in transitioning back into their community when appropriate.</p> <p>The QRTP will provide a program for children in the facility that covers the following program components, based on their approved treatment model:</p> <p>Daily Living Services: Daily living services shall be provided and include the following:</p> <ul style="list-style-type: none"> Room and Board Personal care needs School fees Transportation to appointments within a 60-mile radius; including to and from school, medical care, recreation, etc. Academic activities such as; assistance with school work, vocational training and/or GED training <p>Behavioral Health:</p>					

- Crisis management up to the need for the next Level of Care
- Individual, group and family therapy
- Social rehabilitation and therapy
- Behavioral programming (including design, consultation and supervision) if indicated
- Therapy towards reunification with family, if indicated
- Supportive therapy during transitions
- Transition planning, to include identification of behavioral and substance abuse support services needed for successful transition into the community
- If developmentally appropriate, services which develop increased capacity for independent living • teaching about body cleanliness
- use of deodorants and cosmetics
- appropriate clothing
- choosing clothing to fit individual and occasion
- keeping clothes neat and clean
- identifying and understanding children's health needs
- securing and utilizing necessary medical treatment including preventive and health maintenance services
- gaining information and education in health maintenance including:
 - preventive measures
 - nutrition
 - menstruation
 - rest
 - cleanliness
 - family planning
 - drugs
 - sexually transmitted diseases
 - exercise
 - motivation for meeting own health needs
 - maintaining contact with providers of health services (physician, nurse, clinic)
 - using outside resources for assistance (clinics, pharmacies, hospitals) • budgeting
 - comparative buying
 - installment buying
 - avoiding risks
 - identifying illegal or excessive interest rates
 - use of credit
 - avoiding or dealing with debts
 - using checking and savings accounts
 - paying taxes

Situational Training- to include but not limited to:

Personal Hygiene:

Health:

- Consumer education for independent living:
- speech
- writing
- use of the landline/cell telephones
- computer
- social networking
- internet

Communication skills:

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

Home Management:

- making the bed and changing linens
- using the vacuum cleaner
- dusting
- organizing belongings
- disposing of trash
- cleaning all areas of the home
- operating appliances
- cooking complete meals
- making simple repairs
- who to call for major repairs
- being aware of the need for upkeep

	<ul style="list-style-type: none">• handling emergencies• knowing first aid <p>Situational Guidance:</p> <ul style="list-style-type: none">• coping and self-regulation skills • identifying and accepting strengths• developing patterns of acceptance• coping with authority figures• getting along with others• sharing responsibility• being considerate of others• developing friendships• knowing when to go home when visiting• recognizing or modifying attitudes toward self or others• responsible work attitudes• tolerance of corrective feedback• reactions to praise• punctuality• attendance• participating in leisure time activities• learning how to spend leisure time• developing outside activities• managing time• finding recreation with little or no expense involved• finding community projects to take part in• participating in social groups• participating in sports and games• arts and crafts• appreciating fine arts					
#	Requirement	Source	Findings <i>(Delete the three that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
34	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
35	Review case record.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10: Behavior Management	
	<p>Each Q RTP 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 Q RTP'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 Q RTP facility shall post the behavior management system in a common area where children are able to easily access the system and the children shall be given a written copy of the system to use as a reference. Behavior management shall include rules governing:</p> <ul style="list-style-type: none"> interpersonal interactions with staff and peers facility leave policies school attendance and behavior while at school verbal and physical aggression allowable possessions awakening and bedtime hours leisure hours, visitation policies runaway attempts involvement in recreation and other activities self-destructive behaviors sexuality

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

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

Section 10.2 De-escalation Certification						
De-escalation is a technique used during a potential crisis situation in an attempt to prevent a child from causing harm to themselves, others and/or staff. De-escalation techniques shall be utilized for any activity required to diffuse a conflict or intense situation to ensure safety and calm the child. Staff shall be certified in authorized, evidenced based de-escalation techniques programs for managing aggressive behavior. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian and/or CWCMP Case Manager shall be oriented to the managing aggressive behaviors policies of the facility and shall sign a written acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
42	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
43	Review employee files for certification	HR File	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10.3: Emergency Safety Interventions Certification						
<p>An emergency safety intervention shall be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the child's chronological and developmental age, size, gender physical, medical, psychiatric condition, and personal history.</p> <p>The use of emergency safety interventions shall be performed only through the use of nationally recognized restraint procedures applicable to this population designed to prevent a child from harming self or others by exerting external control over physical movement.</p> <p>An emergency safety intervention is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a child's body. An emergency safety intervention shall be used only as last resort after all verbal de-escalation techniques have failed and when the child is at-risk of harming themselves or others.</p> <p>Mechanical restraint is the use of mechanical devices to restrict the free movement of the child's body, most often for purposes of preventing self-destructive behavior. Mechanical restraints are not allowed in Q RTP residential facilities.</p> <p>Each facility shall have a written policy and all staff shall be trained to provide safe emergency safety interventions. Staff shall be certified in authorized, evidenced based training programs for managing aggressive behavior and de-escalation techniques. Staff training records shall be kept as part of the staff member's personnel file and shall be made available upon request. At the time of admission to a facility, the child and parent (if applicable)/guardian (if applicable) and/or CWCMP Case Manager shall be oriented to the emergency safety intervention policies of the facility and shall sign a acknowledgment of this orientation. This written acknowledgment shall be kept in the child's case record.</p>						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
44	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
45	Review HR files for certifications	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
46	Review HR files for signed discipline policy	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
47	Review files for documentation of emergency safety interventions	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 11: Program Plan						
<p>Each child residing in a residential facility shall have a program plan that is based on a thorough assessment. Assessment documents shall be included in the case record. The program plan shall be established by the end of 14 days from admission and shall address the identified needs in the emotional, physical, educational, social, familial, and where appropriate independent living skill domains. Children may not have identified needs in every domain. If so, document that no needs were identified. Program plans shall be updated when new needs are identified or when program goals are met. Program plans shall be thoroughly reviewed, and revisions made at the case review conferences within 30 days of completion of initial program plan and each 30 days thereafter, including updated information of the progress of the child's goals. Information obtained from the child, parent, guardian, and CWCMP Case Manager shall be considered in the report. The initial program plan and all updates shall be sent to the CWCMP Case Manager.</p> <p>The program plan shall include individualized services to match the child's identified needs in the following areas:</p> <ul style="list-style-type: none"> Long term goals in the areas of: <ol style="list-style-type: none"> physical health family relations daily living skills academic and/or vocational skills interpersonal relations substance use service needs emotional/psychological health Short term goals which will help a child eventually reach his/her long-term goals in each of the above areas. Services to meet independent living goals. Specific plans for reaching the short-term goals including services to be provided and frequency. Estimated time for reaching short term goals. The child shall sign and date the program plan indicating participation and input in the development of the plan. Updated information of the progress of the child's goals shall be included. <p>QRTP staff shall participate in case plan conducted by CWCMP Case Manager.</p> <p>Permanency Planning: The QRTP shall assemble a family and permanency team for the child in accordance with specified requirements. The team must consist of all appropriate biological family members, relatives, and fictive kin of the child, as well as professionals (as appropriate) who are a resource to the family of the child, such as teachers, medical or mental health providers who have treated the child, or clergy. If the child is age 10 or older, the team must also include members of the permanency planning team for the child that are selected by the child</p> <p>A child's Permanency Plan shall focus on opportunities for the child to have ongoing active and meaningful connections with family, kin, relatives, and the community. The goal for achieving permanency shall be coordinated with the child's CWCMP Case Manager and be included in the program plan to be reviewed every 30 days. The permanency plan shall include strategies and tasks to accomplish the child's goals. Behaviors which place the child at risk for disruption, activities to prepare the child's family or kinship network for reunification, identification of other less restrictive living environments and preparing the child for transition to these settings shall be addressed.</p> <p>Physical and mental health needs shall be coordinated with assigned CWCMP Case Manager and child's assigned MCO.</p>						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
48	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
49	Review files for documentation of program plan completion	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
50	Initial program plan completed within 14 days	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
51	Program plan reviewed every 30 days	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
52	Program plan signed by the youth	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
53	Case worker participation in the program plan	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25)			

			Not Applicable (0)		
Score for this section:					

Section 12: Visitation						
<p>Subject to the provider's visitation guideline (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a child's immediate family except for the following reasons:</p> <ul style="list-style-type: none"> • A court orders no contact • There is documented violence, threatening or disruptive behavior by family member that occurred during contact • There is documented introduction of contraband into the facility • The milieu is determined to be unsafe for visitors <p>The facility shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.</p> <p>When home visits are a part of the treatment plan, there shall be coordinated connections with the child, their family, and the case coordinator/facility program staff regarding the child's treatment and program goals and objectives. The goal of placement shall be to return the child to a family-like setting, so it is important that home visits be carefully planned and executed in the best interests of permanency planning for the child. All home visits shall be arranged through coordination with the child's CWCMP Case Manager. Documentation in child's file shall include who is transporting children to and from family visits and observation of the child's behavior during transportation.</p> <p>The child shall have an approved contact list to include, the type of contact allowed (letter, phone, day passes, overnight passes, etc.) The contact list must be reviewed/updated every 60 days. Approved contacts shall be determined by the CWCMP Case Manager. The initial contact list and all reviews/updates shall include the CWCMP Case Manager signature.</p>						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
54	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
55	Review documentation of visitation	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
56	Review file for approved contact list	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 13: Discharge/Aftercare						
<p>Discharge planning shall begin upon admission of the child to the facility. At a minimum, the child, the child's parents, if applicable or guardian, and the CWCMP Case Manager shall be involved in planning the discharge from the facility.</p> <p>A discharge summary shall be completed at the time of the child's discharge and be forwarded to the CWCMP Case Manager within one business day. The discharge summary shall include written:</p> <ul style="list-style-type: none"> • Summary of progress, or lack thereof, of the child's goals and objectives while in placement • Summary of the child's behavior while in placement • Recommendations for aftercare services specifying the nature (therapy, medications, family therapy, outpatient services, etc.), frequency, duration of services and responsible parties • Plan for monitoring services after discharge • Summary of the reasons the child was discharged <p>The QRTP shall provide discharge planning and family-based aftercare support for at least 6 months post-discharge. The QRTP provider and the CWCMP shall work in conjunction to ensure there is no gap in services for a youth that is discharging from the QRTP.</p>						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score

57	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
58	Review case file for discharge summary	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
59	Review case file for aftercare services provided	Case Record	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 14: Record Keeping	
<p>The record keeping requirements of KAR 28-4-272 shall be met by the facility. In addition, the following shall be kept by the facility. If a facility chooses to use electronic filing full access shall be given to DCF employees who are conducting site visit.</p> <p>Child's File: The provider shall maintain a file for each child. The file shall contain the following:</p> <ul style="list-style-type: none"> • Child's name and date of birth • Name, address and emergency contact information of the child's CWCMP Case Manager, and all members of the family and permanency team (to be included on the approved contact list) • Name and contact information of other family members and fictive kin who are not part of the family and permanency plan (to be included on the approved contact list, if applicable) • Foster Care Confirmation of Placement • Current CWCMP Referral form • Current CWCMP Case Plan • Evidence that meetings of the family and permanency team are held at a time and place convenient for family • If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency plan. • Initial Assessment • 30 Day Assessment • Written recommendation by the independent assessor regarding the appropriateness of the QRTP placement • Court Approval of the QRTP placement • Suicide/self-injury questionnaire • Room assignment assessment • Medical and surgical consents • Medical and dental records (history and current) • Documentation of diagnosis (history and current) • Records of the child's prescription(s) and non-prescription(s) and when administered • Authorization for release of confidential information • Daily observation logs by shift • Weekly progress notes • Program plans • Treatment Plans, if applicable • Discharge plans/Aftercare • Approved contact list • Resident's rights acknowledgement • Emergency Safety Intervention/de-escalation acknowledgements • Handbook/Rules acknowledgement • Pre and Post visit documentation • Significant incident reports • Personal Property Inventory • Educational documentation <p>Record Retention: Case records, including medical records, shall be maintained for 6 years from the date of the child's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.</p> <p>Daily Observations:</p>	

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

Weekly Progress Notes:

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

Health Records:

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

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

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

Personnel Records:

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

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

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
60	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
61	Weekly progress notes	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
62	Monthly progress reports	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
63	Health records	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
64	Daily logs	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
65	Visitation logs	Case Record	Substantially Met (1)			

			Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
66	Review HR files for job description	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
67	Review HR Files for educational requirements, age requirements, driver's license	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
68	Review HR file for orientation training	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
69	Review HR Files for annual training	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 15: Reporting Abuse/Neglect						
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 (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
70	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
71	View posting of KPRC number in the facility.	Tour	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

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

	<p>16. other (document specifics) 17. death of child in care</p> <p>If the significant incident involves abuse, neglect, or exploitation the facility shall also follow mandated reporting requirements.</p> <p>All facilities shall have procedures for reporting significant incidents to administrative staff and recording significant incidents in the resident files. An administrative file of significant incidents shall be kept by facility and a copy of the significant incident shall be placed in the youth's file.</p> <p>An administrative file shall be kept by the facility documenting significant incidents that is separate from the documentation in the youth's file.</p> <p>Each QRTP provider shall develop an internal process for obtaining on-call/emergency contact information for all CWCMP case managers in the event of an emergency or significant incident.</p>					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
72	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
73	Review reports of significant incidents.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
74	Check significant incidents log.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
75	Review sample from log for compliance w/ reporting within proper time frame.	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 17: Final Scoring

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

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

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

Section	Section Score
Section 1.1: Services Provided in Qualified Residential Treatment Program	
Section 2: Description of Youth to be Served	
Section 3: General Staffing Requirements	
Section 4: Case Coordination	
Section 5: Staff In-Serving Training	
Section 5.2: Annual In-Service Training	
Section 6: Confirmation of Placement	
Section 7: Assessments	
Section 7.2 Initial Assessment	
Section 8: Room Assignment	
Section 9: Services	
Section 10: Behavior Management	
Section 10.1 Resetting	
Section 10.2 De-escalation Certification	
Section 10.3: Emergency Safety Interventions Certification	
Section 11: Program Plan	
Section 12: Visitation	
Section 13: Discharge/Aftercare	
Section 14: Record Keeping	
Section 15: Reporting Abuse/Neglect	
Section 16: Significant Incidents	
Total Score	

If the score is 65 or less, the result is an automatic Corrective Action Plan (CAP). Use the comments captured above to develop a CAP on the following pages. The facility will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections, as applicable. Some corrective items may take longer, such as training compliance.



Quality Residential Treatment Program (Q RTP) Corrective Action Plan

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

Correction/Compliance Action Plan

Presented Findings:

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

DCF Surveyor

Date

