

Summary of Prevention and Protection Services Policy and Procedure Manual Changes

January 2026

Introduction

The Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual (PPM) Changes provides a list of policies, forms, and appendices with explanations for the PPS substantial policy revisions and clarifications for January 2026. These policy revisions are effective January 2026.

Definitions

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

Clarifications: Clarifications to policy include revisions to improve clarity or style.



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Substantial Changes

Section 0000 General Information

Policy Change Dates

List of Policies, Forms, and Appendices involved in this revision:

- 0100 About this Topic

What prompted this revision?

PPS Directors and Policy Workgroup identified the need to have archival record of previous policy changes.

Brief description of the revision:

The policy manual will include publication dates in policies. This will begin January 2026, with the most recent publication date at the top, and previous changes since January 2026 at the bottom. The intent is to allow readers and writers to see the last date the policy was published, go to the Summary of Change archive, and see what the old policy looked like, and when other changes were published.

What is the anticipated impact to practice?

PPS staff, contractors, grantees, and the public will be able to access previous policy iterations.

Critical Incident Protocol and Reporting

List of Policies, Forms, and Appendices involved in this revision:

- 0510 Critical Incident Protocol
- PPS 0550 Critical Incident Notification

What prompted this revision?

Simplify policy language and provide clear identification of victims and relevant event allegation types associated with critical incident notifications.

Brief description of the revision:

In PPS 0550, Section I now includes a category for gender. Section II has been updated to incorporate a category for allegation type.

What is the anticipated impact to practice?

Improve documentation efficiency between PPS 0550 form and critical incident processes, provide clear identification for victims, and ensure adequate monitoring of events associated with critical incidents.

Section 1000 Intake

No Substantial Changes.

Section 2000 Investigation and Assessment

Children Under One Requirements

List of Policies, Forms, and Appendices involved in this revision:

- 2116 Requirements for Children Under the Age of One

What prompted this revision?

The Safety and Thriving Families team identified the need to follow up with the family to ensure that the services are meeting the needs of the infant under one.

Brief description of the revision:

Assessment and Prevention staff will follow up with the family to ensure that the services are meeting the needs of the infant under one.

What is the anticipated impact to practice?

Families will receive follow up regarding services referred by DCF.

Allowable Case Findings

List of Policies, Forms, and Appendices involved in this revision:

- 2502 Allowable Case Findings

What prompted this revision?

Regional Assessment and Prevention leadership noticed the omission from the past removal of Substance Affected Infant as an Abuse and Neglect allegation.

Brief description of the revision:

Substance Affected Infant was removed as an Abuse/Neglect allegation and this list was missed when updated other policy to match.

What is the anticipated impact to practice?

Staff will not be confused by outdated information regarding case finding criteria.

Plan of Safe Care

List of Policies, Forms, and Appendices involved in this revision:

- 2050 Plan of Safe Care
- PPS 2007 Plan of Safe Care

What prompted this revision?

Plans of Safe Care are not completed on every case in which they may be required despite being a federal requirement. The CARA Workgroup identified that complicated policy may make it difficult to understand the requirements and criteria for Plans of Safe Care.

Brief description of the revision:

The policy has been simplified, shortened, and smaller redundant procedures have been removed so it is easier for CPS staff to complete Plans of Safe Care. The form has been minimally changed to reflect the exact language from the updated policy.

What is the anticipated impact to practice?

More Plans of Safe Care will be documented in KIDS.

Entering Safety Actions into FACTS

List of Policies, Forms, and Appendices involved in this revision:

- 2832 Safety Action

What prompted this revision?

After receiving questions from the FACTS regions & other DCF programs, it was determined that PPM 2832 should provide more clear and understandable guidance.

Brief description of the revision:

More guidance has been added to improve practice for entering Immediate Safety Plans & episode of Police Protective Custody, PPC, into FACTS.

What is the anticipated impact to practice?

FACTS staff will better understand how Immediate Safety Plans & episodes of PPC are documented for FACTS entry.

Section 3000 Case Management

Development of the Case Plan

List of Policies, Forms, and Appendices involved in this revision:

- 3201 Development of the Case Plan

What prompted this revision?

This policy is impacted by the development of the new PPS 3050 and PPS 3051. This policy change allows for the new sections of the forms to be represented.

Brief description of the revision:

This policy now includes the new sections of the case planning forms.

What is the anticipated impact to practice?

External partners who complete the case plan will understand the new sections and requirements.

Substantial Consideration of Grandparents

List of Policies, Forms, and Appendices involved in this revision:

- 3341 Substantial Consideration of Grandparents

What prompted this revision?

Through feedback from stakeholders and regional DCF teams, the DCF Permanency Team identified a need to review and revise this policy to more closely align with existing statute and provide guidance on timelines for completion and maintenance of the substantial consideration report.

Brief description of the revision:

Language is updated to align with statute, and guidance on timelines for completion of the report have been added.

What is the anticipated impact to practice?

Staff will have guidance on timelines for completion and maintenance of the substantial consideration report.

Kansas Practice Model-Aligned Case and Permanency Plan Forms

List of Policies, Forms, and Appendices involved in this revision:

- PPS 3050 Family Service/Preservation Plan
- PPS 3051 Permanency Plan

What prompted this revision?

The results of Kansas' Round 4 Child and Family Services Review indicated Well-Being as an area for improvement. When identifying root causes of Well-Being results from that review, it was identified the PPS 3050 Case Plan and PPS 3051 Permanency Plan needed to be updated to better reflect family-centered engagement, collaboration, and safety-focused practice.

Brief description of the revision:

The re-designed PPS 3050 and PPS 3051 forms align with Kansas Practice Model principles, including emphasis on shared planning with families, clear organization around safety and permanency, and the use of plain, accessible language for families and partners.

What is the anticipated impact to practice?

Practitioners and families will experience more collaborative, strengths-based case planning conversations. Documentation will more accurately reflect ongoing safety planning, family progress, and engagement with natural supports, supporting permanency and well-being outcomes.

Administrative Requirements for Case Plan

List of Policies, Forms, and Appendices involved in this revision:

- PPS 3052 Permanency Plan for Child in DCF Custody Administrative Requirements

What prompted this revision?

This form has a reduction in content as some has shifted to the new PPS 3051 Permanency Plan.

Brief description of the revision:

Some of the content from the PPS 3052 has shifted to the PPS 3051 Permanency Plan. The purpose of the PPS 3051 is to provide relevant information to children and families to help them achieve timely permanency. Some of the information on the PPS 3052 is relevant to families, therefore it was moved to help families receive more information, while also removing the expectation that families receive documents that are not relevant, such as administrative requirements for FACTS.

What is the anticipated impact to practice?

Families will receive accurate and relevant information on the PPS 3051 Permanency Plan and administrative requirements will remain on a separate form that families are not required to receive. Families will not be inundated with documents that are not relevant to them with administrative codes for federal reporting and tracking.

Additional Revised Forms Related to Case Planning

List of Policies, Forms, and Appendices involved in this revision:

- PPS 3058 Permanency Plan Checklist
- PPS 3049 Introduction and Parents Guide to Child in Custody Case Planning Conferences
- PPS 3049A Introduction and Parents Guide to Family Service/Family Preservation Case Planning Conferences

What prompted this revision?

As part of the CFSR PIP, DCF is updating the Case Planning forms on January 1. These forms also needed to be updated to align with those revisions.

Brief description of the revision:

Approval criteria on the PPS 3058 has been updated to match the new forms. Clarity has been added regarding approval of Independent Living Services. The PPS 3049 and PPS 3049A have been updated to include more family friendly language and provide better clarity on the case planning process.

What is the anticipated impact to practice?

Case Plans will be approved timely, and families will have access to stronger resources to explain case planning.

Section 4000 Prevention Services

No Substantial Changes.

Section 5000 Child Welfare Case Management

Best Interest Determination

List of Policies, Forms, and Appendices involved in this revision:

- 5254 Educational Stability
- PPS 5254 Educational Enrollment Information for School Placement Form (EEISPF)

What prompted this revision?

After review of federal joint guidance on the Every Student Succeeds Act(ESSA), partners with KSDE Special Education identified a need to review BID processes for alignment with the law. KSDE is making modifications as a result to their expectations of schools, and DCF is coming alongside them with mirroring revisions.

Brief description of the revision:

Clarification that the BID meeting must be held in a conversational setting. Adjustments to information collected in the PPS 5254.

What is the anticipated impact to practice?

BIDs will more frequently be conversational in nature which is in line with the intent of ESSA, and the transfer of BID information between schools will be streamlined.

Consent for Drug, Alcohol, and Home and Community Based Services

List of Policies, Forms, and Appendices involved in this revision:

- 5244 Consents

What prompted this revision?

The Deputy Secretary, Director of Permanency and Director of Medicaid and Children's Mental Health identified the need to include language around consents for Alcohol/Drug Evaluations, Alcohol/Drug Services, Home and Community Based Services (HCBS) Evaluation and HCBS Supports to the Consents Policy.

Brief description of the revision:

The Deputy Secretary, Director of Permanency and Director of Medicaid and Children's Mental Health identified the need to include language around consents for Alcohol/Drug Evaluations, Alcohol/Drug Services, Home and Community Based Services (HCBS) Evaluation and HCBS Supports to the Consents Policy.

What is the anticipated impact to practice?

Community provider of services will obtain timelier consents for service provisions.

Statewide Adoption Consultation and BIS Review Team

List of Policies, Forms, and Appendices involved in this revision:

- 5341 Approval of Best Interest Staffing Team Decision

What prompted this revision?

The Permanency program identified the need for revision to ensure the BIS decision review process includes independent oversight and clearly defined procedures for transparency and consistency statewide.

Brief description of the revision:

Section E, “Review of BIS Decision,” was updated to require the CWCMP to submit any family’s request for review to an independent reviewer, Statewide Adoption Consultation and BIS Review Team, and clarifies timelines for this review process.

What is the anticipated impact to practice?

These revisions promote consistent and unbiased review of BIS decisions, ensuring families and stakeholders have confidence in the integrity and fairness of the process.

Background Checks for Caregivers of Youth in the Custody of the Secretary

List of Policies, Forms, and Appendices involved in this revision:

- 0160 Glossary
- 5031 Background Checks

What prompted this revision?

Conflicting guidance between the DCF PPM and licensing regulations for family foster homes was creating confusion and difficulty in understanding requirements with the workforce. Additional checks required in the PPM impact foster parents ability to provide prudent parenting.

Brief description of the revision:

Language has been updated to more closely align the DCF PPM requirements with those in the licensing regulations. Fewer background checks will be required on those who provide sporadic caregiving outside the home which allows for prudent parenting.

What is the anticipated impact to practice?

Fewer background checks will be required on those who provide sporadic caregiving outside the home will reduce administrative burden on foster parents who use a natural support system.

Placement Stability Team Decision Making

List of Policies, Forms, and Appendices involved in this revision:

- 5246 Placement Stability Team Decision Making

What prompted this revision?

DCF has been making phased efforts to add Placement Stability Team Decision Making (PS-TDM) to the policy manual, moving it from a DCF initiative to standard practice.

Brief description of the revision:

Information on criteria and timeline for PS-TDM will now be found in the PPM.

What is the anticipated impact to practice?

Information on criteria and timeline for PS-TDM will now be found in the PPM.

Section 6000 Permanent Custodianship & Adoption

No Substantial Changes.

Section 7000 Independent Living & Self Sufficiency

No Substantial Changes.

Section 8000 Continuous Performance Improvement

Residential and Group Home Monitoring

List of Policies, Forms, and Appendices involved in this revision:

- 8400 Residential/Group Home Monitoring
- Delete PPS 8400B Emergency Shelter Review
- Delete PPS 8400C Residential Maternity Review
- Delete PPS 8400D Secure Care Review
- Delete PPS 8400F Staff Secure Facility (SSF) Site Visit Tool
- Delete PPS 8400G Youth Residential Placement II (YRC II) Review
- Delete PPS 8400H Quality Residential Treatment Program (Q RTP) Site Visit Tool

What prompted this revision?

This policy will be majorly impacted by the shift from using provider agreements and service agreements to a contract request for proposal (RFP). This shift will impact how regional provider agreements specialists monitor group homes for compliance and how DCF receives proposals for new agreements. This will also untangle confusing guidance that has previously been duplicated between DCF program/provider agreement specialists and DCF licensing.

Brief description of the revision:

The policy is being modified to remove section “A” as this will no longer be the practice for DCF to receive proposals for new group homes. This policy will also clarify language in section “C” to detangle expectations for regional provider agreement specialists when screened in/out reports are received for group homes. This policy change will also remove the requirements for Provider Agreement specialists to complete corrective action plans as this is something licensing completes when there are regulatory violations.

What is the anticipated impact to practice?

Provider Agreement Specialists will have a clear understanding of how they will monitor group homes until June 30, 2026, a clear understanding that we will not have an avenue to accept proposals for new group homes once the new RFP goes live, and a clear understanding of their role when a group home is in need of a corrective action plan (CAP) and how to support DCF when a screened in/out report is received.

Congregate Care

List of Policies, Forms, and Appendices involved in this revision:

- PPS 8401 Congregate Care Program Plan
- PPS 8402 Congregate Care Monthly Child Report

What prompted this revision?

An internal meeting within PPS.

Brief description of the revision:

Addition of two new forms: PPS 8401: Congregate Care Program Plan and PPS 8402: Congregate Care Monthly Child Report.

What is the anticipated impact to practice?

Better, more uniform, reports across all Congregated Care Facilities.

Section 9000 Interstate Compact

No Substantial Changes.

Section 10000 Adult Protective Services

No Substantial Changes.

Clarifications

Section 0000 General Information

0511 Critical Incident Review and Assessment

Simplifying language.

Section 1000 Intake

Delete 1650 Initial Assessment of Substance Affected Infant

Did not get deleted in July.

Section 2000 Investigation and Assessment

2010 Investigation

Corrected grammar and formatting.

2030 Child Protection Investigators

Removed "How to do something."

2100 Initiation of Investigative Interviews of Child Abuse/Neglect

Corrected formatting.

2105 Requests for Courtesy Contact or Interview Between DCF Offices

Clarified that CI request emails to dcf.ppsallstaff@ks.gov should have no identifying case information.

2113 New Information Identified in an Open Case

Added reference to Adrian's Law.

2315 Unable to Locate

Formatting corrections.

2540 Notice of Department Finding

Clarified who shall receive a finding notice.

2541 Circumstances Requiring Separate Notices of Department Findings

Clarified exact circumstances require separate notices of findings and what should be included in each notice.

2543 Substantiated Case Findings on Children Under the Age of Three

Removed affirmed from title.

2740 Family Based Assessment

Formatting corrections.

2750 DCF Responsibilities at Referral to Foster Care Child Welfare Case Management Provide

Clarified that CareMatch is used instead of the PPS 5110 unless the site is unavailable.

Section 3000 Case Management

No Clarifications.

Section 4000 Prevention Services

4320 DCF Responsibilities for Open Family First Prevention Service Cases

Changed one of the sub-bullets (previous version went from H, A, J; changed to be H, I, J).

4330 Family First Prevention Services Grantee Responsibilities

Added "and/or DCF designee" to a few parts, due to FF staff not getting documents (being sent to CPS instead); modified section D to clarify the purposes of releases and examples of some entities (per request of Crossover protocol); moved verbiage related to case closure from section F (discussing TDMS) to section U (discussing closures).

Section 5000 Child Welfare Case Management

No Clarifications.

Section 6000 Permanent Custodianship & Adoption

6312 Type of Support and Amounts for SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Monthly Subsidy

Policy was missing from when uploaded last time.

Section 7000 Independent Living & Self Sufficiency

No Clarifications.

Section 8000 Continuous Performance Improvement

No Clarifications.

Section 9000 Interstate Compact

No Clarifications.

Section 10000 Adult Protective Services

No Clarifications.

Forms

PPS 0500 State Child Death Review Board Case Information Summary Form

Clarifications are required regarding the PPS 0500 to align with current practices. Additionally, certain fields have been included to correspond with the system used for data entry.

PPS 2021 Immediate Safety Plan

Corrected error from last publication.

PPS 3057 Services and Codes

Clarification to match PPM to refer case teams to 3057A for IL services.

PPS 3057A Independent Living Services Federal Definitions

Minor formatting edits to help clarify what an IL service is per the federal definitions.

PPS 3059B My Adult Services Plan

Changing revision date to reflect most recent updates.

Delete PPS 5425A Title IV-E Eligibility Redetermination

Delete 5425A as it is no longer used by PPS.

Delete PPS 5425B Title IV-E Eligibility Redetermination

Delete PPS 5425B as it is no longer used by PPS.

Delete PPS 6186 SOUL Family Legal Permanency

Delete due to duplicate.

PPS 6300 SOUL Family Legal Permanency Monthly Subsidy Checklist

Ensure email is updated.

PPS 7001 Education & Training Voucher

Small formatting changes to make all sections fit on the same page.

PPS 9100 ICPC Case Manager Statement

Removing section that is not used or necessary on the form.

Appendices

Appendix 9B ICPC Supervision Report

One section on the form repeated itself so needs removed.

Drafts of Substantial Changes and Clarifications

See following pages.

0100 About This Topic

Publication Date: January 1, 2026

The PPS Policy and Procedure Manual (PPM) contains courses of action approved by the Prevention and Protection Services division of the Kansas Department for Children and Families staff.

A. The contents of the PPS Policy and Procedure Manual include:

A.1. Policies which define required or prohibited actions. Policies may contain the following language:

1.a. Statements containing the terms "shall", "must" and "will" indicate that a policy is required, or a course of action will be taken.

2.b. The term "should" is a policy statement that indicates there may be discretion.

B.2. Procedures outline the manner in which a policy is carried out or documented.

B. Policies and procedures in this manual shall be followed. If, in unusual circumstances, decisions, assessments, or other activities required by policy or procedure would result in outcomes not in the best interest of a particular child and the child's family, or if compliance with a policy is not possible, an alternative course of action may be taken if the Regional PPS Program Administrator approves each exception.

1. The case file shall document the reasons for the decision and who was involved in making it. If the action or decision is required within a specified time, the date and/or time of the alternate action or decision must be documented in the case file.

C. Any questions or concerns which may arise regarding application of policy or procedures shall be discussed with the supervisor. If staff feel pressured to report information other than what they feel is fair or accurate, they shall contact the supervisor. If questions or concerns persist, the supervisor shall consult with the Regional PPS Program Administrator or Regional DCF Attorney.

D. Starting January 1, 2026, any new or updated policies will have the most recent publication date at the top of the policy. Past publication dates, from January 1, 2026, onward, will be at the bottom. Policy change information is in the Summary of Change archive at: <https://www.dcf.ks.gov/services/PPS/Pages/SummaryofChanges.aspx>.

0160 Glossary

Publication Date: January 1, 2026

A

Abuse/Neglect: Reports assigned for Abuse/Neglect require an investigation to determine the validity of the report and an assessment to determine if further action may be needed.

Physical Abuse: Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202

Sexual Abuse: Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

- A. Be photographed, filmed, or depicted in obscene or pornographic material; or
- B. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6419 or 21-6422, and amendments thereto. K.S.A. 38-2202. (See Appendix 2A for Kansas Statutes Annotated references).

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity or coercion. K.A.R. 30-46-10 (i)

Mental or Emotional Abuse: Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

- A. terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
- B. emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and

C. corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior. K.S.A. 38-2202 and K.A.R. 30-46-10

Physical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202

Medical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. K.S.A. 38-2202

Lack of Supervision: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202

Abandonment: Forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. K.S.A. 38-2202

Adjudication: A court hearing in which a determination is made whether a child is a CINC (child in need of care) or juvenile offender.

Adoptee: A person who is adopted.

Adoption Assistance: Monies that a family adopting a child may receive when it is determined that the child will not go back to the family from which they have been removed. These payments may be for one-time adoption expenses, a monthly cash subsidy and/or medical assistance.

Affirmed Perpetrator: Formerly in K.A.R. 30-46-10, affirmed perpetrator means a person who has been determined by the secretary or the secretary's designee, by a preponderance of evidence, to have committed an act of abuse or neglect, regardless of where the person resides, but has not been substantiated so the affirmed perpetrator's

name is not placed on the child abuse and neglect central registry. Affirmed case finding decisions will no longer be made on or after January 1, 2025.

Alternative Response: Alternative Response was a program which was in effect from October 1, 2012- June 30, 2014. Reports which were assigned for Alternative Response used the Solution-Based Casework practice model to enhance family engagement and involvement. Comprehensive assessments assisted in identifying the underlying and contributing factors which brought the family to the attention of the agency.

Alleged Perpetrator: The person identified in the initial report or during the investigation as the person suspected of perpetrating an act of abuse or neglect. (K.A.R. 30-46-10) See also Substantiated Perpetrator and Unsubstantiated Perpetrator.

B

Basic Eligibility: Eligibility for IV-E federal reimbursement for administrative expenses for children whose families meet several basic IV-E criteria.

C

Candidate for Care: A child is determined a candidate for care when any one of the following situations apply:

- A. a child or youth who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services;
- B. a child or youth who exited foster care to adoption or permanent custodianship/guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement;
- C. a child or youth temporarily or permanently residing with a relative or kin caregiver;
- D. a child or youth living with parents but needs to be with a relative caregiver with prevention services in place;
- E. pregnant and parenting youth in foster care and in an out of home placement.
- F. pregnant woman whose child upon birth may be at imminent risk of foster care (reference PPS 2753 , Section E).
- G. a child/youth remaining in the home whose siblings are in foster care.

Caregiver: Adult or youth who provides care for a child in the absence of, or in conjunction with the child's parent or guardian. The caregiver may or may not reside in the home with the child. For youth in the custody of the Secretary, placements and any individuals, 14 years of age or older, who provide care and supervision in the placement home, in the absence of the placement, are also considered caregivers.

Case Number: A unique computer-generated number assigned to each case.

Central Registry: The Child Abuse and Neglect Central Registry is a computerized name-based list of persons who have been confirmed, validated, or substantiated for child abuse or neglect. The name of a perpetrator is not entered in the central registry until they have been afforded an opportunity for an interview and have exercised their right of appeal or the time limit for appeal has expired without action.

Child: anyone under the age of 18 or any adult under the age of 21 and in the custody of the Secretary.

Child in Need of Care (CINC): The Kansas Code for Care of Children (K.S.A. 38-2202(d)) defines Child in Need of Care as a person less than 18 years of age who:

- A. Has been physically, mentally, or emotionally abused or neglected or sexually abused.
- B. Has been abandoned or does not have a known living parent.
- C. Is without the care or control necessary for the child's physical, mental, or emotional health.
- D. Resides in the same residence as a sibling or other person under 18 years of age who has been physically, mentally or emotionally abused or neglected or sexually abused.
- E. While less than 10 years of age, commits an act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S.A. 21-3105 and amendments thereto.
- F. Is willfully and voluntarily absent from the child's home without the consent of the child's parent or other custodian or is willfully and voluntarily absent at least a second time from a court ordered or designated placement, if the absence is without the consent of the person with whom the child is placed.
- G. Is without adequate parental care, control or subsistence and the condition is not due solely to the lack of financial means of the child's parents or other custodian.
- H. Is not attending school as required by K.S.A. 72-977 or 72-1111, and amendments thereto.
- I. Except in the case of a violation of K.S.A. 41-715 or 41-2721, and amendments thereto, does an act which, when committed by a person under 18 years of age, is prohibited by state law, city ordinance or county resolution but which is not prohibited when done by an adult.
- J. Has been placed for care or adoption in violation of the law.

K. Permanent Custodian is no longer willing or able to serve.

Child in Need of Care Petition: A petition filed with the clerk of the district court by the county/district attorney alleging a child or youth is a Child in Need of Care. Refer to K.S.A. 38-2233(b), concerning the filing of a Child in Need of Care petition by any other individual.

Child Support Services (CSS): This agency has the responsibility of seeking child support for children in DCF custody and in an out-of-home placement.

Child Welfare Case Management Providers: Child Welfare Case Management Providers are private organizations that contract with DCF to provide adoption, foster care, reintegration and family preservation services using a philosophy which includes the community, immediate and extended families, and concerned kin in planning for the child's safety, permanency and well-being.

Citizen Review Board: A group of citizen volunteers appointed by a court to review child in need of care cases and make recommendations to the court.

Clear and Convincing Standard: Evidence which shows the truth of the facts asserted is highly probable. This standard of evidence was used for case findings from July 1, 2004-June 30, 2016. Beginning July 1, 2016, the standard of evidence is preponderance.

Client Eligibility: All children who have been removed from their homes by a judge and placed in the custody of DCF must receive an eligibility determination for Title IV-E.

Client ID Number: A unique number assigned to each individual who is known to KEEs. This number is cross referenced with FACTS.

Client Purchase Agreement: Form PPS 2833-PPS Client Purchase Agreement-Payment Request and Authorization is used to document the request, approval, and payment for client purchases across all programs within PPS.

COBRA: A federal amendment to the Social Security Act. It enables Title IV-E eligible foster children and adoption assistance children to receive Medicaid coverage in the state in which they physically reside.

Computer Systems:

FACTS

Family And Children Tracking System is the agency's child welfare information system. Information in FACTS is used to support the department budget, internal management, and reports to the legislature, federal government, and the general public. FACTS includes information about the outcomes of abuse and neglect investigations, the child abuse and neglect central registry and foster care and adoption information.

KAECSES

Kansas Automated Eligibility System KAECSES is a major computer system which contained data for all children placed in state custody and removed from their home. As of September 13th, 2017, KEES replaced KAECSES for this function.

KanPay

KanPay is a sub-system of KAECSES. This system created an on-line eligibility process for vendor payments. This system was used by PPS for Family Services cases. KanPay was used when the family had no involvement in other assistance programs. Staff began using KEES for this function as of September 13, 2017. KanPay is no longer used by agency staff.

KEES

Kansas Eligibility and Enforcement System is an internet-based system designed for determining eligibility, issuing benefits, collecting data, and developing reports. KEES has replaced the KAECSES and KanPay systems as of September 13, 2017.

MMIS

Medicaid Management Information System -

DCF staff utilize the MMIS to enter or review Medicaid data.

SCRIPTS

Statewide Contractor Reimbursement Information and Payment Tracking System - SCRIPTS makes payments to the Child Welfare Contract Management Provider and produces the federal claim for IV-E funding.

Referral information and IV-E customer eligibility is entered into FACTS and downloaded into SCRIPTS on a regular basis to maintain these functions. The federal claim is based on IV-E customer eligibility downloaded from FACTS and also based on Child Welfare Contract Management Provider services reported to SCRIPTS as encounter data.

SMART

Statewide Management, Accounting, and Reporting Tool. System used to make payments to all vendors.

Community Corrections Involvement: Supervision by a county operated corrections agency or department of a youth, age 10 and older, who typically scores moderate to high-risk on the risk and needs assessment (i.e. Youth Level of Service/Case Management Inventory (YLS/CMI)), is adjudicated as a Juvenile offender, and is court ordered to Intensive Supervised Probation (ISP).

Continuous Eligibility (CE): The 12-month period of time including the month Medicaid is approved and the following 11-months when Medicaid cannot be discontinued for a youth under the age of 19 for reasons other than state residency, voluntary withdrawal, erroneous approval, and death. CE is renewed each year when a medical review is completed and the youth continues to meet eligibility criteria.

Contractor/Contract Agency: A person or agency who enters into a contractual agreement with DCF to provide specified services.

Court Appointed Special Advocate (CASA): A responsible adult other than an attorney or guardian ad litem appointed by the court to represent the best interests of a child. (K.S.A. 38-2202(g), K.S.A. 38-2206). A CASA may also be appointed under the Juvenile Offender Code or the Domestic Relations Code.

Court Services Involvement: Supervision by a state operated court services agency or department of a youth, age 10 and older, who typically scores low to moderate-risk on the risk and needs assessment (i.e. Youth Level of Service/Case Management Inventory (YLS/CMI)), is adjudicated as a Juvenile offender, and is court ordered to court services probation.

Crossover Youth: A young person, age 10 and older, with any level of concurrent involvement with the child welfare and juvenile justice systems.

A. "Involvement" in the Juvenile Justice system includes, but is not limited to, court-ordered community supervision, Immediate Intervention Programs (IIP), and youth placed in detention and correctional facilities.

B. "Involvement" in child welfare system includes, but is not limited to, out of home placement, or participation in preventative services.

Delineation of involvement related to specific child welfare and juvenile justice programs is for the explicit purpose of collaborative data collection per agreement between DCF, DOC, and OJA.

Custody/Custodian: Custody, whether temporary, protective or legal, means the status created by court order or statute which vests in a custodian, whether an individual or an agency, the right to physical possession of the child and the right to determine placement of the child, subject to restrictions placed by the court. (K.S.A. 38-2202(g)).

Custody of The Kansas Department of Corrections-Community Based Services (KDOC-CBS): a youth, age 10 and older, who is placed at a correctional facility (e.g. Kansas Juvenile Correctional Complex (KJCC)) or who is on Conditional Release or Aftercare from a correctional facility.

Dedicated WARDS Account: SSI money received for a youth in custody that is a lump-sum of, at a minimum 6 months accumulated, SSI benefits. Social Security deposits the lump-sum and must approve all withdrawals from this account.

Deterioration: The child's condition, health or functioning becomes progressively worse indicating harm to the child.

Disposition: A court hearing following adjudication in which an order may be issued regarding services, custody, placement, sentencing for juvenile offenders or other matters.

E

Endangered: The risk or exposure to harm.

Ex Parte Order: An order issued by a judge without a hearing.

F

Facility Facilities include homes and child care providers regulated/licensed by the Department for Children and Families (DCF) Foster Care and Residential Facility Licensing, Kansas Department of Health and Environment or Kansas Department for Aging and Disability Services (KDADS). Facilities may also include homes and providers legally exempt from regulation and homes or providers which are operating as unregulated services.

Facility includes:

- A. family foster homes,
- B. residential childcare facilities,
- C. detention,
- D. secure care,
- E. attendant care facilities,
- F. day care homes or centers.
- G. Psychiatric Residential Treatment Facilities (PRTF), licensed by the Kansas Department for Aging and Disability Services (KDADS)

For purposes of complaints alleging abuse or neglect, "facility" includes any of the above entities which are subject to regulation, whether operating within or without the law.

Facility Reports: In facility reports the alleged perpetrator is a foster parent, a minor over the age of 10 in the facility, childcare provider, employee in a facility, or another care giver other than the child's parents.

Family: A family means any group of persons who act as a family system with or without a legal or biological relationship.

Family Centered Systems of Care: This is a family driven, individualized, culturally competent, and strength-based approach. The family is seen as the expert on their strengths and needs. The family identifies natural resources, including kin and shall be included in all case planning activities, allowing the family to determine their choices and actions.

Family First Prevention Services Act (FFPSA): FFPSA became law February 9, 2018. This law provides Title IV-E federal funds for prevention and limited Title IV-E eligible placements in foster care. The law's focus is foster care prevention services, and when foster care is required, the aim is to encourage placements in family-like settings for children.

Family in Need of Assessment (FINA): Family In Need of Assessment (FINA) assignments are specific family conditions, which do not meet criteria to assign for abuse/neglect, but are assigned to assess to determine whether services to the child and family are indicated.

The following are FINA sub-types:

- A. Caregiver Substance Use:** Parent/caregiver is using substances and there is an indication the use is impacting parenting capacity or skills.
- B. Caregiver Unable/Unavailable to Provide Care:** Parent/caregiver is not able to care for the child due to the death, incarceration, deployment, etc. of a parent/caregiver and/or there is no other resource available. May include, a parent/caregiver lacking sufficient ability, power, and authority, and without services, deterioration of the children's health/well-being is likely; and the children are at risk of removal.
- C. Child Substance Use:** Child using substances which negatively impacts the family/child functioning.
- D. Children with Behavior Problems:** Child's actions/behaviors negatively impacting the family/child functioning (i.e. suicidal, danger to self and/or self-harming behaviors, out of control, sexually acting out, aggressive behaviors, criminal activities, and gang involvement. Excludes behaviors which meet definitions for Child Substance Use, Less than 10 Committing an Offense, Runaway or Truancy).
- E. Infant Positive for Substances:** An infant (birth to age 1) or the mother of an infant with a positive drug screen, or a medical professional has determined the

infant is substance affected or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.

F. Less than 10 Committing an Offense: while less than 10 years of age, commits any act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.

G. Runaway: Child is willfully and voluntarily absent from the child's home or placement without the consent of the child's parent or other custodian.

H. Truancy: Child is not attending school, as required by K.S.A. 72-977, 72-1111, or 72-1113 and amendments thereto. Excludes home schools registered with the Kansas Department of Education.

Family Meeting: A Family Meeting (FM) is a meeting with parents, family members, supports, service providers, and others who come together to determine the best next steps to improve the child's/family's well-being and functioning.

Family Preservation Referral: A referral made to the Family Preservation Case Management Provider to provide services to keep the family intact and to prevent out of home placement for the child/children in the family, including pregnant women using substances, who may or may not have other children.

Family Reports: In family reports the alleged perpetrator is a parent of the child, other adult residing in the home, or a sibling or relative age 10 and older.

Family Services: Non-custody services provided directly to families by CPS specialists or through purchase of services by DCF. Family services are designed to meet identified needs or to support family strengths and are based on a safety or risk assessment of the child and family.

FC Referral: A referral made to a foster care provider to provide case management and supervision for children removed from the home and placed into court ordered DCF custody.

Female Genital Mutilation: Defined in Crimes and Punishments Chapter of Kansas Statutes, and may be considered for assignment of physical abuse. Per K.S.A. 21-5431 Female Genital Mutilation is defined as:

A. Knowingly circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of a female under 18 years of age;

B. removing a female under 18 years of age from this state for the purpose of circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of such female; or

C. causing or permitting another to perform the conduct described in subsection (a)(1) or (a)(2) when the person causing or permitting such conduct is the parent, legal guardian or caretaker of the victim.

D. Unless, the procedure is medically necessary pursuant to the order of a Physician, and such procedure is performed by a physician.

Food Assistance: A federal income subsidy to buy food for families who have marginal income. Previously referred to as Food Stamps and is also known as Supplemental Nutrition Assistance Program (SNAP).

Foster Care: 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility.

Foster Family Home: means "a private home in which care is given for 24 hours a day for a small number of children away from their parent or guardian" (K.A.R. 28-4-311 (d)). Foster families must be licensed by DCF Foster Care and Residential Facility Licensing. In addition to licensing requirements, the home must be sponsored by a licensed child placing agency (CPA). The CPA recruits and trains foster parents. The CPA assesses foster parents post training to determine if the foster parents can meet the safety and well-being needs of children placed with them.

G

Guardian Ad Litem: An attorney appointed by the court to represent the interests of a person to act on his or her behalf in a particular legal proceeding including, but not limited to, an attorney appointed by the court to represent the best interests of the child in Child in Need of Care proceedings to represent the best interests of the child.

Guardianship: A status in which the court gives a person specified rights to the custody and control of a child subject to ongoing review by the court of jurisdiction.

H

Harm: Physical or psychological injury or damage. K.S.A. 38-2202(kl)

Healthwave 21: See KanCare 21

Host Family: An individual or family who provides temporary care of children through a program created pursuant to the Host Families Act, K.S.A. 38-2401 et.seq. (i.e., Safe Families for Children is an organization with a program created pursuant to the host families act.)

I

Icebreaker: An Icebreaker is a facilitated conversation that provides an opportunity for parents/caregivers and foster parents to meet face-to-face, talk about the needs of the

child and share information about themselves and their family routines and traditions. The focus is on the care and well-being of the child.

Identified Adoptive Resource: A family may be considered an identified adoptive resource when they have submitted the Potential Identified Adoptive Resource Application form (PPS5316) to adopt (not necessarily all the supporting documentation).

Imminent: implies more than speculation but less than certainty. An event is imminent if a reasonable person using common sense, training or experience concludes an event will occur without delay unless there is prompt intervention.

Independent Assessor: A trained professional or licensed clinician who is not an employee of the agency and is not connected to or affiliated with any placement setting in which children are placed by the agency. Completes assessments to determine when a child should or should not be placed in a Qualified Residential Treatment Program (QRTP).

Independent Living Setting: An out-of-home foster care placement, including a transitional living program (TLP), community integration program (CIP), or a youth living on their own who continues to be supported by a Child Welfare Case Management Provider.

K

KanCare: The KanCare program is the State of Kansas' plan to transition Kansas Medicaid into an integrated care model. Kansas contracted with managed care organizations (MCOs), to coordinate health care for nearly all Medicaid beneficiaries.

KanCare 21: A Federal program to cover low income, uninsured children who do not qualify for Medicaid. This Children's Health Insurance Program (CHIP) is funded with Federal and State money. A small premium is charged depending on the family's income. This is only for children up to age 19. Previously known as Healthwave 21.

K.A.R.: Kansas Administrative Regulations

K.S.A.: Kansas Statutes Annotated.

Kinship Caregiver: An adult who the Secretary has selected for placement of a child in need of care with whom the child or the child's parent already has close emotional ties. K.S.A. 38-2202 (w)

Kinship Navigator Program: A program offering information, referral, and follow-up services to kinship caregivers raising children. The program links the kinship family to needed benefits and services for the family or the children.

L

Likelihood: Implies more than speculation and less than certainty. An event is likely if a reasonable person using common sense, training or experience concludes that, given the circumstances, an event is probable without a change in those circumstances.

M

Medicaid: A government health care assistance program for families who are below the poverty level. Medicaid funds traditional medical services as well as a variety of behavior management services. A child removed from the home and placed in foster care usually qualifies for Medicaid since they are considered a family of one if their resources do not exceed the established limitations. The Medicaid program is funded with Federal and State money.

Mental Health Consortium: An affiliated group of mental health professionals and centers.

Mitigate: To make less severe or alleviate. To mitigate something means to make it less serious.

Multidisciplinary Team: A group of persons with special knowledge regarding the detection, investigation or treatment of child abuse or neglect. The Kansas Code for Care of Children authorizes DCF to request, and the court to appoint, a multidisciplinary team "to assist in gathering information regarding a child who may be or is a child in need of care" (K.S.A. 38-2228).

N

National Electronic Interstate Compact Enterprise (NEICE): A national electronic system for quickly and securely exchanging the data and documents required by the Interstate Compact on the Placement of Children (ICPC) to place children across state lines. With NEICE, a case can be created by a Sending State caseworker and reach the Receiving State caseworker within a day, sometimes within an hour. NEICE allows child welfare workers to communicate and provide timely updates to courts, relevant private service providers, and families awaiting placement.

Non-Abuse/Neglect (Family in Need of Assessment)- NAN (FINA): Children who come to the attention of the agency for reasons other than alleged abuse or neglect or juvenile offense and who meets one or more of the definitions in K.S.A. 38-2202(d). Non-Abuse/Neglect (Family in Need of Assessment) definition was replaced by Family in Need of Assessment (FINA) upon system changes July 1, 2018.

Non-family/Unregulated Care Giver: A person who is not the child's parent, guardian or other person who regularly cares for the child. (examples: teacher, coach, big brother/sister, neighbor, etc.)

P

Parent: when used in relation to a child or children, includes a guardian, and every person who is by law liable to maintain, care for or support the child. (K.S.A. 38-2202(u)).

Payment Eligibility: Eligibility for IV-E federal reimbursement for maintenance expenses (primarily room and board) for children in custody who meet all IV-E eligibility criteria.

Permanency: The child is being released from DCF custody after achieving reintegration, guardianship, finalization of adoption, SOUL Family Legal Permanency, or APPLA.

Permanency Hearing: A notice and opportunity to be heard is provided to interested parties, foster parents, pre-adoptive parents, or relatives providing care for the child. The court, after consideration of the evidence, shall determine whether progress toward the case plan goal is adequate or reintegration is a viable alternative, or if the case should be referred to the county or district attorney for filing of a petition to terminate parental rights or to appoint a permanent guardian.

Placement Stability Team Decision Making (PS-TDM): a facilitated meeting held for all out of home placement related decisions (except removal, reunification, or adoption) to decide or recommend whether a child in out of home placement can remain in their current placement setting with supports or if a new placement is needed. In the event of a planned positive move, a PS-TDM will support decision making around what services, actions, or resources can be put in place to ensure the move will lead to stability and timely permanency.

Pregnant Woman Using Substances: Reports assigned by the department indicating a pregnant woman is using substances. The purpose of the assessment is to determine the level of services needed and make referrals as needed.

Preponderance of evidence: Alleged facts and circumstances, more likely than not, meet the abuse/neglect definitions per K.S.A. and K.A.R.

Protective Custody: The status of a child believed by a law enforcement officer (Police Protective Custody (PPC)) or a judge (Order of Protective Custody) that a child alleged to be a child in need of care needs to be removed from danger of harm and placed in a shelter or other emergency or temporary care pending a court hearing.

Provider Agreement: An agreement between a provider of services and DCF for specific services the provider offers to families and children.

Q

Qualified Alien – As indicated in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the term “qualified alien refers to: An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA); An alien who is granted asylum under section 208 of the INA; A refugee who is

admitted to the U.S. under section 207 of the INA; an alien who is paroled into the U.S. under 212(d)(5) of the INA for a period of at least one year; an alien whose deportation is being withheld under section 243(h) of the INA as in effect immediately before April 1, 1997, or section 41(b)(3) of the INA; an alien who is Cuban or Haitian entrant; an alien (or the child of parent) who has been battered or subjected to extreme cruelty in the U.S.

Qualified Residential Treatment Program (QRTP): Title IV-E eligible congregate placement for a child in foster care meeting specific criteria. To serve as a QRTP, the facility must use a trauma-informed treatment model to address the needs of children with serious emotional or behavioral disorders or disturbances. The facility must have the ability to deliver treatment for the child as determined through an independent assessment indicating appropriateness for placement in the facility.

R

Reasonable and Prudent Parenting Standard: 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.

Redetermination: A re-assessment of IV-E eligibility criteria when a change in placement or circumstance occurs for a child in foster care.

Referral: Process of referring a child to a provider for out of home or in home services.

Relative: A person related by blood, marriage, or adoption.

Resource Family: A family willing to provide short term care or serve as the adoptive or legal guardian for the child. The resource family is a valued member of the team and will participate in the case planning process, serve as a mentor to birth families, and will encourage parent/child interactions in a natural setting.

S

Safety Network: A safety network may include family, friends and other natural supports who know about and understand the worries and strengths of the family, and who are actively engaged in the support a family may need to keep a child safe, even after child welfare involvement ends.

Siblings: Children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care.

Sibling Separation: Separate placement of siblings who are in foster care.

Sibling Split: A decision not in the best interest of siblings to be placed together.

State Wards: Foster children become wards of the state when both maternal and paternal rights have been terminated and the child has not been formally adopted.

Child In Need of Care cases remain open under these circumstances and the DCF retains custody. For children who are directly relinquished to DCF, it will be necessary for the case managing entity and DCF to work together to approach the county/district attorney and request a Child In Need of Care petition.

Structured Decision Making (SDM): The Structured Decision Making® (SDM) model for child protection assists agencies and workers in meeting their goals to promote the ongoing safety and well-being of children. This evidence- and research-based system identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision. SDM was fully implemented for intake with the Kansas Protection Report Center in August 2019. SDM safety and risk assessments were piloted in December 2019, in four (4) counties (Johnson, Wyandotte, Crawford and Cherokee) in the Kansas City and East DCF Regions.

Substantiated Perpetrator: A person regardless of where the person resides, who has been substantiated by the secretary or designee, by a preponderance of evidence, to have either intentionally committed an act of abuse or neglect or failed or refused to protect a child when a reasonable person would have anticipated that the act of abuse or neglect would result in or create a likelihood of serious harm, injury, or deterioration to the child. The substantiated perpetrator's name is placed on the Kansas Child Abuse and Neglect Central Registry, and the person is thereby prohibited from residing, working, or volunteering in a childcare facility pursuant to K.S.A. 65-516, and amendments thereto. (K.A.R. 30-46-10) See also Alleged Perpetrator and Unsubstantiated Perpetrator.

T

Team Decision Making (TDM): Team Decision Making (TDM) is a meeting with parents, family, community members and others to actively participate in problem solving and decisions about where children can safely live. TDM was implemented in phases across the state beginning in November 2019, with four (4) counties (Johnson, Wyandotte, Crawford and Cherokee) in the Kansas City and East DCF Regions.

Temporary Custody: Custody awarded by a Court based upon evidence in a hearing prior to disposition adjudication.

Trauma-Informed: An organization and treatment framework involving understanding, recognizing, and responding to the effects of all types of trauma. Treatment is in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

Truant: A child not attending school as required by law.

U

Unsubstantiated Alleged Perpetrator: means a person who has been determined by the secretary or the secretary's designee, by a preponderance of evidence, to have not committed an alleged act of abuse or neglect. (K.A.R. 30-46-10). See also Alleged Perpetrator and Substantiated Perpetrator.

W

WARDS account: A separate accounting for each child for whom funds are received by DCF on behalf of the child in custody. The account shows all monetary transactions received for and paid out on behalf of the child in custody.

Web KDHE Request Processor (WKRP): is a system that allows DCF the ability to review names of providers or employees used by other facilities against names in the FACTS Central Registry (CERS) to determine if the provider or employee at the facility is a match to the substantiated person in CERS.

Working Day: A day when the Department is open for business; does not include Saturdays, Sundays, or official state holidays.

0510 Critical Incident **Notification** Protocol

Publication Date: January 1, 2026

The Critical Incident **Notification** Protocol is a the process for to reporting, reviewing and documenting the DCF Prevention and Protection Services (PPS) Division's response to immediate significant events qualifying critical incidents involving a child. The purpose of this process is to take a closer look provide details for at circumstances surrounding critical incidents, including the Division's initial response to the critical incident, and including prior Division PPS involvement with the impacted family, with the goal of identifying systemic issues, agency practices, or areas of need which, if addressed through policy or practice, may improve PPS the Division's effectiveness moving forward.

A. Defining The following events are defined as a Critical Incident:

Critical Incidents include the following events:

1. Child Death: a. A child death is defined as a child who dies from alleged abuse or neglect or a child who had an open case with PPS within the last three years and dies for any reason.
2. Child Near Death: a. A child who received services from PPS within the last three years, and a physician has certified an act placed the child in serious or critical condition.
3. Child in the custody of the Secretary who attempted suicide.
4. Child in the custody of the Secretary with severe injuries: a. Severe injuries are defined as bodily injury which involves substantial risk of death, extreme physical pain, protected and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty. Routine surgery or injury obtained through routine play or sports participation is not required to be reported.
5. Foster or adoptive parent with criminal proceedings related to abuse or neglect.
6. Any child in foster care who spent the night in a Child Welfare Case Management Provider's (CWCMP) office.
7. Media: An incident which has drawn public-media attention or become a legislative attention concern. This does not include posts limited to social media platforms without publication or coverage in public local, state, or national news networks.

B. Initial Notification of a Critical Incident

~~Information regarding critical incidents shall be documented on the Critical Incident Notification PPS 0550. Sections I and II of the Critical Incident Notification PPS 0550 shall be completed by the Community Family Service Provider (CFSP), DCF prevention provider, Child Welfare Case Management Provider (CWCMP), and DCF at the time of staff knowledge of the incident. Subsequent updates to the critical incident shall be provided in Section IV Up-Dates.~~

1. Notifications submitted by a Community Family Service Provider (CFSP), DCF prevention provider and Child Welfare Case Management Provider (CWCMP) Notification

a. ~~CFSP DCF prevention provider and CWCMP staff shall forward the Critical Incident Notification PPS 0550 to the relevant DCF Regional intake e-mail below:~~

Kansas City Region: DCF.KCPRC@ks.gov

East Region: DCF.EastIntake@ks.gov

Wichita Region: DCF.WICIntake@ks.gov

West Region: DCF.WPRC@ks.gov

b. ~~Subject Line Naming Convention:~~ The subject line of the email shall include only the following:

1. For initial notification: Initial CI-Type-County

Example: **Initial CI-Child Death-FI**

2. For subsequent updates: Update CI-Type-County

Example: **Update CI-Child Death-FI**

If the critical incident involves child abuse or neglect concerns the CFSP DCF prevention provider, or CWCMP shall make a report to the KPRC immediately after the provider is aware of the incident. If a family has been referred to CWCMP, critical incidents shall be reported to DCF until the end of the aftercare period.

2. Notifications submitted by DCF Notification

DCF staff completes section I.A of the Critical Incident Notification PPS 0550 upon receipt from the CFSP DCF prevention provider or CWCMP and forwards to his/her their immediate supervisor. The DCF supervisor shall forward to the appropriate Assessment and Prevention Administrator or regional Foster Care Contract Program Administrator, depending on the circumstances of the case. The Administrator shall determine whether the incident meets the definition of a critical incident and forward the Critical Incident Notification PPS 0550 to the Regional Director or designee. The Regional Director or designee shall review the written report and if the incident

meets the definition of a critical incident submit a PDF version of the PPS0550 to DCF.CriticalIncident@ks.gov

DCF staff shall provide notification to the ~~CFSP~~DCF prevention provider or CWCMP if the initial source of critical incident was DCF and the family is being served by a ~~CFSP~~DCF prevention provider or CWCMP. If the incident does not meet the definition of a critical incident determined by the Regional Director, designee or Administrators, any follow up necessary shall be coordinated within the region.

a. Subject Line Naming Convention The subject line of the email shall include only the following:

1. For initial notification: Initial CI-Type-County

Example: Initial CI-Child Death-FI

2. For subsequent updates: Update CI-Type-County

Example: Update CI-Child Death-FI

3. Notifications submitted by KPRC ~~Notification~~

a. A report involving a critical incident made to the KPRC shall follow policy and procedures for Initial Assessment per PPM 1000. KPRC shall email the report to the KPRC Sups mailbox. The KPRC supervisor shall e-mail the report involving the critical incident to DCF.CriticalIncident@ks.gov, the Regional Director, Assistant Regional Director, Regional PPS Assessment and Prevention Administrator, and Foster Care Program ~~Contract~~ Administrator for the involved DCF Region. Subject Line Naming Convention The subject line of the email shall include only the following:

1. For initial notification: Initial CI-Type-County

Example: Initial CI-Child Death-FI

2. For subsequent updates: Update CI-Type-County

Example: Update CI-Child Death-FI

0511 Critical Incident Review and Assessment

Publication Date: January 1, 2026

The purpose of the Critical Incident Review process is to review what is reported and documented by the circumstances surrounding DCF Prevention and Protection Services (PPS) for a critical incident involving a child. This includes a review of the Division's initial response to the critical incident, and prior PPS involvement with the family. The goal of the review is to identify systemic issues, agency practices, or areas of need, to inform improvements and effectiveness through policy and practice change, which, if addressed through policy or practice, may improve the Division effectiveness moving forward.

A preliminary assessment of all critical incidents notifications shall be completed by a designee of the DCF Administration Critical Incident team to determine if it qualifies for a Critical Incident Review and Assessment is warranted. The DCF Administration Critical Incident team includes the Secretary of DCF, Deputy Secretary, Special Assistant to Secretary and Special Assistant to the Deputy Secretary, Communications Director, Public Information Officer, PPS Directors, PPS Deputy Directors, and Legal Counsel and designee(s) as appropriate. A Critical Incident Review and Assessment may be warranted as deemed appropriate by the DCF Administration Critical Incident team or designee for any critical incident.

- A. Review and Assessment shall take place for any child who dies, is near death, attempts suicide, or has sustained a serious physical injury under the following circumstances:
 1. A death, near death, attempted suicide, or serious physical injury involving a child with an open service or foster care case, or a child is named in an open PPS investigation or family assessment.
 2. A death, near death, or serious physical injury of a child when child abuse or neglect is suspected reported to DCF and it meets criteria for investigation.
 3. A death, near death, or serious physical injury of a child with relevant PPS involvement when child abuse or neglect is suspected;
 4. Upon the request of the Secretary, Deputy Secretary, or PPS Director, or the Critical Incident team.

B. The Critical Incident Review and Assessment process consists of the following parts:

1. Preliminary Assessment of Critical Incident Notification-PPS 0550
 - a. The preliminary assessment shall be completed by a designee on the DCF Administration Critical Incident team within three business working days of receipt of the Critical Incident Notification PPS 0550, or sooner if requested, by a member of the DCF Administration Critical Incident team. This preliminary assessment shall be completed by a designee of the DCF Administration Critical Incident team and for the purpose of identifying to determine follow up activities and the need for a Critical Incident Review and Assessment.
 - b. Upon request from DCF Administration Critical Incident team or designee, the DCF Region shall complete the Critical Incident History Log PPS 0551 within three business working days from the request and submit via e-mail to the requestor.
2. Critical Incident Employee Experience Appendix 0B
 - a. This part of the Critical Incident Review and Assessment is to help inform systemic change by supporting and obtaining the perspective of PPS staff who have worked with and have knowledge of the family.
 - b. This part of the Critical Incident Review and Assessment shall be completed at the request of a by a designee member of the DCF Administration Critical Incident team Employee Experience Team.
 - c. The designee of the DCF Administration Critical Incident team shall complete the Critical Incident Case Review Employee Experience Appendix 0B either in person, virtually, by phone, or by email with the PPS staff member(s) involved with the critical incident and others who have recent involvement with the family and/or who have been involved with prior relevant cases.
3. Observations from Critical Incident Review Appendix 0C
 - a. Upon request from DCF Administration Critical Incident team, the designee of the DCF Administration Critical Incident team shall complete the Critical Incident Case Review Observations Appendix 0C with information provided through the Critical Incident Review and Assessment process, including any additional information provided relevant to the incident.

- b. At the request of a member of the DCF Administration Critical Incident team, the designee of the team shall schedule a meeting to present information related to an incident, or incidents, and observations from the Critical Incident Review and Assessment process. All members of the DCF Administration Critical Incident team shall be invited, along with the Regional Director involved with the critical incident. The Regional Director may invite others as appropriate.

2010 Investigation

Publication Date: January 1, 2026

Investigatory activities may vary from case to case based on the specifics of the case. Investigative activities may be done by a Child Protection Specialist, Child Protection Investigator, or Law Enforcement, and will commonly involve several of the following activities:

- A. Interviewing and observing the alleged victim. Per Adrian's Law, K.S.A. 38-2226, DCF is directly responsible in making visual observation of the child who is an alleged victim of abuse or neglect in an investigation. If there is a joint investigation with law enforcement and DCF, both agencies are responsible to make a visual observation of the alleged victim. Law enforcement's observation does not fulfill DCF's responsibility to observe the alleged victim. Preferably the child should be interviewed before the alleged perpetrator is interviewed. The child should not be interviewed in the presence of the alleged perpetrator except for good reason.
- B. Interviewing the reporter and witnesses, if any, to the alleged maltreatment.
- C. ~~Searches of~~ Searching for DCF, criminal, and sex offense history ~~shall be completed~~ (See PPM 2025).
- D. Interviewing the child's parent(s) and other person(s) responsible for the care of the child.
- E. Interviewing the alleged perpetrator.
- F. Visiting the scene of the alleged maltreatment; documenting relevant environmental information; requesting a law enforcement officer to seize physical evidence. Photographs or videotapes may be requested of a law enforcement officer, medical staff, or other persons trained and competent in taking photographic or electronic evidence. If such a qualified professional is not available, DCF staff should photograph to record the evidence.
- G. Obtaining relevant records from DCF, law enforcement, medical practitioners or other relevant entities. Consents for release of information not statutorily available will be necessary. A subpoena for documents or interviews to provide essential information may be requested by DCF or a court appointed multi-disciplinary team.
- H. Making and documenting behavioral observations such as the appearance and effect of witnesses and alleged perpetrators when presented with questions or information about the alleged maltreatment; the child's behavior in the presence of care givers or the alleged perpetrator; the type and quality of interaction of family members; statements; or behaviors of any person which might be indicative of truthfulness; lying; any mental, emotional or physical impairment of any other child or adult; behaviors indicating alcohol or other drug use, etc.

2030 Child Protection Investigators

Publication Date: January 1, 2026

Child Protection Investigators (CPI) provide evidentiary information to support Child Protection Specialists¹ (CPS) decisions regarding immediate and lasting safety² and service action. They may assist with initial agency response to interview subjects involved in an abuse/neglect or FINA assessment or assist as a member of a joint investigative interview team with the CPS.

A. The following tasks may be conducted in accordance with policy by a Child Protection Investigator:

1. Interview the child alleged to be the victim or identified child(ren).
2. Interview the child's parent(s) or other persons responsible for the care of the child.
4. Interview the reporter and any collateral witnesses to the alleged maltreatment.
5. Visit the scene of the alleged maltreatment to document relevant environmental information; take photographs.
6. Document physical and behavioral observations of the alleged victim, witnesses, and alleged perpetrators; the child's behavior in the presence of caregivers or the alleged perpetrator.
7. Provide information regarding immediate safety of the children involved in the abuse/neglect allegation or FINA concern to the CPS or supervisor who will make the safety determination.
8. Assist the CPS or supervisor with any course of necessary protective action.
9. Obtain relevant records from law enforcement, medical practitioners, or other relevant entities.
10. Prepare any narrative reports for affidavits.
11. Coordinate with the CPS, supervisor, and other DCF program staff during the investigation/assessment to ensure agency service delivery for the family.

B. In consultation with and/or approval of the CPS and/or supervisor, the Child Protection Investigator may:

1. Complete the Agency Response³
2. Complete the PPS 2019 Conversation Note⁴
3. Draft the PPS 2021 Immediate Safety Plan⁵
4. Draft the PPS 2011 Case Findings for substantiated case findings.

5. Provide information to CPS for the Assessment Map for unsubstantiated findings.
6. Draft the PPS 2012 Notice of Department Finding.
~~7. How to do something~~

2050 Plan of Safe Care

Publication Date: January 1, 2026

The ~~enactment of the~~ Comprehensive Addiction and Recovery Act of 2016 (CARA) added ~~new~~ requirements to the Child Abuse Prevention and Treatment Act (CAPTA). CARA addresses the ~~effects~~ ~~impact~~ of substance ~~abuse~~ ~~use~~ on infants, children, and families, with the ~~intent~~ ~~goal~~ of early identification and intervention to support families affected by substance use disorders.

A. Purpose of the Plan of Safe Care

1. To fulfill the ~~meet~~ CARA requirements, Child Protection Specialists (CPS) shall create a Plan of Safe Care for ~~document the needs of~~ infants born affected by substance use, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder, (FASD) in the PPS 2007 Plan of Safe Care to ensure the ~~infant's~~ safety and well-being ~~of the infants in their home~~.

2. A. The Plan of Safe Care ~~required by~~ CAPTA differs from a PPS 2021 Immediate Safety Plan, which addresses ~~the immediate safety~~ ~~only~~ danger. A Instead, the Plan of Safe Care is a continuous and long-term plan for the family ~~which that~~ focuses on risks and dangers to the infant's health, development, safety, and well-being. A CPS' work with a family may require both a PPS 2021 Immediate Safety Plan and a PPS 2007 Plan of Safe Care and both may identify similar risks, dangers, and supports to reduce risk. The Plan of Safe Care identifies the needs of the infant and family and the services to meet those needs. The Plan of Safe Care requires monitoring of referrals to and delivery of appropriate services for the infant and family. Plans of Safe Care may continue with service providers in addition to and after DCF ~~involvement with the family. The Plan of Safe Care incorporates the following needs of the infant and family:~~

1. ~~The physical health, substance use disorder treatment needs, general functioning, development, safety, and any special care needs of the infant who may be experiencing neurodevelopmental effects, physical effects, or withdrawal symptoms from prenatal exposure~~
2. ~~The physical or mental health, social, and substance use disorder treatment needs of the parents or caregivers~~
3. ~~Services and supports to strengthen the parent/caregiver's capacity to nurture and care for the infant~~

B. Criteria for a Plan of Safe Care

1. When the Kansas Protection Reporting Center (KPRC) assigns a FINA with the sub-type Infant Positive for Substances, the CPS shall determine whether the assigned event meets either of the following criteria ~~are met~~ for a Plan of Safe Care:

~~within the assigned response time, documented on the PPS 1002, Section IX. The CPS shall consult with the health care provider with knowledge of the effects of any prenatal substance abuse on the infant.~~

- a. A medical professional who treated the infant made the report to the KPRC
- b. A medical professional who treated the infant and confirms substance use, withdrawal symptoms or FASD affect the infant

2. The medical professional may be the infant's doctor, a nurse, or a medical social worker with access to the infant's chart or medical records.

2. A Plan of Safe Care shall be completed when;

- a. a report is assigned as a FINA with the sub-type Infant Positive for Substances AND
- b. a medical professional confirms the infant is affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder.

3. When criteria is unknown or not met for a Plan of Safe Care, the assessment shall continue. If at any time, during the life of the case, additional information is available which meets criteria for a Plan of Safe Care, DCF or a service provider shall complete a Plan of Safe Care for the infant and family. At any point while an assigned event is open, if new information meets the criteria, the CPS shall develop a Plan of Safe Care with the family.

C. Engagement with the Family

1. The CPS shall ~~inform~~ explain to the family that the purpose of the Plan of Safe Care is to identify needs and provide services ~~with the goal of maintaining~~ that keep the infant and ~~any other children~~ safely in the ~~safe~~ at home.
2. The CPS shall ~~provide~~ give the family a PPS 2008 What is a Plan of Safe Care? to the family.
3. The CPS shall discuss with the family the concerns in the report and any other concerns. Together the family and CPS shall develop the Plan of Safe Care by identifying:
 - a. The physical health, substance use disorder treatment, general functioning, development, safety, and any special care needs of the infant who may be experiencing neurodevelopmental effects, physical effects, or withdrawal symptoms from prenatal exposure to substances
 - b. The physical or mental health, social, and substance use disorder treatment needs of the parents or caregivers

c. Strengths and resources already in the family

- i. CPS may consider individuals such as family members, family friends, church members, and neighbors as supports for the infant and family to solve identified needs and reduce identified danger and risk.
- d. Services and supports to strengthen the parents' or caregivers' capacity to nurture and care for the infant

4. The PPS 2020 Assessment Map, PPS 2005 UNCOPE, and service provider assessments may inform the Plan of Safe Care. Appendix 2L Factors to Guide the Plan of Safe Care may guide the development of the Plan of Safe Care.

5. Once the family and CPS identify needs, the CPS shall offer the family a referral to community programs, Family Preservation Services, or another prevention service provider which will help the family meet the identified needs.

D. Documenting the Plan of Safe Care

1. Prior to the infant's release from Before the infant leaves the hospital, DCF the CPS shall list the needs of the infant and family members on the Plan of Safe Care (PPS 2007) develop and document a PPS 2007 Plan of Safe Care. When DCF receives the report after the infant has been released from the hospital, the Plan of Safe Care shall be initiated as soon as possible, but no later than three working days from the initial contact. If the CPS receives the event after hospital discharge, they shall develop and document a PPS 2007 Plan of Safe Care within three working days of their first contact with the family.

- a. The CPS shall document all identified needs, supports, and referrals in the appropriate sections of the PPS 2007 Plan of Safe Care.
- b. The CPS shall upload the PPS 2007 Plan of Safe Care to KIDS and send it to FACTS.

2. The CPS shall give the family a copy of the PPS 2007 Plan of Safe Care.

2. Once the needs are identified, a referral for services with community programs, Family Preservation Services, or another prevention service provider shall be offered to the family to provide the services and/or assist the family in locating appropriate services to meet the needs identified in the Plan of Safe Care. Whenever possible, the service provider should be able to continue to monitor the Plan of Safe Care by identifying the services and make referrals for the services to meet the needs identified on the Plan of Safe care for the infant and family.

3. If the family chooses not to participate in declines services, the CPS should consult shall staff with their supervisor for next steps relevant to this family.

4. Depending on the circumstances of the case, Section III Services, and Referral Dates on the PPS 2007, the CPS or service provider shall complete the Plan of Safe

~~Care based on the needs of the family to support successful engagement in services. The Plan of Safe Care is a continuous plan which is updated and monitored as needed.~~

~~5. The PPS 2007 Plan of Safe Care is completed with the family, and utilizes information gathered throughout the assessment from a multidisciplinary team. To develop a coordinated and comprehensive assessment of the needs of the infant and family, the multidisciplinary team may include, but not be limited to:~~

- ~~a. Child welfare~~
- ~~b. Medical~~
- ~~c. Substance use disorder treatment~~
- ~~d. Mental health~~
- ~~e. Early childhood intervention~~
- ~~f. Home visitors~~
- ~~g. Public health~~
- ~~h. Other community supports, as appropriate~~

~~6. The Assessment Map, UNCOPE PPS 2005, and CWCMP or community partner assessments shall be used to inform the Plan of Safe Care. Appendix 2L Factors to Guide the Plan of Safe Care may be used to assist in gathering information for the Plan of Safe Care.~~

~~7. If following concerted efforts of engagement, the family selects not to participate in the Plan of Safe Care, the CPS Specialist or the service provider shall document the family's decision not to participate in Section IV Signatures. The PPS 2007 Plan of Safe Care, containing the identified needs and recommended services, shall be provided to the family in the event the family seeks other community services on their own. The CPS specialist shall explain to the family, they may want to share the Plan of Safe Care with other community providers and resources to seek services on their own.~~

4. If, despite engagement efforts, the family declines to help develop the Plan of Safe Care, the CPS shall:

- a. Document this decision in the PPS 2007 Plan of Safe Care signature block.**
- b. Develop a Plan of Safe Care based on available information, including identified needs and recommended services.**
- c. Give the family a copy of the PPS 2007 Plan of Safe Care.**
- e. Explain to the family they may want to share the Plan of Safe Care with other community programs if they seek services on their own.**

E. Monitoring the Plan of Safe Care

1. A Plan of Safe Care is a continuous plan for the family which focuses on the infant's ongoing health, development, safety, and well-being. In addition, the Plan of Safe Care shall address the caregiver and other family member's physical/social/emotional health, substance use disorder treatment, parenting capacity, and preparation to care for the infant. The PPS 2007 Plan of Safe Care is updated as needed to monitor additional needs identified and referrals for services. The CPS or service provider should update the plan as the infant's and family's needs change.
2. The needs related to the safety and risk concerns for the infant and family identified by the PPS 2007 Plan of Safe Care shall be incorporated in the PPS 3050 Family Service/Preservation Case Plan as the objectives and activities are developed. When the family accepts a referral, the CPS shall work with service providers to include identified needs, risks, dangers, and supports in the family's plan.
3. The CPS shall monitor the Plan of Safe Care until they have completed their event shall be monitored to determine whether the family has referrals are made to appropriate services, and whether services are delivered to supportive for the infant, and family, or caregiver.
4. Whenever possible, the service provider should monitor the needs identified in the Plan of Safe Care until they have completed their case.
4. Upon closure of a Family Service/Family Preservation case, the Plan of Safe Care PPS 2007 shall be provided to the family. The family has the option to continue services and monitoring by community services and resources.

2100 Initiation of Investigative Interviews of Child Abuse/Neglect

Publication Date: January 1, 2026

The Kansas Department for Children and Families (DCF) has the duty to receive and investigate reports of child abuse and neglect for the purpose of determining whether the report is valid and whether action is required to protect the child. K.S.A. 38-2226(a). An "Investigation" is the initial phase of the assessment for reports alleging child abuse or neglect. In an investigation, facts are obtained and evidence is gathered and secured in order to reach a conclusion on the validity of the report and what actions, if any, are needed to protect the child. The purpose of the assessment is to assist families, when needed, to live together safely and within the requirements of law.

A. Reports from Law Enforcement: Per K.S.A 38-2231(d) When a report from law enforcement is assigned to investigate allegations of suspected abuse or neglect, the Child Protection Specialist (CPS) or Child Protective Investigator (CPI) shall;

1. Initiate an investigation by completing a safety determination within 24 hours of the Kansas Protection Report Center receiving the report as set forth in PPM **sections** 2110 and PPM 2310, and
2. Within 24 hours of contact with persons subject of the investigation, the CPS or CPI shall respond to the referring law enforcement agency with the status of the investigation. The status update shall include the following:
 - a. The name and contact information of the assigned CPS,
 - b. The event number of the assigned report,
 - c. The allegations the CPS is investigating,
 - d. The immediate safety determination per PPM 2310 (safe, safe with an immediate plan, or unsafe) or attempts made.

B. Parent and Alleged Perpetrator Rights:

1. At the initial contact with the family and alleged perpetrator, the DCF staff conducting the investigative interview shall inform the family and the alleged perpetrator that the Kansas Code for Care of Children requires DCF to make inquiry when a child is alleged to be abused or neglected. The family and alleged perpetrator shall be informed of the specific actions or inactions that have been reported as suspected abuse or neglect, without disclosing the identity of the reporter.
2. The family and alleged perpetrator shall be informed that they are not required to cooperate with the agency and what the possible next steps may be. The pamphlet

entitled “What You Need to Know About Investigations of Child Abuse or Neglect” PPS 2010 shall be given to the family and alleged perpetrator.

C. Living Arrangement: DCF staff shall determine the living arrangement at the time the alleged incident occurred, for each alleged victim of an abuse/neglect report. The living arrangement shall be documented on the Agency Response

D. Verified Incident Date: DCF staff shall verify the incident date for each alleged victim of an abuse/neglect report for the current assigned report. The verified incident date is the date the alleged victim reports the incident in the current report occurred.

1. If there is more than one alleged victim, incident, or abuse/neglect type the most recent incident date shall be used as the verified incident date.
2. In situations where the alleged abuse/neglect incident is on-going (i.e. physical neglect), the date of the report as documented on the PPS 1001 in the “Report Date” field shall be used as the verified incident date.
3. In situations where the alleged victim is unable to verify an incident date, the interviewer shall ask questions to narrow down a possible year, month, and day, to obtain the closest estimate of the verified incident date. If the verified incident date is estimated, select the “Estimated Date” box on the Agency Response screens in KIDS.
4. If through investigation it is determined no incident occurred the date of the report as documented on the PPS 1001 in the “Report Date” field shall be used as the verified incident date.

2105 Requests for Courtesy Contact or Interview Between DCF Offices

Publication Date: January 1, 2026

A DCF office with investigation responsibilities may request a courtesy contact or interview from a different DCF office to assist with the assessment of an assigned report when the interview or contact requires an in person contact and significant travel for the assigned office. A county or regional boundary does not automatically require a request for a courtesy interview (CI).

A. When the CI request occurs within normal business hours the office requesting the contact shall send an e-mail to the regional mailbox in the region responsible (as shown below in F), and provide the KIPS event number, if available. If the KIPS event number is not yet available, provide as much intake information available at the time of the request, such as a police report or JIAS report, etc. The subject line shall identify the urgency of the request.

1. When the CI request is for a law enforcement referral per K.S.A 38-2231(d), the office responsible for the CI request shall provide documentation of the interviews to the office requesting the CI within the 24-hour time period.
2. When the contact is for a safety determination, the office completing the contact shall communicate with the requesting office to facilitate a timely safety determination and safety staffing. Within 5 working days of completion of the courtesy interview, the worker completing the courtesy contact shall forward all applicable assessment documentation to the requesting office/worker.

B. When the CI request is for a law enforcement referral per K.S.A 38-2231(d) and is needed outside of regular business hours:

1. The office requesting a courtesy interview shall
 - a. Send an email to DCF.PPSAllStaff@ks.gov. The subject line of the email shall identify the request is for a 24-hour response and the region where the courtesy interview is needed. **The email shall have no other case information.**
 - b. When the worker assigned to the CI is identified, the requesting office will provide to the assigned worker the KIPS event number, if available, and information and documentation as indicated below in C.
2. The office responsible for completing the request shall
 - a. Respond back to the individual requesting the courtesy interview by identifying the worker who will be completing the CI request.

- b. Provide documentation of the contact to the office requesting the CI within the 24-hour time period.
- C. The office requesting the contact shall provide documentation in the request to include:
 - 1. Specific information the courtesy interviewer should gather from the person being interviewed
 - 2. Information learned from any background checks or DCF history with the family
 - 3. Information about family relationships, and other information known about the family
 - 4. A summary regarding information gathered in the investigation to date
 - 5. The response time for the requested interview
 - 6. Identify if contact is needed for the safety determination
- D. See PPM section 2800 for entering these cases in FACTS.

E. The following provides the regional e-mail addresses:

- 1. Kansas City Region: DCF.KCPRC@ks.gov
- 2. East Region: DCF.EastIntake@ks.gov
- 3. Wichita Region: DCF.WICIntake@ks.gov
- 4. West Region: DCF.WPRC@ks.gov

2113 New Information Identified in an Open Case

Publication Date: January 1, 2026

A. New Report Needed

Anytime during an open case PPS staff become aware of a new incident of abuse or neglect, a new report to the Kansas Protection Report Center (KPRC) is required.

1. If the new report is assigned for abuse/neglect, and the current open case is assigned as a FINA or PWS, the PPS Supervisor shall submit a request an override per PPM 1700. Per Adrian's Law, K.S.A. 38-2226, on the new report assigned for abuse/neglect the secretary or the secretary's designee shall visually observe the child who is an alleged victim of abuse or neglect prior to case closure. In the case of a joint investigation with DCF and law enforcement, both agencies shall visually observe the alleged victim.
2. If the new concerns are FINA a new report to KPRC is not warranted and the concerns shall be continued to be addressed through the current open case.

B. Additional Allegation Types on a Current/Open Investigation

Upon investigation, if the facts and circumstances in the current assigned report indicate an additional abuse/neglect allegation type from the assigned allegation type identified on the PPS1002 Initial Assessment,

the CPS Specialist shall consult with the PPS Supervisor to determine further action:

1. If it is determined the new allegation type(s) is a result of a new incident of abuse or neglect, refer to PPM 2113 A.
2. If it is determined the new allegation type is related to the incident currently being investigated, the new allegation type shall be added to the current open case.
 - a. The new allegation type shall be added within 20 working days of the assignment.
 - b. The new allegation shall be added to the PPS 1002 Initial Assessment Section IV and V in KIPS by the PPS Supervisor.
 - c. The CPS Specialist shall add the additional allegation type(s), date and initial on the PPS 1002 and provide to FACTS data unit.

A finding shall be made on all allegation types assigned by KPRC as well as any additional allegation types added to PPS 1002.

C. Additional Children in the Family identified in an ongoing investigation

If during an investigation/assessment, there is reason to believe other children under the same care are possible alleged victims of the same allegations in the assigned investigation/assessment, the additional children shall be added to the current investigation and does not require a new report.

D. Child(ren) from another Family identified in an ongoing investigation

If during the course of an investigation/assessment, PPS staff become aware that a child from another family may also be abused or neglected, a new report is required. If necessary, the CPS Specialist shall take appropriate protective action, pending the KPRC initial assessment of the new report.

E. Additional Alleged Perpetrator Identified after an Initial Assignment

If during an investigation/assessment, there is reason to believe that there is another alleged perpetrator for the same allegation and incident reported, the additional alleged perpetrator shall be added to the current investigation and does not require a new report.

F. Human Trafficking

Human trafficking (HT) is a separate subtype of abuse/neglect assignments. If PPS staff become aware of concerns for human trafficking, per K.S.A. 38-2202, on any current open case type, a new report to the KPRC is required. The report shall include explicit language to specify concerns for human trafficking per K.S.A. 38-2202. The report shall include the language "human trafficking." See PPM 0160 Glossary definition for sexual abuse per K.S.A. 38-2202 and Appendix 1A for guidance.

2116 Requirements for Children Under the Age of One

Publication Date: January 1, 2026

Supporting families by connecting them with services, and information designed to promote the health and well-being of children under the age of one, is one way to help build lasting safety and prevent future maltreatment.

A. Parent Skill Building

When a family with a child under the age of one is involved in an assessment for Abuse/Neglect, Family in Need of Assessment (FINA) or Pregnant Woman Using Substances (PWS), the Child Protection Specialist (CPS) shall:

1. Engage the family in an assessment of the child's developmental milestones and needs and document using the PPS 2019 DCF Conversation Note.
2. Inform the family of the benefit of available resources.
3. Request the family engage in services and document the family's initial decision for services on the PPS 2019 DCF Conversation Note.
4. When appropriate, assist the family with a referral to the program of the parent's choice using the PPS 2014 A Referral for Services. Families may choose to have the CPS submit a referral or the family may choose to self-refer.
5. Prior to case closure, engage with the family or service provider in a conversation about the needs of the child and the services available to meet the needs of the child. When there are concerns about lack of engagement or unmet needs of the child which create a danger to the child, the CPS shall consult with their supervisor to develop next steps.

Parent Skill Building programs involve community partners assessing the needs of the child[ren]. These assessments include occupational and physical therapy, speech and language development, and educational needs. Parent Skill Building programs include Infant-Toddler Services or Home Visitor programs.

Resources include:

Kansas Department for Children and Families Child Care in Kansas child development resources: <https://childcareinkansas.com/resource/child-development/>

Kansas Early Childhood Developmental Services: <https://www.kdhe.ks.gov/677/Kansas-Early-Childhood-Developmental-Ser>

Healthy Families affiliate locator: <https://www.healthyfamiliesamerica.org/map/>

Early Head Start: <https://www.kcsl.org/EarlyHeadStart.aspx>

KCSL Parent Helpline: 1-800-CHILDREN (1-800-332-6378) or email/text
1800children@kcsl.org

B. Safe Sleep

When a family with a child under the age of one is involved in an assessment for Abuse/Neglect, FINA or PWS, the CPS Specialist shall:

1. Assess the infant's sleep environment using guidance from Safe Sleep Kansas (<https://safesleepkansas.kdhe.ks.gov/>) and document observations on the PPS 2019 Conversation Note.
2. Engage the family in a conversation and provide information and resources to help support a safe sleep environment for the infant by informing the family of the ABCs of safe sleep; babies are safest when they are:
 - a. Alone,
 - b. on their Back and
 - c. in a Crib.

2315 Unable to Locate

Publication Date: January 1, 2026

A. Unable to Locate Supervisor Staffing Requirements

1. Initial Safety Determination Staffing

- a. When a report alleging abuse or neglect has been assigned for investigation/assessment reasonable efforts as outlined in PPM 2310 shall be made to determine the initial safety of a child. If the child(ren) is unable to be located or the parent(s)/caregiver(s) do not allow access to the child(ren), an initial safety staffing shall occur within the assigned response time.

2. Ongoing Supervisor Staffings

- a. Ongoing supervisor staffings shall occur every 3 business days to discuss ongoing efforts to locate the child(ren) and family until:

- i. Child(ren) is located or;
 - ii. Case closure due date and;
 - iii. Supervisor agrees sufficient efforts have been made to locate the child(ren) and family.

- b. The CPS Specialist/CPS Investigator and PPS Supervisor shall discuss worries for imminent danger to the child and determine next steps for ongoing efforts. Appendix 2B, the PPS 2019 Immediate Safety Scale and Appendix 2H Immediate Safety Tips Sheet may be used as a guide to consider next steps. Also see PPM 2310. for more information.

B. Ongoing Efforts

Ongoing efforts to locate the child shall continue outside the initial response time.

1. Ongoing efforts to locate the child(ren) in-person may include but are not limited to the following:

- a. A search for the child(ren) and/or parent/caregiver(s) using internal sources such as CLEAR, KEEES, FACTS, etc.
- b. A search for the child(ren) and/or parent/caregiver(s) using external sources such as law enforcement, child's school, neighbors, known friends/extended family, service providers, reporter, collateral contacts, etc.
- c. CPS Specialist and/or CPS investigator shall make attempts to contact the child(ren) and/or parent/caregiver(s), including the non-residential parent/caregiver(s), at all addresses/phone numbers found in the above searches which may include attempts outside of business hours.

2. If a child has not been located after 3 business days have elapsed from the ~~required response time~~ **response due date on the PPS 1002** and law enforcement is not already involved with the assigned report, contact law enforcement to provide what actions have been taken by DCF to locate the child, known potential locations of the child, details of the case known to DCF, worries for the child reported to DCF, and to continue to jointly search for the child.

C. Unable to Locate Case Closing Requirements

Before a case can be closed as unable to locate the following criteria shall be met:

1. The alleged victim child(ren) are unable to be located; AND
2. CPS Specialist/CPS Investigator has exhausted all available resources including contacting law enforcement per PPM 2315 B; AND
3. PPS Supervisor agrees that sufficient efforts have been made to locate the family.

D. Documentation

Documentation of all unable to locate supervisor staffings and the ongoing efforts to locate the child(ren) and/or parent/caregiver(s) shall be completed per PPM 0420 and PPM 2760. The date and time of the safety staffing with the supervisor shall be documented on the Agency Response screen in KIDS as the "Safety Staffing" date and time. When the child(ren) is not located or has not been seen in-person and the safety determination has not occurred, leave the field blank.

2502 Allowable Case Findings

Publication Date: January 1, 2026

For each allegation of abuse/neglect one of the following case finding decisions shall be made:

A. Unsubstantiated

A reasonable person weighing the facts or circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions do not meet the abuse and/or neglect definitions per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).

B. Substantiated

When a determination is made the facts and circumstances meet abuse and/or neglect definitions per PPM 0160, the Child Protection Services (CPS) specialist in consultation with his/her supervisor shall evaluate the facts and circumstances of the alleged incidents to determine whether criterion for a substantiated case finding is met. When criterion is met, a substantiated case finding shall be considered. A substantiated case finding results in the perpetrator's name being placed on the Kansas Child Abuse/Neglect Central Registry. Per Kansas statutes and regulations, the perpetrator is not permitted to reside, work, or regularly volunteer in a Kansas Department of Health and Environment (KDHE) or Department for Children and Families (DCF) Foster Care and Residential Facility Licensing regulated child care or residential facility.

A substantiated case finding shall meet the following:

1. A determination is made the facts and circumstances meet one of the required definitions per PPM 0160 for abuse, neglect, and/or abandonment of a child; and
2. A determination is made the perpetrator's actions, behaviors, or omissions occurred and meets at least one of the following criteria:
 - a. There was an intent to commit the act that resulted in harm; and/or
 - b. A reasonable person would have anticipated harm would occur to the child; and/or
 - c. The harm was a result of failure or refusal to protect the child; and
3. There was serious harm, injury or deterioration to the child; or there was a likelihood of, or endangerment of serious harm, injury or deterioration to the child. Serious harm, injury or deterioration may include, but is not limited to:

- a. Death of a child.
- b. Condition which required medical care, hospitalization, or surgery whether received or not, including but not limited to:
 - i. Fractures;
 - ii. Bruises on a child's body, including but not limited to, the face, head or abdomen;
 - iii. Burns;
 - iv. Injuries which are disfiguring;
 - v. Injury resulting in severe or prolonged pain;
 - vi. Multiple severe non-accidental injuries;
 - vii. Failure to thrive or malnourishment;
 - viii. Medical condition such as asthma or diabetes exacerbated by home conditions and/or failure to provide medication.
- c. An indicated need for mental health treatment, whether received or not, due to serious mental and/or emotional harm or causal deterioration to the extent the child's emotional well-being is impaired or endangered. Such serious harm or deterioration may include, but not be limited to, characteristics exhibited to a serious degree: anxiety; depression; withdrawal; aggressive or self-harming behavior; or a substantial and observable change in the child's behavioral, emotional or intellectual functioning considering age and development of the child.
- d. Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child or another person. Sexual abuse shall include, but is not limited to, allowing, permitting or encouraging a child to:
 - i. Be photographed, filmed or depicted in obscene or pornographic material; or
 - ii. Be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6419 or 21-6422, and amendments thereto. **K.S.A. 38-2202** (See **K.S.A. 38-2202 and Appendix 2A for Kansas Statutes Annotated references**)

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. K.A.R. 30-46-10 (i)

- e. ~~Failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the health and substance use disorder treatment needs of such infant and a medical professional predicts significant physical harm and/or developmental/cognitive delays of an infant (birth to 1 year of age), due to prenatal substance abuse.~~

f. e. Outcomes listed above in a.-d. would likely have resulted except discovery or intervention or accidental circumstances occurred prior to such outcomes.

g. f. A pattern of continuing, repeated, or progressively more severe behavior which indicates abuse or neglect. For purposes of determining whether a pattern exists, verified information from Kansas or any other state, federal enclave or Native American tribe or association using the standards of that state or entity. This may include Confirmed, Validated, Substantiated, Affirmed, or Unsubstantiated findings of abuse or neglect from Kansas, another state, federal enclave, or Native American tribe or association. Verified evidence of a prior conviction of a crime against a child may also be considered when determining if a pattern of abuse or neglect exists.

2540 Notice of Department Finding

Publication Date: January 1, 2026

A. The PPS 2012 Notice of Department Finding informs people who have a need to know the outcome of an investigation of child abuse ~~or~~ neglect. The Notice of Department Finding also provides ~~persons~~ information ~~regarding about~~ the appeal process. The following ~~persons~~ shall receive the Notice of Department Finding:

1. Parents, including ~~parents not residing in the home of their child who was an Alleged Victim~~ the non-residential custodial parent, of the child who was alleged to have been maltreated. The ~~non-residential custodial parent not residing in the home of their child~~ shall receive notice because they have equal rights and responsibilities for their child unless there is a court order abridging those rights through a divorce, parentage, or CINC action. ~~If sending the Notice of Department Finding to the non-residential custodial parent may~~ A Child Protection Specialist and supervisor may decide not to send the notice to the parent not residing in the home of their child if the notice might result in danger to the child or family, a determination may be made to not send the notice due to the danger to the child or family.
2. Child, as applicable, if the child lives separate from the family.
3. ~~The~~ Alleged Perpetrators, if ~~he/she is someone other than the parents~~ they are not already receiving a notice as a parent to a child who was an Alleged Victim.~~4.~~ If the location of ~~the~~ an Alleged Perpetrator is unknown, a copy shall be mailed to the last known address and maintained in the case file.
5. Child Welfare Case Management Provider (CWCMP) if the family is receiving services from a ~~(CWCMP)~~.
6. Director of the facility or the child placing agency of a foster home if abuse occurred in a facility or foster home.
7. Kansas Department of Health and Environment (KDHE) if the investigation of abuse/neglect involved a facility licensed or regulated by KDHE.
8. Director of Psychiatric Residential Treatment Facilities (PRTF) if abuse/neglect occurred in such Certified Facility.
9. Regional Mental Health Program Improvement field staff if abuse/neglect occurred in a Licensed or Certified Facility.
10. DCF Foster Care and Residential Facility Licensing if the investigation of abuse/neglect involved a facility licensed by DCF.

The Notice of Department Finding shall be mailed on the same day, or the next working day, as the case finding decision, the date on the Case Finding PPS 2011, Date of Finding field.

B. Notice of Department Finding on all Case Findings

To be considered adequate notice, the Notice of Department Finding shall contain information regarding the following:

1. Alleged Victim(s)
2. Alleged Perpetrator(s)
3. Allegation(s)

C. Notice of Department Finding on Unsubstantiated Case Findings

If the case finding is unsubstantiated, the “Basis of Decision” section shall include only the following statement: **“Facts and circumstances do not support a-substantiated finding by preponderance of the evidence.”**

D. Notice of Department Finding on Substantiated case findings

If the case finding decision is substantiated, the notice shall also include:

1. Date of report, as documented on PPS 1001 “Report Date”
2. Use of language indicating the standard of evidence being preponderance
3. A specific reason for the Department's finding decision

2541 Circumstances Requiring Separate Notices of Department Findings

Publication Date: January 1, 2026

~~The following circumstances may indicate a need to send separate notices:~~

~~In the following circumstances, Child Protection Specialists (CPS) and Child Protection Investigators (CPI) shall send a separate PPS 2012 Notice of Department Findings:~~

A. ~~If findings involve involving children in the same home with different parents fathers or mothers. Send, the CPS or CPI shall send~~ a separate PPS 2012 to ~~the~~ each parents not residing in the home.

1. ~~Each of these notices shall include only the findings and recommendations related to their that parent's children. which includes the finding related only to their children. The recommended services should only be included on the Notice of Department Finding as relevant to the alleged or substantiated perpetrator's children.~~

B. ~~If findings involve involving an alleged or substantiated perpetrator who is not a parent, caregiver, or residing in the home of the child. Send, the CPS or CPI shall send a separate notices PPS 2012 to the each of these alleged or substantiated perpetrators if services are recommended.~~

1. ~~Each of these notices shall include only the findings related to that alleged or substantiated perpetrator. The~~

2. ~~Each of these notices to the alleged or substantiated perpetrator shall not include recommendations the services recommended to the family.~~

C. ~~Finding involving multiple alleged or substantiated perpetrators who do not reside in the home shall receive separate PPS 2012 to includes the finding related only to that alleged or substantiated perpetrator. The notice shall not include the services recommended to the family.~~

DC. ~~If findings involve involving multiple perpetrators in a facility, the CPS or CPI shall send a shall receive separate PPS 2012 to each alleged or substantiated perpetrator in the facility. that~~

1. ~~Each of these notices shall includes only the findings related only to that alleged or substantiated perpetrator.~~

2. ~~Each of these notices shall not include recommendations.~~

ED. If findings involve an alleged or substantiated perpetrator who is not a parent, caregiver, or residing the home of the child and the alleged or substantiated perpetrator does not know the identity of the victim, Send, the CPS or CPI shall send a separate notices PPS 2012 to the each of these alleged or substantiated perpetrators, omitting

1. Each of these notices shall not include the name of the child victim.
2. Each of these notices shall include only the findings related to this alleged or substantiated perpetrator. The
3. Each of these notices to alleged or substantiated perpetrator shall not include recommendations.

2543 Affirmed or Substantiated Case Findings on Children Under the Age of Three

Publication Date: January 1, 2026

If a case finding is substantiated and the victim is a child under the age of three, the **CPS Child Protection Specialist (CPS)** shall make a referral to Kansas Infant-Toddler Services, the early intervention services funded under part C of the Individuals with Disabilities Education Act.

A. Procedures for making referral to Infant-Toddler Services

1. The **CPS specialist** will send a referral to the local Infant-Toddler program via the PPS 2015 Referral to Infant-Toddler Services the same day or within one working day of the case finding decision.
2. The **CPS specialist** shall inform the parent of a referral made to the Infant-Toddler program by sending:
 1. a. PPS 2012 Notice of Department Finding
 2. b. PPS 2015 Referral to Infant-Toddler Services; and
 3. c. Information for the local Infant Toddler Services.

B. Children in out of home placement

1. The referral for children in out of home placement shall be made by the **CPS Specialist** and sent to the county where the child is currently placed.
2. The PPS 2015 Referral to Infant-Toddler Services shall include the location of the child. If the parents are unaware of the child's location, this information shall be removed from the parent's copy.
3. The PPS 2015 Referral to Infant-Toddler Services shall also be sent to the child welfare case management provider (CWCMP) providing the out of home services.

C. Previous referrals to Infant-Toddler Services

1. A referral shall be made to the Infant-Toddler Services each time a case finding is substantiated, and the victim is a child under the age of three. If the child is currently receiving Infant-Toddler services or if the child has been previously referred as a result of a substantiated finding, the referral shall be sent.

D. Location of parent and/or child is unknown

- 1.** A referral shall be made to the Infant-Toddler Services when the whereabouts of the parent and/or child are unknown. The referral shall indicate the information to contact the parent and/or child is unknown.

E. Location of Infant-Toddler Services statewide

- 1.** Kansas Department of Health and Environment (KDHE) maintains the local list of Infant-Toddler Service providers. The current list can be found on the KDHE website.

F. Additional information to Infant-Toddler Services

- 1.** If the Infant-Toddler Services requests additional information regarding the family following the referral, a release of information signed by the family is required.

2740 Family Based Assessment

Publication Date: January 1, 2026

The purpose of the Family Based Assessment (FBA) is to complete an active assessment alongside the family and their safety network. The FBA is a process that includes reviewing and assessing information gathered during the assessment to help the CPS Specialist and family determine the immediate and lasting safety of the children and identify needed services or supports.

A. The FBA shall be completed for all cases accepted for further assessment except for the following:

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

B. FBA KIDS Requirements

The 2030F Family Based Assessment Summary is used to document decisions in KIDS and includes the following:

1. Results Tab: Section I. Assessment Results and Summary of Findings

- a. Safety Decision, Risk Level, Risk Conclusion and Assessment Conclusion from a FINA assessment fields are no longer required as of January 1, 2021.
- b. Investigation Findings from Case Findings auto-enters.

2. Results Tab: Section II. Summary of Assessment Conclusion

- a. Not required in KIDS; documented on Assessment Map.

3. Prevention Services Tab: Section III Family Preservation Screen

This section provides criteria for the CPS Specialist to consider Family Preservation Services (FPS), Family Services (FS), or Family First Prevention Services (FFPS) referral.

- a. CPS Specialist shall consult with a supervisor regarding Family Preservation Referral criteria and answer questions 1-7 in KIDS. See PPM 2746 for further referral criteria information.
- b. The CPS Specialist shall document the date and time of the supervisor approval in the Date Decision Made and Time field.

4. Service Plan Tab: Section IV Case Action/Initial Service Plan

- a. Family Strengths and Needs are no longer required as of January 1, 2021.

b. Case Opened for Services

Completion of the FBA shall not delay a referral for services when a family is in crisis. The CPS Specialist shall update the FBA with as much information as is available by the next working day from the date of the referral for services. The CPS Specialist may make a referral to services before the FBA is closed for abuse/neglect assignments when the investigation is ongoing, and the case finding is not complete. When services are accepted, the CPS Specialist shall document the Case Action Plan and Initial Permanency Goal in KIDS. Case Action Plan decisions may be:

i. Family Services

The CPS Specialist will consider providing family services when there is a need for DCF assistance beyond the initial 30 working days of intake assignment. During the FBA, if the CPS Specialist identifies specific services which may help the family alleviate the risk of removal for the child(ren), the CPS Specialist shall:

1. Consult and seek CPS Supervisor approval of DCF Purchasing Services and
2. Complete the PPS 4005 Family Service Case Status and provide it to FACTS, see PPS 4005 instructions for additional guidance.

ii. Family Preservation

When the family expresses willingness to accept services and CPS Supervisor has approved the referral, the CPS Specialist shall make the referral within 24 hours of the Date Decision Made and Time documented on the Prevention Services Tab. Refer to PPM 2748 DCF Responsibilities at Referral to Family Preservation Services.

iii. Family First Prevention Services (FFPS)

The CPS Specialist may make a referral to FFPS without consultation with a PPS Supervisor. Refer to PPM 4000 Prevention Services for referral criteria.

iv. Foster Care

The CPS Specialist shall make a referral to foster care when the case action plan is identified as foster care in KIDS. Refer to PPM 2750 for DCF Responsibilities at Referral to Foster Care Services

v. Adoption

c. Reasons for agency intervention: Not Required in KIDS

d. Initial Permanency Goal

When the CPS Specialist refers for services, they will document an Initial Permanency Goal. Initial Permanency Goals may be any one of the following:

- i. Maintain at Home
- ii. Reintegration
- iii. Adoption
- iv. Guardianship
- v. Independent Living

e. Child Protection Objectives: Not Required in KIDS

f. Close Case

The CPS Specialist shall document the reason for case closure as one or more of the following reasons:

- i. DCF services not indicated: The investigation and assessment is complete and DCF services are not indicated.
- ii. Family refused services: The department may close the case if the family refuses services and there are no unaddressed child safety needs.
- iii. Family moved, cannot be located. Medical needs were unable to be determined: The family cannot be located or has moved out of state, the case may be closed.
- iv. Another community agency is currently providing services: The family is experiencing problems, but another agency is assessing the family's needs and/or providing services. If an assessment by the department will duplicate an ongoing assessment and/or treatment by a qualified person or agency and/or an assessment by DCF would be disruptive to the treatment of the family, the case may be closed if there are no unaddressed child safety issues.
- v. Assessment Complete - Current Service Plan continues: If the assigned report is associated with a case already open to the agency and the current service plan will continue, this option shall be indicated.

5. Timeliness Tab: Section V Timeliness of Family Based Assessment/Initial Service Plan

The CPS Specialist shall complete the FBA within 30 working days of intake assignment, unless making a referral for services. The CPS Specialist shall complete the FBA with the information known to the agency, when the case finding is late. If the CPS Specialist cannot complete the FBA timely, they shall document the reason in KIDS.

6. Required Signatures: Section VI Required Signatures

The FBA is completed when the CPS Specialist and supervisor sign and date the Family Based Assessment Summary electronically in KIDS, unless a referral for services is made, causing the CPS Specialist's signature to be entered on a date prior to the FBA completion.

The CPS Specialist shall sign on the date the Assessment Map has been updated with as much information available, by the next working date of the referral to the CWCMP or contracted service provider, to document the timeliness of the FBA upon a referral. The supervisor's signature is not required to initiate family services or a referral to the CWCMP. Upon closure of the FBA, when a referral has been made to a CWCMP, the CPS Specialist shall add the FBA completion date in the CPS Specialist Signature text box next to his/her original signature from the date of the referral. The date field next to the CPS Specialist Signature box will remain the date the FBA was updated upon referral.

For example:

CPS Specialist Signature: Worker Name, 2/1/2018 (Date of FBA Completion)

Date: 1/10/2018 (Date of referral to CWCMP remains the same)

Supervisor Signature: Supervisor Name

Date: 2/1/2018 (Date of FBA Completion and matches the date entered in the CPS Specialist signature line)

C. The CPS Specialists shall use the following tools to guide conversations with the family and document the assessment:

1. Face Sheet, PPS 1000
2. Report/Request for Services, PPS 1001
3. Initial Assessment, PPS 1002
4. Kansas DCF Conversation Note, PPS 2019 (may include Appendix 2N, My Three Houses, Appendix 2P, Fairy Wizard Template and Appendix 2W, Ecomap Template)
5. Kansas DCF Assessment Map, PPS 2020
6. Case Finding, PPS 2011 (Abuse/Neglect)
7. Family Based Assessment Summary, PPS 2030F

D. Allowable reasons for not completing the FBA within the time frame include:

1. Cannot locate family; or the child is missing, and additional time is needed to provide information and assist the parent/caregivers with reporting the child as missing to law enforcement and NCMEC (see PPM 2080 Assessment and Prevention Responsibilities When Child is Missing)
2. Family has left the state

3. DCF has been directed not to proceed by county/district attorney or law enforcement
4. Family refuses to cooperate
5. Appointments scheduled but persons failed to keep the appointments
6. Parents refused access to the child (see PPM 2315 Unable to Locate)
7. Child out of state i.e., staying with relatives

2750 DCF Responsibilities at Referral to Foster Care Child Welfare Case Management Provider

Publication Date: January 1, 2026

A. At the time the decision is made that out-of-home placement is required and DCF has documentation of custody, the DCF staff shall:

1. Notify the mother, father, parents of siblings, grandparents, aunts, uncles, adult siblings, and any other adult relative suggested by the parents that the child has been removed by providing the Relative Notification Letter, PPS 5125, and the Relatives as Caregivers Card, PPS 5130 within 30 days of the child's removal, unless documentation exists regarding a listed relative confirming safety issues related to family and domestic violence;
2. Adoptive parents of siblings shall also be notified when a sibling of the child(ren) they adopted is in the custody of DCF for out of home placement by receiving the Adoptive Parent of Sibling Notification Letter, PPS 5126;
3. Gather relevant information about the relatives and non-related kin, and provide to the Child Welfare Case Management Provider (CWCMP) on the Foster Care Referral, including a review of the history of the relative/non-related kin in FACTS/KIDS to assess prior reports, and the nature and outcome of those reports;
4. Notify the CWCMP of relatives/non-related kin who cannot be approved for placement and inform them of the reason;
5. Provide names, relationships and contact information of those notified to the CWCMP;
6. Determine the Primary Reason for Removal for the CareMatch Referral or, if CareMatch is unavailable, the PPS 5110 "Initial Referral to out of Home Placement Provider For Child in DCF Custody". The primary reason for removal is the reason the child was determined unsafe resulting in DCF requesting the petition for out of home placement. In situations when DCF has not requested removal, list the reason the court placed the child in the custody of the Secretary for out of home placement. The reason for removal may differ from the reason for case assignment.
 - a. If DCF has requested the removal, the primary removal reason should be an abuse/neglect reason over a FINA reason. For example, if parents are using substances, the primary reason for removal should be what A/N occurred as a result of the substance abuse. Parental substance abuse alone is not a primary reason for removal. The substance abuse is a precipitating factor to an action or inaction on behalf of the parent which caused the concern for the safety of the

child. i.e., a parent uses substances, falls asleep on the couch and a 2-year-old child is found wandering alone outside on a busy highway. The primary reason for removal would be lack of supervision and the secondary or additional reason is the substance abuse;

7. Finish the CareMatch referral or send the PPS 5110 "Initial Referral to out of Home Placement Provider For Child in DCF Custody";
8. DCF shall take physical custody of the child and transport the child to the CWCMP office. An alternate transportation plan may be arranged if in the best interest of the child and the decision is made collaboratively with the CWCMP.
9. A DCF employee transporting the child shall have agency photo identification available indicating they are a DCF employee and have authority to transport the child;
10. Assist the child in processing their transition to the CWCMP. DCF shall stay and help with transition, explain to the child why they are in out-of-home placement, ensure any immediate needs are relayed, help ensure the child is comfortable and the provider has the needed information and documentation to begin working with the child and family.
11. Be available to answer any questions regarding the referral.

B. At the time the child is placed with the CWCMP, the DCF staff shall provide the following information:

1. PPS 1000 Face Sheet, pages 1 and 2, updated as needed;
2. Any additional information for the Initial Referral to Out of Home Placement Provider;
3. Copy of CINC petition, if available;
4. Journal Entry or other documentation of custody;
5. A recently signed Consent for Medical Care, PPS 5123 or PPS 5124;
6. Authorization for Release of Confidential Information, PPS 0100;
7. Notice of Medical Coverage, accompanied by either a screen print of the current medical card, if available, or a copy of a screen print from KEEs that verifies the child's eligibility for foster care medical coverage;
8. Appendix 5Q, Authorization to Disclose Information Including Child(ren)'s Individually Identifiable Health Information (for foster care database);
9. KSDE Consent for Release of Information (for foster care database).

C. DCF shall pick up the child's clothing and personal items and provide them to the CWCMP at the time of child's placement. DCF shall also ask the parent for the child's medical card, if applicable. The CWCMP shall obtain the child's clothing, personal possessions, medications, etc. upon receipt of physical custody of the child if DCF has not been able to obtain these items beforehand.

D. At the time of referral, but by no later than the next working day from the date of the referral, the Family Based Assessment including the PPS 2020 Assessment Map shall be sent to the CWCMP with as much information available.

E. At the time of referral, but by no later than 2 working days from the date of the referral, DCF shall provide a copy of the following additional information, if available. Such information includes:

1. Other Assessment tools such as Genogram and Eco-map
2. Court Service Officers reports
3. Services provider reports (transfer/discharge summary or most recent report)
4. Medical, dental, immunization records
5. Psychological/Psychiatric Reports
6. Copy of birth certificate or verification
7. Copy of school records
8. Third party insurance information
9. Verification of Social Security Number
10. PPS 2021 Immediate Safety Plan
11. Current photo of youth, uploaded into CareMatch
12. If a child(ren) is missing from placement at the time of the referral DCF staff shall provide information regarding attempts to locate and completion of requirements per PPM 5245 to the CWCMP.

F. If DCF has any case file from a prior out of home placement, it shall be given to the CWCMP.

G. When the above information or documents are not available in the case record at the time of referral, the CWCMP shall obtain the information or documents needed, except for the social security card. DCF shall make application for a social security card, or a copy of the child's social security card for employment purposes (See Appendix 5F for instructions and sample letter).

2832 Safety Action

Publication Date: January 2026

A. Immediate Safety Plans

There are multiple tools that may be used to record the Immediate Safety Plan (e.g. PPS 2021 Immediate Safety Plan, PPS 2022 Advanced Safety Plan, Words or Pictures). ~~with the family~~ The Immediate Safety Plan shall be entered with responsibility Service Action code PR12N and Service Source code PSW on RESP screen for the head of household. See PPM 2462 for more information regarding the Immediate Safety Plan and timeline.

B. Police Protective Custody, PPC

Episodes of Police Protective Custody are recorded as LE (law enforcement) plans. Enter PR08N Service Action code and EMS Service Source code onto ~~a~~ the child's plan in FACTS as needed. If a plan is currently open in FACTS for services at the time of PPC, enter PR08N Service Action code and EMS Service Source code within the open service plan. Episodes of Police Protective Custody do not exceed 72 hours, not including weekends or holidays. Placements in emergency shelter prior to agency custody are ~~considered a protective action service (PR08N)~~, not a placement (FO...) code. ~~Information for these safety actions is located on the PPS 2003, 2030B; or located in case logs/ protective orders.~~

3201 Development of the Case Plan

Publication Date: January 1, 2026

A. Case plans shall be documented on the PPS 3050 series, determined by type of case and service. A copy of the activities shall be provided to the child and family immediately following the case planning conference. The family and young person shall receive a fully signed copy of the PPS 3050 for family preservation, or PPS 3051 for permanency services.

B. All case plans shall contain the following:

1. At least one objective which describes the desired outcome, what needs to happen differently, and what the anticipated positive impact will be;
2. At least one activity for each objective which measurably describes what needs to be done and states who is responsible for completing the activity to move towards meeting the objective;
3. Progress for each activity that clearly describes what has occurred since the last conference;
4. What led DCF to refer to family preservation services or foster care services, written in family language and including family perspective;
5. Family support network members, as identified by the family, including relationship to the child;
6. Worries described by the parents or primary caregivers, child, family support network, and other members of the conference;
57. Strengths and areas described as working well by the parents or legal caregivers, child, family support network, and other members of the conference;
8. A review of how the worries noted by members of the conference may impact achieving the case plan goal;
9. What may happen to the child and family if the case plan objectives and activities are not completed;
- 6-10. At least 3 specific activities described by the child or young person age 4 and older;
- 7-11. Documented list of the persons who were invited to the case plan conference;
- 8-12. Educational needs of the child, including grade level and performance;

9 13. Signatures and participation codes of individuals who participated in the case plan or provided input;

C. Case plans for Family Preservation Services, shall also include:

1. The needs identified by the PPS 2007 Plan of Safe Care, when applicable;

D. Permanency plans for youth in the custody of the Secretary, shall also include:

1. A Permanency Goal per PPM 3231 and concurrent permanency goal, if appropriate;
2. Information on the child or young persons current placement;
3. A completed PPS 3060 when a child or young person is assessed by an independent assessor for placement in a Qualified Residential Treatment Program;
4. The PPS 3052 and PPS 3053 shall be provided to DCF with each PPS 3051;
5. Services documented on the PPS 3057. When there are IL services for youth, regardless of age, they should only be marked on the PPS 3057 if the service meets the definition of an IL service in the PPS 3057A.
6. For young persons, age 14 and older, at least one independent living skill requested by the young person;
7. How a safe and least restrictive placement has been considered;
8. The consideration and proximity in which the child or young person is to a parent when reintegration is the primary goal;
9. The consideration and proximity in which the child or young person is to their school of origin;
10. An activity to complete Casey Life Skills Assessment (CLSA);
11. The 3059A for all youth aged 14 and older in out of home placement. Youth 14 and older in out of home placement and on the I/DD waiver or waitlist shall have a PPS 3059B instead of the PPS 3059A;

3341 Substantial Consideration of Grandparents

Publication Date: January 1, 2026

A. Substantial Consideration Requirement

1. If the court does not give custody of a child to a grandparent and the child is placed in the custody of the Secretary for children and families, a grandparent who requests placement of the child in such grandparent's home shall receive substantial consideration for placement of the child.

B. Assessment of Grandparents by the Child Welfare Case Management Provider (CWCMP)

1. The CWCMP shall assess the grandparents and consider all relevant factors, including but not limited to:
 - a. the wishes of the parents, child and grandparent;
 - b. the extent to which the grandparent has cared for, nurtured and supported the child;
 - c. the intent and circumstances under which the child is placed with the grandparents, including whether domestic violence is a factor and whether the child is placed to allow the parent to seek work or attend school, and;
 - d. the physical and mental health of all individuals involved.

C. Decision Not to Place

1. If the CWCMP decides that it is not in the best interests of the child to be placed in the home of such grandparent, who has requested placement of the child in such grandparent's home, the CWCMP shall prepare and maintain a written report providing the specific reasons for such finding.
 - a. Failure to place the child with the requesting grandparent within 14 days of a request is equal to a decision not to place in the home and a substantial consideration report shall be written and maintained.

D. Report Development and Ongoing Maintenance

1. The report shall be developed within 7 calendar days of such a decision not to place a child with their grandparent who has requested placement.

2. As maintenance, the substantial consideration report shall be updated, at minimum, every 3 months with the specific reasons for the continuation of such a finding.

3. The initial substantial consideration report and any subsequent updates shall be provided to the DCF Foster Care Liaison and filed with the court.

For additional information on Relative Placement, see PPM 5234.

4320 DCF Responsibilities for Open Family First Prevention Service Cases

Publication Date: January 1, 2026

Following the referral to Family First Prevention Services grantee, the Child Protection Specialist (CPS), unless otherwise noted, shall be responsible to:

- A. Provide current information for data entry into FACTS.
- B. Assist the family in connecting with the grantee to begin service relationship.
- C. Assist in the engagement process with the family as requested.
- D. If requested, participate in the initial meeting held within 2 business days of referral with the grantee and family.
- E. Complete all child abuse/neglect assessments in accordance with PPM section 2000.
- F. Inform the grantee of ongoing child abuse/neglect investigations and assessments.
- G. Inform the grantee of any new report received by the Kansas Protection Report Center involving a child receiving services by the grantee. Grantee may consider and incorporate the information into the work with the child and family as appropriate. The role of grantee is not to investigate or determine validity of report.
- H. Provide the grantee a copy of the PPS 2012. Inform the provider of the status of appeal, if applicable.
- A. I.** Meet with the family and grantee to discuss options if there is a refusal of services.
- J. Provide reports to the court as indicated.
- K. Monitor prevention plan timelines. If the initial date for the Prevention Plan is approaching the 12-month mark, consult with the grantee and DCF supervisor to determine if the child(ren) remain candidates for care and are in need of continuing services. If it is determined Family First Prevention Services remain necessary, a new PPS 4311 shall be completed redetermining the child(ren) candidates, extending the prevention plan in section III. 1B. and outlining needed services (See PPS 2753 Eligibility and Criteria for Referral to Family First Prevention Services)
- L. Review the PPS 4311 Family First Prevention Plan and Service Referral/Case Status form, when submitted by the grantee. Based on the information provided and progress made by the family, the CPS and Supervisor shall determine if follow-up is needed. Follow-up may include determining no action is required, attempting to re-engage the

family with the CWCMP, or contacting the County Attorney/District Attorney and requesting a petition for Child in Need of Care

4330 Family First Prevention Services

Grantee Responsibilities

Publication Date: January 1, 2026

Grantees shall accept all referrals from DCF when the program has openings. Following the referral to the Family First Prevention Services (FFPS), the grantee shall:

- A. Acknowledge receipt of the FFPS referral within 24 hours.
- B. Complete or continue a Plan of Safe Care (PPS 2007) for families served who have an infant to support families affected by substance use disorders. If, initially, criteria for a Plan of Safe Care was not met, but, during the life of the case, additional information becomes available, which indicates criteria for a Plan of Safe Care may be met, the requirements per PPM 2050 shall be followed. The needs of the infant and family shall be documented on the PPS 2007 Plan of Safe Care and submitted to DCF.
- C. Meet with the family within 2 business days of referral to begin initial assessment and review Prevention Plan and Service Referral (PPS 4311). Submit the Family First Prevention Plan and Service Referral/Case Status Form (PPS 4311) outlining date of contact in Section VI. to referring CPS (Child Protection Specialist) and FACTS unit within 5 business days of initial contact.
- D. **When applicable, obtain signed Request necessary releases from the be signed by family to coordinate services, delivery reduce service duplication and ensure family's needs are met. Verify provision of necessary services, when applicable, with other Family First grantees, Family Services, Family Preservation services, or foster care/reintegration/adoption contractor. effectively among multiple services providers to allow sharing of information between various entities, such as community-based organizations, Child Welfare Case Management Providers (CWCMPs), and court service officers.** The goal of these releases is to:
 1. Ensure appropriate services are provided to meet the family's needs.
 2. Verify expectations and participation across all involved parties.
 3. Avoid duplication of services and inconsistent communication, which can otherwise lead to ineffective intervention.
- E. Notify referring CPS and/or DCF designee if any child in the family is a runaway or missing.
- F. Participate in a Team Decision Making meeting, if requested by PPS. **Complete and submit the PPS 4311 with case closure reasons and summary of closure to referring CPS and FACTS unit within 5 business days of case closure. Grantee may request**

~~retraction of services within 5 days of referral due to non-engagement by the family and/or in-eligibility of family in services. Retractions are not included in grantees outcomes. Grantee shall submit the PPS 4311 with retraction request and complete summary in Section VII. of why retraction is needed.~~

G. Maintain case information on a timely basis reflecting complete and current history of assessment information, services provided and progress of services for the family.

H. Review any forwarded report from DCF involving a child receiving services by the grantee. The grantee may consider and incorporate the information into the work with the child/family as appropriate. The role of grantee in this circumstance is not to investigate or determine validity of report.

A. I. Make available, develop or accept DCF process or procedure of releases so all client records and information may be shared with DCF. The following are examples of when this may occur: if a child in the home enters foster care, at case closure, to obtain status reports, to provide court updates, service case is a part of case review sample and/or as needed. Make available all client records and information to DCF within 24 hours of a request, whether written or verbal.

J. Participate and cooperate in the DCF performance improvement process, including interviews when requested.

K. Participate in regional, local, and statewide meetings to promote program and maintain orientation to referral process.

L. Work with external evaluator to provide data, implement other quality assurance, success factor or evaluation tools such as surveys of families served, case file reviews or other tools. Provide access to existing quality assurance tools or case files for respective programs for children served in the PPS grant referred program or service. The external evaluator shall work with the grantee to develop an evaluation plan for each program.

M. Provide direct services supporting the implementation of strategies resulting in improvements in targeted State-or community-level factors, while contributing to and monitoring the following outcomes:

1. Families are engaged timely;
2. Children are maintained safely at home.

N. Additional outcomes related to safety and well-being may be identified by the external evaluator.

O. Participate in stakeholder, statewide or regional meetings regarding implementation of Family First Prevention Services.

P. Ensure all direct service or program staff have training and meet qualifications required consistent with evidence-based programs.

Q. Initiate and follow Critical Incident Protocol (see PPM 0510).

R. In some circumstances, such as court involved cases, documentation for court and testimony may be required.

S. Submit brief case level monthly reports outlining family progress to the CPS Specialist and/or DCF designee. This may be completed in a format determined by the grantee such as email, existing grantee form or development of new forms.

T. Provide weekly capacity updates to those identified by regional leadership. Updates include capacity, number of active cases, utilization rate, and approaching openings.

U. Complete and submit the PPS 4311 with case closure reasons and summary of closure to referring CPS and FACTS unit within 5 business days of case closure. Grantee may request retraction of services within 5 days of referral due to non-engagement by the family and/or in-eligibility of family in services. Retractions are not included in grantees outcomes. Grantee shall submit the PPS 4311 with retraction request and complete summary in Section VII. of why retraction is needed. After service closure, the grantee shall coordinate with regional staff on the method for transfer of closed files or pertinent documentation.

5031 Background Checks

Publication Date: January 1, 2026

The information obtained from background checks is used by the Child Welfare Case Management Provider (CWCMP) in assessing risk and safety to the child. Background checks will be completed at referral and when additional caregivers are identified.

A. Background checks shall be completed for:

1. All parents. Clearance is not required for reintegration with biological parents. Parental background checks provide information to CWCMP staff about possible risks which were previously unknown to the agency.
2. All Caregivers. See PPM 0160 for definition of caregiver.
3. Any non-caregiver adult who will be residing with ~~or supporting caregiving for a~~ youth in the custody of the Secretary.
4. Youth aged 10 or older, not in the custody of the Secretary, who will be residing with a youth in the custody of the Secretary.

B. All background checks shall consist of:

1. Child Abuse and Neglect Central Registry ([CANIS](#)),
2. Adult Abuse, Neglect, and Exploitation Central Registry,
3. KBI Name Based Criminal Background Check.
4. Any identified history in KIDS shall also be explored in consultation with DCF. CWCMPs may be allowed access to closed files in the possession of DCF, if requested.

C. A national fingerprint-based search shall be completed for persons over age 18 and not in the custody of the Secretary:

1. If there is a reason to believe there may be criminal charges related to child safety from another state. See PPM 0320 for additional information on expanded criminal history checks.
2. If the person will be residing in the same home as a youth in the custody of the Secretary.

D. For non-licensed placement purposes, the CWCMP shall request a complete DCF history check on all residents of the prospective home age 10 and older. In addition to the central registry identified in section B, this check shall include Web KDHE Request

Processor (WKRP), Family and Children Tracking System (FACTS), Kansas Intake/Investigation Protection Systems (KIPS), Kansas Initiative for Decision Support (KIDS).

E. Any person, 14 years of age or older, who will be caring for or supervising a child in the custody of the Secretary outside the primary placement must receive prior approval from either the sponsoring Child Placing Agency (CPA) if the primary placement is licensed, or CWCMP supporting the primary placement if non-licensed.

1. Background checks are not a required component of approval but may be requested by either agency.
2. If a CPA approves an out of home caregiver and the CWCMP disagrees or has concerns, the CWCMP may require background checks and may ultimately deny the approval for the person to provide care for a youth in the custody of the Secretary. When the CWCMP chooses to require background checks on an out of home caregiver approved by a CPA, the CWCMP is responsible for performing those checks.
3. Prior approval shall not be required for short periods of out-of-home care, such as less than one day, unless that care will be on a reoccurring basis.

5244 Consents

Publication Date: January 1, 2026

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

A. Medical Care Consents

1. If parental rights are terminated or relinquished, the parent has no authority to consent.
2. Courts may consent to medical care overruling parental objections.
3. When custody (ex parte, temporary or adjudication) has been awarded to a person other than a parent, the custodian or agent of the custodian may consent to medical care over the objection of the parent.
4. Prior to adjudication the authority of the custodian or agent of the custodian is limited to dental treatment by a licensed dentist, diagnostic examinations, releases and inspection of medical history records, immunizations, administration of prescribed drugs.
5. At or after adjudication, unless limited by the court, or KSA 59-3075, the custodian or agent of the custodian has full authority to consent to medical care. However, absent termination of parental rights, the parent's consent shall always be sought first.
6. K.S.A. 59-3075 (e) 4,5,6 state specific procedures the custodian or the agent of the custodian do not have the authority to provide consent:
 - a. to any psychosurgery, removal of any bodily organ, or amputation of any limb, unless such surgery, removal or amputation has been approved in advance by the court, except in an emergency and when necessary to preserve the life of the ward or to prevent serious and irreparable impairment to the physical health of the ward;
 - b. the sterilization, unless approved by the court following a due process hearing held for the purposes of determining whether to approve such, and during which hearing the child is represented by an attorney appointed by the court;
 - c. the performance of any experimental biomedical or behavioral procedure on the child or for the child to be a participant in any biomedical or behavioral

experiment, without the prior review and approval of such by either an institutional review board as provided for in title 45, part 46 of the code of federal regulations, or if such regulations do not apply, then by a review committee established by the agency, institution or treatment facility at which the procedure or experiment is proposed to occur, composed of members selected for the purposes of determining whether the proposed procedure or experiment

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

B. Non-Medical Consents

1. General Educational Decisions - When consent is needed for General Educational Decisions and parental rights are not terminated, permission shall first be sought from the parent(s). If, after diligent efforts, it is not possible to get consent from the parent(s), contract agency staff shall sign needed consents. As a last resort, and only when parent(s) and contract agency staff are not available shall DCF staff sign general educational consents. If parental rights are terminated, then contract agency staff shall sign for general educations decisions. If contract agency staff are unavailable, DCF staff shall sign general educational consents.

2. Special Education - When consent is needed for special education situations and parental rights have not been terminated, permission shall first be sought from the parent(s). If, after diligent efforts, it is not possible to get consent from the parent(s), consent shall be given by an educational advocate. If parental rights are terminated, consent shall be given by the educational advocate.

3. Other Non-Medical Consents - Unless otherwise specified in a court order, the parents are the primary source for all other non-medical consents and their consent should be sought whenever possible. When obtaining a parent's consent is not possible, the provider or the child's caregiver may consent for special events, such as a field trip sponsored by a school, church or community organization.

C. Physical/Dental Health Records

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

contract agency staff are not readily available, designated DCF staff shall sign necessary and appropriate releases and consents.

D. Alcohol/Drug Evaluation - When a child in the custody of the Secretary is in need of an alcohol or drug evaluation and his/her parental rights are not terminated, parental permission consent to treat shall be sought by the CWCMP. If, after diligent efforts, it is not possible to obtain parental permission consent to treat, foster placement, relative caregiver, non-related kin caregivers or contract agency staff shall sign necessary consents to treat. If the foster placement, relative caregiver, non-related kin caregivers or contract agency staff are not readily available, designated DCF staff shall sign necessary consents to treat. If parental rights are terminated, consent shall be given by the foster placement, relative caregiver, non-related kin caregivers or contract agency staff shall sign necessary releases consent to treat. If contract agency staff are not readily available, designated DCF staff shall sign necessary consents to treat. For youth aged 14 and older, consent to treat is given by the youth, per 42 CFR Part 2 and all state laws.

E. Alcohol/Drug Services - When a child in the custody of the Secretary is deemed in need of alcohol or drug services and his/her parental rights are not terminated, parental consent to treat shall be sought by the CWCMP. If, after diligent efforts, it is not possible to obtain parental consent to treat, foster placement, relative caregiver, non-related kin caregivers or contract agency staff shall provide consent to treat. If the foster placement, relative caregiver, non-related kin caregivers or contract agency staff are not readily available, designated DCF staff shall consent to treat. If parental rights are terminated, consent to treat shall be provided by foster placement, relative caregiver, non-related kin caregivers or contract agency staff. If contract agency staff are not readily available, designated DCF staff shall consent to treat. Consent for use or disclosure will follow 42 CFR Part 2 and all state laws.

F. Home and Community Based Services (HCBS) Evaluation- When a child in the custody of the Secretary is in need of an HCBS evaluation for waiver services and his/her parental rights are not terminated, parental consent to treat shall be sought by the CWCMP. If, after diligent efforts, it is not possible to obtain parental permission, foster placement, relative caregiver, non-related kin caregivers or contract agency staff shall sign necessary consent to treat. If the foster placement, relative caregiver, non-related kin caregivers or contract agency staff are not readily available, designated DCF staff shall sign necessary consent to treat. If parental rights are terminated, consent to treat shall be given by the foster placement, relative caregiver, non-related kin caregivers or contract agency staff. If contract agency staff are not readily available, designated DCF staff shall sign consent to treat.

G. Home and Community Based Services (HCBS) Supports – Upon waiver approval for eligibility, and his/her parental rights are not terminated, parental signatures shall be sought by the CWCMP for the Person-Centered Service Plan. If, after diligent efforts, it is not possible to obtain parental signature, contract agency staff shall sign the Person-

Centered Service Plan. If the contract agency staff are not readily available, designated DCF staff shall sign the Person-Centered Service Plan.

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

I. Mental Health

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

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

J. Out of State Placements/Travel

1. Interstate and international travel shall be planned in coordination with the parents, if parental rights are intact. If parents refuse to give permission for out of state/international travel, the decision shall be made by the Foster Care Program Administrator or other DCF Regional Leadership who may consult the DCF Regional Attorney, as needed. The court, GAL, county or district attorney and DCF shall be

notified a minimum of 10 days prior to departure of all interstate and international travel. Foster families shall take the child's placement agreement, medical consent form, and medical card. See Section 5920 for information on utilizing an out of state medical provider.

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

5246 Placement Stability Team Decision Making Criteria

Publication Date: January 1, 2026

The goal of the Placement Stability Team Decision Making (PS-TDM) meeting is to prevent placement disruptions and promote stability for children in out of home placements. During the meeting, participants work to preserve placements through added supports or, if needed, plan a trauma-informed move to the least restrictive, most supportive setting. Complete protocol for PS-TDM can be found in Appendix 0D1.

A. Criteria

1. A PS-TDM shall be held when one of the following criteria are met:

- a. The Case Manager becomes aware of issues threatening placement stability
- b. The Case Manager becomes aware of the need to consider a different level of care or positive move.

2. A PS-TDM shall not be held for the following moves:

- a. Reunification
- b. Removal from a parent home during the aftercare period
- c. Finalization of an adoption, guardianship, or SOUL Family

B. Timeline

1. When criteria are met, a PS-TDM shall convened as soon as possible, prior to formal notice to move a child and in time to explore how additional supports, resources, or services can preserve the current placement setting. The meeting must be held:

- a. Within 5 working days of the CWCMP Case Manager becoming aware of concerns or tension in the placement, and prior to formal notice to move a child.
- b. If formal notice to move a child has been received, the meeting is held within 3 working days of formal notice.
- c. When an emergency move has already occurred, the meeting is held immediately, and no later than within 1 working day of the move.
- d. When a positive move is anticipated, the meeting is held as soon as possible, and at least 2 weeks prior to a child's move.

5254 Educational Stability

Publication Date: January 1, 2026

~~The Child Welfare Case Management Provider (CWCMP) shall coordinate with the school system to ensure children in the custody of the Secretary receive educational resources which meet their individual needs. Coordination shall include discussing stable school placement and arranging transportation, if needed, to keep the child in the same school of origin.~~

A. School Attendance

1. All school-age children in the custody of the Secretary shall attend school as required by state law. The school shall be accredited by the Kansas State Department of Education. The Child Welfare Case Management Provider (CWCMP), child's parents, and child's placement shall support the child in achieving completion of secondary education. If the child wishes to pursue post-secondary education, support achieving this goal shall also be provided.
2. The CWCMP shall coordinate with the school system where the child is enrolled to ensure children in the custody of the Secretary receive educational resources which meet their individual needs. Coordination shall include, but is not limited to, discussing stable school placement and arranging transportation, if needed, to keep the child in the same school of origin.

B. Maintenance in School of Origin

1. All school-age children in the custody of the Secretary shall be maintained in their school of origin whenever possible. When the CWCMP is making placement decisions, educational considerations shall include but are not limited to:
 - a. 1. The child's proximity to their school of origin
 - b. 2. The appropriateness of the educational placement
 - c. 3. Whether transportation to the school of origin can achieve educational stability for the child

C. Best Interest Determination

1. When a placement change moves or is anticipated to move a child into the boundaries of a new school a Best Interest Determination (BID), as defined in the Every Student Succeeds Act (ESSA), shall occur with the school of origin (sending school) as soon as the move is identified or prior to the move to ensure educational stability and determine if it is in the child's best interest to remain in the school of origin.

2. When the CWCMP becomes aware of a child's placement change or impending placement change, they shall follow the Educational Stability Process Map (Appendix 5P) and immediately contact the school district's foster care Point of Contact (POC) for the school of origin to inform them of the child's move and potential change in school location. The foster care POC will then identify a school professional with knowledge of the child's educational background to participate in a Best Interest Determination (BID) if needed.

~~D. When a placement change is anticipated to move a child into the boundaries of a new school a Best Interest Determination (BID), as defined in the Every Student Succeeds Act (ESSA), shall occur with the school of origin (sending school) prior to the move to ensure educational stability and determine if it is in the child's best interest to remain in the school of origin.~~

3 1. The BID, at a minimum, should include the CWCMP and the sending school foster care POC or designee. The purpose of the BID is to discuss have a collaborative conversation about what is needed to ensure educational stability based on the needs and the best interest of the child. It is the presumption that remaining in the school of origin is in the student's best interest, unless the BID discussion determines that attending another school is in the students best interest. A BID may shall be held in person, by phone, or by virtual meeting where participants have the option to be seen on camera. Written or e-mail-only formats do not meet the conversational requirement of ESSA.

4. As is required per ESSA, BID meetings should, at minimum, consider the following:

- a. Length of Time Enrolled in School of Origin
- b. Learning Behaviors or Disabilities
- c. Safety Factors
- d. Participation in Extra-Curricular Activities
- e. Distance of New Placement from School of Origin
- f. IEP and 504 Plan Services
- g. Child Preference
- h. Parent Preference, if parental rights are still intact
- i. Child's Attachment to School of Origin
- j. Placement of Siblings
- k. Influence of School Climate
- l. Availability and Quality of Services

5. The BID, at a minimum, shall include the CWCMP and the sending school foster care POC or designee.

6. 2. Additional persons with knowledge pertinent to the child's case may be invited by the CWCMP to participate in the BID ~~in person, virtually, or by~~ or to provide ~~ing~~ written input to be considered by the staffing team. Additional persons who may be included:

- a. Child or youth, if appropriate
- b. Biological Parents, if parental rights are still intact
- c. Placement Providers
- d. Guardian ad Litem
- e. Educational Advocate
- f. DCF Staff
- g. Court Appointed Special Advocate (CASA)
- h. ICWA Tribal Contact or Representative (if applicable)
- i. Community Corrections or Court Services staff, if the youth has been identified as a Crossover Youth

E. Participants in the BID should consider:

1. Length of Time Enrolled in School of Origin
2. Learning Behaviors or Disabilities
3. Safety Factors
4. Participation in Extra-Curricular Activities
5. Distance of New Placement from School of Origin
6. IEP and 504 Plan Services
7. Child Preference
8. Parent Preference, if parental rights are still intact
9. Child's Attachment to School of Origin
10. Placement of Siblings
11. Influence of School Climate
12. Availability and Quality of Services

The BID decision and participants shall be documented on Part A of the Educational Enrollment Information for School Placement Form PPS 5254.

7. F. Potential BID Outcomes

- a. 1. When ~~it is~~ the BID meeting determines ~~to be~~ **it is** in the best interest of the child to stay in their school of origin, the school district and CWCMP shall coordinate to develop a transportation plan for the student to get to and from school. Coordination shall include addressing the availability and cost of the transportation needed. Additional transportation costs may be reimbursed by the CWCMP, paid by the school district, or shared. Considerations when coordinating transportation include:

- i. a. Age of child
- ii. b. Type of transportation available
- iii. c. Flexibility in school schedule
- iv. d. Impact of extracurricular activities on transportation options

- v. e. Maturity and behavioral capacity of the child
- vi. f. Traffic patterns
- vii. g. Additional needs of the child (e.g. presence of paraprofessional, car lifts)

b. 2. When it is determined to be in the best interest of the child to transition from their school of origin, the CWCMP shall inform the receiving school and forward the PPS 5254 within 3 working days of the BID Decision.

c. The CWCMP shall provide all documentation regarding the BID process and outcomes to the Tribe as required by ICWA.

d. Participation in the BID and a summary of the conversation, including participants, shall be logged in the CWCMP file.

D. Ongoing Documentation

1. The CWCMP will update the PPS 5254 and PPS 5120 each time a child experiences a change in school or a change in placement, even within the same district. This includes placements where the school is on-site, such as correctional facilities, detention centers, state hospitals, and some residential facilities. This update is not required when the child returns home to the parent.

~~The CWCMP shall provide all documentation regarding the BID process and outcomes to the Tribe as required by ICWA.~~

E. Home Schooling

1. G. Children in the custody of the Secretary may be approved to be home schooled when their placement has signed an Adoptive Placement Agreement and the CWCMP and court approve.

F. High School Graduation Requirements

1. H. K.S.A. 38-2285, requires the board of education of a school district award a high school diploma to any person requesting a diploma if the person:
 - a. is at least 17 years of age
 - b. is enrolled or resides in such school district
 - c. is or was a child in the custody of the Secretary at any time after turning 14 years of age
 - d. has achieved the minimum high school graduation requirements adopted by the State Board of Education.
2. I. The requirement identified in H.4 F.1.d is applicable even if those requirements do not meet the requirements of the local school board.

5341 Approval of Best Interest Staffing Team Decision

Publication Date: January 1, 2026

A. Child Welfare Case Management Provider (CWCMP) Program Director or designee Review

1. The CWCMP Program Director or designee shall, within 5 working days of BIS decision, review the documentation provided by the case manager and considered by the BIS Team and approve or not approve the selected family to adopt the child. This process is applicable regardless of decision being reached through BIS Team consensus or CWCMP decision.
2. If the CWCMP Program Director or designee does not approve the family selected in the BIS, they shall provide the rationale in writing to the case manager.

B. Informing Selected Prospective Adoptive Family

1. Once the CWCMP Program Director or designee approves the prospective adoptive family for the child, the case manager shall, within 1 working day, contact the family's adoption worker to inform them of the family's selection as the adoptive family. The CWCMP shall coordinate with the family's adoption worker to establish a time for the family to review the child's file. The review shall occur within 7 working days of the family being notified of their selection to determine the family's willingness to proceed with adoption of the child.
2. The family shall have a staff person with them to assist and answer questions during the file review.
3. If the child does not have an existing relationship with the prospective adoptive family, the family shall review the file with the assigned CWCMP before visits can begin. Refer to PPM 5350 on preparing a family for adoption and visitation.

C. Informing Non-Selected Prospective Adoptive Families

Within 1 working day of the approval by the CWCMP Program Director or designee, the CWCMP shall contact the adoptive family's worker for the families who were considered and not chosen during the BIS. The worker for the family shall promptly inform the family of the approval made by the CWCMP Program Director, or designee. The CWCMP sends a letter the next working day to the families who were not chosen, using the format in Appendix 5Y Notice to Parents Considered at a BIS.

D. Informing DCF

Within 1 working day of approval by the CWCMP Program Director or designee, the CWCMP shall contact the assigned regional DCF staff member(s) and Foster Care Administrator, inform them of the results of the BIS, and provide a copy of the PPS 5341 Best Interest Staffing Recommendation and Selection.

E. Review of Adoptive Placement Decision

1. If families are not chosen at a BIS, or are not approved by the CWCMP Program Director or designee, want a review of the decision, the request must be sent in writing to the CWCMP within 5 days of the notification of the non-selection.
2. When the CWCMP receives a request for review of the decision, the CWCMP adoption program director or designee shall request a review by the Statewide Adoption BIS Review Team within one working day of receipt. the request shall be submitted to a designated independent reviewer with the CWCMP organization. The independent reviewer shall have no connection and no conflict of interest regarding the family or child and shall demonstrate competencies in adoption and BIS staffing policy.
3. The Statewide Adoption BIS Review Team shall convene within 5 working days to review the BIS decision.
4. The purpose for the review is to identify the presence of policy error or omission during the process, or bias which unduly influenced the BIS decision.
5. A written response shall be sent to the prospective adoptive family who requested review within one working day following the convening of the Statewide Adoption BIS Review Team. The review shall be completed within 5 working days after the request is received and a written response sent to the prospective adoptive family by the next working day.

If the independent Statewide Adoption BIS Review Team review concludes policy was not followed or bias unduly influenced the outcome of the BIS, the reviewer CWCMP shall reconvene and coordinate facilitation of another BIS staffing.

5919 Psychotropic Medication for Youth in Foster Care

Publication Date: January 1, 2026

Psychotropic medications may be an appropriate component of treatment for certain behavioral health conditions. However, they should never be used as the sole intervention or for behavior control in the absence of a clear psychiatric diagnosis. Medications must be prescribed and monitored in conjunction with other therapeutic modalities and with full consideration of the youth's developmental, emotional, and psychosocial needs.

A. Monitoring psychotropic medications

1. Child Welfare Case Management Provider (CWCMP) is responsible for monitoring medications and dosages.
2. The CWCMP is responsible for working with the caregiver and the prescribing medical professional to understand the medications and expectations for medication to be provided as prescribed.
3. CWCMP is responsible for working with the caregiver to record medication usage and observed side effects.
4. CWCMP is responsible for working with the caregiver to make sure medication is stored in a safe place.
5. CWCMP is responsible for working with the caregiver to make sure appointments are maintained.
6. CWCMP is responsible for working with the caregiver to make sure all available services have been offered to the youth and caregiver.
7. Refusal of medication is to be documented.
8. CWCMP may request a medication review.

B. Information regarding medications prescribed "as needed" (PRN) or the use of psychotropic medications as a restraint can be found in the Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care State of Kansas located on the DCF public website.

C. Please refer to policy 5244 Consents for Medical Care Consents.

D. DCF shall maintain the mental health and psychotropic medication resources for caregivers and providers located on DCF public website.

1. DCF shall work with KDHE, KDADS, MCOs, and community providers to provide education and support through the DCF public website.

2. DCF shall report collaboration and progress in the annual state plan.

6312 Type of Support and Amounts for SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Monthly Subsidy

Publication Date: January 1, 2025

A. SOUL Family Legal Permanency Monthly Subsidy Payment

1. SOUL Family Legal Permanency Monthly Subsidy cannot exceed \$500 per youth. It may be adjusted lower depending on the income and resources of the youth. The residential custodian shall not receive SOUL Family Legal Permanency Monthly Subsidy if the youth's social security income is higher.
2. Youth income and resources to be considered when determining the SOUL Family Legal Permanency Monthly Subsidy amount.
 - a. Social Security Survivors Benefits (SSA)- The residential custodian is to apply to become the youth's payee. The Social Security Survivor's Benefit may impact the SOUL Family Legal Permanency Monthly Subsidy amount.
 - b. The residential custodian may apply to become the youth's payee for Supplemental Security Income (SSI). However, SSI may impact the SOUL Family Legal Permanency Monthly Subsidy amount.
 - c. Income for the youth from a trust or annuity.
 - d. Other benefits, e.g. railroad or veterans benefits.
3. Residential SOUL Family custodians are expected to apply to be the payee for benefits on behalf of the youth. If parental rights are intact, parents may need to agree to the transfer of payee. The amount of benefits may affect the amount of subsidy and Temporary Assistance to Needy Families (TANF) payment. Once the subsidy amount is established it does not change unless there is a change in the youth's circumstances.
4. The residential custodian may apply for TANF on behalf of the youth and eligibility will be determined based on the Kansas Economic and Employment Services Manual (KEESM).

B. Medical Card

1. Foster care medical is to be maintained by DCF as a part of the SOUL Family Legal Permanency Monthly Subsidy benefits.
2. KAN Be Healthy Screens and all Medicaid rules are applicable.
3. If the residential custodian moves to a different state, the Kansas medical card shall remain active. The residential custodian will need to apply for medical coverage in the state of residency. A medical card may or may not be issued for the youth in that state. If medical becomes active in the receiving state, then Kansas will close medical.
4. Foster Care Medical coverage shall be discontinued when the SOUL Family Legal Permanency Monthly Subsidy is discontinued.
5. Young adults participating in this program will be eligible for Kansas Aged Out Foster Care Medical coverage.

C. SOUL Family Legal Permanency One-time Payment

1. The SOUL Family Legal Permanency one-time payment shall be used to help the youth and residential custodian transition into their new living situation or arrangement, support costs associated with care of the youth, and ensuring their needs are met.
 - a. The SOUL Family Legal Permanency residential custodian shall receive a one-time \$3000 payment upon receiving the journal entry of appointment of SOUL Family Legal Permanency by the court.
 - b. The SOUL Family Legal Permanency one-time payment shall be issued once, unduplicated, per identified residential custodian with a lifetime maximum of \$9,000 per youth.

8400 Residential/ and Group Home Monitoring

Publication Date: January 1, 2026

All Residential / Group Home Congregate Care placement providers shall be licensed through DCF Foster Care Licensing, with the exception of Transitional Living Programs and Community Integration Programs, and shall meet the DCF/PPS Placement Standards and requirements in the Child Welfare Handbook of Client Purchases in order to obtain a provider agreement with DCF. While most facilities are required to be licensed, provider agreements are approved based on identified need and not all licensed facilities will receive a provider agreement.

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

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

1. The Group Home Program Manager shall consult with Permanency Administration Leadership and , local Child Welfare Case Management Providers (CWCMP), DCF regional staff to assess the need for the type of service requested for a new facility and/or a change in services listed in an existing provider agreement. DCF regional staff shall collaborate with KDOC-JS if the facility wants to serve juvenile offenders and child in need of care youth.
2. The Group Home Program Manager shall provide information to the prospective or existing provider, including a copy of the DCF Placement Standards, Child Welfare Handbook of Client Purchases and contact information for DCF Foster Care Licensing.
3. DCF regional staff shall provide technical assistance in regards to the DCF Placement Standards and Child Welfare Handbook of Client Purchases to new and existing providers once a provider agreement is issued.
4. DCF regional staff shall collaborate with KDOC-JS if the facility wants to serve juvenile offenders and child in need of care youth.
5. 3. The placement provider and DCF regional staff shall address any concerns prior to establishing a provider agreement. Program improvement activities for securing compliance with the DCF Placement Standards and Child Welfare Handbook of Client Purchases shall be completed within 30 days.

6. 4. DCF regional staff shall conduct an initial on-site review prior to the facility opening to ensure compliance with the Placement Standards and the Child Welfare Handbook of Client Purchases. The on-site review shall include a physical tour of the facility, review of policy and procedures, human resource files and staffing patterns using the site review instrument listed below.

7. 5. DCF regional staff shall conduct a follow-up on-site review ninety days after a new facility opens, or a change in services listed in an existing provider agreement is implemented, DCF regional staff shall return on-site to review case records.

8. ~~DCF regional staff shall provide technical assistance for compliance issues related to the Placement Standards and the Child Welfare Handbook of Client Purchases and provide a written site visit report of findings to the Provider.~~

9. 6. ~~DCF regional staff shall maintain provider agreements, and ensure facilities have copies of the fully signed Provider Agreement and Service Agreement, and provide ongoing support and monitoring of facilities in their assigned areas.~~

B. On-going Monitoring:

1. DCF regional staff shall provide technical assistance regarding the DCF Placement Standards and Child Welfare Handbook of Client Purchases to new and existing providers once a provider agreement is issued.

2. DCF regional staff shall conduct ~~informal~~, unannounced on-site visits of facilities in their assigned region on a quarterly basis. The purpose of these visits is to ensure continued compliance with the DCF Placement Standards and Child Welfare Handbook of Client Purchases. Regional staff shall complete the PPS 8300 and submit to the Group Home Program Manager and Permanency Administrator ~~in DCF Administration~~ within seven (7) working days once the visit is completed.

3. Regional staff shall ~~also~~ conduct a ~~formal~~ ~~scheduled~~ annual on-site review of each ~~facility~~ Community Integration Program and Transitional Living Program in their assigned region. ~~These annual reviews will include a tour of the facility, review of policy and procedures, youth/resident files and human resource files and staffing patterns/staffing ratios.~~ Regional staff shall complete the on-site review instrument which corresponds with the facility type being reviewed. Instruments listed below:

- a. Community Integration Program (CIP) (PPS 8400A)
- b. ~~Emergency Shelter (PPS 8400B)~~
- c. ~~Residential Maternity (PPS 8400C)~~
- d. ~~Secure Care (PPS 8400D)~~
- b. **e.** ~~Transitional Living Program (TLP) (PPS 8400E)~~

f. Youth Residential II (YRC II) (PPS 8400G)

g. Staff Secure (PPS 8400F)

h. Qualified Residential Treatment Program (QRTP) (PPS 8400H)

C. PPS Investigations and Concerns:

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

a. Support the assigned assessment staff by facilitating communication between licensing, foster care liaison, and assigned assessment staff. If there are provider agreement or placement standard non-compliance issues, regional staff shall notify the Group Home Program Manager to determine appropriate next steps.

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

To:	State Child Death Review Board (SCDRB)	SCDRB Case Number:	
Decedent's Full Name:		DOB:	DOD:

Fill out decedent's family information below. Include biological and adoptive family members. Add lines as needed.			
Mother's Name	Date of Birth	Race	
Father's Name	Date of Birth	Race	
Other Caretaker's Name	Date of Birth	Race	Relationship
Sibling's Name	Date of Birth	Race	Relationship (half/step/adoptive)

1. Was either parent a victim of child maltreatment?

Mother Father Neither Unknown

If yes, please list substantiated findings:

2. Was decedent receiving mental health services?

If known, please provide details:

Yes No

3. Did decedent have a history of substance use?

If known, please provide details:

Yes No

4. Did decedent engage in delinquent behavior or have criminal history?

If known, please provide details:

Yes No

5. Were any DCF services provided to decedent or immediate family?

Yes No

If yes, please list type of services (PPS, EES, VR Services):

6. Describe what services the decedent or their immediate family received from DCF, or other agencies known to DCF within the last 3 years.

• PPS (Protective Services)

--

• EES (Economic and Employment Services)

--

• VR Services (Vocational Rehabilitation)

--

- KDHE (Kansas Department of Health and Environment)

--

- KDADS (Kansas Department for Aging and Disability Services)

--

- Other (please specify)

--

7. Did parents have a history of substance use? Yes No

If known, please provide details and services offered:

8. Did parents have any previous child deaths? Yes No

9. Was there PPS involvement with the decedent and/or siblings? (Check all that apply)

<input type="checkbox"/> On decedent	<input type="checkbox"/> On another child in the home
<input type="checkbox"/> Case open at time of death	<input type="checkbox"/> No PPS involvement
<input type="checkbox"/> Case closed prior to death	<input type="checkbox"/> Case open after time of death

10. Total number of reports (~~screened in & screened out assigned & not assigned~~) received on decedent or siblings as a victim, perpetrator or identified child. Multiple FACTS cases may apply:

Of total number of reports noted above, indicate number of reports which were:

- assessed by KPRC but did not proceed to investigation or FINA (~~screened out not assigned~~):
 - Summarize not assigned Reports:

- ~~accepted assigned~~ as FINA and assessed for services:
- investigated as abuse or neglect (PPS investigation):

List in chart below the reports that were assessed or investigated (~~screened in assigned~~) on the decedent or siblings in the home. Provide a summary of DCF involvement including a brief summary of the case and the outcome. Include the case finding, services/referrals provided, if decedent or siblings were placed in DCF custody, KDOC, or juvenile detention. Add lines as needed.

Date Report Assigned	Alleged Victim's Name	Type of FINA Concern (NAN Cases)	Type of A/N Case Investigated	Case Finding of A/N Investigation (affirmed, substantiated, unsubstantiated)	Alleged Perpetrator Name & Relationship
				<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub.	

Summary of DCF involvement including services/referrals provided:

CARE Referral Referral Complete Referral NOT Complete Did Not Qualify

Date	Alleged Victim's	Type of	Type of	Case Finding of A/N	Alleged Perpetrator

Report Assigned	Name	FINA Concern (NAN Cases)	A/N Case Investigated	Investigation (affirmed, substantiated, unsubstantiated)	Name & Relationship
				<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub.	

Summary of DCF involvement including services/referrals provided:

CARE Referral Referral Complete Referral NOT Complete Did Not Qualify

Date Report Assigned	Alleged Victim's Name	Type of FINA Concern (NAN Cases)	Type of A/N Case Investigated	Case Finding of A/N Investigation (affirmed, substantiated, unsubstantiated)	Alleged Perpetrator Name & Relationship
				<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub.	

Summary of DCF involvement including services/referrals provided:

CARE Referral Referral Complete Referral NOT Complete Did Not Qualify

Date Report Assigned	Alleged Victim's Name	Type of FINA Concern (NAN Cases)	Type of A/N Case Investigated	Case Finding of A/N Investigation (affirmed, substantiated, unsubstantiated)	Alleged Perpetrator Name & Relationship
				<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub.	

Summary of DCF involvement including services/referrals provided:

CARE Referral Referral Complete Referral NOT Complete Did Not Qualify

Date Report Assigned	Alleged Victim's Name	Type of FINA Concern (NAN Cases)	Type of A/N Case Investigated	Case Finding of A/N Investigation (affirmed, substantiated, unsubstantiated)	Alleged Perpetrator Name & Relationship
				<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub.	

Summary of DCF involvement including services/referrals provided:

CARE Referral Referral Complete Referral NOT Complete Did Not Qualify

1. Was the family involved in any community services?
If yes, please provide details: Yes No
2. Was a CINC petition requested or filed in any of the reports involving decedent or siblings listed above?
If yes, please provide details: Yes No
3. Were decedent and/or siblings ever in care of the Secretary of DCF?
If yes, please provide details: Yes No

4. Any additional information that would be important to know about this family?

Form completed by:	Date:
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Copies to: Executive Director of SCDRB, 120 SW Tenth Ave., 2nd Floor, Topeka, KS 66612-1597
 PPS Administration Case File
 SCDRB DCF Archive

Select one: Initial Notification Update

SECTION I. CRITICAL INCIDENT INFORMATION AND TYPE	
COMPLETE SECTIONS I AND II FOR INITIAL NOTIFICATION	
Select any which apply to this critical incident as defined in PPM 0510:	
<input type="checkbox"/>	Child death Provide to FACTS Data staff the following:
Child name: _____ Date of death: _____	
<input type="checkbox"/>	Child near death
<input type="checkbox"/>	Child in the custody of the Secretary who attempted suicide
<input type="checkbox"/>	Child in the custody of the Secretary with severe injuries
<input type="checkbox"/>	Foster parent or adoptive parent with criminal proceedings related to abuse or neglect
<input type="checkbox"/>	Any child in the custody of the Secretary who spent the night in a Child Welfare Case Management Provider's (CWCMP) office (Complete Sections I & II only)
<input type="checkbox"/>	Media-incident which has drawn public media attention or become legislative concern

FACTS CASE HEAD: (last, first)		FACTS CASE #:	
Child(ren) Name(s): (last, first)		DOB(s):	
		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is the child(ren) in the custody of the Secretary?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Date of Custody:		Date of out of home placement:	
DCF Region:		County:	
Local DCF Office:		Assigned DCF Staff:	
Provider:		Assigned Provider Staff:	
Date of last PPS/Provider in person contact with child:			
Agency name who completed last contact:			
Contact Completed by:		Date:	

SECTION I.A. At the time of the incident, did PPS have an open case? (Completed by DCF only)

No If no, skip to Section II.

Yes If yes, select the type of open case (Select all that apply) and provide the date of referral:

<input type="checkbox"/> Investigation and Assessment	Date of Referral:
<input type="checkbox"/> Family First Prevention Services	Date of Referral:
<input type="checkbox"/> Family Service	Date of Referral:
<input type="checkbox"/> Family Preservation	Date of Referral:
<input type="checkbox"/> Reintegration/Foster Care/Adoption	Date of Referral:

Briefly describe the family's situation which led to the current open case:

CARE Referral(s) completed (**Completed by DCF only**): No Yes N/A

Select N/A if the intake leading up to the CI did not require a CARE Referral (CARE referrals are only required on assigned intakes for PHA and/or PHN for children under 6).

If yes, please provide details including date(s) and recommendation(s):

SECTION II. CRITICAL INCIDENT DESCRIPTION

Date of incident:

Date of knowledge of incident:

Was a report made to the Kansas Protection Report Center ~~reference~~ **regarding** this critical incident? No

Yes

If yes, provide Intake Event #:

Allegation Type:

Describe the critical incident (Include the condition of the child):

Describe immediate action(s) taken following the critical incident:

How was safety ensured following the critical incident?

Describe the current status of the case (Including status of law enforcement involvement and legal status of child including, but not limited to, legal custodian of child(ren), adjudications, status of court proceedings):

Other:

SECTION III. CASE INFORMATION

List all applicable children whose safety is a concern or select N/A.

N/A (Select when incident involved a child(ren) in the custody of the Secretary spending the night in a CWCMP office)

Child Name: DOB:

Current Placement:

Relationship to identified child: Sibling Step-sibling Half-sibling Not Related Relative (Specify):

Child Name: DOB:

Current Placement:

Relationship to identified child: Sibling Step-sibling Half-sibling Not Related Relative (Specify):

Child Name: DOB:

Current Placement:

Relationship to identified child: Sibling Step-sibling Half-sibling Not Related Relative (Specify):

Child Name: DOB:

Current Placement:

Relationship to identified child: Sibling Step-sibling Half-sibling Not Related Relative (Specify):

Child Name: DOB:

Current Placement:

Relationship to identified child: Sibling Step-sibling Half-sibling Not Related Relative (Specify):

Name(s) of all others involved:

(Caregivers, others involved in the critical incident, other individuals living in the home, non-residential parent, etc.)

Other individual's relationship to identified child:

PPS Administrator Review:

The information described in this incident meets the definition of a critical incident. No Yes

PPS Administrator Signature:

Date:

SECTION IV. UPDATES

Date:

Update:

Section I: Identifying Information:

Case Name:		Case #:		Event #:	
Infant Name:		Date Completed:			
CPS Child Protection Specialist:		CFSP/CWCMP Service Provider/Case Manager:			

Section II: Plan of Safe Care Description:

~~PPS 2008 Plan of Safe Care pamphlet has been provided and explained to the family.~~ PPS 2008 What is a Plan of Safe Care? has been given and explained to the family.

Section III: Assessment:

At the time of the Plan of Safe Care, list the needs of the infant including physical health, substance use disorder treatment needs, general functioning, development, safety, and any special care needs. The service(s) identified to address the needs and the referral date(s) may be completed at the time of the Plan of Safe Care, or by the monitoring service provider.

Infant Need(s)	Service(s)	Family Accepted Service	Referral Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

At the time of the Plan of Safe Care, list the physical/social/emotional health, substance use disorder treatment, parenting capacity, and preparation to care for an infant with special care needs of the family parents or caregivers (Include all affected family members). The service(s) identified to address the needs and the referral date(s) may be completed at the time of the Plan of Safe Care, or by the monitoring service provider

Family Member(s) Name	Need(s) Identified	Service	Family Accepted Service	Referral Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Yes No	

List the family's strengths and resources:

List the monitoring provider(s) (Family Preservation Services Community Family Service Provider, community program, other):

Section IV: SIGNATURES (*All participating individuals are to sign this plan and the family is to retain a copy*)

Participant:	Role:	Date:

Distribution: Family, Case File



Case Head:	Case Number:	Event Number:
Worry Statement:		
To prevent the worries from starting we will:		
If the worries do start, we will respond by:		
Who will monitor this immediate safety plan? What method of contact will they use to monitor the safety plan? How often will they monitor the safety plan?		
Our Safety Network includes these are our safe and supportive people:(names and phone numbers)		

My signature indicates I understand and agree to follow the safety plan.

Parent/Caregiver:	Date:	Parent/Caregiver:	Date:
Child:		Child:	
Family member:		Safety Network Member:	
DCF Worker:		Other:	

Introduction and Parents Guide to Child in Custody Case Planning Conferences

What is a Case Planning Conference?



A Case Planning Conference is a meeting where your family, the people who support you, and the workers and attorneys involved in your case come together to make a plan for your child. Your supports might include relatives, close friends, or others you trust who are meaningful to your family.

This meeting happens within the first 30 days after your child is referred to foster care services, and then about every six months after that. Together, we talk about what's going well, what we're worried about, and what needs to happen to meet your child's permanency goal.

The permanency goal is what everyone is working toward, whether that's safely returning home, staying with family, adoption, or another permanent home.

Who is on the Case Planning Team?



At a minimum, the team includes the parents, the child, the Case Management Provider, and a neutral third party. Additionally, the parent's attorney, Guardian Ad Litem, DCF Foster Care Liaison, and placement provider frequently participate.

Families can also invite people they trust, like relatives, friends, or teachers. Other case partners, such as CASA volunteers, may also join.

How Does Meeting as a Team Build a Stronger Plan?



Meeting as a team lets everyone share information, ideas, and perspectives to create a plan that focuses on what matters most and keeps your child safe. Together, the team can identify services, community resources, and supports, while building on your family's strengths. Hearing different perspectives helps create a stronger plan with more options for moving forward.

What will be created/produced?



During the Case Planning Conference, the team completes a form that highlights the family's strengths and resources, any dangers or serious worries that are keeping the permanency goal from being reached, and the steps, services, and activities the team will use to address them. Everyone signs the form to show they helped create the plan, and parents receive a copy to keep as a record of the decisions made.

What information will be shared with whom?



Open and honest conversation helps the team make the best plan. What's shared in the meeting is private and will only be shared with people who need to know. The plan is also provided to the court so the judge understands the family's situation, the supports in place, and the steps being taken toward a safe and stable home. Everyone is expected to respect confidentiality. Information shared in the meeting should not be used against anyone or shared with others who don't need to know.

What else do I need to know?



Case planning conferences can include hard conversations and differing viewpoints. Sometimes what others share may feel difficult or may not fully align with your perspective. Everyone's input helps build a complete understanding of what's going well and what still needs attention, so the plan supports lasting safety and stability. You will be asked to share your thoughts, ask questions, and actively help design the plan. You are encouraged to bring supports who help you feel comfortable and can support you both during the meeting and in working on the plan you create.

For more detailed information, parents can refer to the *Family Handbook PPS 5137* which is part of the DCF Policy Manual. The DCF Policy Manual is on the web at: dcf.ks.gov/services/PPS/Pages/PPSpolicies.aspx. Information about case planning is in Section 3000.

Introduction and Parents' Guide to Child in Custody Case Planning Conferences

Note: Parents should also refer to the Family Handbook PPS 5137. The DCF Policy Manual is on the web at: <http://www.dcf.ks.gov/services/PPS/Pages/PPSpolicies.aspx>. Information about case planning is in Section 3000.

What is a Case Planning Conference?

The Case Planning Conference is a meeting of a group of people who are involved in the life of a child. They provide information and ideas about how to best achieve stability for the family, permanency for the child, and develop steps to reach those goals. The purpose of the meeting is to develop a plan of action that will serve the needs of the family, build on their strengths, and insure the safety of the child. Case Planning Conferences are held within 20 days of the child being placed in the custody of the Secretary and at least every 170 days thereafter. Permanency goals can be maintaining children in their own home, reintegrating children back home, adoption, permanent custodianship or another planned permanent living arrangement.

Who is on the Case Planning Team?

The Case Planning Team includes the Parents, Child, and DCF CPS Specialist or Child Welfare Case Management Provider Case Manager, at a minimum. Other participants that will be invited if the child is in the custody of the Secretary include:

Guardian Ad Litem

Court Appointed Special Advocate

Resource Parent

A third party who is not responsible for managing the case

Others who may be involved would be those that the family would like to participate for support, such as relatives, kin, teachers, therapists, or educational advocates.

What are the benefits of a Team meeting?

When a number of people come together to share information and discuss ideas in an open, honest, way, ideas are generated and the chances of a successful completion of the case plan tasks increase. Information about community resources, possible services that would be helpful, and exploration of informal supports can all be outcomes of the process. Differing viewpoints are valuable for creating a number of different options.

What will be created/produced?

A form will be filled out that will include the strengths and needs of the family and the goals, objectives and tasks outlined by the Team. Services that address the needs of the child and interaction/visit plans are included. Participants will sign the form to indicate that they had an opportunity to participate. A copy of the form will be given to parents (perhaps by mail once it has been typed) so that they have written information about the decisions made at the Case Planning Conference.

What information will be shared with whom?

Open discussion is encouraged by all Team members. The information shared during the meeting is confidential in nature and will only be shared with others who need to know. For example, the Judge needs to have information about what occurred at the case planning conference in order to make decisions on the case. Participants are not to share information with others if there is not a need for them to know the information.

What else do I need to know?

A "family meeting" (also known as Family Group Conferencing) is a unique process that involves a shift from a decision making process that is "expert driven" to one that is "family driven". It is a special gathering of parents, children, extended family, and those whom the family has identified as their support system (kin). The meeting takes into consideration the child and family's physical, emotional, mental, cultural and spiritual needs. Sometimes family meetings are used to do case planning. The case manager assigned to the case can share information about the model they use.

Introduction and Parents Guide to Family Service/Family Preservation Case Planning Conferences (child not in custody)

What is a Case Planning Conference?



The Case Planning Conference is a meeting of a group of people who are involved in the life of a child.

The purpose of the meeting is to work together with the family and their supports to develop a clear plan that addresses worries, builds on strengths, and creates safety and stability for the child(ren). Your supports might include relatives, close friends, or others you trust who are meaningful to your family. Case Planning Conferences are held within 20 days of the family beginning services and then about every six months after that. The goal of the case plan is to maintain the child(ren) in your home.

Who is on the Case Planning Team?



At a minimum, the team includes the parents, the child, the Case Management Provider, and a DCF CPS Specialist. Others who may be involved may be those that the family would like to participate for support, such as relatives, kin, teachers, therapists, etc.

How Does Meeting as a Team Build a Stronger Plan?



The case planning conference gives the family and the team a chance to sit down together, share information, and think through ideas. This open discussion makes it more likely that the plan the team creates will address what matters most to your family and will support the safety of the child(ren). The team can help identify services, community resources, and informal supports, while your input ensures the plan builds on your family's strengths. When everyone shares their perspective, it helps us look at a family's situation from multiple angles, and offers more opportunities for ideas for how to move forward together.

Table of Contents

What will be created/produced?



A form will be filled out that will include the strengths and resources of the family, thoughts from the team on what is happening in and around the family making maintaining at home more challenging, and the objectives, services, and activities identified by the team that will support the family in addressing those challenges. A copy of the form will be given to parents so that they have written information about the decisions made at the Case Planning Conference.

What information will be shared with whom?



Open and honest conversation helps the team make the best plan. What's shared in the meeting is private and will only be shared with people who need to know. If there is a judge involved, the plan will be provided to the court so that they understand the family's situation, the supports in place, and the steps being taken toward maintaining a safe and stable home. Everyone is expected to respect confidentiality. Information shared in the meeting should not be used against anyone or shared with others who don't need to know.

What else do I need to know?



Case planning conferences can include hard conversations and differing viewpoints. Sometimes what others share may feel difficult or may not fully align with your perspective. Everyone's input helps build a complete understanding of what's going well and what still needs attention, so the plan supports lasting safety and stability. You will be asked to share your thoughts, ask questions, and actively help design the plan. You are encouraged to bring supports who help you feel comfortable and can support you both during the meeting and in working on the plan you create.

For more detailed information, parents can refer to the *Family Handbook PPS 5137* which is part of the DCF Policy Manual. The DCF Policy Manual is on the web at: dcf.ks.gov/services/PPS/Pages/PPSpolicies.aspx. Information about case planning is in Section 3000.

(child not in custody) Case Planning Conferences

What is a Case Planning Conference?

The Case Planning Conference is a meeting of a group of people who are involved in the life of a child. They provide information and ideas about how to best achieve stability for the family, and the child. The purpose of the meeting is to develop a plan of action that will serve the needs of the family, build on their strengths, and insure the safety of the child. Case Planning Conferences are held within 20 days of the family beginning services and at least every 170 days thereafter. The goal of the case plan is to maintain the child(ren) in the home.

Who is on the Case Planning Team?

The Case Planning Team may include the Parents, Child, the DCF CPS Specialist and Community Family Service Provider/Child Welfare Case Management Provider Case Manager, at a minimum. Others who may be involved would be those that the family would like to participate for support, such as relatives, kin, teachers, therapists, or educational advocates.

What are the benefits of a Team meeting?

When a number of people come together to share information and discuss ideas in an open, honest, way, ideas are generated and the chances of a successful completion of the case plan tasks increase. Information about community resources, possible services that would be helpful, and exploration of informal supports can all be outcomes of the process. Differing viewpoints are valuable for creating a number of different options.

What will be created/produced?

A form will be filled out that will include the strengths and needs of the family and the goals, objectives and tasks outlined by the Team. Services that address the needs of the child and family are included. Participants will sign the form to indicate that they had an opportunity to participate. A copy of the form will be given to parents (perhaps by mail once it has been typed) so that they have written information about the decisions made at the Case Planning Conference.

What information will be shared with whom?

Open discussion is encouraged by all Team members. The information shared during the meeting is confidential in nature and will only be shared with others who need to know in accordance with law and policy.

What else do I need to know?

A "family meeting" (also known as Family Group Conferencing) is a unique process that involves a shift from a decision-making process that is "expert driven" to one that is "family driven". It is a special gathering of parents, children, extended family, and those whom the family has identified as their support system (kin). The meeting takes into consideration the child and family's physical, emotional, mental, cultural and spiritual needs. Sometimes family meetings are used to do case planning. The case manager assigned to the case can share information about the model they use.



Strong Families Make a Strong Kansas



PPS 3050 Family Service/Preservation Plan

This plan has been created to achieve a permanency goal of: **Maintain at Home**

Case Management Provider (CMP): Click or tap here to enter text. **Assigned CMP Staff:** Click or tap here to enter text.

CMP Contact Information: Click or tap here to enter text.

Assigned DCF Staff: Click or tap here to enter text.

Case Planning Conference Date: Click or tap here to enter text.

This Case Plan is Effective From: Click or tap to enter a date. **To:** Click or tap to enter a date.

Section 1 – Child and Family Information

FACTS Case Number: Click or tap here to enter text. **FACTS Case Head:** Click or tap here to enter text. **County:** Click or tap here to enter text.

Child Name: Click or tap here to enter text. **DOB:** Click or tap to enter a date.

Child Name: Click or tap here to enter text. **DOB:** Click or tap to enter a date.

Child Name: Click or tap here to enter text. **DOB:** Click or tap to enter a date.

Child Name: Click or tap here to enter text. **DOB:** Click or tap to enter a date.

Child Name: Click or tap here to enter text. **DOB:** Click or tap to enter a date.

Parent or Caregiver Name: Click or tap here to enter text. **Relationship to which child(ren):** Choose an item. **of** Click or tap here to enter text.

Parent or Caregiver Name: Click or tap here to enter text. **Relationship to which child(ren):** Choose an item. **of** Click or tap here to enter text.

Parent or Caregiver Name: Click or tap here to enter text. **Relationship to which child(ren):** Choose an item. **of** Click or tap here to enter text.

Parent or Caregiver Name: Click or tap here to enter text. **Relationship to which child(ren):** Choose an item. **of** Click or tap here to enter text.

Is any identified legal parent or caregiver is deceased or no longer retains rights? (If yes please explain)

Click or tap here to enter text.

For the identified child(ren) and non-custodial parent(s) not present, describe all efforts made to include them in this permanency planning conference:

Click or tap here to enter text.

If there is identified tribal affiliation for any member of the immediate family, what efforts have been made to obtain determination and engage the tribe?: Click or tap here to enter text.

Name of Tribe: Click or tap here to enter text.

What assessments have been completed with the family?: Click or tap here to enter text.

Section 2 – Safety

Worries	Safety, Strengths, and Family Successes
<p><i>What happened that led to the service referral? Include the family perspective.</i></p> <p>Click or tap here to enter text.</p>	<p><i>What have the family members and/or their supports done to provide or build some protection for the child? What has happened that gives people even a bit more confidence that the child will be able to maintain at home at the end of services?</i></p> <p>Click or tap here to enter text.</p>
<p><i>What is happening in and around this family that is making maintaining at home more challenging?</i></p> <p>Click or tap here to enter text.</p>	
<p><i>Who is worried and what are they worried might happen to the child if things don't change?</i></p> <p>Click or tap here to enter text.</p>	

Family Resources

Who or what does this family have around them that might help in the safety building process? Who are the natural supports who have the strongest connections to the family and child?

Name of Support	Relationship to the Family
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

Section 3 – Objectives, Services, and Activities

Objective 1: (What is the desired outcome? What needs to be happening differently in the care of the children? What's the anticipated positive impact for the children?)

- Click or tap here to enter text.

Active Activities

Activity #	What activities need to be completed to address the worries, and who will help ensure the action is taken?	Court Ordered?	Target Date	Progress Since Last Case Plan
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap here to enter text.

Objective 1: Achieved or Removed Activities

Achieved or Removed Activity	Court Ordered?	Document reason for removal of activity or how activity was achieved.	Date no longer active
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.	MM/DD/YYYY

Objective 2: (What is the desired outcome? What needs to be happening differently in the care of the children? What's the anticipated positive impact for the children?)

- Click or tap here to enter text.

Active Activities

Activity #	What activities need to be completed to address the worries, and who will help ensure the action is taken?	Court Ordered?	Target Date	Progress Since Last Case Plan
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap here to enter text.

Objective 2: Achieved or Removed Activities

Achieved or Removed Activity	Court Ordered?	Document reason for removal of activity or how activity was achieved.	Date no longer active
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.	MM/DD/YYYY

Objective 3: (What is the desired outcome? What needs to be happening differently in the care of the children? What's the anticipated positive impact for the children?)

- Click or tap here to enter text.

Active Activities

Activity #	What activities need to be completed to address the worries, and who will help ensure the action is taken?	Court Ordered?	Target Date	Progress Since Last Case Plan
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap here to enter text.

Objective 3: Achieved or Removed Activities

Achieved or Removed Activity	Court Ordered?	Document reason for removal of activity or how activity was achieved.	Date no longer active
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.	MM/DD/YYYY

Section 4 – Participation and Signatures

Any remaining questions from the children and a summary in their own words of their experience being involved in the creation of this case plan:

Type questions here

Any remaining questions from the parents or caregivers and a summary in their own words of their experience being involved in the creation of this case plan:

Insert questions here

My Signature Confirms:

- I was included as a participant in the development of this plan.
- I understand this signed case plan may be released to participants in this plan and they may share information among the participants necessary to implement the plan.
- I understand my signature does not mean I do or do not agree with this plan.
- If I am not a legal parent, legal caregiver, or child, I understand the information discussed in the meeting is confidential shall not be shared.
- If I am the Legal parent, legal caregiver, or child, I understand I am to be provided a copy of “Section 3: Objectives, Services, and Activities” the date of my signature.

Printed Name	Signature	Role	Agency (if applicable)	Date Signed	Participation Codes IP, BP, NI

Family Preservation

Family Services

Section 1 Family Information

Case Name:				FACTS Case #:		County:	
Child/Youth Name:		Date of Birth:		Parent Name:			
Child/Youth Name:		Date of Birth:		Parent Name:			
Child/Youth Name:		Date of Birth:		Other:			
Child/Youth Name:		Date of Birth:		Other:			
Local DCF Office:		Assigned DCF Staff:					
Provider:		Assigned Provider Staff:					
Case Planning Conference Date:		Case Plan is effective from:			To:		

Section 2 Assessment Information

Reason for Agency Involvement (*Include family perspective*):

Summary from Assessment Tools:

Safety Concerns:

Risk Concerns:

Family/Individual Strengths and Resources:

Section 3 Goal

Maintenance Goal: **Maintain at home**

Section 4 Objectives and Activities (Include at least one and no more than 3 permanency objectives, incorporating family strengths.)

Objective #

What behavior will change:

Activity #	Measurable Short Term Activity To Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

Objective #

What behavior will change:

Activity #	Measurable Short Term Activity To Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

Objective #

What behavior will change:

Activity #	Measurable Short Term Activity To Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

What may happen if this plan is not completed:							

Section 5 Family Input

Parents' Input/Comments:

Input/Comments from the Children or Youth:

Section 6 Case Plan Participation

Participants' Signatures/Dates (For non family participants, information shared is confidential and not to be released).

	Printed Name	Signature	Participation Code	Date
Child/Youth				
Case Manager				
DCF staff				
Therapist				
Educator				
Other:				
Other:				
Other:				

Participation Codes: IP—participated in person, BP—participated by phone, NI—provided input

Parent Signatures: I have participated in the development of this plan. I understand this signed case plan may be released to participants in this plan and they may share information among the participants necessary to implement the plan.

	Printed Name	Signature	Participation Code	Date

Parent/Caregiver				

Participation Codes: IP participated in person, BP participated by phone, NI provided input





PPS 3051 Permanency Plan

This permanency plan has been created to achieve a permanency goal of: Reintegration

This case plan also supports achieving a concurrent goal of: N/A

Case Management Provider (CMP): Click or tap here to enter text. **Assigned CMP Staff:** Click or tap here to enter text.

CMP Contact Information: Click or tap here to enter text.

Assigned DCF Staff: Click or tap here to enter text.

Permanency Planning Conference Date: Click or tap here to enter text.

This Permanency Plan is Effective From: Click or tap to enter a date. **To:** Click or tap to enter a date.

Section 1 – Child and Family Information

Child Name: Click or tap here to enter text. **DOB:** Click or tap to enter a date. **Court Case No:** Click or tap here to enter text.

County: Click or tap here to enter text.

FACTS Case Number: Click or tap here to enter text. **FACTS Client ID:** Click or tap here to enter text. **FACTS Case Head:** Click or tap here to enter text.

Parent or Caregiver Name: Click or tap here to enter text.

Relationship to the child: Choose an item.

Parent or Caregiver Name: Click or tap here to enter text.

Relationship to the child: Choose an item.

Parent or Caregiver Name: Click or tap here to enter text.

Relationship to the child: Choose an item.

If there is a legal father, how was paternity established? Choose an item.

Click or tap here to enter text.

If any identified legal parent or caregiver is deceased or no longer retains rights, provide the date this occurred and how it was confirmed:

Click or tap here to enter text.

For the identified child, or any identified parent or caregiver not present, describe efforts made to include them in this permanency planning conference:

Click or tap here to enter text.

Has a Court determined ICWA applies: Click or tap here to enter text. **Date of Court Determination:** Click or tap to enter a date.

Name of Tribe: Click or tap here to enter text. **Tribal Contact:** Click or tap here to enter text.

What assessments have been completed with the family?: Click or tap here to enter text.

Section 2 – Safety

Worries	Safety, Strengths, and Family Successes
<p><i>What happened that led to the service referral?</i></p> <p>Click or tap here to enter text.</p>	<p><i>What have the family members and/or their supports done to provide or build some protection for the child? What has happened that gives people even a bit more confidence that the child will be able to return home (or the alternative permanency goal will be achieved)?</i></p> <p>Click or tap here to enter text.</p>
<p><i>What is happening now that is keeping the child from returning home (or keeping an alternative permanency goal from being met)?</i></p> <p>Click or tap here to enter text.</p>	
<p><i>Who is worried and what are they worried might happen to the child if things don't change?</i></p> <p>Click or tap here to enter text.</p>	

Family Resources

Who or what does this family have around them that might help in the safety building process? Who are the natural supports who have the strongest connections to the family and child?

Name of Support	Relationship to the Family
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

Section 3 – Objectives, Services, and Activities

Permanency Objective 1: (*What is the desired outcome? What needs to be happening differently in the care of the children? What's the anticipated positive impact for the children?*)

- Click or tap here to enter text.

Active Activities

Activity #	What activities need to be completed to address the worries, and who will help ensure the action is taken?	Court Ordered?	Target Date	Progress Since Last Case Plan
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap here to enter text.

Permanency Objective 1: Achieved or Removed Activities

Achieved or Removed Activity	Court Ordered?	Document reason for removal of activity or how activity was achieved.	Date activity was achieved or removed
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Click or tap to enter a date.

Permanency Objective 2: (What is the desired outcome? What needs to be happening differently in the care of the children? What's the anticipated positive impact for the children?)

- Click or tap here to enter text.

Active Activities

Activity #	What activities need to be completed to address the worries, and who will help ensure the action is taken?	Court Ordered?	Target Date	Progress Since Last Case Plan
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap here to enter text.

Permanency Objective 2: Achieved or Removed Activities

Achieved or Removed Activity	Court Ordered?	Document reason for removal of activity or how activity was achieved.	Date activity was achieved or removed
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Click or tap to enter a date.

Permanency Objective 3: (What is the desired outcome? What needs to be happening differently in the care of the children? What's the anticipated positive impact for the children?)

- Click or tap here to enter text.

Active Activities

Activity #	What activities need to be completed to address the worries, and who will help ensure the action is taken?	Court Ordered?	Target Date	Progress Since Last Case Plan
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap here to enter text.

Permanency Objective 3: Achieved or Removed Activities

Achieved or Removed Activity	Court Ordered?	Document reason for removal of activity or how activity was achieved.	Date activity was achieved or removed
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Click or tap to enter a date.

What may happen if these Permanency Plan objectives and activities are not completed?

Click or tap here to enter text.

Section 4 – Placement

Attach print out of current placement and all placements since last case plan. For the most recent placement, document if it is safe, meets the needs of the child, is least restrictive, is consistent with the best interest of the child, in close proximity to parents (if reintegration is the permanency goal), and how proximity to home school and appropriateness of the child's educational setting was considered.

Placement Date	Is Placement Safe?	Does Placement Meet the Needs of the Child?	Is Placement Least Restrictive?	Is Placement in Close Proximity to Parents?	Is Placement in close proximity to school?	Is Educational Setting Appropriate?	Currently placed with siblings?
Click or tap to enter a date.	<input type="checkbox"/> Yes <input type="checkbox"/> No						

For each answer, what worries the agency enough to say no or what gives the agency enough confidence to say yes?

Click or tap here to enter text.

Note how relatives have been considered for placement and provide any specific recommendations for placement (such as Qualified Residential Treatment Program [QRTP]) including caregiving practices important to the parent (such as hair care, bedtime routines):

Click or tap here to enter text.

If the child has been assessed for or placed in a QRTP, attach the PPS 3060 QRTP Case Plan Requirements.

Section 5 – Child Well-Being

Provide a summary of how child is doing since last permanency plan conference (include information for sleepovers, self-care, physical restraint, driving, or high-risk activities when applicable.). Note child's opportunities to engage in age and developmentally appropriate activities.

Click or tap here to enter text.

Need	Description	Provider; (Provider address and phone number)	Date of last service or plan	Court ordered?
Primary Care Provider	Example: KBH Yearly	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health <i>Diagnosis:</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No
HCBS Waiver (TA, I/DD, Autism, TBI, SED) <i>*Include Waitlist*</i> <i>Diagnosis:</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol/Drug Treatment	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No

Behavioral Health <i>Diagnosis:</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational (IEP, 504, Educational Advocate) <i>Diagnosis:</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Needs <i>OBGYN, PT, OT, etc.</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No

Federal Benefits If the child has a documented disability, has an SSI referral been made to KLS? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, documented reason: Click or tap here to enter text.	ABLE or WARDs account? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child a recipient of any of the following federal benefits: <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Veterans Affairs <input type="checkbox"/> Railroad Retirement
Pregnant or Parenting Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Check "yes" for any child who is pregnant, an expectant father, or minor parent</i>	Is the child of the pregnant or parenting youth in the custody of the Secretary?: <input type="checkbox"/> Yes <input type="checkbox"/> No Prevention Plan: If no, select the plan that is preventing the child of the pregnant or parenting youth from entering care. <input type="checkbox"/> Maintaining Safely in the Home with Parent <input type="checkbox"/> Living Temporarily with Relative or Kin <input type="checkbox"/> Living Permanently with Relative or Kin Describe what services, supports, or programs are helping make this plan work:

Section 6 – Participation and Signatures

Any remaining questions from the child and a summary in their own words of their experience being involved in the creation of this case plan:

Type questions here

Any remaining questions from the parent or caregiver and a summary in their own words of their experience being involved in the creation of this case plan:

Insert questions here

My Signature Confirms:

- I was included as a participant in the development of this plan.
- I understand this signed case plan may be released to participants in this plan and they may share information among the participants necessary to implement the plan.
- I understand my signature does not mean I do or do not agree with this plan.
- If I am not a legal parent, legal caregiver, or child, I understand the information discussed in the meeting is confidential shall not be shared.
- If I am the Legal parent, legal caregiver, or child, I understand I am to be provided a copy of “Section 3: Objectives, Services, and Activities” the date of my signature.

Printed Name	Signature	Role (note if 3 rd party)	Agency (if applicable)	Date Signed	Participation Codes IP, BP, NI

Section 1 Demographics								
Child Name:	_____	DOB:	_____	Court Case #:	_____	CO:	_____	
FACTS Case #:		_____	FACTS Client ID:			_____		
Mother's Name:	_____	Father's Name:	_____	Other Caregiver Name:		_____		
Local DCF Office:	_____	Assigned DCF Staff:		_____				
Provider:	_____	Assigned Provider Staff:		_____				
Case Planning Conference Date:		_____	_____					
Section 2 Assessment Information (Initial and on-going. Update each at every case planning conference.)								
Summary of Assessments (Initial and On-going)								

Family/Individual Strengths and Resources:								

Safety Concerns/Reason Child Cannot Return Home:								

Risk Concerns:								

Permanency Goal (check one of the following):								
<input type="checkbox"/>	Maintain at home	<input type="checkbox"/>	Reintegration	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Permanent Custodianship with relative with non-relative	
<input type="checkbox"/>	SOUL Family Legal Permanency	<input type="checkbox"/>	APPLA					
Concurrent Plan (if applicable and Reintegration also goal):				<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Permanent Custodianship	
				<input type="checkbox"/>		<input type="checkbox"/>	SOUL Family Legal Permanency	
				<input type="checkbox"/>		<input type="checkbox"/>	APPLA	
Section 3 Objectives and Activities (Include at least one and no more than 3 permanency objectives, incorporating family strengths.)								
Permanency Objective # _____								
What behavioral change is expected:								
Activity #	Measurable Short Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date		
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Permanency Objective # _____

What behavioral change is expected:

Activity #	Measurable Short Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

Permanency Objective # _____

What behavioral change is expected:

Activity #	Measurable Short Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

Section 4 Family Time Schedule – Attached in PPS 3053

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Section 5 Appropriateness of Placements

Attach print out of current placement and all placements since last case plan. For each placement, document if it was safe, meets the needs

of the child, least restrictive, consistent with the best interest of the child, in close proximity to parents (if reintegration is the CP goal), and how proximity to home school and appropriateness of the child's educational setting was considered.

Place ment #/ Date	Is/Was Placement Safe?	Does/Did Placement Meet the Needs of the Child?	Is/Was Placement Least Restrictive?	Is/Was Placement In Close Proximity to Parents?	Is/Was Placement In Close Proximity to School?	Is/Was Educational Setting Appropriate?
	<input type="checkbox"/> Yes <input type="checkbox"/> No No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No

Explanation For Any No Answers:

Reason for Moves and Child's Reactions to Move:

How maternal and paternal relatives were considered for placement since the last case plan:

Note specific recommendations for placement (such as Qualified Residential Treatment Program [QRTP], placement in substance use disorder facility with parent):

If the child has been assessed for or placed in a QRTP, attach the PPS 3060 QRTP Case Plan Requirements.

Section 6 Child/Youth Well Being Plan

Summary of how child is doing since last Case Plan (include authorization for sleepovers, self care, physical restraint, driving, or high risk activities when applicable.). Note child's opportunities to engage in age and developmentally appropriate activities.

Need					Description	Response/Service to Address	Received Timely Treatment on this date
Medical	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Dental	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Vision	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Mental Health	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Developmental Disability	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Alcohol/Drug Treatment	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Social and Emotional	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Educational	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Placement	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
ICWA Determination	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			

Section 7 Prevention Plan for Pregnant/Parenting Foster Youth

NA

Foster care prevention strategy for any child, not in custody, born to the youth (check one):

Safely maintain the child with the foster youth Live temporarily with a kin caregiver Live permanently with a kin caregiver

Service needs (check all that apply): Mental Health Substance Use Parent Skill Building Kinship Navigation

List the specific services or programs to be provided to the youth to ensure the youth is prepared (if pregnant) or able (if parenting) to be a parent.

Section 8 Case Plan Participation

Participants' Signatures/Dates (For non-family participants, information shared is confidential and shall not be released.)

Child Signature: For a child under the age of 10, a copy of the PPS 5138 Foster Care Bill of Rights shall be provided to the child and to the parent / foster parent / relative / kinship caregiver. If age 10 or older, my signature means I was provided a copy of the PPS 5138 Foster Care Bill of Rights. If age 14 or older and placed out of home, I acknowledge I was explained my health rights and provided a copy of my annual credit check.

Child's Input/Comments:

	Printed Name	Signature	Participation Code	Date Signed
Child				

Participation Codes: IP participated in person, BP participated by phone, NI provided input

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Potential Consequences of Nonparticipation in Case Plan Objectives and Activities:

Parent Signatures: I have participated in the development of this plan. I understand this signed case plan may be released to participants in this plan and they may share information among the participants necessary to implement the plan. If my child is under the age of 10, I have been provided a copy of the PPS 5138 Foster Care Bill of Rights on their behalf.

Parents' Input/Comments:

	Printed Name	Signature	Participation Code	Date Signed
--	--------------	-----------	--------------------	-------------

Parent

Parent

Parent

Parent

Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input

Other Participant Signatures: Indicate Name, Agency, Title, and Participation Codes.

Printed Name	Signature	Agency	Title (Note if 3 rd party)	Date Signed	Participation Codes
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	Participation Codes: IP participated in person, BP participated by phone, NI provided input				



Child's Name:	FACTS Case	
Section 1		
Previous Case Planning Conference Dates From: _____	To: _____	
This Case Plan Effective Dates: _____	To: _____	
If the Permanency Goal Changed, State Reason: _____		
List all siblings, including full/half, step, adopted, etc.: _____		
List all siblings in DCF custody.: _____		

Section 2 For DCF Use Only

Candidacy of Care Determination: _____ (For children in DCF custody placed at home.)

Absent the provision of services listed in the case plan to assure the safety and well-being of the child, the child will be determined to be at imminent risk of removal from the home and therefore, a Candidate for Care.

Candidate for Care Reason for Imminent Risk of Removal: _____
 Non-Candidate for Care

DCF CPS Specialist Signature

Date

Section 3

Information will be shared with case plan participant at each case planning conference and any changes noted.

Child's Information:

Primary Health Provider: _____

Address: _____

Dentist: _____

Address: _____

Optometrist: _____

Address: _____

Mental Health Provider: _____

Address: _____

Other Health Provider: _____

Address: _____

Educational Advocate: _____

Address: _____

KBH Screening is Current Yes No Date of Last KBH: _____

Diagnosis/Disabilities (See Appendix 1J) Yes No Not Conducted Not Yet Determined

If Yes, Documentation Requested Yes No If Yes, Documentation Received Yes No

Date Diagnosed

Disability Codes

Is child on an HCBS Waiver? Yes No NA

If Applicable, Types of HCBS Waiver I/DD SED TBI TA Autism

SSI Referral to KLS Yes No If no, documented reason: _____

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At the time of the case plan, is the father incarcerated? (JA02N) Yes No

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At the time of the case plan, is the mother incarcerated? (JA01N)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child adjudicated a Juvenile Offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:
Is the foster youth pregnant? (FC01N)	<input type="checkbox"/> Yes <input type="checkbox"/> No/NA
Is the foster youth parenting a child who is in DCF custody? (FC02N)	<input type="checkbox"/> Yes <input type="checkbox"/> No/NA
Is the foster youth parenting a child who is not in DCF custody? (FC03N)	<input type="checkbox"/> Yes <input type="checkbox"/> No/NA



FACTS Case
Name

FACTS Case
Number

Facts Case ID
#

(CHECK ALL SERVICES WHICH ARE A PART OF THIS SERVICE PLAN TO BE DELIVERED OVER THE NEXT 170 DAYS)

HEALTH		<input type="checkbox"/> In-Patient Treatment	MD03N/P
<input type="checkbox"/> Out-Patient Treatment	MD02 N/P		
<input type="checkbox"/> Speech Therapy	MD04N/P		
<input type="checkbox"/> Occupational Therapy	MD05N/P		
EDUCATIONAL/VOCATIONAL		<input type="checkbox"/> Vocational Education	ED05 N/P
<input type="checkbox"/> Tutoring	ED01 N/P	<input type="checkbox"/> Driver's Education	ED06 N/P
<input type="checkbox"/> Special Education Program	ED02 N/P	<input type="checkbox"/> College	ED07 N/P
<input type="checkbox"/> Adult Basic Education	ED03 N/P	<input type="checkbox"/> Education Advocate	ED08 N/P
<input type="checkbox"/> GED Preparation/High School Grad	ED04 N/P	<input type="checkbox"/> Attendance	ED09 N/P
MENTAL HEALTH SERVICES/DEVELOPMENTAL SERVICES		<input type="checkbox"/> Partial-Day Social or Educational Services*	ME06 N/P
<input type="checkbox"/> Psychological Testing*	ME01 N/P	<input type="checkbox"/> Medicine Management	ME07 N/P
<input type="checkbox"/> Individual Therapy	ME02 N/P	<input type="checkbox"/> Child/Youth Mentorship (under 15)*	FU03 N/P
<input type="checkbox"/> Group Therapy	ME03 N/P	<input type="checkbox"/> Attendant Care	FU05 N/P
<input type="checkbox"/> Family Therapy	ME04 N/P	<input type="checkbox"/> Early Ed (ITS/IDEA)	FU06 N/P
<input type="checkbox"/> Counseling*	ME05 N/P	<input type="checkbox"/> Waivers (HCBS)	FU08 N/P
HOUSING SERVICES		<input type="checkbox"/> Residence Adaptation	HO04 N/P
<input type="checkbox"/> Emergency Clothing	HO01 N/P	<input type="checkbox"/> Emergency Utilities	HO05 N/P
<input type="checkbox"/> Emergency House Repairs	HO02 N/P	<input type="checkbox"/> Emergency Shelter or Rental Assistance	HO06 N/P
<input type="checkbox"/> Household Furniture/Appliances	HO03 NP		
EMPLOYMENT SERVICES		<input type="checkbox"/> Employment Preparation Services	EM01 N/P
PROTECTIVE OR FAMILY PRESERVATION SERVICE		<input type="checkbox"/> Emergency Shelter* (protective)	PR08 N/P
<input type="checkbox"/> Intake and Assessment	PR01 N/P	<input type="checkbox"/> Respite Care*	PR06 N/P
<input type="checkbox"/> In-Home Family Treatment*	PR02 N/P	<input type="checkbox"/> Program (family) support Services*	PR07 N/P
<input type="checkbox"/> Family Preservation Referral	PR03 N/P	<input type="checkbox"/> Family Services Referral	PR10 N/P
<input type="checkbox"/> Parenting Education*	PR04 N/P		
INCOME SERVICES		<input type="checkbox"/> Budgeting	IN02 N/P
<input type="checkbox"/> Child Support	IN01 N/P	<input type="checkbox"/> Assist with Applications for Assistance	IN03 N/P
<input type="checkbox"/> Family Financial/Reunification Asst *	IN03 N/P		
SUPPORT FOR FAMILY FUNCTIONING SERVICES		<input type="checkbox"/> Social Service Coordination (DCF)	FU04 N/P
<input type="checkbox"/> Case Management	FU01 N/P		
<input type="checkbox"/> Basic Living Skills	FU02 N/P	<input type="checkbox"/> Mediation Services*	FU07 N/P
ADOPTION SERVICES		<input type="checkbox"/> Adoptive Family Assessment (Home Study*)	AO03 N/P
<input type="checkbox"/> Adoptive Placement Services	AO01 N/P	<input type="checkbox"/> Adoptive Family Recruitment	AO04 N/P
<input type="checkbox"/> Adoptive Family Preparation Services	AO02 N/P	<input type="checkbox"/> Adoption Subsidy	AO05 N/P
CHILD CARE SERVICES*		<input type="checkbox"/> Child Care Center Services	CH02 N/P
<input type="checkbox"/> Child Care in Other Home Services	CH01 N/P	<input type="checkbox"/> Child Care in Own Home Services	CH03 N/P
INDEPENDENT LIVING SERVICES (Only check boxes that match federal definitions in 3057A)		<input type="checkbox"/> Housing Education	IL08N
<input type="checkbox"/> Special Education	IL01N	<input type="checkbox"/> Health Education and Risk Prevention	IL09N
<input type="checkbox"/> Needs Assessment	IL02N	<input type="checkbox"/> Family Support and Marriage Education	IL10N
<input type="checkbox"/> Academic Supports	IL03N	<input type="checkbox"/> Mentoring	IL11N
<input type="checkbox"/> Post Secondary Education Support	IL04N	<input type="checkbox"/> Supervise Independent Living	IL12N
<input type="checkbox"/> Table of Contents			January 2026
<input type="checkbox"/> Career Preparation	IL05N	<input type="checkbox"/> Room and Board Financial Assistance	IL13N

<input type="checkbox"/> Employment or Vocational Programs	IL06N	<input type="checkbox"/> Education Financial Assistance	IL14N
<input type="checkbox"/> Budget and Financial Management	IL07N	<input type="checkbox"/> Other Financial Assistance	IL15N
OTHER			
<input type="checkbox"/> Clothing Allowance*	OT01 N/P	<input type="checkbox"/> Drug and Alcohol Services	OT04 N/P
<input type="checkbox"/> Non-Medical Transportation*	OT02 N/P	<input type="checkbox"/> Interpreter Services	OT03 N/P
		<input type="checkbox"/> Courtesy Supervision	OT06 N/P

* Indicates the service is described in the Handbook of Services, EP Appendix E,-in the PPS Policy and Procedure Manual. A service is a category of good(s) or service(s) which can be identified within the case plan as an item which is used to address a family's need. The service codes are entered into FACTS to track the goods and services provided to families. The suffix 'N' means the good(s) or service(s) is provided at no direct charge to DCF. The suffix 'P' means DCF is paying the source of the service/good directly.



Use these codes and descriptions to report services that are provided to all youth ~~age 14 and older~~, regardless of ~~age~~, case plan, whether or not in custody, in any type of placement, or at home. These services will be reported to the National Youth in Transition Database.

An independent living service is provided by the State agency if it is: In order to qualify as an Independent Living Service, the specific activity being reported must meet the following and the specific federal definition listed next to each individual service category.

- 1) The service is delivered by ~~the~~ state agency staff or an agent of the agency including a foster parent, group home staff, or childcare institution staff; or,
- 2) The service is provided pursuant to a contract between the ~~the~~ state agency and a provider, agency or any other entity regardless of whether the contract includes funding for the particular service

Special Education IL01N Specifically designed instruction, at no cost to parents, to meet the unique needs of a child with a disability.

Needs Assessment IL02N An independent living needs assessment is a systematic procedure to identify a youth's basic skills, emotional and social capabilities, strengths, and needs to match the youth with appropriate independent living services. An independent living needs assessment may address knowledge of basic living skills, job readiness, money management abilities, decision-making skills, goal setting, task completion, and transitional living needs.

Academic Supports IL03N Academic supports are services designed to help a youth complete high school or obtain a General Equivalency Degree (GED). Such services include the following: academic counseling; preparation for a GED, including assistance in applying for or studying for a GED exam; tutoring; help with homework; study skills training; literacy training; and help accessing educational resources. Academic support does not include a youth's general attendance in high school.

Post-Secondary Education Support IL04N Post-secondary educational support are services designed to help a youth enter or complete college, and include the following: classes for test preparation, such as the Scholastic Aptitude Test (SAT); counseling about college; information about financial aid and scholarships; help completing college or loan applications; or tutoring while in college. The list is not all-inclusive; other supports such as college tours provided by the agency could fall within this definition.

Career Preparation IL05N Career preparation services focus on developing a youth's ability to find, apply for, and retain appropriate employment. Career preparation includes the following types of instruction and support services: Vocational and career assessment, including career exploration and planning, guidance in setting and assessing vocational and career interests and skills, and help in matching interests and abilities with vocational goals; job seeking and job placement support, including identifying potential employers, writing resumes, completing job applications, developing interview skills, job shadowing, receiving job referrals, using career resource libraries, understanding employee benefits coverage, and securing work permits; retention support, including job coaching; learning how to work with employers and other employees; understanding workplace values such as timeliness and appearance; and understanding authority and customer relationships.

Employment or Vocational Programs IL06N Employment programs and vocational training are designed to build a youth's skills for a specific trade, vocation, or career through classes or on-site training. Employment programs include a youth's participation in an apprenticeship, internship, or summer employment program and do not include summer or after-school jobs secured by the youth alone. Vocational training includes a youth's participation in vocational or trade programs in school or through nonprofit, commercial or private sectors and the receipt of training in occupational classes for such skills as cosmetology, auto mechanics, building trades, nursing, computer science, and other current or emerging employment sectors.

Budget and Financial Management IL07N Budget and financial management assistance includes the following types of training and practice: Living within a budget; opening and using a checking and savings account; balancing a checkbook; developing consumer awareness and smart shopping skills; accessing information about credit, loans and taxes; and filling out tax forms.

Housing Education IL08N Housing education includes assistance or training in locating and maintaining housing, including filling out a rental application and acquiring a lease, handling security deposits and utilities, understanding practices for keeping a healthy and safe home, understanding tenant's rights and responsibilities, and handling landlord complaints. Home management includes instruction in food preparation, laundry, housekeeping, living cooperatively, meal planning, grocery shopping and basic maintenance and repairs.

Health Education and Risk Prevention IL09N Health education and risk prevention includes providing information about: Hygiene, nutrition, fitness and exercise, and first aid; medical and dental care benefits, health care resources and insurance, prenatal care and maintaining personal medical records; sex education, abstinence education, and HIV prevention, including education and information about sexual development and sexuality, pregnancy prevention and family planning, and sexually transmitted diseases and AIDS; substance abuse prevention and intervention, including education and information about the effects and consequences of substance use (alcohol, drugs, tobacco) and substance avoidance and intervention. Health education and risk prevention does not include the youth's actual receipt of direct medical care or substance abuse treatment.

Family Support and Marriage Education IL10N Such services include education and information about safe and stable families, healthy marriages, spousal communication, parenting, responsible fatherhood, childcare skills, teen parenting, and domestic and family violence prevention.

Mentoring IL11N Mentoring means that the youth has been matched with a screened and trained adult for a one-on-one relationship that involves the two meeting on a regular basis. Mentoring can be short-term, but it may also support the development of a long-term relationship. While youth often are connected to adult role models through school, work, or family, this service category only includes a mentor relationship that has been facilitated, paid for or provided by the State agency or its staff.

Supervise Independent Living IL12N Supervised independent living means that the youth is living independently under a supervised arrangement that is paid for or provided by the State agency. A youth in supervised independent living is not supervised 24-hours a day by an adult and often is provided with increased responsibilities, such as paying bills, assuming leases, and working with a landlord, while under the supervision of an adult.

Room and Board Financial Assistance IL13N Room and board financial assistance is a payment that is paid for or provided by the State agency for room and board, including rent deposits, utilities, and other household start-up expenses.

Education Financial Assistance IL14N Education financial assistance is a payment that is paid for or provided by the State agency for education or training, including allowances to purchase textbooks, uniforms, computers, and other educational supplies; tuition assistance; scholarships; payment for educational preparation and support services (i.e., tutoring), and payment for GED and other educational tests. This financial assistance also includes vouchers for tuition or vocational education or tuition waiver program paid for or provided by the State agency.

Other Financial Assistance IL15N Other financial assistance includes any other payments made or provided by the State agency to help the youth live independently.

Child's Name:				FACTS Client ID #:		
Case Management Provider:				Case Manager:		
DCF Region:				DCF CPS Specialist		
Case Plan Date:		Date DCF Received Case Plan:		Date DCF Returned Case Plan:		

This checklist shall be utilized by the assigned DCF CPS Specialist responsible for review and approval of PPS 3051 Permanency Plan forms. for custody children/youth served by a Child Welfare Case Management Provider. The Review and approval is required for all permanency plans custody case plans, including those in which the DCF CPS Specialist participated in the case planning conference.

Approval by DCF through this checklist indicates that all required information has been provided. Approval by DCF through this checklist does not represent an assessment or approval of the permanency plan's quality or its adherence to policies that speak to expectations of quality.

Yes No N/A

Review Items

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Child's permanency goal is identified on PPS 3051 and DCF approves of the goal appropriate per policy given the child's age and circumstances.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The worries preventing the child from safely achieving the permanency plan goal are clearly stated in Section 2 of the PPS 3051.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. A minimum of one Family Resource is documented in Section 2 of the PPS 3051
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. 2. The Child Protection Objective is There is addressed by at least one objective intended to address the identified factors preventing the permanency plan goal from being achieved.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. 3. The safety concerns are addressed by at least one activity. factors preventing the permanency plan goal from being achieved are addressed by at least one activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The risk concerns are addressed by at least one activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. 5. Child/youth (for those children old enough to have task assigned) and parent(s) have at least one task assigned on PPS 3051 which will assist in meeting at least one case plan objective(s). Each parent, guardian, or legal caregiver has at least one activity identified on the PPS 3051.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Each child age four and older has at least three self-sufficiency activities identified.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. 6. Progress toward achieving permanency goal and on all activities is clearly documented on the PPS 3051. For initial case plans, documentation of progress on activities clearly describes what has occurred since the initial service plan. For review case plans, documentation of progress on activities clearly describes what has occurred since the previous case plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. For discontinued tasks, the reason that task is no longer continued is clearly stated and there is an end date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. 7. Explanation shall be provided for any no answers in Section 4 of the PPS 3051.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. 8. Services to address the child/youth's education/physical/dental/mental health needs are identified on the PPS 3051. Section 5 of the PPS 3051 is completed and includes child well-being information that is both complete and current.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. 9. For child in OOH out of home placement, PPS 3053 is completed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. For children of any age, a PPS 3057 is provided.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. 10. For children age 14 and older in an OOH out of home placement, there are is a minimum

			of one independent living skill related to helping the young person transition to adulthood. are Independent Living Services checked on the PPS 3057 and at least one task is identified.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. 11. For children age 14 and older in an out of home placement, a PPS 3059A or PPS 3059B transition plan is initiated, updated and/or completed. for youth age 14 and older and in out of home placement. If the youth refuses to participate in the transition planning process, the case plan will document efforts to engage the youth in completing the form.
<input type="checkbox"/>	<input type="checkbox"/>		16. 12. The PPS 3051 includes the printed name, signature, date and participation code of all case planning participants. If signatures have not yet been obtained, documentation shall note when the forms were provided to participants for signature. Digital signatures will be supported by documentation per policy.

If the answer to any of these review items is “no”, the case plan shall not be approved. Only approved case plans shall be submitted to the Court.

The Child Welfare Case Management Provider shall provide the completed case plan documents (PPS 3051, 3052, 3053, 3057, 3059A or B, if applicable, and invitation letters) to DCF within 3 business days of the case planning conference. The assigned DCF CPS Specialist shall review the case plan and, if all review items are scored “yes”, return the approved case plan to the Child Welfare Case Management Provider within 3 business days of receipt of the case plan.

If the DCF CPS Specialist is unable to approve the case plan due to the required information not being included in the case planning documents, the case plan shall be returned to the Child Welfare Case Management Provider along with the unsigned PPS 3058 which shall reflect the information that is missing. Child Welfare Case Management Provider is responsible to take the steps needed to make the needed corrections and provide the corrected case plan to DCF for review within 3 business days. DCF staff shall review the revised case plan and return the approved case plan to the Child Welfare Case Management Provider within 3 business days of receipt of the revised case plan.

Comments:

Approved by DCF CPS Specialist:		Date of approval:	
---------------------------------	--	-------------------	--



First Name:	Last Name:	Date of Birth:	Age:
FACTS Case Number:	Projected Release from Custody (ROC):	Date Completed:	
Section 1: Getting to Know Me <i>Required for all youth ages 14 and older who are on an I/DD waiver or waitlist. Youth or young adults who meet these criteria are not required to complete the 3059A. (Attach additional pages or expand sections as needed)</i>			
What I would like people to know about me: <i>Examples: interests/hobbies, what you like to do for fun, likes/dislikes, etc.</i>			
What I would like people to know about my culture and things that are important to me: <i>What holidays do you celebrate? Do you attend church? If so, which one? What other events or values are important to you?</i>			
My greatest strengths and talents are: <i>Examples: get along well with others, study hard in school, create art/music, express feelings in a healthy way, etc.</i>			
The top three things that I need most right now are: <i>What help/support do I need right now? Examples: clothing, visits, medical/mental health appointments, contacting my Guardian Ad Litem (GAL) etc.</i>			
<ol style="list-style-type: none">1.2.3.			

Section 2: Social Security, Payee, Guardian, and Waivers

Required for all youth ages 14 and older

Psychological Exams and Social Security N/A

Date of last Psychological Exam:	Assessor:	IQ Results:
Date of next Psychological Exam, if applicable:		Assessor:
Currently Receiving SSI/SSDI: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Applied to Adult SSI/SSDI:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
If denied, has an appeal been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	DateAppealed:	Results:

Case Manager Notes:

Payee N/A

Does a payee for after release of custody need to be appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has an application for a payee been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date applied:
Payee after ROC :	Phone:	
Relationship:	Email:	

Case Manager Notes:

Adult Guardian N/A

Is there a statement from a designated professional (per K.S.A. 59-3064) stating that the individual lacks capacity **and** a guardian needs to be appointed? Yes No

Does a referral need to be sent to the Kansas Guardianship Program*? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*please see PPM 10630</i>	Date referral packet sent to DCF Adult Protective Services:
Proposed Adult Guardian Name:	Phone:
Relationship:	Email:

Case Manager Notes:

Home and Community Based Services (HCBS) Waivers		
Brain Injury (BI) ages 0-64		<input type="checkbox"/> N/A
Aging and Disability Rights Center (ADRC): 1-855-200-ADRC (2372)		
Local ADRC:	Address:	
Contact:	Phone/Email:	
Date of Functional Eligibility Assessment:	Results:	
Has a BI Program Eligibility Attestation been completed by a medical professional: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date sent to ADRC:
Medical Professional:	Phone/Email:	
Case Manager Notes:		
Intellectual/Developmental Disability (I/DD) ages 5+		<input type="checkbox"/> N/A
Local CDDO:	Address:	
CDDO Contact:	Phone/Email:	
Date Applied for I/DD Waiver:	Results:	
Does a crisis exception to the I/DD waiver need to be made <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is there a task in their case plan that say they will transition to Adult Residential and Day Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Targeted Case Management Provider:	Address:	
TCM Case Manager:	Phone/Email:	
Medicaid MCO:	Number:	
MCO Care Coordinator:	Phone/Email:	
Case Manager Notes:		

Physical Disability Waiver (PD) ages 16-64		<input type="checkbox"/> N/A
Aging and Disability Rights Center (ADRC): 1-855-200-ADRC (2372)		
Local ADRC:	Address:	
Contact:	Phone/Email:	
Date of Functional Eligibility Assessment:	Results:	
Case Manager Notes:		
Technology Assistance (TA) ages 0-21		<input type="checkbox"/> N/A
Family Waiver Care: 785-296-9551 or email tawaiver@family-waiver-care.com		
Date MATLOC Assessment:	Assessor:	
Results:		
Case Manager Notes:		
Tasks to add to case plan for Social Security, Payee, Adult Guardian, and Home and Community Based Services:		
1.		
2.		
3.		

Section 3: My Support Network

Required for all youth ages 14 and older

Who could you call for issues related to money, job, transportation, school, housing, physical or emotional health?

Who could you call for general/everyday support when you need it?

Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
Relationship:	Email:
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tasks to add to case plan to help build my support network (family finding, set up visits/phone calls, refer to mentor/support program- examples: Big Brothers Big Sisters, Boys and Girls Club, etc.)	
1.	
2.	
3.	

Section 4: My Identifying Documents

Review for all youth ages 14 and older

These important documents are critical for your transition to adulthood and are required for you to have before you leave care.
What documents do you have and what do you still need before you leave care?

Per DCF Policy, copies of third-party information may not be released without written permission from the originating source.

Vital Personal Documents	Current Document Status	Where is the document located?
An Official or Certified Copy of Birth Certificate	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Social Security Card issued by SSA	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Valid State-Issued Photo Identification	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Valid State-Issued Permit	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Valid State-Issued License	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Educational History: Copies of transcripts, report cards, names and addresses of schools attended, etc.	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Immunization Records	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Medical History: Including current medical treatment, current providers, and medications	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Copy of Medical and Genetic Information	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Social History: Including release of allowable records from time in custody	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated:	
Life Book	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated:	

The documents below are needed as youth attains age 18.

Copy of Consumer Credit Report	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:
Medicaid Card/Health Insurance information	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:
Voter Registration	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:
DCF Custody Verification Letter	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:
Tribal Enrollment Card/Tribal Documentation	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:
Selective Service Registration	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:
Citizenship/Immigration Documents	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:
Healthcare Proxy or Medical Power of Attorney	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:

Do you have a safe place to keep your important documents when you are released custody? Yes No

Tasks to add to case plan to take to obtain my identifying document(s): (update life book, request social history, apply for birth certificate, Social Security Card, State ID/Driver's License, register for selective service, etc.)

1.

2.

3.

Section 5: Life Skills

Required for all youth ages 14 and older

What skills have you already learned and what areas you would like to strengthen?

Case teams may attach a copy of an assessment completed within the last 6 months by a CDDO or other waiver service agency that addresses the youth or young adult's life skills. (The CLSA does NOT meet this requirement)

Self-Care/Hygiene:

(bathing, shaving, caring for your teeth, nail and hair care, use of deodorant and other hygiene products, selecting and putting on clothes, exercise, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Laundry

(washing, drying, folding, stain removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Healthy Living Environment:

(making bed, dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Grocery Shopping

(buying ingredients for a recipe, understanding sales/coupons, making healthy meal choices within a budget, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Cooking/Meal Preparation

(feeding oneself, preparing meals that do not require cooking, preparing meals with ingredients, basics of cooking, kitchen safety, using stove and other kitchen appliances, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Communication Skills:

(understanding 1 and 2 step directions, asks simple questions, asking for help, knowing who to ask, active listening, etc.)

Youth/Young Adult Input:

Worker/Supportive Adult(s) Assessment:

Accessing Community Resources/Public Transportation <i>(do you know who to ask for help with transportation, how to ride public transportation, obtain food, going to the doctor, etc.)</i>	
Youth/Young Adult Input:	
Worker/Supportive Adult(s) Assessment:	
Have you completed a Casey Life Skills Assessment (CLSA)? <input type="checkbox"/> Yes Date: <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Section 6: Youth Advocacy <i>Required for all youth ages 14 and older</i> <u>“Nothing About Us, Without Us!”</u>	
Kansas Youth Advisory Council & Regional Youth Advisory Council	
I have been to a Regional Youth Advisory Council (RYAC) event: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
I have been to Kansas Youth Advisory Council (KYAC) event: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
I am interested in KYAC and /or RYAC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
I would need help getting rides to KYAC and/or RYAC meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
KYAC Contact:	
RYAC Contact:	
Other Youth Advocacy Groups: <i>ex: Kansas Youth Empowerment Academy (KYE), Youth Leaders in Kansas (YLink), student groups, etc.</i>	

Section 7: My Education Plan <i>Required for all youth ages 14 and older</i> <i>Plans for your educational and career goals.</i>			
Current or Most Recent School Attended:	Current Grade Level:	Highest grade completed:	
Vocational Supports: Do you have any of the following? (check below)			
An Individualized Education Plan (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
An Education Advocate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, what is their name?			
Visual Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Deaf or Hard of Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Use of an Assistive Device for Learning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		Other Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Specific IEP/504 Plan Accommodations:			
Are you participating in Pre-ETS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<i>if no, does a referral need to be made?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
STOP If you are under 16, please go to page 14.			
I intend to complete my (check below): (<i>Ages 16 and older</i>)			
<input type="checkbox"/> HS diploma at (name of school):		Number of Credits Earned:	
<input type="checkbox"/> GED at (name of institution/program):		Number of Tests Passed:	
<input type="checkbox"/> Obtain a Vocational Certificate at (name of school):			
<input type="checkbox"/> Post-secondary training/degree at (name of school):			
Highest Level of Education Completed (check below all that apply): (<i>Ages 16 and older</i>)			
<input type="checkbox"/> HS diploma at (name of school):			
<input type="checkbox"/> GED at (name of institution/program):			
<input type="checkbox"/> College Credits (name of institution/program):		Number of Credits Earned:	
<input type="checkbox"/> Technical Training (name of institution/program):			
I would like more information about the following:			
<input type="checkbox"/> A-OK Program	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Tuition Waiver	<input type="checkbox"/> First-Aid/CPR
<input type="checkbox"/> Contacting My School Counselor	<input type="checkbox"/> Applying for an Education Program	<input type="checkbox"/> College Campus Tours	<input type="checkbox"/> Military Enlistment
<input type="checkbox"/> Choosing Classes	<input type="checkbox"/> Applying for Scholarships	<input type="checkbox"/> Feeling Alone on Campus	<input type="checkbox"/> Bullying/Anti-Bullying
<input type="checkbox"/> Credit Recovery	<input type="checkbox"/> FAFSA Application	<input type="checkbox"/> TRIO/Upward Bound	<input type="checkbox"/> Sports/School Activities
<input type="checkbox"/> Dual Credit Classes	<input type="checkbox"/> Understanding Student Loans and Financial Aid	<input type="checkbox"/> Pre-Employment Transition Services (Pre-ETS)	<input type="checkbox"/> KU Transition to Postsecondary Education
<input type="checkbox"/> IEP/504 Plan	<input type="checkbox"/> Test Preparation (ACT/SAT)	<input type="checkbox"/> Educational Counseling	<input type="checkbox"/> Kansas Kids at GEAR UP
<input type="checkbox"/> Senate Bill 23 (<i>Graduation requirements for youth in foster care</i> (KS Statute #38-2285))	<input type="checkbox"/> Obtaining Education with a Disability (<i>Federal WIOA H.R. 803 Section 422</i>)	<input type="checkbox"/> Vocational Rehabilitation Services (VR)	<input type="checkbox"/> Other:
Tasks to add to case plan to address educational goals and needs: (<i>Enroll, submit applications, talk to an advisor, scholarships, placement exams meet with school counselor, pick elective classes, purchase materials, pay registration fees, explore post-secondary education programs etc.</i>)			
1.			
2.			
3.			

Section 8: My Health/Well-Being

Required for all youth ages 16 and older

Taking care of yourself is important. Without health insurance, you could end up with large bills for having to see a doctor.

My Medicaid or other health insurance provider is: (check below)

United Sunflower Healthy Blue Other:

My Primary Care Doctor is:	Phone:
My OB/GYN Doctor is:	Phone:
My Eye Doctor is:	Phone:
My Mental Health Provider is:	Phone:
My Preferred Pharmacy is:	Phone:
My Dentist is:	Phone:
My Other Provider is:	Phone:
My Other Provider is:	Phone:
My Other Provider is:	Phone:

Are you comfortable with the listed providers? Yes No

Do you find these services helpful? Yes No

I know how to: (check below)

Schedule Appointments Fill Prescriptions Take Medications as Prescribed Obtain/Use Birth Control
 Ask for Help Other:

I take the following medications: (list all medications and the reason they are prescribed): or I am not taking medications

Medication:	Reason:	How often:

Do you have any concerns with the medications you are taking? Yes No

Do you understand the short-term and/or long-term effects of the medications you are taking? Yes No

Do you plan to continue taking your prescribed medications after being released from custody? Yes No

If No, please work with your case manager to set up an appointment for medical guidance from a professional.

I would like more information on: (check below)		
<input type="checkbox"/> Changing Doctors	<input type="checkbox"/> Communicating with my Doctors	<input type="checkbox"/> Sobriety Support
<input type="checkbox"/> Scheduling Appointments	<input type="checkbox"/> Applying for Medical Insurance	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Filling Prescriptions	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Domestic Violence Resources
<input type="checkbox"/> Taking Medications as Prescribed	<input type="checkbox"/> Mental/Emotional Health	<input type="checkbox"/> Renewing Health Insurance
<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Abstinence/Sexual Health	<input type="checkbox"/> Weight Management
<input type="checkbox"/> Obtaining/Using Birth Control	<input type="checkbox"/> Tobacco/Vape Use and Quitting	<input type="checkbox"/> Other:
<input type="checkbox"/> Healthy Habits	<input type="checkbox"/> Connecting to Community Resources	
Tasks to add to case plan for my health/well-being: (scheduling appointments, refilling prescriptions, obtain medication, talking with doctor(s), changing providers, etc.)		
1.		
2.		
3.		
Section 9: My Transportation Plan <i>Required for all youth ages 16 and older</i>		
I currently have the following transportation available to me (check all that apply):		
<input type="checkbox"/> Family/Friends <input type="checkbox"/> Placement/Caseworker <input type="checkbox"/> I have my own car <input type="checkbox"/> I borrow a car <input type="checkbox"/> Paid Ride Service/Taxi <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> Other:		
I need transportation to: (check all that apply)		
<input type="checkbox"/> School <input type="checkbox"/> Employment <input type="checkbox"/> Recreation <input type="checkbox"/> Appointments <input type="checkbox"/> Complete My Restricted License <input type="checkbox"/> Other:		
My Legal Driving Status: (check all that apply) <input type="checkbox"/> N/A		
I currently have a: <input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Valid Restricted Driving Permit <input type="checkbox"/> Valid Learning Permit <input type="checkbox"/> Expired License/Permit <input type="checkbox"/> No Permit/License <input type="checkbox"/> Suspended License <input type="checkbox"/> Other:		
If you have a License, when does it expire?		
I am interested in getting my: <input type="checkbox"/> Driver's License <input type="checkbox"/> Restricted Driving Permit <input type="checkbox"/> Learning Permit <input type="checkbox"/> Taking Drivers Education <input type="checkbox"/> Completing Driving Hours <input type="checkbox"/> Practicing the Permit Test <input type="checkbox"/> Other:		
Case manager notes: <i>Please explain the transportation plans for the youth/young adult for their transition into adulthood</i>		
Tasks to add to case plan to address my transportation goals: (enroll in driver's education, referral to We Kan Drive, go to DMV, explore public transportation, walk through how to use medical card to request transportation, save for vehicle, explore auto insurance rates, etc.)		
1.		
2.		
3.		

Section 9: My Employment/Financial Plan *Required for all youth ages 16 and older*

My Current Employment Status (Check all that apply): Day School Full-Time Part-Time Volunteering
 Student Active Job Search Internship/Work Study Unable to Work No Work History Other:

If employed, where do you work?	How long have you had your current job?
--	--

What are some jobs or careers that interest you? What level of education and/or experience do you need to obtain that job/career?

Are you interested in any of the following programs:

<input type="checkbox"/> DCF Vocational Rehabilitation (VR) Services	<input type="checkbox"/> DCF Pre-Employment Transition (Pre-ETS) Services	<input type="checkbox"/> KANSASWORKS Ticket to Work
--	---	---

Financial Awareness:

Are you interested in learning how to budget your money? Yes No NA

Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
---	--

If yes, who has access to your account(s)?

Would you like to open a checking/savings account? Yes No NA

Who can help you set up a banking account?

Do you understand fees that are associated with a bank and/or debit card? Yes No NA

Do you know how to check your credit report? Yes No NA

Please describe the young adult's financial plans for adulthood:

Tasks to add to case plan to address my employment and financial goals: *(Open checking/savings account, referral to Pre-ETS or Vocational Rehabilitation Services, create a budget, take budgeting classes, create resume, apply for jobs, interview prep, understanding taxes, etc.)*

1.

2.

3.



If you are under 17, please go to next section.

Section 10: My Housing Plan

Required for all youth ages 17 and older

I understand that DCF Independent Living does not provide placement/housing after release of custody Yes No

Where I currently live:

Foster Home Relative Non-Relative Group Facility Shelter Detention Secure Care Other:

My options for housing, once I am released are: (select all that apply)

<input type="checkbox"/> Relative(s)	<input type="checkbox"/> Friend/Non-Relative	<input type="checkbox"/> Current Placement	<input type="checkbox"/> Unsure Where I will Live
<input type="checkbox"/> Supportive Adult	<input type="checkbox"/> Transitional Living Program	<input type="checkbox"/> Shared Living	<input type="checkbox"/> Other:
<input type="checkbox"/> Adult Residential Community Setting	<input type="checkbox"/> Sober Living/Halfway House	<input type="checkbox"/> Apartment/House <i>If so, are you on the lease?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

What area(s) of the state/country would I like to live?

Who I plan to live with: (name, relationship, and address, if applicable):

Have you talked with them about household rules, financial expectations, etc.? Yes No

Do you need help talking about household expectations? Yes No

What is your plan if this housing option does not work out?

What steps have been taken to secure housing?

Applying for adult residential, touring adult residential/apartments, applying for low-income housing, purchased/obtained household items, signed housing related paperwork

Tasks to add to case plan to secure housing prior to release: (search/apply for housing, apply for public housing, tour facility, secure household items, etc.)

1.

2.

3.



If this section does not apply, please go to next section N/A

Section 11: Legal

Required for all youth ages 14 and older who have current or pending charges and/or convictions.

Next Court Date:	Type of Hearing:
Current charges:	
Pending charges:	
Past convictions:	
Counties charges/convictions are from:	
Court Services Officer:	Email/Phone:
Probation Officer:	Email/Phone:
Attorney:	Email/Phone:
Do you know how to contact these people? <input type="checkbox"/> Yes <input type="checkbox"/> No	When is your next meeting with your court services/probation officer?
Court Orders:	
Court Fines and Fees Owed:	
What are your plans for completing court orders and paying fines? <i>(If no identified plan, please include tasks below to address creating a plan)</i>	
How do your current/past charges and court orders create barriers to your transition into adulthood? <i>What supports/resources can be explored to address these barriers?</i>	
Tasks to add to case plan to address current and pending charges and/or convictions: <i>(paying fines, community service hours, seeking out expungement resources, talk to GAL about charges/convictions impact on transition, etc.)</i>	
1.	
2.	
3.	

This Section to be Completed by Case Worker:

Summarize progress made since last transition plan meeting including narratives on progress towards obtaining adult social security, waiver services, guardianship, housing, and any other information needed for their transition into adulthood (required).

List any concerns that you have regarding the youth's plan to transition into adulthood.

Each entry shall include the name of the staff member completing the update and the date.

Transition Plan for Successful Adulthood: Participant Signatures & Date of Completion		
<i>Youth feedback:</i> (comments)	<i>Concerns about your plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Youth/Young Adult Signature:	Date:	
<i>Case Manager feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
CWCMP Case Manager Signature:	Date:	
<i>DCF IL Coordinator feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
DCF IL Coordinator Signature:	Date:	
<i>Supportive Adult feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Youth or Young Adult Selected Supportive Adult Signature:	Date:	
<i>Supportive Adult feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Youth or Young Adult Selected Supportive Adult Signature:	Date:	
Other Attendee Signature:	Date:	
Other Attendee Signature:	Date:	

Resources	
Kansas Disability Rights Center (DRC): DRC has attorneys and advocates who provide free advocacy and legal services for Kansans with disabilities.	Website: www.drckansas.org Phone: 785-273-9661 Address: 214 SW 6 th Ave Ste 100 Topeka, KS 66603
Social Security Administration (SSA): SSA administers retirement, disability, survivor, and family benefits, and enrolls individuals in Medicare.	Website: www.ssa.gov/agency/contact/ Phone: 1-800-772-1213
Kansas Guardianship Program: The Kansas Guardianship program is a volunteer-based model that provides guardianship or conservatorship services for vulnerable adults.	Website: www.ksgprog.org Phone: 785-587-8555 Address: 3248 Kimball Ave Manhattan, KS 66503
Kansas Department for Aging and Disability Services Home and Community Based Services (HCBS): HCBS provides oversight for a system of community-based supports and services for persons in Kansas with disabilities. Through this program, the state of Kansas is able to provide different services that allow those who need care to receive services in their homes or communities.	Website: www.kdads.ks.gov Phone: 785-368-6246 Address: 503 S. Kansas Ave Topeka, KS 66603 Web Search: KDADS HCBS Access Guide
Kansas Association of Centers for Independent Living: The Kansas Association of Centers for Independent Living (KACIL), is a member organization comprising eight (7) Centers for Independent Living (CILs) spanning the state. Centers provide services to people with all types of disabilities of all ages and all income levels through grant funded and fee for service programs.	Website: www.kacil.net/member-cil-directory Phone: 785-215-8048 Address: 214 SW 6 th Ave Topeka, KS 66603
DCF Vocational Rehabilitation/Pre-ETS: Services for Kansans with disabilities to become gainfully employed and self-sufficient. PRE-ETS provides job exploration, counseling, and other services to help young people (16-21) prepare for employment and self-reliance.	Website: www.dcf.ks.gov/services/RS/Pages/Employment-Services.aspx

Part A: Education Best Interest Determination Staffing

~~No BID required – student remains in school of origin's catchment area.~~

Comments:

Date Staffed:	Participants in Staffing:
	<input type="checkbox"/> Child Welfare Case Management Provider (CW CMP) <input type="checkbox"/> Department for Children and Families (DCF) <input type="checkbox"/> Local Education Authority (LEA)

IMPORTANT NOTE FOR Local Education Authority (LEA): If the school is participating in the Mental Health in Schools program, please ensure this document is provided to the appropriate staff at the school to coordinate any assessments or referrals needed for involvement in this program.

Names of Attendees:

Decision Considerations:

- ~~Length of Time Enrolled in School of Origin~~
- ~~Learning Behaviors/Disabilities~~
- ~~Safety Factors~~
- ~~Participation in Extra-Curricular Activities~~
- ~~Distance from School of Origin~~
- ~~IEP and 504 Plan Services~~
- ~~Written Input from Case Participant~~

- ~~Child Preference~~
- ~~Parent Preference, if parental rights are intact~~
- ~~Child's Attachment to the School of Origin~~
- ~~Placement of Siblings~~
- ~~Influence of School Climate~~
- ~~Availability and Quality of Services~~
- ~~Caregiver Requires School Move to Maintain Placement~~

Decision Summary:

IMPORTANT NOTE FOR Local Education Authority (LEA): If the school is participating in the Mental Health in Schools program, please ensure this document is provided to the appropriate staff at the school to coordinate any assessments or referrals needed for involvement in this program.

Part B: Immediate Enrollment of a Child Placed in Foster Care

Date of Most Recent Placement:		Responsible State Agency:	<input type="checkbox"/> Department for Children and Families (DCF)	<input type="checkbox"/> Kansas Department for Corrections- Juvenile Services (KDOC-JS)
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As authorized by Child Welfare Case Management Provider (CWCMP):

Special Instructions:

- Students in foster care at any time after their 14th birthday shall be awarded a high school diploma if: Child is at least 17 years old, is enrolled or resides in the school district granting the diploma, and has achieved at least the minimum high school graduation requirements adopted by state board of education. See K.S.A. 38-2285.
- Education related documents can be transferred electronically using the Kansas Department of Education (KSDE) Student Record Exchange (SRE) securely.

Section I: Best Interest Determination

Instructions: A Best Interest Determination(BID) meeting, as defined in the Every Student Succeeds Act (ESSA), is required in any instance where a child in foster care has moved into the boundaries of a new school. The purpose of the meeting is to collaboratively determine if it is in the child's best interest to remain in the school of origin.

Was a BID held prior to this request for enrollement?: Yes No If no, why was a BID not held?:

Date of BID:

Name of Local Education Authority (LEA) who participated in the BID meeting:

Name:

Summary of why it was determined during the BID that a change of school is in the child's best interest:

Section II: Student and Current Placement Information

Student Name: (First, Middle, Last)					
DOB:		SSN: (last four digits ONLY)		Phone: <input type="checkbox"/> NA	Email: <input type="checkbox"/> NA
Child currently receiving Mental Health Services:		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, Mental Health Provider Information if known: Child's Current Mental Health Provider: Mental Health Provider Phone Number: Mental Health Provider Email Address:	
Current Placement Name(s):					
Placement Address: (Street, City, State, Zip Code)					
Placement Telephone Number(s):			Placement Email:		

Section III: School in which child is being enrolled or maintained					
Unified School District (USD) Name:					USD Number:
School Name:					
School Address: (Street, City, State, Zip)					
School Phone Number:				Fax:	
School Building Contact Name:				School Building Contact Email:	
Every Student Succeeds Act (ESSA) School District Point of Contact Name:					
ESSA School District Point of Contact Phone Number:				ESSA School District Point of Contact Email:	
Enrollment Date:				Grade:	
Check all that apply:	<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Online Learning	<input type="checkbox"/> English for Speakers of Other Languages (ESOL)

Section IVH: Last school attended					
Instructions: The school of origin is the school that the child was enrolled at the time of the initial placement. If the child's foster care placement changes, the school of origin would then be the school in which the child is enrolled at the time of the placement change.					
1. Unified School District (USD) Name:					USD Number:
School of Origin Name (most recent school of attendance): <input type="checkbox"/> NA					
School Address: (Street, City, State, Zip)					
School Phone Number:				Fax:	
School Building Contact Name:				School Building Contact Email:	
Every Student Succeeds Act (ESSA) School District Point of Contact Name:					
ESSA School District Point of Contact Phone Number:				ESSA School District Point of Contact Email:	
Dates Attended:					

Check all that apply:	<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Online Learning	<input type="checkbox"/> English for Speakers of Other Languages (ESOL)
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Section IV: Student Educational Information

Does the student have any of the following? (Check all that apply)

1. Individual Education Plan (IEP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Evaluation in Progress	<input type="checkbox"/> Unknown
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IEP provide individualized special education and related services to meet the unique needs of the child.

2. 504 Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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504 Plans provide services and changes to the learning environment to meet the needs of the child as adequately as other students.

3. School Behavior Contract / Management Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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4. Is the student currently suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates:	Length:
--	------------------------------	-----------------------------	--------	---------

5. Is the student currently expelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates:	Length:
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6. If yes to questions 4 and 5, please explain below (fighting, truancy, drugs / alcohol, etc.).

7. Describe in detail below any special staffing needs or safety precautions.

8. Brief description of reasons for out of home care as relevant to the learning process.

9. List current medications below.

10. Physical or mental health conditions as relevant to the learning process.

11. Other information relevant to the learning process of this student.

Section VI: Legal Educational Decision Maker

Parent/Legal Guardian Name:	
--------------------------------	--

Address: (Street, City, State, Zip)					
Phone Number:		Email:		Alternate / Back up Contact:	
Restricted Contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parental Rights Terminated or Relinquished:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide additional details as relevant to the learning process:					
Parent/Legal Guardian Name:					
Address: (Street, City, State, Zip)					
Phone Number:		Email:		Alternate / Back up Contact:	
Restricted Contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parental Rights Terminated or Relinquished:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide additional details as relevant to the learning process:					
Education Advocates are appointed through Families Together.					
Education Advocate Name:					<input type="checkbox"/> NA <input type="checkbox"/> In Process
Address: (Street, City, State, Zip)					
Phone Number:		Email:			
Child residing with person acting as parent (kinship relative) who meets criteria for education decision maker: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Section VII: Agency Chain of Communication					
First Contact- Case Manager Name:					
Address: (Street, City, State, Zip)					
Cell Phone Number:		Office Phone Number:		Office Extension:	
Email:		Fax Number:			
Second Contact- Case Manager Partner Name:					
Address: (Street, City, State, Zip)					

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



SOUL Family Legal Permanency Monthly Subsidy Checklist

The below process shall be followed by the Child Welfare Case Management Provider (CW CMP) to refer a youth and identified SOUL Family Legal Permanency Custodians for the SOUL Family Legal Permanency Monthly Subsidy. The individual Custodian identified for residential care of the youth shall receive the SOUL Family Legal Permanency monthly subsidy. For the SOUL Family Legal Permanency monthly subsidy process, policy, or program related questions, please contact the Regional Foster Care Program Administrator.

I. Identifying Information

Name of SOUL Family Legal Permanency Youth	
County of CINC Case	
Date of Birth (DOB)	
Current Age	
Name of SOUL Family Legal Residential Custodian	
Address / Phone Number / Email of SOUL Family Legal Permanency Residential Custodian	

II. DCF Regional Office Contacts:

East Region	Debbie Pyle or Sami White DCF.East.PCS.SoulFamily@ks.gov	
Kansas City Region	JO and DG: Zina Abdulaziz zina.abdulaziz@ks.gov	AT, LV, WY: Stephanie Greener stephanie.greener@ks.gov
West Region	Monica Smithwick monica.smithwick@ks.gov	
Wichita Region	A-K (Child Last Name) Tristan Benge tristan.benge@ks.gov	L-Z (Child Last Name) Sheila Dowell shelia.dowell@ks.gov
<i>If you have program-related questions regarding SOUL Family Legal Permanency, please contact your Regional Foster Care Program Administrator.</i>		

III. Action Steps

Step 1: The CW CMP sends the following (items A-D) directly to the DCF Regional Office Contact to initiate approval of SOUL Family Legal Permanency Monthly Subsidy prior to finalization of SOUL Family Legal Permanency. All items are attached to an email and sent to corresponding regional email, including “County.SOUL FAMILY SUBSIDY.Youth Initials” in the subject line.

- A) Completed PPS 6300 SOUL Family Legal Permanency Monthly Subsidy Checklist
- B) PPS 6301: SOUL Family Legal Permanency Referral for Payment -Fill this out completely!
 - 1) Payments start 1st day of month of court order(date): _____
 - 2) SOUL Family Legal Permanency residential custodian Name: _____
 - 3) Add youth's anticipated high school graduation month and year: _____
 - 4) DCF Regional Contact Name: _____
 - 5) Case Management Provider Contact: _____

- C) W-9 Statement.** The SOUL Family Legal Permanency custodian with whom the youth shall reside will be the payee/listed on the W9 form, that person's SSN, address, and signature are required for this form. (Copy of the SS card for the residential custodian completed the W-9 is needed.) – This form will NOT be approved if the following: signature is over a year old, and if the W9 form is not the most recent W9 IRS Form.
- D) Voided Check or Bank Letter** should the SOUL Family Legal Permanency Residential Custodian elect to receive direct deposit. Once voided check or bank letter are received, the SOUL Family Legal Permanency Residential Custodian will be added to OAR DocuSign. SOUL Family Legal Permanency Residential Custodian will receive an email from OAR DocuSign to complete Direct Deposit for monthly subsidy. DO NOT DELETE. Follow instructions prompted within email. Link will expire after 72 hours.

Step 2: Upon finalization of SOUL Family Legal Permanency, the CWCMP sends the following directly to the DCF Regional Office Contact to initiate payment of SOUL Family Legal Permanency Monthly Subsidy

- A) PPS 6302: SOUL Family Legal Permanency Subsidy Agreement**
- B) PPS 6303: SOUL Family Legal Permanency AFCARS data**
- C) Appointment of SOUL Family Legal Permanency Journal Entry** – Note: payments cannot be authorized until this is received and correct.

Step 3: The DCF Regional Office Contact reviews the documents for accuracy, completeness, and sends all documents from step 1 and 2 to DCF.SoulFamilyBenefits@ks.gov. Upon approval the DCF Regional Office Contact sends notification to CWCMP and DCF Foster Care Liaison.

- A. SOUL Family Legal Permanency Monthly begins the first day of the month of appointment of SOUL Family Legal Permanency by the court.

Step 4: Upon notification the CWCMP shall proceed in communicating the below information with the SOUL Family Legal Permanency custodian(s).

The CWCMP shall inform the SOUL Family Legal Permanency custodian(s) of the following:

- A. How to access and provide a copy of the following:
 - i. Journal Entry with the court date stamp on it
 - ii. The completed PPS 6302 SOUL Family Legal Permanency Subsidy Agreement with DCF Administration signature.
- B. The instructions to apply for Aged Out KanCare/Medicaid when the youth turns 18:
 - i. The SOUL Family Legal Permanency custodian shall assist the young adult in complete a paper application for Aged Out Medical Assistance.
 - ii. The SOUL Family Legal Permanency residential custodian should write AGED OUT Medicaid at the top of the completed application.
- C. The name and contact information of the regional DCF point-of-contact for questions about payments, returning annual reviews and reporting changes.
- D. Instructions for completing and submitting the PPS 6320 SOUL Family Legal Permanency Change in Status Form. Changes in living arrangements, school, child's income, and closures, etc. are to be reported by the family to the regional office, using this form.
- E. Instructions for completing and submitting the PPS 6315 SOUL Family Legal Permanency Annual Review. DCF regional offices are to complete annual reviews with the SOUL Family Legal Permanency residential custodian. Failure to complete and return the forms to the regional offices could result in subsidy being stopped. The Soul Family Legal Permanency Monthly Subsidy is not considered income and therefore the agency does not send out a 1099-MISC, Miscellaneous Information, to the I.R.S. reporting the benefit.
- F. Information shall be provided on the DCF Independent Living services for eligible youth.

Young Adult Name:	Age:	Date:
Plan Dates: (Specify the Year Below) From: July 1,	To: June 30,	
Number of years participated in the ETV program prior to this plan year:		
Number of years participated in the SOUL PCST program prior to this plan year:		
<i>Number of years a young adult has used shall be verified and updated through the DCF Self-Sufficiency Information System (SSIS) by the assigned Independent Living Coordinator.</i>		

Section 1: Young Adult's Educational Plan & Identified Action Steps

Post Secondary Educational Institution	Educational Track:		
	<input type="checkbox"/> Certification	<input type="checkbox"/> Bachelor's degree	
Major or Field of Study	<input type="checkbox"/> Training Program	<input type="checkbox"/> Master's degree	
	<input type="checkbox"/> Associate degree	<input type="checkbox"/> Other:	

Action Steps:

Campus tour?	<input type="checkbox"/> Yes	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Initial consultation with academic advisor / counselor?	<input type="checkbox"/> Yes	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Application for admission completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Placement exam(s) completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Free Application for Federal Student Aid (FAFSA) completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Custody verification letter turned into financial aid department?	<input type="checkbox"/> Yes	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Copy of FAFSA award letter received by Independent Living Coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Copy of semester schedule turned into the Independent Living Coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
504 Plan obtained & turned into the post-secondary educational facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Vocational Rehabilitation Services referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Copies of housing agreement turned into the Independent Living Coordinator? (Ex: signed lease, rental agreement with supportive adult(s), dormitory contract, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Copies of grades from prior semesters turned into the Independent Living Coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> Needed	<input type="checkbox"/> NA

Specific tasks to complete these requirements shall be identified on the PPS 7000 Self-Sufficiency Plan.

Section 2: Estimated Costs Associated with Education and/or Training Program Plan Per Year

Does the school accept the Tuition Waiver (*KS Board of Regents- Public Institution*)? Yes No NA- Ineligible

Expense Category	Amount
Tuition & Fees (<i>Do not enter the amount covered by the tuition waiver, if applicable.</i>)	\$
Books & Materials	\$
Room & Board	\$
Special Fees	\$
Child Care	\$
Technical Equipment	\$
Tutoring	\$
Transportation	\$
Clothing	\$
Medical	\$
Miscellaneous (allowable under ETV)	\$
A. Total Costs	\$
<i>Amounts shall be verified by the school.</i>	

Section 3: Financial Awards and Assistance associated with ETV Program Plan per year

Award	Amount	Verified with the School
Pell Grant	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Supplemental Educational Opportunity Grant (SEOG)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Scholarship Awards Total	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Student Loans Total	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<i>Perkins Loan</i>	\$	
<i>Subsidized Loan</i>	\$	
<i>Unsubsidized Loan</i>	\$	
<i>Private Loan</i>	\$	
Work Study	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Other (Identify)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
B. Total Financial Awards	\$	
C. Total Financial Need (A – B = C)	\$	
<i>A. Total Cost – B. Total Financial Awards = C. Total Financial Need</i>	\$	January 2026

Section 4: Financial Assistance Authorized by DCF Independent Living Coordinator

(At the end of the fiscal year, attach an SSIS expenditure report)

Young Adult is eligible for the following Post Secondary Educational Benefits:

<input type="checkbox"/> State SOUL Post Secondary Education/ Certified Training Program (PSCT) Funds	<input type="checkbox"/> Federal Educational and Training Voucher (ETV) Funds
SOUL PSCT amount authorized: <i>(cannot exceed \$5,000)</i>	\$
ETV amount authorized: <i>(cannot exceed \$5,000)</i>	\$
Total Post Secondary Education Funds authorized:	\$

By signing this plan, I agree to complete all required admissions documents and tests for the chosen school or training program. I will provide my DCF IL Coordinator with copies of all financial aid award letters (including loans, grants, and scholarships), a copy of my semester schedule, a copy of my grade reports, and a copy of my final financial statement for each semester. I understand that all funds are subject to availability.

This plan shall be reviewed, updated, and approved at every case plan, semester, or when circumstances change. All changes must be approved by the regional DCF IL Supervisor.

Signatures	Date
Young Adult:	
DCF IL Coordinator:	
DCF IL Supervisor:	

Resident Name: _____ **Date:** _____**CWCMP Case Manager:** _____ **Agency:** _____**Facility Name:** _____ **Case Coordinator:** _____**Updates since last report:**

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Physical Health

Short term Goals:	
Long term Goals:	
Supports to Meet Goals	

Daily Living Skills

Short term Goals:	
Long term Goals:	
Supports to Meet Goals	

Academic and/or Vocational Skills

Short term Goals:	
Long term Goals:	
Supports to Meet Goals	

Interpersonal Relations

Short term Goals:	
Long term Goals:	
Supports to Meet Goals	

Substance use service needs

Short term Goals:	
Long term Goals:	
Supports to Meet Goals	

Emotional/Psychological Health

Short term Goals:	
Long term Goals:	
Supports to Meet Goals	

Discharge Plans

Short term Goals:	
Long term Goals:	
Supports to Meet Goals	

Child/Youth input:

Child/Youth Signature:

Date:

Case Coordinator Signature:

Date:

Child Name: _____ Date: _____

Date of Birth: _____ CWCMP Case Manager: _____

Date Placed: _____ Facility: _____ Case Coordinator: _____

CWCMP Agency: Saint Francis KVC Cornerstones of Care TFI EmberHope Connections**Section 1: Child/Youth Safety**

Critical Incidents, Significant Incidents, Unusual Incidents that occurred during this reporting period:

Date of Incident:	Incident Type:	Action Taken:

SECTION 2: Child/Youth Well-Being – Support/Services**2.1 Interactions between Child/Youth and their Network:**

Name and relationship to child/youth (parent, sibling, relative, kin, worker etc.)	Date and Type of Contact	Location of Contact

SECTION 3: Child/Youth Well-Being – Physical and Mental Health**Section 3.1: Medications (include Over the Counter Medications):**

Medication	Dose	Frequency	*Route	Purpose	Side Effects

*Oral, topical, patch, inhalation etc.

Medication errors that occurred within the past month (refusal, ran out of prescriptions, refill needed, etc.) Include how medication error was resolved.

Has child/youth experienced any adverse reactions to a medication? Yes No

If yes, describe reactions and include follow up steps taken:

3.2 Current Health Providers:**Mental Health:**Does the Child/Youth have a documented Mental Health Diagnosis on the referral? Yes No

If yes, explain _____.

Does the child/youth have a new mental health diagnosis obtained during current

placement? Yes No If yes, explain _____.Is child/young person receiving Mental Health Services? Yes No

If yes:

Date:	
Type of services:	
Name of Service Provider:	
Name of person delivering service:	
Comments	

Physical Health:

Date of last KBH: _____ Next KBH due: _____

Are immunizations current? Yes No

Date:	
Type of service:	
Name of Service Provider:	
Name of person delivering service:	
Comments	

Dental Health:

Date:	
Type of Service:	
Name of Service Provider:	
Name of person delivering service:	
Comments:	

Vision Health:

Date:	
Type of Service:	
Name of Service Provider:	
Name of person delivering service:	
Comments	

Other (additional) Provider(s):

Date:	
Type of Service:	
Name of Service Provider:	
Name of person delivering service:	
Comments	

Medical Consent Journal Entry Medical Card Initial Referral Authorization for Release of Confidential Information

If not present, date of request to case management team: _____

SECTION 4: Child/Youth Well-Being – Education

School Name: _____ Phone Number: _____

Grade Enrolled: _____ Date Enrolled: _____

Comments: _____

Is child attending school regularly? Yes NoIs there a current IEP? Yes No NA Date of IEP: _____Describe child's progress in school (academically & behaviorally):
Describe Education Concerns:
Updates to IEP:

SECTION 5: Child/Youth Development:

5.1 Life Skills

Describe any additions to life book this month:

Describe life skills child/youth worked on this month (4 and older):

Describe normal childhood activities participated in this month (i.e. recreational activities, hobbies):

5.2 Adjustment:

Child/Youth's adjustment to the facility this month: Very Well Satisfactorily Poorly

Explanation:

Child/Youths Voice (Child/Youth wishes to share the following):

Child/Youth's Milestones:

Additional Comments (include if child is nonverbal, please assess well-being by worker's observation):

Is child/youth employed? Yes No

Is child/youth currently on probation? Yes No

If YES, explain change and progress toward completion of probation requirements:

SECTION 6: Discharge

*Discharge Summary (include continued care, service recommendations, and discharge placement, if known):

**This report will serve as the discharge summary*

Date of discharge: _____

SECTION 7:

Report Prepared By: _____ Date: _____

Report Reviewed By: _____ Date: _____

SECTION 8: Attachments:

PLEASE INCLUDE ATTACHMENTS separately in the same email if the following areas were updated during the reporting month:

1. Safety plan with the placement regarding the Child/Youth
2. Medication Log
2. Corrective Action Plans/Partnership Development Plans with the foster/kinship parent regarding the compliance of the home to DCF regulations
3. School IEP
4. School Reports/Grade Cards
5. KBH
6. Immunizations
7. Dental Exam
8. Vision Exam
9. Other Medical appointments

Please send completed report to the appropriate case management provider:

Saint Francis: MonthlyProgressReports@st-francis.org

KVC: KVCMonthlyReports@kvc.org

TFI: MonthlyReports@TFIFamily.org

Cornerstones of Care: KSmontlyprogressreports@cornerstonesofcare.org

EmberHope Connections: Connectthroughreports@emberhope.org

STATEMENT OF CASE MANAGER REGARDING ICPC POTENTIAL PLACEMENT

Purpose: In compliance with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC), the assigned Case Manager must discuss with the family, who is the potential placement resource, hereinafter referred to as the resource, in advance of requesting a Home Study through the Interstate Compact on the Placement of Children (ICPC). ~~If the resource is not a placement option, the Case Manager will complete, sign and forward this form to the court with jurisdiction, as an official determination that a request for a Home Study through ICPC will not be pursued.~~

COURT CASE NUMBER: _____ COUNTY: _____

(check applicable box)

~~Yes, Resourcee meets criteria to request a Home Study through ICPC~~

~~No, Resourcee does not meet criteria to request a Home Study through ICPC~~

TYPE OF REFERRAL: *(choose only one)*

Regulation 7 – Pursuant to the requirements of Regulation 7, Section 7(a) of the Interstate Compact On the Placement of Children (ICPC), I certify that the following information is true:

Regulation 1 or 2 – Pursuant to the requirements of Regulation 1 or 2, Section 5(d) of the Interstate Compact on the Placement of Children (ICPC) that the following information is true:

CHILD(ren)'s NAME(s):
(list all children applicable to this referral)

DOB:

In the interest of the child(ren): _____
Court Case Number: _____

Page 1

RESOURCE's full legal name(s):

Name: _____ Phone Number: _____
DOB: _____ SSN: _____
Name: _____ Phone Number: _____
DOB: _____ SSN: _____
Address: _____

OTHER ADULTS LIVING IN THE HOME:

Name: _____ Phone Number: _____
DOB: _____ SSN: _____
Name: _____ Phone Number: _____
DOB: _____ SSN: _____

(Initial below to confirm if these statements are true:)

1. I, the Case Manager listed below, have communicated directly with the resource.
2. I, the Case Manager listed below, believe the resource is interested in being a placement resource for the child(ren) and is willing to cooperate with the ICPC process.
3. The resource has the following relationship(s) with the child(ren): *(check all that apply)*

<input type="checkbox"/> father	<input type="checkbox"/> adult aunt	<input type="checkbox"/> guardian
<input type="checkbox"/> mother	<input type="checkbox"/> adult uncle	<input type="checkbox"/> adult cousin
<input type="checkbox"/> stepparent	<input type="checkbox"/> adult brother	<input type="checkbox"/> non-relative
<input type="checkbox"/> grandparent	<input type="checkbox"/> adult sister	<input type="checkbox"/> adoptive parent of sibling
<input type="checkbox"/> other: _____		

4. The total number of bedrooms in the proposed residence are sufficient to accommodate the child(ren), as well as all individuals currently residing in the home, as follows:

In the interest of the child(ren): _____
Court Case Number: _____ Page 2

- a. Number of **BEDROOMS** _____
- b. Number of **ALL ADULTS** residing in home _____
- c. Number of **ALL CHILDREN, including child(ren) to be placed**, residing in home _____

5. The resource has or will access financial resources to feed, clothe, and care for the child(ren).

If the child(ren) is/are in need of child care: *(check only one)*

There is a plan for child care (i.e. out of home day care provider, adult living in home will provide child care, local community program, etc.)

Child care will not be needed

6. _____ The resource acknowledges that a **criminal records and child abuse history check** will be completed on any persons residing in the home, to be screened under the law of the receiving state, and, to the best knowledge of the resource, no one residing in the home has a criminal or child abuse history that would prohibit the placement.

7. _____ I am unaware of any fact that would prohibit the child(ren) being placed with this resource.

OR:

8. _____ An ICPC Referral is not appropriate at this time, and the ICPC Home Study referral will not be pursued, due to the following reasons: *(check all that apply)*

- a. _____ Inability to make contact with resource, despite several attempts.
- b. _____ Resourcee is not interested in being a placement option for the children listed above.
- c. _____ Resourcee is unwilling to provide demographic information on others residing in the home.
- d. _____ Insufficient number of bedrooms in the home.
- e. _____ Insufficient financial resources to provide for the child(ren).
- f. _____ Resourcee is unwilling to submit to criminal records and child abuse history checks.

In the interest of the child(ren): _____
Court Case Number: _____

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g. Other (Describe): _____

After discussing the requirements for a Home Study request through ICPC with the resource, I certify this information is accurate, as reported to me:

Case Manager's Signature: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone number(s): _____ Fax Number: _____

Email: _____

Supervisor's Signature: _____ Date: _____

Printed Name: _____ Title: _____



In the interest of the child(ren): _____
Court Case Number: _____

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ICPC Supervision Report

30 day 90 day

Date of Report: / /

Name of Child(ren):

Name of
Caretaker(s):
Address of
Placement:
Courtesy
Caseworker :
(Receiving State)

Phone
number: () -

Reporting Period:

Dates and locations of Face-to-Face Contact:

Discuss child(ren)'s current circumstances, addressing child(ren)'s safety in current placement and child(ren)'s well-being:

Child(ren)'s school performance, if applicable: *(Attach copies of report card, IEP, evaluations, if applicable.)*

Child(ren)'s health & medical status, including dates of medical and dental appointments and names of service providers, if applicable: *(Attach records, evaluations, therapy reports if applicable)*

~~Child(ren)'s health & medical status, including dates of medical and dental appointments and names of service providers, if applicable: *(Attach records, evaluations, therapy reports if applicable)*~~

Child(ren)'s health & medical status, including dates of appointments and names of service providers, if applicable: *(Attach records, evaluations, therapy reports if applicable)*

Permanent plan status: What progress has been made toward a permanent goal? Has the goal changed? Are there any recommendations?

List any unmet needs, and recommendations to meet those needs: (Sending State is responsible for case planning and for funding)

Recommendation:

Continue placement.
Continue supervision.
Terminate supervision.

Receiving State concurs with:

Continue with current permanency goal.
Return custody to parent, terminate jurisdiction.
Establish guardianship.
Finalize adoption.
Other (specify):

SIGNATURE OF SOCIAL WORKER COMPLETING THIS REPORT _____

Printed Name _____ Date _____

OFFICIAL INTERSTATE COMPACT OFFICE USE ONLY: _____

The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist concurs with this recommendation.

The Receiving state Compact Administrator/Deputy Compact Administrator/ICPC Specialist does not concur with this recommendation.

Name _____ Date _____



1650 Initial Assessment of Substance Affected Infant

When a report is received regarding an infant affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder, Structured Decision Making (SDM) shall be used to guide the initial assessment decision. When criteria are met, the report shall be assigned for further assessment of abuse/neglect with the sub-type Substance Affected Infant. The report shall be assigned for a same day response.

When a hospital makes a report regarding an infant born or the mother of an infant born with a positive drug toxicology, and criteria is not met to assign the report as a Substance Affected Infant, the report should be assessed to assign as a FINA with the sub-type Infant Positive for Substances. SDM shall be used to guide the initial assessment decision. The assignment determination should focus on the situation of the child rather than solely on the substance abuse of the mother. If a determination is made to assign the report as Infant Positive for Substances, the report shall be assigned for a same day response due to the high-risk infant and to address any immediate needs of the family.

DATA COLLECTION

(To be completed by Social Worker/Case Manager/Community Supervision Officer within 5 days of the request)

Child in custody and in an out of home placement

Period Under Review: _____ to _____

Child's Name: _____ DOB: _____

KEES Client ID: _____ FACTS Client ID: _____

1 Within the last 12 months has there been a permanency hearing held with the judicial finding reasonable efforts have been made to finalize the permanency plan?

Yes Attach all court orders during the period under review
 No Date of last permanency hearing date: _____

2 Age and School Status:

Is the youth 17 years of age or younger?

Yes if yes: are they enrolled in high school or a GED program and expected to graduate before their 19th birthday?
 Yes Attach school verification
 No
 No

3 Is the child covered by health insurance other than KanCare?

Yes Policy holder information No

First Name _____ Middle _____ Last _____ DOB _____ SSN _____

Policy Number _____ Group Number _____ IF HMO or PPO, Provide Physician Information _____

Insurance Company (name, address and phone)

Type of Coverage: Medical/Hospital RX Dental Other (specify) _____

Copies of all insurance cards must be attached to this form and given to the placement of the child as the above insurance coverage must be billed before Medicaid. If at anytime the child health insurance changes while in the custody of the state, the changes must be reported immediately to the eligibility specialist and the child's placement.

4 Is the youth still in the custody of DCF, KDOC or the Tribal Authority?

Yes No Date youth was released from custody: _____
(attach JE releasing youth from State's custody)

Social Worker/Case Manager/Community Supervision Officer completing this form

Date _____

Return to by: _____

PPS Eligibility Specialist

E-Mail Address

Phone number

Mailing address



Child in custody and in out of home placement

Period Under Review: _____ to _____

Child's Name: _____ Client ID: _____ FACTS: _____

County of Court Jurisdiction: _____

A. Legal Status:

1 Has the child continuously been in the custody of the state during the period under review?

Yes Custody of: _____

No Date child left state's custody? _____

Source Documentation: _____

2 Has a court order been issued within the past 12 months stating reasonable efforts were made to finalize the permanency plan for the child?

Yes Date of the permanency hearing: _____

No Date of last permanency hearing: _____

Permanency Hearing Due Date	Permanency Hearing Held Date	Months of Payment Ineligibility

Source Documentation: _____

3 Dates of Case Plans held during the period under review:

B. Age and School Status:

1 Age of the child on the date of the review: _____

2 Is the child under the age of 18 or age 18 and expected to complete high school or technical training before the age of 19?

Yes

No Date youth no longer IV-E basic or payment eligible: _____

Source Documentation: _____

C. SSI Benefits

1 Did the child receive SSI benefits during the period under review?

Yes Months SSI payments were received:

No

Source Documentation: _____

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January 2026

Page 1 of 3

(This form supersedes CFS 4031A REV 7/11)

Child's Name _____ Client ID: _____ FACTS: _____

D. Payment Eligible Placements During the Period Under Review:

See PPS 5440 for a list of placements during the period under review:

 Yes No

Dates of ineligible _____ to _____ Reason

Dates of ineligible _____ to _____ Reason

Dates of ineligible _____ to _____ Reason

Source Documentation: _____

All Placements during the period under review will be rechecked in CLARIS and the print out will be attached to the acknowledgement/PPS 5460 to verify continued payment eligibility.

E. Title IV-E Redetermination Summary for Period Under Review**1 Child Continues to meet basic IV-E eligibility:** Yes No

Date Eligibility ended: _____ Reason: _____

2 Child continues to meet all IV-E payment eligibility criteria during all or part during the period under review: Yes No

See PPS 5435 to view dates of IV-E payment ineligibility for the period under review:

F. Ongoing Eligibility for Foster Care Medicaid Coverage**1 Was the child in the custody of the state and in an out of home placement which meets the criteria for Kansas Medicaid Coverage for the entire time during the period under review?** Yes No

Dates of ineligibility: _____ Reason: _____

 No

Dates of ineligibility: _____ Reason: _____

 No

Dates of ineligibility: _____ Reason: _____

Eligibility Specialist Name _____

Office Location _____

Eligibility Specialist Signature _____

Date of Redetermination _____



Child's Name: _____

DOB: _____ **Gender:** _____ **Client ID:** _____ **FACTS Case Number:** _____

- Number of Siblings (Bio, Adopted, Step and Half) in the same home: _____
- SOUL Family Legal Permanency Finalization Date: _____
- Length of time child has been with family: _____
- SOUL Family Legal Permanency Completed (Check One): _____

Within State (KS) WIS Another State (Out of State) ANS Another Country (Outside US) ANC

Primary Custodian's Relationship to the Child:

Foster Parent and Relative B
 Step Parent and Relative C
 Foster Parent F
 Non-related Kin K
 Relative R
 Step Parent S
 Other O

Primary Custodian's Family Structure:

Married Couple MAC
 Married but living separate or legally separated SEP
 Single Female SIF
 Single Male SIM
 Unmarried Couple UMC

1. Primary Custodian's Name: _____

DOB: _____ **Gender:** _____

Is this the Residential Custodian at the time of finalization? _____

Race (Check all that apply):

American Indian / Alaskan Native AI
 Asian SA
 Asian / Pacific Islander AP
 Black/African American BL
 Native Hawaiian / Pacific Islander HP
 White WH

Ethnicity (Check one):

Central or South American CS
 Cuban CU
 Mexican ME
 No No Ethnicity
 Other Spanish Cultural Origin OS
 Puerto Rican PR

Member of a Federally Recognized Tribe: (Y/N) and name of tribe if known: _____

2. Other Custodian's Name: _____

DOB: _____ **Gender:** _____

Is this the Residential Custodian at the time of finalization? _____

Race (Check all that apply): <input type="checkbox"/> American Indian / Alaskan Native - AI <input type="checkbox"/> Asian - SA <input type="checkbox"/> Asian / Pacific Islander - AP <input type="checkbox"/> Black/African American - BL <input type="checkbox"/> Native Hawaiian /Pacific Islander - HP <input type="checkbox"/> White - WH	Ethnicity (Check one): <input type="checkbox"/> Central or South American - CS <input type="checkbox"/> Cuban - CU <input type="checkbox"/> Mexican - ME <input type="checkbox"/> No - No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin - OS <input type="checkbox"/> Puerto Rican - PR
Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known: _____	

3. Other Custodian's Name(s): _____	
DOB: _____	Gender: _____
Is this the Residential Custodian at the time of finalization? _____	
Race (Check all that apply): <input type="checkbox"/> American Indian / Alaskan Native - AI <input type="checkbox"/> Asian - SA <input type="checkbox"/> Asian / Pacific Islander - AP <input type="checkbox"/> Black/African American - BL <input type="checkbox"/> Native Hawaiian /Pacific Islander - HP <input type="checkbox"/> White - WH	Ethnicity (Check one): <input type="checkbox"/> Central or South American - CS <input type="checkbox"/> Cuban - CU <input type="checkbox"/> Mexican - ME <input type="checkbox"/> No - No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin - OS <input type="checkbox"/> Puerto Rican - PR
Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known: _____	

4. Other Custodian's Name(s): _____	
DOB: _____	Gender: _____
Is this the Residential Custodian at the time of finalization? _____	
Race (Check all that apply): <input type="checkbox"/> American Indian / Alaskan Native - AI <input type="checkbox"/> Asian - SA <input type="checkbox"/> Asian / Pacific Islander - AP <input type="checkbox"/> Black/African American - BL <input type="checkbox"/> Native Hawaiian /Pacific Islander - HP <input type="checkbox"/> White - WH	Ethnicity (Check one): <input type="checkbox"/> Central or South American - CS <input type="checkbox"/> Cuban - CU <input type="checkbox"/> Mexican - ME <input type="checkbox"/> No - No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin - OS <input type="checkbox"/> Puerto Rican - PR
Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known: _____	

5. Other Custodian's Name(s): _____	
DOB: _____	Gender: _____
Is this the Residential Custodian at the time of finalization? _____	

Race (Check all that apply): <input type="checkbox"/> American Indian / Alaskan Native - AI <input type="checkbox"/> Asian - SA <input type="checkbox"/> Asian / Pacific Islander - AP <input type="checkbox"/> Black/African American - BL <input type="checkbox"/> Native Hawaiian /Pacific Islander - HP <input type="checkbox"/> White - WH	Ethnicity (Check one): <input type="checkbox"/> Central or South American - CS <input type="checkbox"/> Cuban - CU <input type="checkbox"/> Mexican - ME <input type="checkbox"/> No - No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin - OS <input type="checkbox"/> Puerto Rican - PR
Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known: _____	

❖ *To be completed and submitted to DCF upon finalization of a SOUL Family Legal Permanency, regardless of if the family receives subsidy.*



Emergency Shelter Site Visit Tool

Date of Site Visit:

Provider:

Provider Contact:

DCF Surveyor:

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

Scoring: Substantially Met = 1

Partially Met = .5

Not Met = .25

Not Applicable = 0

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

SECTION 1: GENERAL PROGRAM DESCRIPTION AND REQUIREMENTS	
	<p>An Emergency Shelter (ES) provides twenty four hour care that meets the requirements of K.A.R. 284-123-132 and K.A.R. 284-268-280. It has been licensed by DCF Foster Care and Residential Facility Licensing as a Group Boarding Home or Residential Center to cover the programming the facility will provide for the populations of children/youth whom the facility will serve.</p> <p>An Emergency Shelter for Crossover youth (ESC) is an Emergency Shelter designated specifically to serve youth (12 and older) who have had negative law enforcement interaction within 90 days of admittance.</p>

Section 1.1: Services Provided in Emergency Shelter	
	<p>The purpose of placement in an Emergency Shelter is to ensure the youth has a short term safe place to stay until a long term placement for the youth can be found.</p> <p>The range of services to be delivered by the Emergency Shelter shall be documented in the facilities program description. The general program description approved by DCF Prevention and Protection Services for each facility shall include but not be limited to the:</p> <ol style="list-style-type: none">1. goals of the program2. resident behavioral treatment system3. job descriptions (responsibilities, functions, and qualifications)4. policies and procedures5. daily living activities6. health services7. recreation activities8. visitation policies <p>DCF requires foster parents and designated officials at childcare institutions to apply the reasonable and prudent parenting standard. The standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities.</p>

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

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

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

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

SECTION 3: GENERAL STAFFING REQUIREMENTS						
Twenty four hour care which has been licensed by DCF Foster Care and Residential Facility Licensing Division (KAR 28 4 268-280) as a group boarding home or residential center to cover the programming the facility will provide to the population of children/youth whom the facility will serve.						
#	Requirement	Source	Findings <i>(Delete the three that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
7	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
8	Review administrator personnel file or contract for compliance.	N/A	N/A	This requirement is monitored by DCF Child Placing Agency and Residential Licensing Division.		
9	Review administrator job description and HR file.	N/A	N/A	This requirement is monitored by DCF Child Placing Agency and Residential Licensing Division.		
10	Review facility staff job descriptions and HR files.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
11	Review personnel files for age requirements.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
12	Review staffing pattern for compliance with staff ratio requirements.	Staffing schedule	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

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

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

Section 5 – Staff In-service training:

Section 5.1 In-service Orientation Training

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

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

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

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

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

Facility Trainings:

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

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

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

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

Section 5.2 Annual Service Training						
Annual training is beyond or in addition to the initial 18 hour orientation training program from the date of employment. During the first year of employment staff shall receive a minimum of 36 hours of training (18 orientation hours, 18 annual In Service).						
All ER Shelter direct care staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.						
The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating:						
<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 						
All topics listed below shall be trained, even if it exceeds the minimum 18 hours of annual in service:						
Facility Refreshers/Trainings:						
<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 						
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):						
<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.def.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 (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
18	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
19	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
20	Review personnel files for annual training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 6: Confirmation of Placement																																		
<p>A Foster Care Confirmation of Placement (PPS 5122) is available through the CareMatch system which confirms the placement arranged by the Child Welfare Case Management Provider (CWCMP).</p> <p>Youth shall not be placed in an emergency shelter/ESC for more than 30 days unless an extension is approved for a circumstance as indicated below:</p> <ul style="list-style-type: none"> Extensions may only be requested by the referring agency. Extension requests and decisions for youth in DCF custody are managed by the child welfare case management provider case manager. Extensions to the 30-day emergency shelter/ESC stay will only be considered in the following circumstances: <ul style="list-style-type: none"> If a youth is placed in an Emergency Shelter/ESC in the same school district from which they were previously attending, and no alternative placement is available in the district. If the youth will be finishing the school term within 60 days of admission to the Emergency Shelter/ESC and movement of the youth would result in the loss of school credit. The youth is awaiting an identified placement, which will be available within 45 days of admission to the Emergency Shelter/ESC. A circumstance of substantially the same nature as above and it is in the best interest of the child or youth to request an extension. <p>Documentation shall be placed in the youth's file at the facility, including but not limited to:</p> <ul style="list-style-type: none"> The reason for the need of an extension for ES/ESC placement. Participants (names and title of position) in the discussion for the need for an extension, including who agreed upon the extension. The youth's updated plan of needed service(s) for the next 60 days, dated and signed by the appropriate parties. 																																		
<table border="1"> <thead> <tr> <th>#</th> <th>Requirement</th> <th>Source</th> <th>Findings (Delete the three that don't apply)</th> <th>Comments</th> <th>Date Corrections Completed (Or note)</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>21</td> <td>Review p/p.</td> <td>Policies, Procedures, Documents</td> <td>Substantially Met Partially Met Not Met Not Applicable</td> <td></td> <td></td> <td></td> </tr> <tr> <td>22</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 Record</td> <td>Substantially Met Partially Met Not Met Not Applicable</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="text-align: right;">Score for this section:</td><td></td></tr> </tbody> </table>							#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score	21	Review p/p.	Policies, Procedures, Documents	Substantially Met Partially Met Not Met Not Applicable				22	Look for a copy of the signed Placement Agreement in the youth's file that was completed at the time of placement.	Case Record	Substantially Met Partially Met Not Met Not Applicable				Score for this section:						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score																												
21	Review p/p.	Policies, Procedures, Documents	Substantially Met Partially Met Not Met Not Applicable																															
22	Look for a copy of the signed Placement Agreement in the youth's file that was completed at the time of placement.	Case Record	Substantially Met Partially Met Not Met Not Applicable																															
Score for this section:																																		

Section 7: Initial Assessment													
<p>When a youth enters the facility, the ES shall begin immediately assessing their strengths and needs and shall have a completed assessment within 3 days. The assessment shall include but not be limited to the following:</p> <ol style="list-style-type: none"> Reasons for referral to the facility Evaluation or assessment covering the following areas: <ol style="list-style-type: none"> physical health family relations academic or vocational training Community life Interpersonal interactions Daily living skills as outlined in the scope of services listed above Immediate service needs: <ol style="list-style-type: none"> mental health developmental dental medical Involvement or exposure to Substance Abuse/disorder Involvement or exposure to trauma Assessment of youth's self-injuring or suicidal attempts <p>Placement needs of the youth shall be assessed with regards to most appropriate next placement.</p> <p>Physical and mental health needs shall be coordinated with assigned CWCMP case manager and youth's assigned MCO.</p>													
<table border="1"> <thead> <tr> <th>#</th> <th>Requirement</th> <th>Source</th> <th>Findings (Delete the three that don't apply)</th> <th>Comments</th> <th>Date Corrections Completed (Or note)</th> <th>Score</th> </tr> </thead> </table>							#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score							

23	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
24	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 8: Room Assignment						
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):						
<ul style="list-style-type: none"> ▲ Suicidal tendencies ▲ Level of specialized needs (i.e. mental health, medical, etc.) ▲ Displaying inappropriate sexual behaviors /victims of sexual abuse) ▲ Gender ▲ Age and/or maturity level ▲ Program needs (substance use disorder, cognitive behavioral, independent living, etc.) ▲ Vulnerability to being victimized by others (i.e. physical stature) ▲ Comprehensive LGBTQ plus 						
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.						
#	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 Partially Met Not Met Not Applicable			
26	Factors considered for the youth room assignment shall be documented in the youth's file.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 9: Services						
The provider shall write a policy and procedure manual for the operation of the ES facility that will be reviewed and approved by DCF Prevention and Protection Services. The daily schedule shall address the needs of the residents and the use of time to enhance the resident's physical, mental, emotional, and social development. The facility shall provide supervised indoor and outdoor recreation so that every resident may participate. Age appropriate equipment and outdoor play space to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate.						
The ES will provide a program for youth in the facility that covers the following program components:						
<p>Daily Living Services Daily living services shall be provided and include the following:</p> <ol style="list-style-type: none"> 1. room 2. board 3. child care 4. personal spending money 5. personal care needs 6. school fees 7. transportation to appointments within a 60 mile radius; including to and from school, medical care, recreation, etc. 8. academic activities <ol style="list-style-type: none"> a) assistance with school work b) vocational training, and/or c) G.E.D. training 						
<p>Situational Training to include but not limited to:</p> <ol style="list-style-type: none"> 1. Personal Hygiene; 						

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

2. Health:

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

3. Consumer education for independent living:

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

4. Communication skills:

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

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

5. Home Management:

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

6. Situational Guidance:

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

m) punctuality
n) attendance

7. Recreation:

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

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
27	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
28	Review case file for program plan and implementation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
29	Review daily schedule.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
30	Tour recreational areas to insure age appropriate equipment and space.	Facility tour	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

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

	Discipline at the facility shall be consistent and not be physically or emotionally damaging. Children shall not be subjected to cruel, severe, unusual, or unnecessary punishment. Children shall not be subjected to remarks that belittle or ridicule them or their families. Children shall not be denied food, mail, telephone calls or visits with their families as punishment. Seclusion shall not be utilized as a disciplinary measure. Only staff members shall discipline children in placement.					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
31	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
32	Behavior plan posted in common area	Tour Facility	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
33	Review files for documentation that the youth signed the behavior system acknowledgement	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
34	Review file for level changes and explanations of the level changes	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)		Emergency safety intervention / De-escalation techniques Managing Aggressive Behaviors	
Score for this section:						

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

Section 10.2: 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, evidence-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

37	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
38	Review personnel files for documentation of required training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
39	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.3 Emergency Safety Interventions Certification						
#	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 Partially Met Not Met Not Applicable			
41	Review written plan to limit use of restraints.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
42	Review restraint logs.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
43	Review personnel files for documentation of required training.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
44	Ask for other effective techniques and alternatives used by the facility.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
45	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

	Section 11: Program Plan
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Each youth residing in a residential facility shall have a program plan that is based on a thorough assessment. Assessment documents shall be included in the case record. The program plan shall be established by the end of 7 days from admission and shall address the identified needs in the emotional, physical, educational, social, familial, and where appropriate independent living skill domains. Youth may not have identified needs in every domain. If so, document no needs were identified. Program plans shall be updated when new needs are identified or when program goals are met. Program plans shall be thoroughly reviewed, and revisions made within 30 days of completion of initial program plan and each 30 days thereafter. This includes updated information of the progress of the youth's goals. Information obtained from the youth, parent, guardian, and CWCMP Case Manager shall be considered in the report. The initial program plan and all updates shall be sent to the CWCMP Case Manager.

Program plan development, review, and case supervision are carried out by the Emergency Shelter/ESC 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.
- Services to meet independent living goals.
- Specific plans for reaching the short term goals including services to be provided and frequency.
- Estimated time for reaching short term goals.
- The youth shall sign and date the program plan indicating participation and input in the development of the plan.
- Updated information of the progress of the youth's goals shall be included.

Emergency Shelter/ESC staff shall participate in case planning conference conducted by CWCMP Case Manager.

Permanency Planning:

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

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
46	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
47	Check for signatures and dates on reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
48	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
49	Check for program objectives.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
51	Check for 30 day reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
52	Check for ES staff participation in CWCMP case planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
						Score for this section:

	Section 12: Visitation
	Subject to the provider's visitation guideline (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a child's immediate family except for the following reasons: <ul style="list-style-type: none"> • A court orders no contact

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

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

SECTION 14: Record Keeping Requirements for the Facility:

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

Child's File:

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

- Child's name and date of birth
- Name, address and emergency contact information of the child's CWCMP Case Manager
- Foster Care Confirmation of Placement
- Current CWCMP Referral form
- Current CWCMP Case Plan
- If reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency plan.
- Initial Assessment
- Suicide/self injury questionnaire
- 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 acknowledgement
- Handbook/Rules acknowledgement
- Pre and Post visit documentation
- Significant incident reports
- Personal Property Inventory
- Educational documentation

Record Retention:

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

Daily Observations:

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

Weekly Progress Notes:

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

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

Health Records:

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

- name of the prescribing physician
- name of the medication
- dosage prescribed
- medication schedule
- purpose of the medication
- noted side effects

	<ul style="list-style-type: none"> date of the prescription date prescribed by a physician <p>A record of medication given, amount, date and time, and person dispensing shall be recorded. All doctor and dental visits, major illnesses, and accidents shall be recorded. Mental health appointments shall also be specifically documented in a child's medical record. This provides for a complete Health record for the child and their family, which documents the frequency of the youth's mental health treatment.</p> <p>Personnel Records:</p> <p>A separate file shall be maintained for each employee. Personnel files shall include the following:</p> <ul style="list-style-type: none"> Written employment application, resume and reference checks Date of hire Position description Educational transcripts, HS diploma, college degree, etc. 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
60	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable	
61	View stored records.	Tour	Substantially Met Partially Met Not Met Not Applicable	
62	Review case file for documentation of daily observations and significant occurrences.	Case Records	Substantially Met Partially Met Not Met Not Applicable	
63	Review case file for documentation of weekly progress notes.		Substantially Met Partially Met Not Met Not Applicable	
64	Review case file for documentation of health care records.		Substantially Met Partially Met Not Met Not Applicable	
65	Review case file for documentation of 30 day progress reports.		Substantially Met Partially Met Not Met Not Applicable	
66	Review case file for documentation of permanency planning.		Substantially Met Partially Met Not Met Not Applicable	
Score for this section:				

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
67	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
68	View posting of KPRC number in the facility.	Tour	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

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

Section 17: Final Scoring

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

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

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

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

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

Emergency Shelter Corrective Action Plan

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

Correction/Compliance Action Plan

Presented Findings:

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



Residential Maternity Care (RMC)

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

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

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

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

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

Section 1.1: Services Provided in Residential Maternity Care						
#	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 Partially Met Not Met			

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

SECTION 2: CRITERIA FOR THE YOUTH'S ADMISSION						
<p>Population Served:</p> <ul style="list-style-type: none"> Population served is pregnant or post partum mothers thru age 21, who: <ul style="list-style-type: none"> Display a need for more structure and supervision than provided in a family foster home due to behaviors which might include difficulty with authority figures, minor offenses, and difficulty in school. And child who is not a recipient of TANF Youth who DO NOT meet the standard for Psychiatric Residential Treatment Facility (PRTF) admission, who are not in need of intensive treatment, and for whom family-based services are not appropriate to meet the youth's needs. Youth awaiting a PRTF screen may reside in a RMC until the time of the screen. If a youth is in a RMC awaiting a screen the screen shall be completed within 14 days, but shall be completed as soon as possible. If the youth screens into a PRTF they can stay up to 14 days while awaiting a PRTF bed. No more than 50 percent of the youth in a RMC facility may have screened into a PRTF and be in the 14 day waiting period for a PRTF placement. Youth may step down to a RMC from a PRTF after the screener and treatment team have determined the youth no longer needs the level of care provided by a PRTF. 						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
3	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
4	Review PRTF/RADAC screens if appropriate.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
5	If Mental Health / Substance Abuse treatment needs are identified during the course of the youth's stay at the RMC, ensure that they are followed up on the program plan.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

SECTION 3: GENERAL STAFFING REQUIREMENTS						
<p>Twenty four hour care which has been licensed by DCF CPA and Residential Facility Division (KAR 284 268 280) as a residential center to cover the programming the facility will provide to the population of children/youth whom the facility will serve. RMC's providing care for pregnant youth shall meet the requirements of K.A.R. 284 279. RMC's providing care for post partum youth and infants shall meet the requirements of K.A.R. 284 280.</p> <ul style="list-style-type: none"> The administrator in a RMC (meeting residential center standards K.A.R. 284 268 (i) more than 10 residents) shall have a Bachelor's degree, prior administrative experience and a working knowledge of child development principles. The administrator in a RMC (meeting group home standards K.A.R. 284 268 (i) not less than five nor more than ten persons) shall have at least a high school diploma or GED, prior administrative experience and a working knowledge of child development principles. Program plan development, review, and case supervision are carried out by the RMC's Case Coordinator. The youth to case coordinator ratio in a RMC is 1:16. The Case Coordinator shall have at least a bachelor's degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling), nursing, or education. Facility staff shall be trained to effectively meet the special needs of youth who require this level of care. Facility child care staff shall be at least 21 years of age with a minimum of three years age difference between the child care worker and oldest resident who can be admitted to the facility. The staff ratio is 1:7 during waking hours and 1:10 during sleeping hours. There shall be 24 hour awake staff to ensure child safety. 						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
6	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met			

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

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

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

5. date of the training

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

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

Facility Trainings:

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

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

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

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

	Section 5.2 Annual Service Training
	<p>Each facility shall also have a written annual staff in-service training plan which addresses the annual training needs of all staff having direct contact with residents. This annual training is beyond or in addition to the initial 18 hour orientation training program from the date of employment.</p> <p>* All RMC direct care staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.</p> <p>The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating:</p> <ol style="list-style-type: none"> 1. staff training, reflecting orientation or annual training 2. name of trainer 3. name of training 4. specify the number of training hours 5. date of the training <p>Facility Refreshers/Trainings:</p>

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

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

- Emergency safety interventions (including management of aggressive or suicidal behavior) (staff shall maintain certification)
- De escalation (staff shall maintain certification)
- The handling of blood-borne pathogens
- Medication Administration (staff shall maintain certification, may or may not require annual training)
- CPR/First Aid (Staff shall maintain certification, may or may not require annual training)
- Trauma based informed care/trauma specific intervention
- Mandated Reporting (Provided By DCF) <http://www.def.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 (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
19	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
20	Review training curriculum	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
21	Review personnel files for annual training	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

	Section 6: 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 (CW CMP).					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
22	Review p/p	Policies, Procedures, Documents	Substantially Met Partially Met Not Met Not Applicable			
23	Look for a copy of the confirmation of placement	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

	Section 7: Initial Assessment
	When a youth enters the facility, the RMC shall begin assessing their strengths and needs immediately and have a completed assessment within 7 days of admission.

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 Use/disorder
8. Involvement or exposure to other 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 and youth's assigned MCO.

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

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

Section 9: Scope of Services	
	<p>The provider shall write a policy and procedure manual for the operation of the RMC facility that will be reviewed and approved by DCF Prevention and Protection Services. The daily schedule shall address the needs of the residents and the use of time to enhance the resident's physical, mental, emotional, and social development. The facility shall provide supervised indoor and outdoor recreation so that every resident may participate. Age appropriate equipment and outdoor play space to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the youth in transitioning back into their community when appropriate.</p> <p>The RMC will provide a program for youth in the facility that covers the following program components:</p> <p>Daily Living Services Daily living services shall be provided and include the following:</p> <ul style="list-style-type: none">1. room2. board3. child care4. personal spending money5. personal care needs6. school fees7. transportation to appointments within a 60 mile radius; including to and from school, medical care, recreation, etc.8. academic activities<ul style="list-style-type: none">a) assistance with school workb) vocational training, and/orc) G.E.D. training <p>Situational Training to include but not limited to:</p> <ul style="list-style-type: none">1. Personal Hygiene:<ul style="list-style-type: none">a) teaching about body cleanlinessb) use of deodorants and cosmeticsc) appropriate clothingd) choosing clothing to fit individual and occasione) keeping clothes neat and clean2. Health:<ul style="list-style-type: none">a) identifying and understanding residents' health needsb) securing and utilizing necessary medical treatment including preventive and health maintenance servicesc) gaining information and education in health maintenance including:<ul style="list-style-type: none">i. preventive measuresii. nutritioniii. menstruationiv. restv. cleanlinessvi. family planningvii. drugsviii. sexually transmitted diseasesix. exercisex. motivation for meeting own health needsd) maintaining contact with providers of health services (physician, nurse, clinic)e) using outside resources for assistance (clinics, pharmacies, hospitals)f) outside resources for assistance (clinics, pharmacies, hospitals)3. Consumer education for independent living:<ul style="list-style-type: none">a) budgetingb) comparative buyingc) installment buyingd) avoiding riskse) identifying illegal or excessive interest ratesf) use of creditg) avoiding or dealing with debtsh) using checking and savings accountsi) paying taxes4. Communication skills: The youth's articulating thoughts and feelings through appropriate use of such skills as:<ul style="list-style-type: none">a) speechb) writingc) use of the landline/cell telephonesd) computere) social networkingf) internet5. Home Management:<ul style="list-style-type: none">a) making the bed and changing linens,

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

6. Situational Guidance:

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

7. Recreation:

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

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
28	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
29	Review case file for program plan and implementation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
30	Review daily schedule.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
31	Tour recreational areas to insure age appropriate equipment and space.	Facility tour	Substantially Met Partially Met Not Met Not Applicable			
						Score for this section:

	SECTION 10: BEHAVIOR MANAGEMENT
	Each RMC shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the youth under the care of the program. The behavior management system shall include a description of daily general routines of the program. The system of rules, rewards, and consequences for given behaviors shall be identified. Each youth shall be oriented to the RMC's behavior management system by a staff member during the admission or orientation

process. Notation shall be made in the youth's file and signed by the youth that the rules and regulations, rewards and consequences have been discussed with the youth.

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

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

When a youth decides not to attend religious worship or activities, alternative supervised activities shall be made available.

The overarching goals shall be to not only help the youth adjust to the residential facility but also to daily life within society. A resources list shall be maintained by the facility of the available resources to meet the youth's needs in the community.

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

Section 10.1: Reset

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

Application of a reset:

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

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
32	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
33	Ask to review files of resident who have used a reset. Look for staff observation notes in case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
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, evidence-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 CWCMC 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	Comments	Date Corrections	Score
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#			(Delete the three that don't apply)		Completed (Or note)	
					Substantially Met	
34	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
35	Review personnel files for documentation of required training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
36	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

Section 10.3 Emergency safety interventions certification						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
37	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
38	Review written plan to limit use of restraints.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
39	Review restraint logs.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
40	Review personnel files for documentation of required training.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
41	Ask for other effective techniques and alternatives used by the facility.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
42	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
					Score for this section:	

Section 11: Program Plan					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)
43	Review p...	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
44	Check for signatures and dates on reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
45	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
46	Check for program objectives.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
47	Check for 30 day reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
48	Check for RMC staff participation in CWCMP case planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 12: Visitation						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
49	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
50	Look for documentation of transportation activities and observations.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 13: Discharge/Aftercare Plan						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
51	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
52	Review discharge planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
53	Review closed files for aftercare planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
54	Review closed files for discharge summary.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

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

- purpose of the medication
- noted side effects
- date of the prescription
- date prescribed by a physician

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

Personnel Records:

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

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

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

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

		Not Applicable (0)		
			Score for this section:	

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

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

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

Residential Maternity Care Corrective Action Plan

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

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



Secure Care Site Visit Tool

Date of Site Visit:

Provider:

Provider Contact:

DCF Surveyor:

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

Scoring: Substantially Met = 1

Partially Met = .5

Not Met = .25

Not Applicable = 0

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

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

Section 1.1: Services Provided in Secure Care					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)
1	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
2	Review program description.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

SECTION 2: CRITERIA FOR THE YOUTH'S ADMISSION						
#	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 Partially Met Not Met Not Applicable			
4	Review case files.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

SECTION 3: GENERAL STAFFING REQUIREMENTS						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
5	Twenty four hour care which has been licensed by DCF CPA and Residential Facility Division (KAR 284350284360) as a secure care facility.					
	<ul style="list-style-type: none"> • Each secure care center director shall have at least a master's degree in social work or a related field, or shall have a bachelor's degree in social work, human development and family life, psychology or education and a minimum of three years of supervisory experience within a childcare agency. • Facility staff shall meet the requirements of K.A.R. 284353a. Facility childcare staff shall be at least 21 years of age with a minimum of three years age difference between the child care worker and eldest resident who can be admitted to the facility. Childcare staff shall have at least a high school diploma or its equivalent and shall also have a minimum of: <ol style="list-style-type: none"> 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 1:4 during waking hours and 1:7 during sleeping hours. There shall be 24 hour awake staff to ensure child safety. A higher ratio shall be maintained if youth and/or their behaviors become hard to manage at the listed ratios. 					
6	Review administrator personnel file or contract for compliance.	HR Files or Contract	Substantially Met Partially Met Not Met Not Applicable			
7	Review administrator job description and HR file.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
8	Review facility staff job descriptions and HR files.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
9	Review personnel files for age requirements.	HR Files	Substantially Met Partially Met Not Met Not Applicable			

10	Review staffing pattern for compliance with staff ratio requirements.	Staffing schedule	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

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

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

		<ul style="list-style-type: none"> Mandated Reporting HIPPA Laws Comprehensive LGBTQ+ Human Trafficking and exploitation Cultural Diversity Suicide Prevention/Intervention/Safety 				
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
13	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
14	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
15	Review personnel files for orientation training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

	Section 5.2 Annual 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 Secure Care direct care staff shall have a minimum of 18 documented clock hours of in service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.</p> <p>The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating:</p> <ul style="list-style-type: none"> staff training, reflecting orientation or annual training name of trainer name of training specify the number of training hours date of the training <p>All topics listed below shall be trained, even if it exceeds the minimum 18 hours of annual in service:</p> <p>Facility Refreshers/Trainings:</p> <ul style="list-style-type: none"> Facility policy and procedures manual Facility emergency and evacuation procedures Facility discipline standards Child record documentation policies and procedures Resident rights (See Appendix 4, Resident Rights) Confidentiality laws <p>Refreshers/Trainings from an outside source and/or trained trainers within the facility (source must be well recognized and qualified, trained trainers must have documentation on file):</p> <ul style="list-style-type: none"> Emergency safety interventions (including management of aggressive or suicidal behavior) (staff shall maintain certification) De escalation (staff shall maintain certification) The handling of blood borne pathogens Medication Administration (staff shall maintain certification, may or may not require annual training) CPR/First Aid (Staff shall maintain certification, may or may not require annual training) Trauma based informed care/trauma specific intervention Mandated Reporting HIPPA Laws Comprehensive LGBTQ+ Childhood and adolescent sexuality issues, especially the effects of early sexual abuse Substance Use Disorders Blood Borne Pathogens Childhood and adolescent development (including developmental disorders) Childhood and adolescent psycho pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety disorders, ADHD) Suicide Prevention/Intervention/Safety

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

Section 6: Confirmation of Placement						
A Foster Care Confirmation of Placement (PPS 5122) is available through the CareMatch system which confirms the placement arranged by the Child Welfare Case Management Provider (CWCMP).						
The initial service authorization period for a Secure Care Facility stay will be for 60 days. The court may grant extensions of such authorization for two additional periods, each not to exceed 60 days, upon rehearing pursuant to K.S.A. 38-2256, and amendments thereto.						
#	Requirement	Source	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 Partially Met Not Met Not Applicable			
20	Look for a copy of the signed Placement Agreement in the youth's file that was completed at the time of placement.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
						Score for this section:

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

21	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
22	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 8: Room Assignment						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
23	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
24	Factors considered for the youth room assignment shall be documented in the youth's file.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 9: Scope of Services						
#	Description					
	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:					
	<p>Daily Living Services – Daily living services shall be provided and include the following:</p> <ol style="list-style-type: none"> 1. room 2. board 3. child care 4. personal spending money 5. personal care needs 6. school fees 7. transportation to appointments within a 60 mile radius; including to and from school, medical care, recreation, etc. 8. academic activities <ol style="list-style-type: none"> a) assistance with school work b) vocational training, and/or c) G.E.D. training 					
	Situational Training – to include but not limited to:					

1. Personal Hygiene:
 - a) teaching about body cleanliness
 - b) use of deodorants and cosmetics
 - c) appropriate clothing
 - d) choosing clothing to fit individual and occasion
 - e) keeping clothes neat and clean
2. Health:
 - a) identifying and understanding residents' health needs
 - b) securing and utilizing necessary medical treatment including preventive and health maintenance services
 - c) gaining information and education in health maintenance including:
 - i. preventive measures
 - ii. nutrition
 - iii. menstruation
 - iv. rest
 - v. cleanliness
 - vi. family planning
 - vii. drugs
 - viii. sexually transmitted diseases
 - ix. exercise
 - x. motivation for meeting own health needs
 - d) maintaining contact with providers of health services (physician, nurse, clinic)
 - e) using outside resources for assistance (clinics, pharmacies, hospitals)
3. Consumer education for independent living:
 - a) budgeting
 - b) comparative buying
 - c) installment buying
 - d) avoiding risks
 - e) identifying illegal or excessive interest rates
 - f) use of credit
 - g) avoiding or dealing with debts
 - h) using checking and savings accounts
 - i) paying taxes
4. Communication skills:
The youth's articulating thoughts and feelings through appropriate use of such skills as:
 - a) speech
 - b) writing
 - c) use of the landline/cell telephones
 - d) computer
 - e) social networking
 - f) internet
5. Home Management:
 - a) making the bed and changing linens,
 - b) using the vacuum cleaner,
 - c) dusting,
 - d) organizing belongings,
 - e) disposing of trash,
 - f) cleaning all areas of the home,
 - g) operating appliances,
 - h) cooking complete meals,
 - i) making simple repairs,
 - j) who to call when a major repair is needed,
 - k) being aware of the need for upkeep,
 - l) handling emergencies,
 - m) knowing first aid.
6. Situational Guidance:
 - a) identifying and accepting strengths
 - b) developing patterns of acceptance
 - c) coping with authority figures
 - d) getting along with others
 - e) sharing responsibility
 - f) being considerate of others
 - g) developing friendships
 - h) knowing when to go home when visiting
 - i) recognizing or modifying attitudes toward self or others
 - j) responsible work attitudes
 - k) tolerance of verbal criticism

- i) reactions to praise
- ii) punctuality
- iii) attendance

7. Recreation:

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

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
25	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
26	Review case file for program plan and implementation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
27	Review daily schedule	Case Records	Substantially Met Partially Met Not Met Not Applicable			
28	Tour recreational areas to insure age appropriate equipment and space.	Facility tour	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10: Behavior Management

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

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

When a child decides not to attend religious worship or activities, alternative supervised activities shall be made available.

The overarching goals shall be to not only help the children adjust to the residential facility but also to daily life within society. A resource list shall be maintained by the facility of the available resources to meet the child's need in the community.

<p>Discipline at the facility shall be consistent and not be physically or emotionally damaging. Children shall not be subjected to cruel, severe, unusual, or unnecessary punishment. Children shall not be subjected to remarks that belittle or ridicule them or their families. Children shall not be denied food, mail, telephone calls or visits with their families as punishment. Seclusion shall not be utilized as a disciplinary measure. Only staff members shall discipline children in placement.</p>						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
29	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
30	Behavior plan posted in common area	Four Facility	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
31	Review files for documentation that the youth signed the behavior system acknowledgement	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
32	Review file for level changes and explanations of the level changes	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

<p>Section 10.1 Resetting</p> <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
33	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
34	Review files for documentation of a reset	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

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

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

Section 10.3: Emergency Safety Interventions Certification						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
37	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
38	Review written plan to limit use of restraints.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
39	Review restraint logs.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
40	Review personnel files for documentation of required training.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
41	Ask for other effective techniques and alternatives used by the facility.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
42	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 11: Program Plan						
	<p>Each youth residing in a residential facility shall have a program plan that is based on a thorough assessment. Assessment documents shall be included in the case record. The program plan shall be established by the end of 14 days from admission and shall address the identified needs in the emotional, physical, educational, social, familial, and where appropriate independent living skill domains. Youth may not have identified needs in every domain. If so, document no needs were identified. Program plans shall be updated when new needs are identified or when program goals are met. Program plans shall be thoroughly reviewed, and revisions made within 30 days of completion of initial program plan and each 30 days thereafter. This includes updated information of the progress of the youth's goals. Information obtained from the youth, parent, guardian, and CWCMP case manager shall be considered in the report.</p>					

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 plans 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.

Permanency Planning:

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

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
43	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
44	Check for signatures and dates on reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
45	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
46	Check for program objectives.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
47	Check for 30-day reviews.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
48	Check for ES staff participation in CWCMP case planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 12: Visitation

Subject to the provider's visitation guideline (days of the week, times, appropriate attire, etc.) a provider shall not prohibit contact with a child's immediate family except for the following reasons:

- A court orders no contact.
- There is documented violence, threatening or disruptive behavior by family member that occurred during contact.
- There is documented introduction of contraband into the facility.
- The Secure Care milieu is determined to be unsafe for visitors.

	<p>The facility shall provide private accommodations for visitation. Accommodations shall include but not be limited to: a private office/room, no staff presence (unless required), free of any individuals that may overhear confidential information.</p> <p>When home visits are a part of the treatment plan, there shall be coordinated connections with the child, their family, and the case coordinator/facility program staff regarding the youth's treatment and program goals and objectives. The goal of placement shall be to return the child to a family like setting, so it is important that home visits be carefully planned and executed in the best interests of permanency planning for the child. All home visits shall be arranged through coordination with the child's CWCMP Case Manager. Documentation in child's file shall include who is transporting children to and from family visits and observation of the child's behavior during transportation.</p> <p>The child shall have an approved contact list to include, the type of contact allowed (letter, phone, day passes, overnight passes, etc.) The contact list must be reviewed/updated every 60 days. Approved contacts shall be determined by the CWCMP Case Manager. The initial contact list and all reviews/updates shall include the CWCMP Case Manager signature.</p>					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
49	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
50	Look for quiet private spaces for phone calls and visitation.	Facility Tour	Substantially Met Partially Met Not Met Not Applicable			
51	Look for documentation of visitation and phone calls, as well as transportation arrangements.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
52	Look for CWCMP approved contact list.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

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

SECTION 14: Record Keeping Requirements for The Facility:

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

Child's File:

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

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

Record Retention:

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

Daily Observations:

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

Weekly Progress Notes:

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

- Cornerstones of Care: KSmontlyprogressreports@Cornerstonesofcare.org
- KVC: KVCMonthlyReports@KVC.org
- St. Francis Ministries: MonthlyProgressReports@stfrancis.org
- TFI: MonthlyReports@TFIFamily.org

Health Records:

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

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

	<ul style="list-style-type: none"> date prescribed by a physician <p>A record of medication given, amount, date and time, and person dispensing shall be recorded. All doctor and dental visits, major illnesses, and accidents shall be recorded. Mental health appointments shall also be specifically documented in a child's medical record. This provides for a complete Health record for the child and their family, which documents the frequency of the youth's mental health treatment.</p> <p>Personnel Records:</p> <p>A separate file shall be maintained for each employee. Personnel files shall include the following:</p> <ul style="list-style-type: none"> Written employment application, resume and reference checks Date of hire Position description Educational transcripts, HS diploma, college degree, etc. 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
57	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable	
58	View stored records.	Tour	Substantially Met Partially Met Not Met Not Applicable	
59	Review case file for documentation of daily observations and significant occurrences.	Case Records	Substantially Met Partially Met Not Met Not Applicable	
60	Review case file for documentation of weekly progress notes.		Substantially Met Partially Met Not Met Not Applicable	
61	Review case file for documentation of health care records.		Substantially Met Partially Met Not Met Not Applicable	
62	Review case file for documentation of 30 day progress reports.		Substantially Met Partially Met Not Met Not Applicable	
63	Review case file for documentation of permanency planning.		Substantially Met Partially Met Not Met Not Applicable	
Score for this section:				

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

		Not Applicable (0)		
			Score for this section:	

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

Section 17: Final Scoring

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

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

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

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

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

Secure Care Corrective Action Plan

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

Correction/Compliance Action Plan

Presented Findings:

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



Staff Secure Facility (SSF) Site Visit Tool

Date of Site Visit:

Provider:

Provider Contact:

DCF Surveyor:

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

Scoring: Substantially Met = 1

Partially Met = .5

Not Met = .25

Not Applicable = 0

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

SECTION 1: GENERAL PROGRAM DESCRIPTION AND REQUIREMENTS	
	A Staff Secure Facility is a 24 hour residential facility that meets the requirements of K.A.R. 284-1250 and K.A.R. 284-1269: defining a secure care facility. It also meets the requirements of K.S.A. 65-535 to provide care in a residential setting.

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

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

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

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

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

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

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

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

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

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

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
13	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
14	Review training curriculum.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
15	Review personnel files for orientation training.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

	Section 5.2 Annual Service Training
	Annual training is beyond or in addition to the initial 18 hour orientation training program from the date of employment. During the first year of employment staff shall receive a minimum of 36 hours of training (18 orientation hours, 18 annual In Service).
	All Secure Care direct care staff shall have a minimum of 18 documented clock hours of in service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.
	The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating: <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
	All topics listed below shall be trained, even if it exceeds the minimum 20 hours of annual in service: Facility Refreshers/Trainings: <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 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): <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.def.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 (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
16	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
17	Review training curriculum	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
18	Review personnel files for annual training	HR Files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 6: Confirmation of Placement						
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).						
Staff Secure Facility placements have no limitations as to duration of stay. Short term stays where the victim is returned to a parent or guardian average 3-5 days in length. Longer term placements where the victim receives more services to help them deal with their situation may occur.						
#	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 Partially Met Not Met Not Applicable			
20	Look for a copy of the signed Placement Agreement in the youth's file that was completed at the time of placement.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 7: Initial Assessment						
When a youth enters the facility, the Secure Care shall begin immediately assessing their strengths and needs and shall have a completed assessment within 1 day. The assessment shall include but not be limited to the following:						
<ol style="list-style-type: none"> 1. Reasons for referral to the facility 2. Evaluation or assessment covering the following areas: <ol style="list-style-type: none"> a) physical health b) family relations c) academic or vocational training 3. Community life 4. Interpersonal interactions 						

	<p>5. Daily living skills as outlined in the scope of services listed above</p> <p>6. Immediate service needs:</p> <ul style="list-style-type: none"> a) mental health b) developmental c) dental d) medical <p>7. Involvement or exposure to Substance Abuse/disorder</p> <p>8. Involvement or exposure to trauma</p> <p>9. Assessment of youth's self-injuring or suicidal attempts</p>				
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)
21	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
22	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

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

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

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

Situational Training - to include but not limited to:

1. Personal Hygiene:
 - a) teaching about body cleanliness
 - b) use of deodorants and cosmetics
 - c) appropriate clothing
 - d) choosing clothing to fit individual and occasion
 - e) keeping clothes neat and clean
2. Health:
 - a) identifying and understanding residents' health needs
 - b) securing and utilizing necessary medical treatment including preventive and health maintenance services
 - c) gaining information and education in health maintenance including:
 - i. preventive measures
 - ii. nutrition
 - iii. menstruation
 - iv. rest
 - v. cleanliness
 - vi. family planning
 - vii. drugs
 - viii. sexually transmitted diseases
 - ix. exercise
 - x. motivation for meeting own health needs
 - d) maintaining contact with providers of health services (physician, nurse, clinic)
 - e) using outside resources for assistance (clinics, pharmacies, hospitals)
3. Consumer education for independent living:
 - a) budgeting
 - b) comparative buying
 - c) installment buying
 - d) avoiding risks
 - e) identifying illegal or excessive interest rates
 - f) use of credit
 - g) avoiding or dealing with debts
 - h) using checking and savings accounts
 - i) paying taxes
4. Communication skills:
The youth's articulating thoughts and feelings through appropriate use of such skills as:
 - a) speech
 - b) writing
 - c) use of the landline/cell telephones
 - d) computer
 - e) social networking
 - f) internet
5. Home Management:
 - a) making the bed and changing linens,
 - b) using the vacuum cleaner,
 - c) dusting,
 - d) organizing belongings,
 - e) disposing of trash,
 - f) cleaning all areas of the home,
 - g) operating appliances,
 - h) cooking complete meals,
 - i) making simple repairs,
 - j) who to call when a major repair is needed,
 - k) being aware of the need for upkeep,
 - l) handling emergencies,
 - m) knowing first aid.

6. Situational Guidance:

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

7. Recreation:

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

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
25	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
26	Review case file for program plan and implementation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
27	Review daily schedule	Case Records	Substantially Met Partially Met Not Met Not Applicable			
28	Tour recreational areas to insure age appropriate equipment and space.	Facility tour	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10: Behavior Management
Each facility shall have a written program of consistent rules and regulations guiding and governing the daily behavior of the children under the care of the program. The behavior management system shall include a description of the daily routines of the program. The system of rules, rewards, and consequences for given behaviors shall be identified. Each child shall be oriented to the facility's behavior management system by a staff member during the admission or orientation process. Notation shall be made in the child's file and signed by the child that the rules, rewards and consequences have been discussed. The facility shall post the behavior management system in a common area where children are able to easily access the system and the children shall be given a written copy of the system to use as a reference. Behavior management shall include rules governing:

- interpersonal interactions with staff and peers
- facility leave policies
- school attendance and behavior while at school
- verbal and physical aggression
- allowable possessions
- awakening and bedtime hours
- leisure hours
- visitation policies
- runaway attempts

- ▲ involvement in recreation and other activities
- ▲ self destructive behaviors
- ▲ sexuality
- ▲ communications with family and others outside the program
- ▲ religious worship
- ▲ involvement in therapies
- ▲ theft, property destruction
- ▲ behaviors resulting in mandatory removal from the program and
- ▲ behaviors at the program which could result in legal prosecution

When a child decides not to attend religious worship or activities, alternative supervised activities shall be made available.

The overarching goals shall be to not only help the children adjust to the residential facility but also to daily life within society. A resource list shall be maintained by the facility of the available resources to meet the child's need in the community.

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

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
29	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
30	Behavior plan posted in common area	Tour Facility	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
31	Review files for documentation that the youth signed the behavior system acknowledgement	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
32	Review file for level changes and explanations of the level changes	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

	Section 10.1 Resetting					
	A procedure used to assist the child in regaining regain emotional control by providing a safe and quiet area.					
	Application of a reset:					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
33	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
34	Review files for documentation of a reset	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10.2: De-escalation Certification					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)
35	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
36	Review personnel files for documentation of required training.	HR Files	Substantially Met Partially Met Not Met Not Applicable		
37	Look for written acknowledgments and required signatures.	Case Record	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 10.3: Emergency Safety Interventions Certification					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)
38	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
39	Review written plan to limit use of restraints.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
40	Review restraint logs.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
41	Review personnel files for documentation of required training.	Case Records	Substantially Met Partially Met Not Met		

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

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

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

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

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

Section 13: Discharge/Aftercare Plan						
Discharge planning shall begin upon admission of the youth to the facility. At a minimum, the child, the child's parents (if applicable) or guardian, and the CWCMP Case Manager shall be involved in planning the discharge from the facility. The discharge plan and modifications to it shall be noted in the case file. All releases shall be approved by the court of jurisdiction, or the designated authority.						
#	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 Partially Met Not Met Not Applicable			
55	Review discharge planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
56	Review closed files for aftercare planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
57	Review closed files for	Case Records	Substantially Met			

discharge summary.		Partially Met Not Met Not Applicable			
Score for this section:					

SECTION 14: Record Keeping Requirements For The Facility:
<p>The record keeping requirements of KAR 28-4-272 shall be met by the facility. In addition, the following shall be kept by the facility. If a facility chooses to use electronic filing full access shall be given to DCF employees who are conducting site visit.</p> <p>Child's File: The provider shall maintain a file for each child. The file shall contain the following:</p> <ul style="list-style-type: none">Child's name and date of birthName, address and emergency contact information of the child's CWCMP Case ManagerFoster Care Confirmation of PlacementCurrent CWCMP Referral formCurrent CWCMP Case PlanIf 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 AssessmentSuicide/self injury questionnaireApartment/Room assignment assessmentMedical and surgical consentsMedical 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 administeredAuthorization for release of confidential informationDaily observation logs by shiftWeekly progress notesProgram plansTreatment Plans, if applicableDischarge plans/AftercareApproved contact listResident's rights acknowledgementEmergency Safety Intervention/de escalation acknowledgementsHandbook/Rules acknowledgementPre and Post visit documentationSignificant incident reportsPersonal Property InventoryEducational documentation
<p>Record Retention: Case records, including medical records, shall be maintained for 6 years from the date of the child's discharge or until completion of an on-going audit and production of a final audit report, whichever is longer.</p>
<p>Daily Observations: A dated record of daily observations and significant occurrences involving each child shall be maintained by each shift and maintained in each child's individual file. The record shall include events which may affect the well being of the child. Significant events should include but not be limited to; attendance at school or groups (specific group), interactions and/or interventions with staff and other children, medical appointments, mental health appointments, medication compliance, hygiene (if identified as a need), visits/passes, meals eaten and overall behavior. Each report shall include the staff member and/or child involved, the nature of the incident and the circumstances surrounding it. The record shall be available to review.</p>
<p>Weekly Progress Notes: Notes shall be completed by the case coordinator. These notes shall be entered into the child's chart, reflecting the delivery of services according to the treatment plan. This documentation shall address the child's responses to interventions and the progress of the child on individualized goals and objectives. The note shall include any significant events that occurred during the week and shall also summarize contacts with family members and other involved agencies. If an unmet need is identified, the note shall reflect the actions to be taken to revise the plan to meet that need. The case coordinator shall document specific services and activities they are providing to each child. Each month the weekly progress notes shall be sent to the CWCMP Case Manager. The Monthly Progress Report Form shall be submitted to each child's provider no later than the 15th of each month following the reporting month, for all children who are in placement more than 15 days of that calendar month. Submission will be accepted by e-mail to:</p> <ul style="list-style-type: none">Cornerstones of Care: KSmthlyprogressreports@Cornerstonesofcare.orgKVC: KVCMonthlyReports@KVC.orgSt. Francis Ministries: MonthlyProgressReports@stfrancis.orgTFI: MonthlyReports@TFIFamily.org

Health Records:

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

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

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

Personnel Records:

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

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

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

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

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

#	Requirement	Source	Findings <i>(Delete the three that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
67	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5)			

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

Section 17: Final Scoring

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

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

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

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

If the score is 60 or less, the result is an automatic Corrective Action Plan (CAP). Use the comments captured above to develop a CAP on the following pages. The facility will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections, as applicable. Some corrective items may take longer, such as training compliance.

Staff Secure Facility (SSF) Corrective Action Plan

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

Correction/Compliance Action Plan

Presented Findings:

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

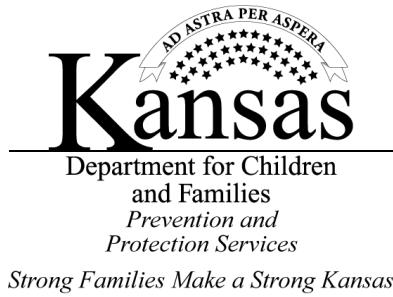
By signing the Corrective Action Plan I agree what is listed above is accurate and complete. I understand I may be required to provide additional information or modify the plan as needed to ensure full compliance. I further understand this information may be provided to DCF Licensing, if necessary, to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

Agency/Facility Representative

Date

DCF Surveyor

Date



Youth Residential Center II (YRCII) Site Visit Tool

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

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

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

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

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

Section 1.1: Services Provided in Youth Residential Care					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)
1	Review p/p	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
2	Review program	Policies,	Substantially Met		

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

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

SECTION 3: GENERAL STAFFING REQUIREMENTS						
Twenty four hour care which has been licensed by DCF Foster Care and Residential Facility Licensing Division (K.A.R 284 268 280) 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 administrator in a YRC II (meeting residential center standards K.A.R 284 268 (t) more than 10 residents) shall have a Bachelor's degree, prior administrative experience and a working knowledge of child development principles. The administrator in a YRC II (meeting group home standards K.A.R 284 268 (i) not less than five nor more than ten persons) shall have at least a high school diploma or GED, prior administrative experience and a working knowledge of child development principles. Program plan development, review, and case supervision are carried out by the YRC II Provider. The Case Coordinator shall have at least a bachelor's degree in one of the human service fields (social work, psychology, human development and family life, criminal justice, counseling), nursing, or education. The youth to case coordinator ratio in a YRC II is 1:16. Facility staff shall be trained to effectively meet the special needs of youth who require this level of care. Facility childcare staff shall be at least 21 years of age with a minimum of three years age difference between the childcare worker and oldest resident who can be admitted to the facility. Childcare workers shall possess a high school diploma or GED. Staff ratio is 1:7 during waking hours and 1:10 during sleeping hours. There shall be 24 hour awake staff to insure child safety. A higher ratio shall be maintained if a child and/or their behaviors become hard to manage at the listed ratios. 						
#	Requirement	Source	Findings	Comments	Date Corrections	Score

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

	SECTION 4: CASE COORDINATION					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
14	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
15	Review case file for documentation of coordination with utilized community resources.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

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

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

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

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

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

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

	Section 5.2: ANNUAL IN SERVICE TRAINING
	<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 YRCII direct care staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications.</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> <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
- Emergency safety interventions (including management of aggressive or suicidal behavior) (staff shall maintain certification)
- De escalation (staff shall maintain certification)
- The handling of blood borne pathogens
- Medication Administration (staff shall maintain certification, may or may not require annual training)
- CPR/First Aid (Staff shall maintain certification, may or may not require annual training)
- Trauma based informed care/trauma specific intervention
- Mandated Reporting
- Comprehensive LGBTQ+
- Childhood and adolescent sexuality issues, especially the effects of early sexual abuse
- Substance Use Disorders
- Childhood and adolescent development (including developmental disorders)
- Childhood and adolescent psycho-pathology (including such topics as effects of abuse/neglect, reactive attachment disorders, separation anxiety, disorders, ADHD)
- Suicide Prevention/Intervention/Safety

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

#	Requirement	Source	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 Partially Met Not Met Not Applicable			
20	Review HR files for annual training documentation.	HR files	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

	Section 6: Confirmation of placement					
A Foster Care Confirmation of Placement (PPS 5120) is available through the CareMatch system which confirms the placement arranged by the Child Welfare Case Management Provider (CW CMP).						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
21	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
22	Documentation of confirmation of placement	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

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

- Evaluation or assessment covering the following areas:
 - 1. Physical health
 - 2. Family relations
 - 3. Academic or vocational training
- Community life
- Interpersonal interactions
- Daily living skills as outlined in the scope of services listed above
- Immediate service needs:
 - 1. Mental Health
 - 2. Developmental
 - 3. Dental
 - 4. Medical
- Involvement or exposure to Substance Use/disorder
- Involvement or exposure to other trauma
- Assessment of the child/youth's self-injuring or suicidal attempts

Placement needs of the child shall be assessed with regards to most appropriate next placement.

Physical and mental health needs shall be coordinated with assigned CWCMP Case Manager and the child's assigned MCO.

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

Section 8: Room Assignment

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):

- Suicidal tendencies
- Level of specialized needs (i.e. mental health, medical, etc.)
- Displaying inappropriate sexual behaviors /victims of sexual abuse)
- Gender
- Age and/or maturity level
- Program needs (substance use disorder, cognitive behavioral, independent living, etc.)
- Vulnerability to being victimized by others (i.e. physical stature)
- Comprehensive LGBTQ+

While each child will have an individualized program plan, assigning rooms based upon risk/need/responsivity factors will allow for a safer, more secure environment, as well as efficient and effective management of the living units. The child's room assignment and how the decision was made Rev. 10/1/2019 shall be documented in the child's file. The room assignment shall be completed immediately upon admission.

#	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 Partially Met Not Met Not Applicable			
26	Review case record for documentation	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

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

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

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

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

Situational Training to include but not limited to:

1. Personal Hygiene:

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

2. Health:

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

3. Consumer education for independent living:

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

4. Communication skills:

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

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

5. Home Management:

- a. making the bed and changing linens

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

6. Situational Guidance:

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

7. Recreation:

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

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

	Section 10: Behavior Management
	<p>The YRC II facility shall post the behavior management system in a common area where children are able to easily access the system and the children shall be given a written copy of the system to use as a reference. Behavior management shall include rules governing:</p> <ul style="list-style-type: none"> • interpersonal interactions with staff and peers • facility leave policies • school attendance and behavior while at school • verbal and physical aggression • allowable possessions • awakening and bedtime hours

- leisure hours
- visitation policies
- runaway attempts
- involvement in recreation and other activities
- self destructive behaviors
- sexuality
- communications with family and others outside the program
- religious worship
- involvement in therapies
- theft, property destruction
- behaviors resulting in mandatory removal from the program and
- behaviors at the program which could result in legal prosecution

When a child decides not to attend religious worship or activities, alternative supervised activities shall be made available.

The overarching goals shall be to not only help the child adjust to the residential facility but also to daily life within society. A resource list shall be maintained by the facility of the available resources to meet the child's need in the community.

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.

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
29	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
30	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
31	Tour facility for posting of behavior management system.	Facility tour	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.1: Resetting						
A procedure used to assist the child to regain emotional control by removing them from his or her immediate environment and restricting the child to a quiet area or unlocked quiet room.						
Application of a reset:						
#	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 Partially Met Not Met Not Applicable			
33	Review case record.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.2 De-escalation Certification						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
34	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
35	Review HR files for training certificates	HR Files	Substantially Met Partially Met Not Met Not Applicable			
36	Review case records for documentation of de-escalation use	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 10.3: Emergency Safety Interventions Certification						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
37	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
38	Review HR files for documentation of certification	HR files	Substantially Met Partially Met Not Met Not Applicable			
39	Review case file for documentation	Case Record	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

Section 11: Program Plan					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)
40	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
41	Review case records for program planning.	Case Record	Substantially Met Partially Met Not Met Not Applicable		
42	Review program plan for signatures	Case Record	Substantially Met Partially Met Not Met Not Applicable		
43	Review case records for initial program plan completed within 14 days of admission	Case Record	Substantially Met Partially Met Not Met Not Applicable		
44	Review case records for program plan updates every 30 days	Case Record	Substantially Met Partially Met Not Met Not Applicable		
45	Review case record for case plan participation	Case Record	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 12: Visitation						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
46	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
47	Review case records for approved contact list.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
48	Review case record for documentation of visitation and phone calls.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
Score for this section:						

SECTION 13: Discharge/Aftercare Plan						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
49	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
50	Review case records for discharge planning.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
51	Review closed files for discharge plan.	Case Records	Substantially Met Partially Met Not Met Not Applicable			

Section 14: Record Keeping

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 visits.

Child's File:

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

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

Record Retention:

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

Chart Documentation: Daily Observations:

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

Weekly Progress Notes:

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

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

Health Records:

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

- name of the prescribing physician
- name of the medication

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

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

Personnel Records:

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

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

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
52	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable			
53	Review case record for documentation.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
54	Review case records for weekly progress reports.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
55	Review case records for monthly progress reports.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
56	Review case records for documentation that progress reports have been sent to case teams.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
57	Review medication records for youth.	Case Records	Substantially Met Partially Met Not Met Not Applicable			
58	Review HR files for documentation of health.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
59	Review HR files for driver's license verification.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
60	Review HR files for training hours.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
61	Review HR files for education verification.	HR Files	Substantially Met Partially Met Not Met Not Applicable			
62	Review HR Files for background checks.	HR Files	Substantially Met Partially Met Not Met			

		Not Applicable		
Score for this section:				

Section 15: Self Care Time					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)
63	Review p/p.	Policies, Procedures or Documents	Substantially Met Partially Met Not Met Not Applicable		
64	Review case records for approved self care time agreement with case team.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
65	Review case record for safety plan for self care time.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
66	Review safety plan for appropriate signatures.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
67	Review case record for appropriate assessment for self care time.	Case Records	Substantially Met Partially Met Not Met Not Applicable		
Score for this section:					

Section 16: Reporting Abuse/Neglect					
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)
68	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)		
69	View posting of KPRC number in the facility.	Tour	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)		
Score for this section:					

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

Section 18: Final Scoring

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

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

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

Section	Section Score
Section 1.1: Services Provided in a Youth Residential Center II	
Section 2: Description of Youth to be Served	
Section 3: General Staffing Requirements	
Section 4: Case Coordination	
Section 5: Staff In-Serving Training	
Section 5.2: Annual In-Service Training	
Section 6: Confirmation of Placement	
Section 7: Initial Assessment	
Section 8: Room Assignment	
Section 9: Services	
Section 10: Behavior Management	
Section 10.1 Resetting	
Section 10.2 De-escalation Certification	
Section 10.3: Emergency Safety Interventions Certification	
Section 11: Program Plan	
Section 12: Visitation	
Section 13: Discharge/Aftercare	
Section 14: Record Keeping	
Section 15: Self-Care Time	
Section 16: Reporting Abuse/Neglect	
Section 17: Significant Incidents	
	Total Score

If the score is 63 or less, the result is an automatic Corrective Action Plan (CAP). Use the comments captured above to develop a CAP on the following pages. The facility will have 14 days to address the missing items and submit corrections or a plan to make necessary corrections, as applicable. Some corrective items may take longer, such as training compliance.

Youth Residential Center II Corrective Action Plan

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

Correction/Compliance Action Plan

Presented Findings:

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



Quality Residential Treatment Program (QRTP) Site Visit Tool

Date of Site Visit:

Provider:

Provider Contact:

DCF Surveyor:

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

Scoring: Substantially Met = 1

Partially Met = 0.5

Not Met = 0.25

Not Applicable = 0

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

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

Section 1.1: Services Provided in Qualified Residential Treatment Program	
	<p>This therapeutic environment will include a trauma informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances. This environment will also enhance the child's ability to achieve a higher level of functioning without necessitating a Psychiatric Residential Treatment Facility (PRTF) placement or acute hospitalization. QRTP staff shall be aware of a 30 day assessment to be completed by an independent assessor and a 60 day court review. Both the 30 day assessment and court review will determine appropriateness of placement in a QRTP.</p> <p>QRTP programs shall also:</p> <ul style="list-style-type: none">be accredited by at least one of the three federally approved accrediting bodies: The Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA) or the Joint Commission (formerly JCAHO);have an Evidence 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

The purpose of placement in an QRTP is to improve child's decision making, coping skills, social skills, and to address any underlying problems which are affecting the child, while teaching them how to handle their behaviors in order to transition successfully back into their family or community. DCF requires foster parents and designated officials at child care institutions to apply the reasonable and prudent parenting standard. The standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities.

- Population served is children and youth in foster care who are under the age of 18
- Have a well established pattern of behavior or conduct which is antisocial, oppositional, defiant, aggressive, abusive, impulsive and rebellious in nature.
- Court approved to be placed in a QRTP setting
- Assessed and qualified via an assessment for QRTP
- Children may step down to a QRTP from a PRTF after the screener and treatment team have determined the child no longer needs the level of care provided by a PRTF.

#	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 284 268 280) as a group home or residential center to cover the programming the facility will provide to the population of children/youth whom the facility will serve.

- The Program Administrator shall have a Bachelor's Degree, at least one year administrative experience and a working knowledge of child development principles.
- Program Director shall have a minimum of a Masters Degree in Social or Behavioral Sciences. This position is responsible for the operation of the entire program and may be the same person as the Administrator if desired.
- Clinical Director, on staff or contracted, is responsible for treatment programming 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 QRTP's case coordinator has the responsibility for coordinating the child's program and progress with the referring CWCMP, school, employer, family, and other appropriate community resources. This shall include, but not be limited to, documenting phone calls, appointments and visits (on and off site).</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 <i>(Delete the three that don't apply)</i>	Comments	Date Corrections Completed <i>(Or notes)</i>	Score
19	Review P/P	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
20	Review documentation	Case Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			

SECTION 5: STAFF IN SERVICE TRAINING

Section 5.1 Orientation

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

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

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

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

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

Facility Trainings:

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

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

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

#	Requirement	Source	Findings <i>(Delete the three that)</i>	Comments	Date Corrections	Score
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#			<i>(don't apply)</i>		Completed (Or note)	
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). All QRTP direct care staff shall have a minimum of 18 documented clock hours of in-service training per year. Documentation shall be provided in each staff member's personnel record to include content, amount of time, trainer, and qualifications. The documentation shall be placed in a specific area in the staff's file, indicating staff training, indicating:</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.def.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 (Or note)	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 (CW CMP).						
#	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						
#	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						
#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
	The residential facility shall write a policy and procedure manual for the operation of the QRTP facility that will be reviewed and approved by DCF Prevention and Protection Services. The daily schedule shall address the needs of the children and the use of time to enhance the child's physical, mental, emotional, and social development. The facility shall provide supervised indoor and outdoor recreation so that every child may participate. Age appropriate equipment and outdoor play space to promote physical development and physical fitness shall be available. Age appropriate socialization shall be provided utilizing community resources to assist the child in transitioning back into their community when appropriate.					
	The QRTP will provide a program for children in the facility that covers the following program components, based on their approved treatment model:					

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

- Room and Board
- Personal care needs
- School fees
- Transportation to appointments within a 60 mile radius; including to and from school, medical care, recreation, etc.
- Academic activities such as; assistance with school work, vocational training and/or GED training

Behavioral Health:

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

Situational Training to include but not limited to:

Personal Hygiene:

Health:

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

Communication skills:

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

Home Management:

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

- handling emergencies
- knowing first aid

Situational Guidance:

- coping and self regulation skills • identifying and accepting strengths
- developing patterns of acceptance
- coping with authority figures
- getting along with others
- sharing responsibility
- being considerate of others
- developing friendships
- knowing when to go home when visiting
- recognizing or modifying attitudes toward self or others
- responsible work attitudes
- tolerance of corrective feedback
- reactions to praise
- punctuality
- attendance
- participating in leisure time activities
- learning how to spend leisure time
- developing outside activities
- managing time
- finding recreation with little or no expense involved
- finding community projects to take part in
- participating in social groups
- participating in sports and games
- arts and crafts
- appreciating fine arts

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

Section 10: Behavior Management

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

- interpersonal interactions with staff and peers
- facility leave policies
- school attendance and behavior while at school
- verbal and physical aggression
- allowable possessions
- awakening and bedtime hours
- leisure hours
- visitation policies
- runaway attempts
- involvement in recreation and other activities
- self destructive behaviors
- sexuality

- communications with family and others outside the program
- religious worship
- involvement in therapies
- theft, property destruction
- behaviors resulting in mandatory removal from the program and
- behaviors at the program which could result in legal prosecution.

When a child decides not to attend religious worship or activities, alternative supervised activities shall be made available.

The overarching goals shall be to not only help the children adjust to the residential facility but also to daily life within society. A resource list shall be maintained by the facility of the available resources to meet the child's need in the community.

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

#	Requirement	Source	Findings (Delete the three that don't apply)	Comments	Date Corrections Completed (Or note)	Score
36	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
37	Behavior plan posted in common area	Tour Facility	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
38	Review files for documentation that the youth signed the behavior system acknowledgement	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
39	Review file for level changes and explanations of the level changes	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 10.1 Resetting

A procedure used to assist the child in regaining regain emotional control by providing a safe and quiet area.
Application of a reset:

- 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

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

Section 10.3: Emergency Safety Interventions Certification

	<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 QRTP 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, evidence-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 <i>(Delete the three that don't apply)</i>	Comments	Date Corrections Completed <i>(Or note)</i>	Score
44	Review p/p.	Policies, Procedures or Documents	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
45	Review HR files for certifications	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
46	Review HR files for signed discipline policy	HR Files	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
47	Review files for documentation of emergency safety interventions	Case Records	Substantially Met (1) Partially Met (0.5) Not Met (0.25) Not Applicable (0)			
Score for this section:						

Section 11: Program Plan

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.

The program plan shall include individualized services to match the child'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 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.

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

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.

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

Physical and mental health needs shall be coordinated with assigned CWCMP Case Manager and child's assigned MCO.

#	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						
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:						
<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 						
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.						
#	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						
Discharge planning shall begin upon admission of the child to the facility. At a minimum, the child, the child's parents, if applicable or guardian, and the CWCMP Case Manager shall be involved in planning the discharge from the facility.						
A discharge summary shall be completed at the time of the child's discharge and be forwarded to the CWCMP Case Manager within one business day. The discharge summary shall include written:						
<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 						
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.						
#	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
The record keeping requirements of KAR 28-4-272 shall be met by the facility. In addition, the following shall be kept by the facility. If a facility chooses to use electronic filing full access shall be given to DCF employees who are conducting site visit.
Child's File: The provider shall maintain a file for each child. The file shall contain the following:
<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 acknowledgement Handbook/Rules acknowledgement Pre and Post visit documentation Significant incident reports Personal Property Inventory Educational documentation
Record Retention: Case records, including medical records, shall be maintained for 6 years from the date of the child's discharge or until completion of an on going audit and production of a final audit report, whichever is longer.
Daily Observations:

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

Weekly Progress Notes:

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

Health Records:

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

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

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

Personnel Records:

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

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

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

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

16. other (document specifies)
 17. death of child in care

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

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

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

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

#	Requirement	Source	Findings (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 (QRTP) Corrective Action Plan

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

Correction/Compliance Action Plan

Presented Findings:

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

