

OCOK Quality Improvement and Contracts Oversight



our community. our kids.

Division of Child and Family Services

Type of Contract _____

Network Provider: _____

Date of Administrative Review: _____

Administrative Review Completed By: _____

Date of On-Site Visit: _____

On-Site Visit Completed By: _____

Sample size

- Client Records (Region 3b) = 10% of total clients served last quarter
- If less than 5 Region 3b clients = 100%, min. of 5
- Foster Homes/Facilities available to OCOK = 10% of total available
- If CPA has less than 5 homes = 100%, min. of 5
- Personnel Records by Branch/Operation = 50% of total assigned, min. of 5

Total Served
Total Sample

Total Available
Total Sample

Total Assigned
Total Sample

Policy and Procedures Assessment

Monitoring Items	Strength	Needs Improvement	Comments	
Criminal Background Check Policy				
Drug Testing Policy				
Admissions Policy			To include emergency & non-emergency	
EBI Policy				
Discipline Policy				
Treatment Services Policy, if applicable				
Adoption Services Policy, if applicable				
Abuse/Neglect Prevention Policy				
Fire Arms/Weapons Policy				
Grievance Policy				
HIPPA Policy				
Pre-service Experience Policy				
Training Policy (Personnel, Volunteers, Caregivers, Foster Parents)				
Babysitting and Respite Policy				

Personnel Record Assessment

Monitoring Items	Strength	Needs Improvement	Comments
Name & Date of Hire:			
Record Content			
Proof of Request of Criminal Background Check			DFPS, DPS, FBI
Criminal Background Check Requests On Time			DFPS, DPS, FBI
TB Screening Test Results			
Agency Orientation Completed			
Pre-service Experience (TBD by Provider)			Policy stating the amount of hours
EBI Training (CPA 8 hrs./yr./GRO 4 hrs./yr.)			
Psychotropic Medication Training (annually)			
Abuse an Neglect Prevention/Reporting Training - Peer-to-Peer Abuse Prevention (annually)			
Disaster and Emergency Response Plan (annually acknowledgement)			
CPR Training			
First Aid Training			
Communicable Diseases Training			
SIDS (CPAs 3 yrs. and under - pre-service)			
Shaken Baby (CPA 3 yrs. and under - pre-service)			
Brain Development (CPA 3 yrs. under - pre-service)			
DFPS Medical Consenter Training (annually)			
Trauma-Informed Care Training (8 hrs. initial/2 hr. annually)			
Cultural Competency Training (3 hrs. annually)			

Client Record Assessment

Monitoring Items	Strength	Needs Improvement	Comments
Client's Name, Age & Admission Date:			
Record Content			
Client Information			
Demographics and Contact Information is Available			
Allergies/Critical Condition Visible in Record			
Indian Child Welfare Act Compliance			
Reason for Requesting Services or Referral			
Foster Parent Daily Log or Milieu (previous month)			
Admission and Placement			
Children involved in placement decision - PM			
Region 3b Placement Documentation Form or Agency Form, signed/in record			
During orientation child 5+ yrs. received all Policies as outlined in Region 3b Placement Documentation Form			If Provider is utilizing this
Admission Clothing and Personal Items Inventory			Refer to Region 3b Placement Documentation Form
Provider's Initial Visit/Contact/Preliminary Service Plan within 72-hrs.			
Medical Consenter Form in Record			
Wellbeing and Safety			
Client Informed of Client's Rights and Responsibilities - DFPS Form 2530/Agency Form			
Case Notes Reflect at Least One Face-to-Face Contact Each Month			
Service Plans			
Children have monthly visits with designated individuals - PM			
Children have monthly contact with siblings placed separately- PM			
Children age 10+ participate in plan development - PM			
Current Placements - Initial Service Plan within 30 days of placement			
14-day Notice of Service Plan Mtg. given to all team members			

Client Record Assessment

14-day Notice of Service Plan Mtg. given to OCOK			
14-day Notice of Service Plan Mtg. given to bio-parent/bio-family			
90-day Service Plan Review in Record			
DFPS Permanency Goals Addressed			
Behavioral Needs Addressed			
Educational/Transition Plan Needs Addressed			
Evidence of Good Faith Effort to Meet Cultural/Religious/Spiritual Needs			
Client Participates in Age-Appropriate Recreational Activities			
ES - Serv. Plan if more than 15 days			
ES - Serv. Plan after 15 days has D/C plan			
If Discharged, was Discharge Plan/Summary Completed within 14 days of discharge			
Child and Family Assessments			
CANS Completed within 21 days/3 weeks of Placement (everyone age 3+)			
Therapeutic-level child, CANS completed every 90 days			
Standard-level child, CANS completed annually			
Staff who completed the CANS Assessment has current certification			
CANS Approved by Management Staff			
Education Services			
Enrolled in School within 3 days of Placement (including Pre-K)			
Within 5 days - Verification of Enrollment Provided - OCOK/CPS			
Educational Portfolio Updated Monthly			
EI Referral, under 3 y/o, within 3 days of Placement			
Healthcare and Behavioral Health Services			
Latest Medication Monitoring Report/Log			Date/Completed
If on Psychotropic Medications, Management at Least Every 90 days			
Immunization Record			
Medical Exam within 30 days of Placement			

Caregiver(s)/Foster Parent(s) Record Assessment

Monitoring Items	Caregiver 1	Caregiver 2	Other Household Members	Strength	Needs Improvement	Comments
Caregiver(s)/Foster Parent(s) Name(s):						
Household Member(s) Name(s):						
Record Content						
Does the License Match the Home Study?						
Is the Home Study Signed, Dated, in the Record?						
Is the Copy of the License in the Record?						Date Verified:
Proof of Request of Criminal Background Check (14+ yrs.)						DFPS, DPS, FBI
Criminal Background Checks Requests On Time (14+ yrs.)						DFPS, DPS, FBI
Household Members 1+ yrs. have TB Screening Test Results?						
Agency Orientation Completed						
Pre-service Experience (TBD by Provider)						Policy stating the amount of hours
Firearms and Weapons Disclosure						
EBI Training (8 hrs./yr.)						
Psychotropic Medication Training (annually)						
Abuse/Neglect Prevention/Reporting Training - Peer-to-Peer Abuse Prevention (annually)						
Disaster and Emergency Response Plan in the Record						
CPR						
First Aid						
Communicable Diseases Training						
SIDS, if Applicable						
Shaken Baby, if Applicable						
Brain Development, if Applicable						
DFPS Medical Consenter Training (annually)						

Caregiver(s)/Foster Parent(s) Record Assessment

Trauma-informed Care Training (8 hrs. initial/2 hrs. yr.)							
Cultural Competency Training (3 hrs/yr.)							
Child-care service 20 hrs. each parent (annually)							
Tx homes 30 hrs. 1 parent or 50 hrs. 2 parent (annually)							
TX Health Steps Training - Information given to at least one Caregiver/Foster Parent							
Allegations of Abuse/Neglect in the Past Quarter							How many?
Evidence of Contact with Caregiver(s)/Foster Parent(s) at least Quarterly							
Written Example of daily schedule for school year, summer, and weekends							
Written Example of a Recreation Schedule							

