

# OCOK Quality Improvement and Contracts Oversight



Type of Contract \_\_\_\_\_

Network Provider:

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Date of Administrative Review:

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Administrative Review Completed By:

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Date of On-Site Visit:

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On-Site Visit Completed By:

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## Sample size

- Client Records (Region 3b)= 10% of total clients served last quarter
- If less than 5 Region 3b clients= 100%, min. of 5

Total Served

Total Sample

- Foster Homes/Facilities available to OCOK = 10% of total available
- If CPA has less than 5 homes= 100%, min. of 5

Total Available

Total Sample

- Personnel Records by Branch/Operation= 50% of total assigned, min. of 5

Total Assigned

Total Sample

## Administrative Assessment

Monitoring Items	Strength	Needs Improvement	Comments
Policy and Procedures Manual (Program Specific) - Email, Flashdrive, Disc, etc.			
Organizational Chart - Professional Staffing Plan (Program Specific-most recent)			
Ages of Children Served			
Change in Key Management Staff within last 2 yrs.			Y/N, Who?
Change in Direct Delivery Staff (No More than 10%)			HR to provide information
Disaster and Emergency Response Plan (up-to-date)			
Disruption Mitigation Process			
For PMN Providers, RN available on-call			
Completed Praesidium KYS Risk Assessment			
Reports/Submits SIR to OCOK within 24-hours of occurrence			As per OCOK Serious Incidents and Occurrence Table
COA Accreditation Current			N/A if not accredited
Provider Using Encrypted Email			
ES/RTC/GRO - Monthly Menu			
ES/RTC/GRO - Floor Plan			
ES/RTC/GRO - Safety Precautions			Cameras, alarm systems, etc.
ES/RTC/GRO - Ombudsman Poster DFPS			
<b>RCCL/DFPS Assessment</b>	Yes	No	
RCCL Abuse/Neglect Investigations for the Past Quarter			Total:
Total Child Fatalities Due to Abuse or Neglect in the Past Year			Total:
RCCL Minimum Standards Deficiencies (Less than 10 Deficiencies with No High Weights)			Total:
RCCL Minimum Standards Deficiencies (10-20 Deficiencies with Medium High and any High Weights)			Total:
Background Check Deficiencies in the Past Year			Total:
RCCL Corrective or Adverse Actions			Describe:
DFPS Corrective Action Plans			Describe:

**Administrative Assessment**


## 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 Reporting and 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:				
<b>Record Content</b>				
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, if applicable)				
Trauma-Informed Care Training (8 hrs. initial/2 hr. annually)				
Cultural Competency Training (3 hrs. annually)				
Normalcy Training (2 hr. pre-service, 2 hrs. yr.)				

## Client Record Assessment

Monitoring Items	Strength	Needs Improvement	Comments
Client's Name, Age & Admission Date:			
<b>Record Content</b>			
<b><i>Client Information</i></b>			
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)			
<b><i>Admission and Placement</i></b>			
Children involved in placement decision - PM			
Region 3b Placement Documentation Form or Agency Form, signed/in record			If Provider is utilizing this
During orientation child 5+ yrs. received all Policies as outlined in Region 3b Placement Documentation Form			Refer to Region 3b Placement Documentation Form
Provider's Initial Visit/Contact/Preliminary Service Plan within 72-hrs.			
Medical Consenter Form in Record			
<b><i>Wellbeing and Safety</i></b>			
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			
<b><i>Service Plans</i></b>			
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			
Normalcy 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			
<b><i>Child and Family Assessments</i></b>			
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			
<b><i>Education Services</i></b>			
Enrolled in School within 3 days of Placement (including Pre-K)			
Within 5 days - Verification of Enrollment Provided - OCOK/CPS			
Educational Portfolio Updated Monthly			
ECI Referral, under 3 y/o, within 3 days of Placement			
<b><i>Healthcare and Behavioral Health Services</i></b>			
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			

## Client Record Assessment

Medical Exam Annually			
Dental Exam Every 6 mo.			
TB Screening Test within 30 days of Placement for Children 1+ yrs.			
ES/GRO/RTC - CPS Authorization for Medical Treatment completed			
If Receiving Behavioral Health Services, Copies of Therapy Notes for the Previous Month			
<b>Legal/Court</b>			
Children age 10+ attend court hearings - PM			
Court Report within the last 6 mo.			
<b>Transitional Living and Independent Life Skills</b>			
ACLSA completed within 30 days of turning 14 y/o			
Youth age 16+ have a regular job during the year - PM			
Youth age 16+ have a PAL referral			
Youth age 16+ have state ID or DL - PM			
Youth age 17+ are registered for the National Youth in Transition Database			



### 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):						
<b>Record Content</b>						
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						

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

DFPS Medical Consenter Training (annually)						
Trauma-Informed Care Training (8 hrs. initial/2 hrs. yr.)						
Cultural Competency Training (3 hrs/yr.)						
Normalcy Training (2 hr. pre-service, 2 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						

# OCOK On-Site Visit - Exit Conference



Type of Contract \_\_\_\_\_

**Network Provider:**

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**Date of On-Site Visit:**

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**On-Site Visit Completed By:**

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## Exit Conference Participants

Name	Title