



## Monthly Capacity Assessment

PROVIDER DETAILS	
<b>Legal Name</b>	
<b>Resource Name/ Program/Facility</b>	
<b>Resource ID</b>	
<b>Contracts</b>	<input type="checkbox"/> 2Ingage <input type="checkbox"/> Belong <input type="checkbox"/> OCOK <input type="checkbox"/> Saint Francis <input type="checkbox"/> DFPS
<b>Corrective Action?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>QIP/PQI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DFPS RCC Date Started: <input type="checkbox"/> HHSC CCR Date Started:  <input type="checkbox"/> SSCCs Date Started:
<b>Placement Hold?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DFPS Date Started: <input type="checkbox"/> HHSC Date Started:  <input type="checkbox"/> 2Ingage Date Started: <input type="checkbox"/> Belong Date Started: <input type="checkbox"/> OCOK Date Started: <input type="checkbox"/> Saint Francis Date Started:
<b>Licensed Capacity</b>	
<b>Placement Capacity/ Contract Capacity</b>	2Ingage:  Belong:  OCOK:



	Saint Francis:  DFPS:
<b>SECTION 1. DATA SUMMARY – SEVERE VIOLATIONS</b>	
<b>Has the Provider received any severe violations from DFPS RCC, DFPS RCI, or HHSC CCR during the review period?</b>  <i>If yes, detail findings below:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Violation Type</b>	<b>Count</b>
Child Fatality/Near Fatality	#
<b>SECTION 2: DATA SUMMARY – STANDARD/CONTRACT VIOLATIONS</b>	
<b>Has the Provider received any citations or violations from DFPS RCC, HHSC CCR or SSCC during the review period?</b>  <i>If yes, detail findings below:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Violation Type</b>	<b>Count</b>
Low or Medium-Low Weight Deficiencies	#
Medium, Medium-High, or High Weight Deficiencies	#
<i>Failure to Report Serious Incident Citations</i>	#
DFPS Contract Monitoring Findings	#
SSCC Contract Monitoring Findings	#
Validated Complaints	#
24-Hour Supervision Violations	#
Administrative Penalties	#
<b>SECTION 3: DATA SUMMARY – INVESTIGATIONS</b>	
<b>Have any new RTB dispositions for A/N investigations been issued at the operation during the review period?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have any new A/N investigations been opened at the operation during the review period?</b>  <i>If yes, detail findings below:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Investigations</b>	<b>#</b>



<b>Total Allegations</b>		<b>#</b>
<b>CAPACITY ADJUSTMENT DECISION</b>		
<b>Capacity Change</b>	<b>Percent Change</b>	<b>New SSCC Placement Capacity</b>
<input type="checkbox"/> Capacity Increase <input type="checkbox"/> Capacity Decrease <input type="checkbox"/> No Capacity Change	+/- #%	#
<b>Overall Assessment</b>		
Summary of Assessment:		
<b>CAPACITY SUMMARY</b>		
<b>Licensed Capacity</b>	#	
<b>Old DFPS Placement Capacity</b>	#	
<b>New DFPS Placement Capacity</b>	#	
<b>PARTICIPANTS</b>		
<b>2Ingage</b>		
<b>Belong</b>		
<b>OCOK</b>		
<b>Saint Francis</b>		
<b>DFPS</b>		
<b>Monthly Capacity Assessment Date:</b>		