Quality Management Plan

2008 - 2009
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Mission Statement

Kids Central’s mission is to develop and manage a child-centered community-based system of care for abused, neglected and abandoned children and their families in order to strengthen families and prevent them from entering the child welfare system. The mission is driven by one of its core values, which is the belief that all children have the inalienable right to grow up safe, healthy and fulfilled in families that love and nurture them.

Kids Central seeks to institute improvements that will help our community meet and exceed federal and state requirements related to safety, permanency and well-being for the children we serve and their families.

Our Vision

Kids Central will be the most effective and well-known lead agency for community-based care providing child-centered practices which strengthen families and help to create, support and maintain a safe environment for children. We will build on strengths of existing services and develop a more effective system of care, responsive to this objective.

Quality Management Concepts and Definitions

The concept of Continuous Quality Improvement (CQI) calls for perpetual organizational reexamination, not only of “problem” areas but even those areas that are running smoothly. CQI presumes ongoing changes in customer needs, organizational resources and public expectations. This requires constant evaluation and adaptation to achieve and maintain quality service delivery.

Systemic monitoring and evaluation of child service delivery to ensure that standards of quality are being met is considered Quality Assurance, or QA. Activities intended to improve the quality of child service delivery in order to make systems and processes more efficient are generally referred to as Quality Improvement or “QI”. QI and QA do, and should, overlap in order to assist in taking the pulse of an organization and provide information for short and longer term planning.

Purpose of the Quality Management Program

The quality management process is designed to provide crucial information to Kids Central leadership, Kids Central network providers, the Community Alliance, the Department of Children and Families and other key stakeholders. The approach is an inclusive one that engages Kids Central staff, contract providers, community stakeholders and the children and families we serve. Quality Management activities involve collecting, reviewing, analyzing, and using data from key areas of operations including FSFN to ensure compliance with standards, contracts, and best practices in order to continually improve what we do.
The purpose of the comprehensive quality management system is to promote quality care, consistent with community and national accreditation standards and to provide a mechanism for evaluating and continuously improving the system of care.

**A Quality Approach Consistent with National Standards**

Kids Central obtained accreditation as a parent agency in 2007, and is seeking accreditation in the areas of Independent Living, Licensing, Kinship Care and Placements. In accordance with COA standards, the Kids Central quality management plan describes processes and activities required by COA including: stakeholder participation, long-term planning, short-term planning, internal quality monitoring, case record review, outcomes measurement, customer satisfaction, feedback mechanisms, information management, and improvement plans.

These efforts are planned and implemented to support the organization’s and system’s vision, mission, and core values. It also embraces best practice efforts and state-of-the-art designs in the field of quality improvement; the approach calls for involving consumers and stakeholders in program planning as well as convening teams to provide assistance and support in the activation of improvement initiatives.

Case management agencies contracted by Kids Central are currently accredited and maintain the standards set forth by their accreditation entity.

**The Model**

Kids Central will perform and participate in base, side-by-side and in-depth quality reviews as prescribed in the new Department of Children and Families (DCF)/Community Based Care (CBC) monitoring structure. This structure utilizes the case management agencies in daily on-going quality assurance and quality improvement activities.

Data obtained through the review process will be incorporated into an internal Continuous Quality Improvement (CQI) philosophy that will span every aspect of program operations and drive quality planning, action, and evaluation. Kids Central will use the four-step process improvement model of Plan, Do, Check and Act, espoused by Shewhart, to monitor and evaluate the quality of care.

**Section II: Core Components of the Quality Management System**

**Quality Management as a Basis for Long and Short Term Planning**

As an overarching basis for all of its quality management activities, Kids Central will develop a long term or strategic plan. The Kids Central strategic plan, developed with the Kids Central Board of Directors and with input from the community, projects three years into the future and will be reviewed and updated annually.

Key elements of the strategic plan are:
- Provide leadership as legislative and public policy advocates for Kids Central, community based care and the prevention of child neglect and abuse.
- Augment Federal and Sate funding through resource development program and activities.
• Ensure continued Board Development.
• Develop a high level of community awareness and understanding of Kids Central and community based care.
• Develop a “Scorecard for Success.”
• Promote prevention activities to minimize the number of children who require Kids Central supervision.
• Influence the protective investigation process to assure appropriate child-removal decisions are made.
• Ensure efficient, effective delivery of services.

The interim short term (one year) plans will be developed as building blocks toward achieving the longer term goals. Progress toward achieving the annual goals will be reviewed quarterly by Kids Central's Board of Directors and Executive Leadership Team. This review will provide information not only on progress but whether each short term goal is appropriate or warrants adjustment, in order to refine and make the process more useful. In order to facilitate the achievement of long and short-term goals, Kids Central has also implemented the use of a Balanced Scorecard based upon Paul Niven’s conceptualization.

The quality management activities will be undertaken to both facilitate the accomplishment of and to monitor the progress toward achieving the Kids Central's Mission, Vision, Strategic Plan, Short Term goals, and Performance Standards. These programs are outlined in more detail in the following sections.

Executive Leadership

In order for the Quality Management Program to work, initial and ongoing support of executive leadership is essential. The Chief Executive Officer (CEO), Chief Operations Officer (COO), Chief of Administrative Services (CAS), Chief of Quality Assurance and Utilization Management, Director of Child Safety & Permanency, Director of Quality Assurance/Utilization Management, Director of Quality Improvement, Director of Out of Home Care, and Director of Contract Management are essential in setting the tone and encouraging staff, provider, and community participation.

The Executive Leadership Team, as well as Case Management Agency Directors will play an integral role in the analysis of the qualitative and quantitative data that is collected, to highlight and standardize the successes and develop action plans to address deficiencies.

The Executive Leadership Teams meets with the Board of Directors monthly and reports on performance measures specific to Kids Central’s contract with the Department of Children and Families. These meetings are attended by both the Department of Children and Families Circuit 5 Administrator and the Department of Children and Families Circuit 5 Contract Administrator.

Quality Assurance Department

Kids Central’s Quality Assurance Department is organized to allow for a Quality Assurance/Utilization Management Director, one Sr. Quality Management Specialist, and two Quality Assurance Specialists. Each has been certified in child safety and is experienced in the use of the DCF standardized review tool.
The Director of Quality Assurance/Utilization Management is required to possess a Master's degree in a related field and 5 years experience in managing the delivery of child welfare services. Professional experience may be substituted on a year for year basis for required college. This position is responsible for the quality assurance activities of the agency, review of quality assurance reports prior to submission, oversight of all utilization management functions, and serving as one of the quality management liaisons for the agency.

The Sr. Quality Management Specialists are required to possess a Bachelor’s degree in social services and 6 years of social services experience, four of which must be in child protection, complete Phase I of the Pre-Service Training; and, if made available by DCF, Data Analysis and Quality Case Management training.

The Quality Assurance Specialists are required to possess a Bachelor’s degree in social services or a closely related field with a minimum of 3 years experience in an area of Human Services, preferably child welfare; complete Phase I of the Pre-Service Training and case practice review training. These positions are responsible for data collection and analysis, case practice reviews, supportive activities outlined in the state’s Program Improvement Plan and numerous other internally directed assurance activities.

In addition to Kids Central QA staff, the Case Management contracted providers are equipped with Family Safety and Permanency Specialists who will assist as peer reviewers. All staff participating as QA reviewers will have completed the pertinent statewide QA training.

Quality Improvement Department

Kids Central’s Quality Improvement Department is organized to allow for a Quality Improvement Director, two Sr. Quality Management Specialists, and one Quality Improvement Data Analyst. Each, with the exception of the Quality Improvement Data Analyst, has been certified in child safety and is experienced in the use of the DCF standardized review tool.

The Director of Quality Improvement is required to possess a Master’s degree in a related field and 5 years experience in managing the delivery of child welfare services. Professional experience may be substituted on a year for year basis for required college. This position is responsible for the quality improvement activities of the agency, review of quality assurance reports, identification of trends and patterns, analysis of both qualitative and quantitative data to provide management tools for standardization of performance measurement and drivers of improvement, and serving as one of the quality management liaisons for the agency.

Quality Management: Quality Assurance & Quality Improvement

The Kids Central Directors of Quality Assurance/Utilization Management and Quality Improvement will manage and facilitate each element of the quality management process. Data gathered through quality assurance reviews will be used to monitor and evaluate the management of the system of care, identify opportunities for improving the quality of service, establish initiatives to accomplish agreed upon improvements and monitor resolution of problem areas.

1. Monitoring and reporting on progress relative to child and family outcomes
Quality Management will work to develop mechanisms for improving the efficiency and effectiveness of the services to get better outcomes for children and families. Data will be analyzed to support organization-wide planning and correction of problem areas. Kids Central will track and report child outcome data in the domains that are consistent with federal and state mandates, including the final Department of Health and Human Services (HHS) measures mandated for every state and as established in the DCF/Kids Central service contract (See Section III for a further description of child and family outcomes).

2. Monitoring Case Management Agencies and Network Providers

Kids Central subcontracted service providers will be expected to have their own quality management process in place and will participate fully in the Kids Central quality management process. The Kids Central application and review process prior to initial contracting ensures that all providers have a sound approach to quality management. Kids Central will provide technical assistance to any provider in need of help in implementing a quality management process. A written description of their individual program will be submitted for review prior to Kids Central contract initiation. Evidence of their quality management program will be sought and its effectiveness addressed by the Kids Central Quality Improvement Team.

Every contract with formal network providers and case management agencies will have its outputs and outcomes clearly established. Applicable ASFA indicators will be included, as well as any required, relevant DCF indicators that are included in the Kids Central service contract. The provider must agree to provide data that Kids Central and DCF needs in order to not only determine whether the terms of the contract have been met, but to include that provider’s data in our system-wide analysis.

Kids Central will monitor the contracted providers in the network through a number of mechanisms. The activities referenced below will require a cooperative effort involving Kids Central's Quality Assurance and Quality Improvement Departments, Contract Management, provider agencies and stakeholders. The following overview of provider oversight and quality assurance and improvement activities is not intended to be an exhaustive description; Kids Central reserves the right to enhance or change procedures as needed to ensure high quality services.

Quality management activities related to the provider network are grouped under 5 broad headings.

1. Quarterly Analysis of Outcome and Performance Data
2. Semi-annual Case File Reviews
3. Performance Improvement Plans
4. Customer Satisfaction Surveys
5. Complaint monitoring and investigation

Information reviewed by the Director of Quality Assurance, Director of Quality Improvement, and/or provider agencies on a regular basis includes but is not limited to:

- Peer review of records for compliance with standards
- Incidents, accidents, and consumer grievances
- Consumer satisfaction information
• Outcome and performance information
• Safety and risk management issues

The QM staff performs the following essential functions:

• Data collection and measurement
• Evaluation, analysis and reporting
• Consultation/Facilitation/Training
• Monitoring
• System/Process development

1) Data Collection and Measurement

The QM Department has identified and defined the quality and compliance data elements to be collected and measured/evaluated. Appropriate data collection and measurement tools have been, and continue to be, developed in order to analyze and communicate the strengths and weaknesses within a service, program or administrative department. Collected data and tools include:

• Contract deliverables
• Client counts
• Staff turnover
• Contract outputs
• Service specific outputs
• Performance/Outcome measures
• Incidents and accidents
• Program meeting minutes
• Operations management meeting minutes
• Risk Management Committee meeting minutes
• Record reviews
• Consumer/stakeholder satisfaction

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The following is a comprehensive list of formal activities.

1. **Activity – ESI Staffing Document / Task Compliance**  
   **Person(s) Responsible** – CQI Team  
   **Frequency** – Weekly  
   **Process / Methodology** – This activity is designed to ensure that all cases being transferred provide or contain the documents and information necessary for the supervisor and Case Manager to effectively begin working with the family. The goal is to ensure that all activities and documents that should accompany the case transfer process / file is completed in order for the case manager to have the information necessary to effectively initiate contact and services for the family. This process is outlined in compliance with Florida Statute Chapter 39, Florida Administrative Code and best practice.

   ESI Packets are reviewed to ensure compliance with documents and HSn data entry as outlined in the CPI Memorandum of Agreement / Understanding. The compliance is recorded on an excel spreadsheet and HSn is reviewed to ensure compliance with case creation. Entries are posted by CMA staff, in HSn that outline the initial case transfer compliance and any follow up activities that must occur. In the event that critical documents, i.e. Signed Order and home-study with complete background checks are not included in the staffing packet, the Staffing Masters will not accept the case for transfer until the items are received. If other documents not deemed as critical are missing from the packet, the CMA is provided with a list of these items with specific due dates the items are due to the CMA provider, which is included in the Case Planning Conference Checklist. It is the responsibility of the CMA provider to secure the documents and enter information into FSFN.

   **Data Tools** – Excel, FSFN, Service Planning Conference Checklist

2. **Activity – System of Care Monitoring**  
   **Person(s) Responsible** – CQI Team  
   **Frequency** – Weekly  
   **Process / Methodology** – This activity is designed to engage the family in activities that will provide services at the earliest possible time and speed the process to achieve
permanency. The goal is to transfer this new process to practice and standardize the activities as the foundational activities of our system of care.

Kids Central has identified specific activities that need to be completed within the first 30 days of care. These activities assign the case to a case manager within 2 days of case receipt, ensure family contact within 2 business days of case being accepted for supervision, engage the family at the earliest possible time, and ensure completion of the Family Assessment and/or Predisposition Report and Case Plan Conference. Case management agencies have internal tracking processes to ensure follow through.

**Data Tools** – Excel, FSFN, Service Planning Conference Checklist, Diversion Forms

3. **Activity – Permanency Tracking**  
**Person(s) Responsible** – Kids Central Permanency Specialists, Safety and Permanency Staff, CMA Directors  
**Frequency** – Monthly  
**Process / Methodology** – This activity is designed to evaluate the case activities that have been completed to achieve permanency and to provide a specific case list for supervisory review. The goal is to systematically track the cases by length of time in care and focus on reunification / permanency within ASFA required timeframes.

This process analyzes the shelters that occurred during the Fiscal year in relation to the current goal and placement type or the closure information – date closed and to whom (parent, adoption, etc.). Staffings are held in each CMA and internal mechanisms are used to record and track achievement of permanency goals.

**Data Tools** – Excel, FSFN, Kids Central and CMA tracking forms

4. **Activity – Data/Performance Reports**  
**Person(s) Responsible** – CMA Staff, Quality Improvement Department, Quality Assurance Department, Contract Management Unit, and Senior Management Team  
**Frequency** – Daily, Weekly, Monthly, Quarterly, Semi-Annually, Annually  
**Process / Methodology** – This activity is designed to provide constant, on-going data information to all departments within the company for the purpose of driving production. The goal is to place these issues as a priority in our day-to-day work / operations and use them as a benchmark to gauge the success of our activities in meeting the service needs of our families.

Numerous data reports are reviewed on an on-going basis at various intervals. The CEO, Quality Management Team, CMA Directors, Case Management Supervisors and many others throughout the agency, gather this data. Various sources are utilized to collect the data and all are shared with the Senior Management Team. If data suggests that our compliance or production is not satisfactory or declines, daily reports are often developed to provide an on-going baseline for monitoring.

**Data Tools** – FSFN, Internal tracking forms, Ad Hoc Reviews, Excel, Performance Dashboard Reports, etc…
5. **Activity – Supervisory Reviews**  
**Person(s) Responsible** – CMA Supervisors, CMA Directors, Senior Management Team  
**Frequency** – Monthly  
**Process / Methodology** – This activity is designed to evaluate the case activities that have been completed to achieve permanency and to provide directional feedback to the Case Manager if necessary. The goal is to systematically track the cases in need of a review by length of time in care and focus on reunification / permanency while providing the specific case information and guidance to the Case Managers.

Supervisory review completion is tracked on a monthly basis to determine compliance. The process focuses on Administrative reviews for compliance and Clinical reviews to analyze the case in its entirety to develop family/child appropriate case management activities. The purpose is to have quality, purposeful and instructive face-to-face case discussion between the supervisor and family care manager.

Per CMA provider contracts, the unit supervisors shall ensure one-hundred percent of assigned cases are reviewed each quarter.

**Data Tools** – Excel, FSFN, Monthly Incentive Review Roll-up

6. **Activity – Incident Report Analysis**  
**Person(s) Responsible** – Quality Assurance Department, Contracts Department, CMA Family Safety and Permanency Specialists  
**Frequency** – Semi-Annually  
**Process / Methodology** – This activity is designed to analyze the incident report data and identify trends or concerns. The goal is to ensure that providers are adhering to procedure, that children remain safe and that any concerning trends are identified and addressed (both internally and externally).

Incident reports, both internal and external, are submitted to Kids Central and designated as provider information or reportable incidents. Reportable incidents are sent to the Department of Children & Families through the Incident Reporting System. Incident reports will be reviewed semi-annually for trends or concerns. External analysis is provided to the Chief of QAUM. Internal analysis is provided to the CMA Directors, who review the data and address any concerns.

**Data Tools** – Reports submitted by the providers / staff, Excel

7. **Activity – Case Practice Review**  
**Person(s) Responsible** – Quality Assurance/Improvement Departments  
**Frequency** – Semi-annually  
**Process / Methodology** – This activity is designed to identify case practice efforts and effectiveness in relation to the guidelines contained within the case practice review tool, which was designed to focus on safety, permanency, well-being and CFSR requirements. The goal is to ensure completion of case practice activities, adherence to best practice standards, and quality services for families.

Case Practice Reviews are designed to evaluate the quality of case management practices and processes utilized in service delivery. Kids Central will utilize the
statewide review tool, once it is received, as a foundational resource to address all core elements identified by the Department of Children and Families as quality case practice for the required reviews. All cases will be reviewed according to DCF frequency requirements, based on the content and guidance within the tool.

During quality case reviews, the cases are identified for review using the random sampling methodology. In order to begin the new statewide review process, the Department of Children and Families will utilize the FSFN report, Clients Active in In-Home and Out of Home Services to determine the total number of clients in both in home and out of home care served during the year and identify 25 sample cases for each CBC for review each quarter. Eventually, each CBC will be responsible for creating their own sample based upon DCF established criteria.

In order to adequately evaluate specialized populations, Independent Living, DJJ, and Adoptions will be stratified according to the overall percentage of the population that represents each specialized population, if the sampling method is not specified within DCF established criteria. The items by which these programs will be evaluated are included in the case practice review tool.

For the upcoming year, Kids Central will be participating in the Casey Foundation Plan in conjunction with DCF to study the impact of deeply engaging families in each step of the dependency process. This will be tracked in accordance with the grant criteria. Death reviews will be conducted by DCF Regional staff, unless specifically requested of Kids Central. While it is Kids Central's desire to conduct 100% reviews of out of home case files, this will be dependent upon the resources remaining once the new Statewide QM Plan has been implemented.

At anytime during a review process if a safety issue is identified, the reviewer will immediately request the appropriate case management manager to initiate corrective action. This request will be made thru the Director for Quality Assurance and Utilization Management using a Request for Information and Action Form. Additionally, the Chief of Quality Assurance and Utilization Management will be notified that a request for information and action has been initiated. The initial response is due within 24 hours of the request being made. A tracking system will be used to assure appropriate follow up is completed.

8. Activity – State Program Improvement Plan Supporting Activities
   Person Responsible - Quality Improvement Director; Quality Improvement Team Members
   Frequency – Various
   Process / Methodology – Based on the current emphasis and requirements outlined in the State Program Improvement Plan, Kids Central participates in all activities passed to the local district / CMA level. These activities vary based upon specifically identified areas of emphasis.

   Data Tools – FSFN, internal data collection, internal data analysis

9. Activity – Senior Management Team Meetings
**Person(s) Responsible** - Senior Management Team  
**Frequency** – Weekly  
**Process / Methodology** – This activity is designed to address performance and production issues, ensure the dissemination of information, provide a platform for feedback, discussion, decision-making and planning, and track task completion. The goal is to ensure consistency and cohesiveness within the company.

Weekly, the Senior Management Team meets to discuss issues of performance, production and situational items. Each senior manager of the company, Chief Executive Officer, Chief Operations Officer, Chief of Administrative Services, Chief of Quality and Utilization Management and Chief Financial Officer, attends the meetings.

**Monthly, department Directors are included in Senior Management Team meetings to ensure continuity of information dissemination and alliance with KCI Mission, Vision and Values.**

**Data Tools** – Excel and various reports

10. **Activity** – FSFN/Home Visit Validation  
**Person(s) Responsible** - Quality Management Team  
**Frequency** – Semi-annually  
**Process / Methodology** – This activity is designed to ensure accurate data is entered into the official system of record, FSFN, and to evaluate the quality of the home visits performed each month. The goal is to achieve 95% accuracy of all data related to cases.

Based on numerous reports generated from FSFN, information is updated to maintain compliance and/or provide insight to areas of concern. Report samples include; data trends report, eligibility, legal status, fingerprints/birth verification/photographs, and ad hoc reports that address specific areas such as goals, placement, etc.

For areas that are not currently tracked via the system, the supervisory review, case practice review and ad hoc target areas are validated through activities associated with each.

**Data Tools** – FSFN, Home Visit Validation Form, Central Region and HQ reports

11. **Activity** – Exit Interviews  
**Person(s) Responsible** - CMA Supervisor, CMA Director, Intake and Assessment Coordinator, Contract Management Director, and Quality Assurance Director or designees.  
**Frequency** – Continual; QA Reviews will be complete Quarterly  
**Process / Methodology** – This activity is designed to meet regulatory requirements and gain feedback from clients regarding each placement they experience. The goal is to ensure quality foster homes for clients.

The process outlines that exit interviews must be completed by the case manager on any child that exits a licensed placement that has lasted 30 days or more in duration. The interview form is reviewed and logged at the CMA and then submitted to Intake and
Assessment review and data collection. The data collected includes the name of the child, the placement, the entrance and exit date, the exit interview completion date and the compliance indicator. The report is provided to Recruitment Retention & Licensing and the Quality Assurance Team for review.

Based on the data, quality improvement activities may be initiated.

**Data Tools** – Exit Interview Form, Excel

12. **Activity** – Random Validation of Eligibility – Federal Funding  
   **Person(s) Responsible** - Revenue Maximization Supervisor and Specialists  
   **Frequency** – Monthly  
   **Process / Methodology** – This activity is designed to assure accuracy of the revenue maximization files. The goal is to ensure 95% accuracy.

On a monthly basis, the Revenue Maximization Unit completes peer reviews of federal funding files to ensure validity. Conflicts within the peer review process are brought to the Revenue Maximization Supervisor. The information is also validated against the Daily Log, FSFN and ICWSIS

Incomplete files or inaccuracies in paperwork are returned to the Revenue Maximization Specialist for correction.

**Data Tools** – Daily Log and Revenue Maximization files, FSFN

**Feedback Mechanisms and Reporting Requirements**

The Quality Management Department is responsible for ensuring that clear, accurate, and timely information regarding all aspects of the quality management process are provided to its service recipients, Board, staff, and community stakeholders. On a regular basis, Kids Central will convene public stakeholder forums, such as the Leadership Council to share information and solicit feedback on current operations. Kids Central will present as requested findings to the Community Alliances. No less than annually, Kids Central will provide a report of findings of key quality management activities.

It is important to determine if the services provided are meeting the program requirements articulated in Kids Central's contract with the Department of Children and Families, and to assess whether they are assisting Kids Central to meet the overall goals of improving child welfare outcomes and reducing the time it takes to finalize a child’s permanency plan.

Kids Central has implemented a multi-stage Continuous Quality Improvement system to evaluate the outcomes achieved by services provided through the Network. This system has been designed to provide the means for identifying issues or problems that affect program outcomes as they arise and allows Kids Central to implement quality improvement plans that will address opportunities for improvements as well as build upon Network strengths.

Each stage of our Continuous Quality Improvement System is described below:
Stage 1 – Identification of Project Goals and Outcomes

We will initiate our Continuous Quality Improvement process by identifying achievable goals and outcomes in cooperation with our contracted providers. These goals will be targeted around, but not limited to, identified contract performance measures, Network safety and risk management, consumer satisfaction, timeliness of service provision and outcome expectations related to permanency.

Stage 2 – Development of Measurable Objectives that Tie to Stated Goals and Outcomes

Once achievable project goals and outcomes have been identified, specific objectives will be established. These objectives will be designed to ensure progress towards the goals and outcomes and will be quantifiable through the collection of measurable, objective data.

Stage 3 – Creation / Modification of Tools to Measure Program Objectives

Kids Central will design data collection tools, such as satisfaction surveys, process related questionnaires, participant interview protocols, and feedback forms that will permit participants to provide unbiased feedback surrounding their experiences and opinions. Additional data related to program participation and outcomes will be collected via various resources such as contract monitoring reports, monthly operations reports, incident and accident reporting data, Quality Indicator Reports, and CWIQA Rollup Reports. Kids Central, Inc. retains the authority to make changes to data collection tools designed by Kids Central as needed to obtain the most pertinent and meaningful information possible.

Stage 4 – Implementation

Data collection tools will be distributed in a manner that will ensure the receipt of a statistically valid result. The number of responses will be continuously monitored to ensure we are on target to obtain an appropriate number of responses. Modification to the distribution and completion methodologies will be made as necessary.

Stage 5 – Compile and Evaluate Data

Data will be collected and compiled in data bases. These databases will be used to produce regular management reports and ad hoc reports that will allow project management to monitor project and staff performance and consumer satisfaction with services provided. Once compiled, data will be compared to project objectives to insure continuous progress towards stated goals and outcomes.

Stage 6 – Identify Changes to Program Approach (Problem Resolution and Performance Improvement Plan)

Based upon the results of the information collected, appropriate changes to Network services or programs will be initiated. Furthermore, our approach will allow for the resolution of problems at the time that they are identified. The problem resolution methodology is a formal process that includes:

- Identification of issues or problems,
- Provision of feedback to Network Members or Kids Central staff,
- Discovery of precursors or factors leading to the problem,
• Development of strategies to mitigate the issue in the future, and
• Implementation of a formalized Improvement Plan (when deemed necessary).

Finally, Network goals, outcomes, and objectives will be reviewed and modified as deemed necessary. These changes, or strategic improvements, will be designed to modify the Network’s approach and/or consumer experiences in a positive manner. Collectively, they will ensure the continuing success of services provided by the Network.

The following diagram provides a graphic view of the Continuous Quality Improvement System:

![Continuous Quality Improvement Cycle Diagram]

**Reporting to DCF**

Kids Central will provide a minimum of semiannual reports, no later than the 10th of the month following the review period to the Department of Children and Families that will summarize:

• Review Findings and any action needed or taken

Data elements not currently available through the state’s automated data system will be collected during case reviews and/or direct requests submitted to the CMAs, tabulated and submitted via the process described above, unless otherwise requested and specified in the DCF/ Kids Central Service Contract.

**Section III: Programmatic Quality Assurance Plan**

In addition to the information that will be provided by FSFN, Kids Central will conduct a series of procedures to audit various elements of the Kids Central system of care, including but not limited to:
A. Case Record Reviews,
B. Consumer and Stakeholder Surveys
C. Monitoring of Outcomes and Quality Performance Indicators
D. Complaints and Grievances
E. Critical Incidents, and other Safety & Risk Management Issues

**A: Kids Central Inc. Record Reviews**

The record review/audit process will be viewed as a comprehensive multi-tiered process that includes basic record reviews as part of good supervision; base quarterly random sample case file reviews conducted by the Kids Central Quality Assurance Department, Quarterly Side-by-Side Regional DCF/CBC Quality Assurance Reviews and Quarterly In-Depth Quality Reviews.

**All cases undergo Family Case Manager/Supervisor reviews:** Contracted Family Case Managers and their supervisors will complete face to face supervisory discussions using the supervisory discussion guide. During fiscal year 2008-2009, Kids Central will also be monitoring the compliance and quality of face-to-face supervisory discussions on new and 30-45 day old cases in accordance with guidelines set forth in the Quality Improvement Center grant.

**Base Reviews: (Kids Central Quality Assurance Review):** A sample of 25 records will be randomly selected for each CBC for review by the lead agency on a quarterly basis. 17 cases will be reviewed by the CBC and then the remaining 8 files will be completed during the side-by-side process explained below. The records will be monitored according to DCF requirements. The Kids Central Quality Assurance Department will coordinate these reviews with the CMAs, as well as aggregate the results for presentation to Executive Leadership and reviewed CMAs, and forward the data roll-up to the Regional QA Manager.

- All reviews will use the designated Quality Review Tool that is currently under DCF development. Prior to the review, the Quality Assurance Director or designee will identify additional reviewers, as necessary. All QA reviewers will complete the statewide QA training. Files will only be reviewed by persons with no direct or routine involvement in making service decisions in the case. The designated review lead will coordinate the process by determining the case sample, requesting the case files from the CMAs, and facilitating the review.

- The review tool will focus on whether the Family Case Managers are providing and documenting appropriate levels of services for children and families, conducting case planning activities as described by Kids Central requirements, actively involving families, meeting visitation and contact standards, and moving the case forward to ensure case plan goal attainment in the timeframes required. Essentially, the purpose is to determine whether the cases would pass the equivalent of a CFSR based on documentation in the files. The use of the review tool is intended to ensure that safety, permanency, and well being needs for children and their families are met. Accuracy, timeliness and quality of FSFN data will be evaluated as well.

- The completed instruments will be reviewed, tabulated and a written report completed. The report will be submitted to the Department of Children and Families Contract Manager no
later than 2 weeks or the 10th of the month following the review, whichever comes first; and the narrative report distributed to the appropriate CMA staff once approved by Executive Leadership.

- The Quality Improvement Department will use the review findings to identify and analyze issues that need to be addressed through action plans and to identify strengths that need to be recognized and possibly replicated.

In order to effectively address Quality Improvement, data collection is completed through two separate processes; external and internal. External data is collected via reports and audits. Internal data is collected through FSFN, ICWSIS, internal tracking processes, case file reviews, and standardized reporting tools. Additionally, Kids Central will utilize the statewide web based tracking system once this system is successfully implemented.

**Side-by-Side Reviews (Department of Children & Families Regional QA and CBC Review):**

DCF Central Region and Kids Central will conduct quarterly reviews of a sub sample of 8 cases in a side by side manner. The case file review will be completed utilizing the same tool used in the CBC base review. Files will be pre-selected by the Department of Children and Families. Participants of this review will be CBC and Regional Quality Assurance staff who received statewide QA training once, training is implemented.

**In-Depth Quality Assurance and Discretionary Reviews:**

DCF Regional Quality Assurance will be responsible for conducting in-depth reviews to predict compliance of the state system against the CFSR standards as part of the Statewide QA Plan review process. In-Depth reviews may include CBC staff as well in review/interview coordination and completion.

Each year DCF executive management will determine through various data analyses and other critical factors such as a Performance Improvement Plan which programmatic areas, functions, or processes might require a more focused review than provided by more general quality assurance activities. Based on the results of quality assurance reviews, or other information, DCF executive management may specify that a statewide focused topic review be conducted and provide guidance on the requirements. Both KCI QA and Regional QA staff will work together to ensure the completion of these reviews.

**B: Consumer and Stakeholder Surveys**

Kids Central utilizes input from and feedback to stakeholders through a variety of channels: written surveys, meetings, evaluations, monitoring and data sharing. The information gained through each avenue is cumulatively shared with the company CEO and Senior Management Team for discussion and action. Ideas, concerns and comments are utilized to evaluate our system of care, drive production, identify areas of strength and weakness and provide the company with an overall means in improving our services.

The data from the surveys is aggregated for review and evaluation by the programs, Senior Management Team and the Quality Improvement Team, to be utilized in the development and implementation of the Local Improvement Plan. The Quality Improvement Team is comprised of the CMA Quality Assurance representatives from each CMA provider, Kids Central’s Quality Improvement Director, Kids Central Quality Assurance Director or designee and other Kids Central staff.
Procedures for Stakeholder and Foster Parent Surveys

- Kids Central will use standardized instruments and the instrument used will allow for anonymity but will include basic demographic information.
- A sample of stakeholders and foster parents will be taken annually.
- Surveys will be conducted via telephone, unless interviewees request that it be faxed.
- Results will be tabulated and be included in the report to Kids Central Executive Leadership, CMAs and to the DCF Central Region.

C: Monitoring Child and Family Outcomes & Quality Performance Indicators

To the extent possible with the current technology (FSFN) and the addition of a dedicated Data Analyst position, Kids Central intends to track and report outcomes and performance measures consistent with the State Performance Improvement Plan (PIP) and the District 13 Local Improvement Plan (LPIP) and incorporates performance indicators in its review of delivered service.

DCF has also worked to develop a core set of outcomes and quality measures that can be standardized across CMA contracts. Kids Central will focus on those outcomes and indicators that are required under the service contract, as well as closely examining and reporting on other outcomes identified by the Alliance.

Child and Family Outcomes/Measures Related to Safety, Permanency & Well-being

The following outcomes/performance measures are included in the service contract and will be systematically collected and tracked by Kids Central: *Note: These measures are being revised by DCF for 2008-2009.*

#1: At least 95% of the children served shall be protected from child abuse and neglect (Source: CFSR, Safety Outcome 1, Item 2).

#2: No more than 1% of children served in out-of-home care shall experience maltreatment during services (Sources: CFSR national standard, PB2).

#3: The percentage of children entering out-of-home care who are re-entering care within 12 months of a prior reunification or release to relatives shall not exceed 9% (Source: CFSR national standard, PB2).

#4: The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 76.2% (Source: CFSR national standard, PB2).

#5: The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least 32% (Source: CFSR national standard, PB2).
#6: No more than 668 children in out-of-home care 12 months or more shall remain in out-of-home care on June 30, 2007 (Source: Department Priority).

#7: At least 85% of 113 adoptions shall be finalized during state fiscal year 2006-07 (Source: Department Priority).

#8: 100% of children under supervision who are required to be seen each month shall be seen each month (Department Priority; also related to CFSR Outcome WB1, Item 19, Worker Visits with Child).

) of children in out of home care with the goal of reunification shall increase by at least 25%.

NOTE: The outcomes and performance measures described above are subject to change on an annual, fiscal year basis. Kids Central will use whatever measures are specified in the service contract as a foundation for its monitoring efforts.

Each contract performance measure is tracked weekly, monthly and / or quarterly to ensure compliance. Baselines and current performance is tracked using a combination of the quality management activities and tools specified below.

Specific Quality Management activities related to this category include

1. ESI Staffing Document / Task Compliance, Page 8
2. System of Care Monitoring, Page 9
3. Permanency Tracking, Page 9
4. Data Reports, Page 9
5. Supervisory Reviews, Page 1
6. Incident Reports Analysis, Page 10
7. Performance Reports, Page 10
8. Case Practice Review, Page 11
9. State Program Improvement Plan Supporting Activities, Page 11
10. Senior Management Team Meetings, Page 12
11. FSFN/Home Visit Validation, Page 12
12. Exit Interviews, Page 12
13. Quarterly Program Office Administrator Unit Performance Review, Page 13
14. Random Validation of Eligibility – Federal Funding, Page 13

D: Inquiries, Complaints and Grievances

It is the policy of Kids Central to hear all client complaints and to support the dignity and rights of all clients. All complaints are handled through the Kids Central Client Rights Ombudsman. It is the responsibility of the Clients Rights Ombudsman to investigate and seek resolution to all complaints.

The Client Rights Ombudsman takes appropriate steps to mitigate the effects of any violation of client’s rights. As documented in Kids Central’s Policy # 806, Client Complaints and Grievances, the Client Rights Ombudsman assures that all grievances are resolved quickly and at the lowest level possible.
A tracking system is underdevelopment which will allow the Client Rights Ombudsman to collect data monthly on Client Inquiries, Complaints and Grievances. The data collected will include the number of inquiries and complaints, average time from inquiry or complaint to resolution, and number of inquiries and complaints referred as grievances. This data will be provided monthly to Kids Central’s Executive Leadership and the Quality Improvement Team for review. The Quality Improvement Team will evaluate trends, identify deficiencies and develop improvement plans for any areas of concerns.

Client Inquiries
An “inquiry” is defined as an issue raised that requires clarification or attention but which may not indicate dissatisfaction with services. Client inquiries may be made to any employee, at any level, within the organization. Received inquiries will be forwarded to the Client Rights Ombudsman, who will process, respond to and track inquiries. When an inquiry is made, the employee will seek to resolve the concern quickly and efficiently with the inquirer, the employee will document actions taken. If necessary, the inquiry will be forwarded to their Supervisor, and the employee will tell the inquirer when they can expect a response.

Upon receipt, the supervisor will investigate the inquiry and make a preliminary assessment of what action is required. The supervisor will seek to resolve the concern or problem expressed, making reasonable efforts to obtain resolution as requested by the inquirer. The results of the investigation and resolution will be clearly documented, logged, and filed in the case record, with copies being provided to the Family Case Managers, foster parents/facilities, and/or any other relevant parties affected by the inquiry, including the GAL.

Complaints
Kids Central defines a complaint as dissatisfaction with a case specific issue or service delivery issue, which is received verbally or in writing and for which a response is requested. When a complaint is received, a written confirmation of the complaint and the Kids Central complaint procedure will be forwarded to the complainant. This confirmation will inform the complainant that Kids Central’s Client Rights Ombudsman is investigating the complaint/concern they have filed.

The Kids Central Complaint Follow-up and Resolution forms (Appendices A & B) will be used to document the actions taken after discussing the issue with the complainant. If a complaint cannot be resolved by the Client Right’s Ombudsman, the issue will then be passed on to the Chief Executive Officer, or designee and the person issuing the complaint will be advised of further grievance and appeals procedures.

Grievance & Appeals Resolution Process
It is the policy of Kids Central to respond to all grievances and appeals in a manner that is respectful of individual clients, providers, and others who might file a grievance. The grievance and appeals process will be impartial, non-retaliatory and timely.

When a grievance or complaint is received the following process will ensue:

A. Receipt of a Complaint

1. The Kids Central Corporate office and DCF Client Relations will forward all complaints and/or grievances to the Client Rights Ombudsman.
2. In addition, complaints are also received directly through telephone calls that do not come through DCF Client Relations.
B. Complaint Investigative Process

1. The Client Rights Ombudsman is responsible for investigating the circumstance of the alleged rights violation, and if appropriate shall take steps to resolve the issue.
2. The Client Rights Ombudsman may consult with CEO, Kids Central Chief’s, CWLS, CBC Directors, and/or other professionals in reviewing and acting upon complaints/grievances.
3. The Client Rights Ombudsman shall communicate the results of the investigation and resolution to either the grievant or forward the results to the DCF Client Relations within the specified time frames given by DCF Circuit 5 Headquarters.

C. Decision and Disposition

1. If the results of the investigation indicate that a Kids Central employee or a contracted Kids Central employee has violated the rights of a client, the results will be reported to the Chief Executive Officer of Kids Central.
2. The Chief Executive Officer of Kids Central will determine what course of action to take against the employee violating the rights of clients.
3. The CEO of Kids Central may impose monetary infraction against the CMA and/or disciplinary action that could result in termination of an employee.
4. If the complaint/grievance is not resolved by the Client Rights/Ombudsman to the client’s satisfaction, the issue will be referred to the CEO of Kids Central.
5. The issue shall be resolved as quickly as possible and an update shall be maintained with the party filing the grievance/complaint.

D. No Retaliation

1. There shall be no retaliation against any individual or person served, or employee for having filed or assisted on the filing of a complaint/grievance, or for investigation or acting on a complaint/grievance.
2. Any employee who becomes aware of any such retaliatory action shall immediately report it to the Client Rights/Ombudsman.

Review of all Complaints and Grievances
The Client Rights Ombudsman will collect data monthly on Client Inquiries, Complaints and Grievances upon completion of tracking system development. Once the tracking system is implemented the Director of Quality Assurance will assess all complaints and grievances filed on a semiannual basis. Results will be compiled, reviewed and brought to the attention of the Kids Central’s Executive Leadership team. Timeliness of resolution, actions taken, and customer satisfaction with the resolution will be evaluated.
E: Critical Incidents, Accidents and other Risk and Safety Issues

It is the policy of Kids Central and its network provider agencies to identify and report critical incident information to ensure child safety and to prevent future risk. All Kids Central staff and contracted provider staff are required to promptly report all incidents, accidents, safety and risk issues in accordance with the requirements of procedures CFOP 175-85 and 215-6, and as outlined in Kids Central’s Policy #807, Incident Reporting and Client Risk Prevention.

The Incident Report form (Appendix D) will be used by Kids Central staff, all providers and Family Case Managers within the network. The Incident Report Form may be used internally to report an incident or event that may pose a threat to the child, document the actions taken, and formally notify Kids Central and the Family Case Manager and supervisor.

The incident report is used internally and externally to record an incident or event that does place the child or others at risk, to document the actions taken and the follow-up needed, and to formally notify the agency supervisor, Kids Central, and DCF.

Reporting Procedure
Any Kids Central contract provider (CMA) staff that becomes aware of an incident that meets the criteria set forth by the Incident Report form must initiate the proper response and verbally report the incident immediately to their supervisor, Program Director, CMA Director and the CEO of the provider organization.

In cases where health, safety and well-fare of the client(s) have been affected, the family Case Management provider will initiate the proper response to the incident (calling law enforcement, transporting client to the hospital) and make the verbal report immediately, not to exceed one hour from the time of the incident to the CMA CEO and Kids Central Executive Leadership: CEO, COO, CAS, and CQAUM, or identified designee. Appropriate corrective action and follow up will be completed to protect the client from further risk or injury and to manage activities to control the situation.

For all incidents, the Incident Reporting Form must be completed and reviewed by the Family Case Manager Supervisor and emailed to the CMA Program Director and Kids Central via IncidentReports@kidscentralinc.org for processing. Kids Central’s Director of Quality Assurance will determine if DCF notification is required per CFOP 175-85 and 215-6. If required, DCF will be notified within 24 hours of report receipt and review. If necessary, form may be faxed but must be followed by an emailed version.

Semi-annually, the Kids Central QA Department will assess all incident reports. Results will be compiled, reviewed and brought to the attention of the Kids Central’s Executive Leadership. Timeliness and quality of reporting and appropriateness of follow-up activities and resolution will be evaluated.

Follow-Up Review of Incidents/Events to Prevent Future Occurrence
Any incident which resulted in serious injury to a child and/or is likely to involve media or public attention will be immediately reviewed by the Kids Central Executive Leadership team to determine the basic answers to who, what, when, where, and how the incident occurred. At a minimum, Kids Central staff will attempt to determine whether:

a) Staff were in compliance with program policies and procedures;
b) Appropriate handling of the situation and action taken to protect the child;
c) Steps taken to maintain control or the situation and to limit risk to the child(ren) and liability to the project.

The Risk Management Plan contains additional information on risk and safety reviews.

Section IV: Quality Improvement

Quality Improvement is implemented based on the level of performance or compliance with each quality assurance activity or other source. Performance and compliance is determined based on established benchmarks and performance expectations. The indication of poor performance or lack of production is based on data reports and analysis conducted as part of the quality assurance /improvement activities.

Initiatives utilized to enhance and drive improvement are:

- Performance Improvement Plan
- State / Local Program Improvement Plan
- Use of Continuous Quality Improvement Teams and the Quality Improvement Department

The Quality Improvement Team is comprised of representatives from each of the CMA provider staff, Kids Central Quality Improvement Department, Kids Central Quality Assurance and Utilization Management Department, Permanency, Licensing, and Contract Management Unit staff. This team composition allows members to bring different perspectives to the team. The program team meets a minimum of quarterly and is facilitated by the Kids Central's Quality Improvement Director.

The team meets with the intent of reviewing and analyzing monthly and/or quarterly program data from key quality indicators. The team reviews the data from the Program Performance Report for trends, develops QI initiatives and implements program improvements as needed. Other relevant data such as external monitoring reports, inspections, and/or audits are included for review as they occur. The team also evaluates the success of previously established action plans by comparing information from the previous month against the current month. The team discusses accreditation standards, best practices, and programmatic issues and concerns identified and creation of appropriate action plans. In addition, the team may recognize issues that need Management recommendations and/or actions.

While Kids Central may delegate certain responsibilities to the CMAs, the Training Manager maintains primary responsibility for organizing ongoing training for the CMA staff, based upon data gathered through case/performance reviews and contract requirements. Appropriate lessons will be translated into recommended policies and procedures that will be shared with Executive Leadership and the Kids Central Board of Directors. When approved, all agencies, stakeholders, and other interested parties will be informed, and appropriate steps will be taken to train staff and implement necessary changes.

Changes in policies and procedures may be instituted based upon review findings. If significant problems are identified within CMAs (or with particular Family Case Managers or supervisors), the Chief Operations Officer in collaboration with the Director of Safety and Permanency may
meet with CMA Directors and with the Family Case Managers or supervisors to examine and explore the problem areas and propose improvement plans to address problems. At that time, specific activities and timeframes will be established to include a realistic measure of improvement. The QA staff will ensure that results of any improvement plans are reviewed within the timeframes set forth and agreed upon. Providers are expected to comply with the terms of the corrective action, and non-compliance will lead to other corrective/punitive action as required.

When systemic improvement is required, Kids Central will implement change by providing the CMAs with data to support the need and a timeline for training, implementation and subsequent review. CMA directors will be responsible for the dissemination of information to their management and operations staff, and ensuring that improvement activities are occurring. At the time set forth in the timeline, Kids Central will conduct a review to determine whether or not the established objective(s) has been achieved, and modify methods as needed.

**Training:**

Kids Central, Inc. employees are required to complete 15 professional training hours per fiscal year. Various trainings are delivered and/or coordinated throughout the year by the Kids Central Training Coordinator and made available to not only Kids Central’s corporate staff, but to Case Management Agency staff and the Department of Children and Families staff.

Parts of the preparation and on-going support of child safety staff are pre-service and in-service training. Pre-service training is provided to case management staff through a subcontracted provider, Children Home Society’s Learning Institute. The pre-service training includes structured field activities and classroom training and requires successful completion of a knowledge-based test to achieve Phase I Certification. All pre-service training follows the requirements outlined by state.

In-service training consists of Phase II Certification and / or applicable specialist certification for all case management related staff. All staff is required to complete the requirements outlined by the Department of Children and Families Licensing Division. Completion of training is maintained in the personnel file and tracked through an excel spreadsheet to determine compliance. Verification of training completion is validated through a training certificate issued by the on-site trainer.

Foster and adoptive families are required to complete MAPP training prior to being licensed / approved as a foster and / or adoptive home. All MAPP training is provided through Kids Central contracted child-placing agencies. Trainers must be certified through the Department of Children and Families. The training consists 30 hours. The child-placing agency responsible for providing the training must maintain records of attendance and validate that the MAPP requirements have been successfully met. In addition to the MAPP certification, each licensed foster family must receive not less than 12 hours each year during the first two years of annual in-service training with subject matter being directly related to children and their care. Each child-placing agency is responsible to track compliance of completion.
A: Foster and Adoptive Home Licensing, Approval, and Recruitment:

Kids Central’s Quality Management Team monitors the performance and outcomes of the licensing department through assessment of recruitment and retention efforts. Our overarching objectives in monitoring Licensing, Recruitment and Retention efforts are to:

- Ensure that the Network is reaching and recruiting foster parents that meet the demographic objectives and needs of children served by the Network,
- Ensure that licenses are renewed in an efficient and timely manner,
- Ensure that federally mandated outcomes as measured through the Child and Family Services Review (CFSR) are reached.

The quality of services will be measured through the following activities:

- Completion of foster parent surveys on a semi-annual basis,
- Annual monitoring of Licensing Files,
- Tracking of incident reports involving licensed foster homes,
- Exit interviews with children as outlined on page 12; item 12, and
- Interviews with foster parents who have chosen to discontinue their participation in the licensing process, by licensing specialists and
- Interviews are conducted by licensing specialists with foster parents who choose not to renew their license or have not had children placed in their homes in over a year.

Data collected in each of the activities will be analyzed through the methods described in the Data Collection and Measurement Section referenced on pages 9-16.

It is Kids Central, Inc. policy that foster home licenses be renewed annually which includes review of documents such as the staff inquiry forms completed by the Family Case Managers with children placed in the foster home and exit interviews and completion of background screening. Each foster home has a designated licensing specialist assigned to provide ongoing support and evaluation of services provided to the children.

Foster and adoptive home licensing, approval and recruitment is conducted through Kids Central, Inc., which is responsible for completing the licensing process, submitting the licensing file to the Department of Children and Families and recruitment of new foster / adopt homes.

The Department of Children and Families tracks the licensing and approval process via the Licensing Packet Review Form. This information is provided to Kids Central's contract management department and the report is developed and shared on a quarterly basis. Repetitive non-compliance or negative performance shall result in the implementation of a Program Improvement Plan, as determined by the Department of Children and Families or Kid’s Central, Inc.’s CEO.
B: Federal Funding:
Principle Outcome Category 4 – Fiscal Management / Revenue Maximization

The Fiscal Management / Revenue Maximization category addresses internal tracking regarding Title IV-E and TANF and consists of validation of the data in HSn and ICWSIS and the adequacy of penetration.

The Federal Funding / Revenue Maximization Department consist of one (1) Federal Funding Supervisor who is supervised by the Contracts Director. The Federal Funding Supervisor has direct supervision of four (4) Revenue Maximization Reviewers, who are assigned to counties. These counties includes Marion, Citrus, Hernando, Sumter and Lake.

To ensure on-going training and technical assistance activities comply with changing federal requirements, the Federal Funding Supervisor participates in monthly Revenue Maximization Statewide conference calls, facilitated by DCF Central Office. Information that is disseminated is communicated to the Revenue Maximization Reviewers in written form along with supporting documentation, if applicable. Central Office provides technical assistance upon request.

An external evaluation, as outlined in the function of Base, Side-by-Side, In-Depth and Discretionary Reviews, will determine the accuracy of the files and the determination of eligibility.

Specific Quality Management activities directly related to this category include:

1. Performance/Data Reports
2. Executive Leadership Team Meetings
3. FSFN Validation
4. Communication
5. Monitoring Subcontracted Providers
6. Random Validation of Eligibility – (Federal Funding)

The CMA staff has been afforded the opportunity to attend training offered by the Department of Children and Families. Revenue Maximization Staff employed by Kids Central, Inc. and the Central Office are available to provide support to the CMA’s as required. Internal reviews are conducted in collaboration with the Central Office for federal funding.

The internal review structure includes:

Tier I – Peer Previews during which the Revenue Maximization Specialists participate in peer reviews.

Tier II – The Revenue Maximization Supervisor conducts random case reviews to verify accuracy of eligibility determinations.
Appendix A: Complaint Procedures and Acknowledgement

Kids Central is committed to providing high quality services to children and families. Implicit in this commitment are the processes to facilitate the resolution of complaints related to services. It is the intent of Kids Central to address complaints to assure child safety, program effectiveness, and community confidence in our services.

KIDS CENTRAL INC.
ACKNOWLEDGES RECEIVING THE FOLLOWING COMPLAINT:

<table>
<thead>
<tr>
<th>Complaint received by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Person filing complaint:</td>
</tr>
</tbody>
</table>

Here are the steps to follow when completing this form:

Step 1: Try to determine if the complainant attempted to resolve the issue with the person involved (Family Case Manager, Foster Parent, and/or Program Staff). Sometimes problems can be resolved at the source.

Step 2: Advise complainant that the complaint will be forwarded for action within 3 days of receipt.

Step 3: Inform complainant that they will receive written notification or a telephone call to advise them of the status of the resolution.
# Appendix B: Complaint Tracking Form

<table>
<thead>
<tr>
<th>Complainant Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complainant’s relationship to Kids Central</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>Parent</td>
</tr>
<tr>
<td>Foster Parent</td>
<td>Provider</td>
</tr>
<tr>
<td>DCF</td>
<td>Employee</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Specific nature of complaint: *(Please specify child, worker, detailed description of the complaint and all previous attempts to resolve the issues, date and time of the incident and the reason for concern. Attach any necessary documentation)*

<table>
<thead>
<tr>
<th>Complaint received by</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date that complaint was received</td>
<td></td>
</tr>
<tr>
<td>Complaint entered into system by</td>
<td></td>
</tr>
<tr>
<td>Date complaint was entered into system</td>
<td></td>
</tr>
<tr>
<td>Was required timeframe met?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

If not met, give reason:

Resolution: ☐ Resolved ☐ Sent to QUALITY MANAGEMENT for further investigation
<table>
<thead>
<tr>
<th>Complaint Follow-up and Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaint response assigned to</td>
</tr>
<tr>
<td>Date assigned</td>
</tr>
<tr>
<td>Action taken:</td>
</tr>
<tr>
<td>------------------------------------</td>
</tr>
<tr>
<td>Response to complainant (attach any documentation)</td>
</tr>
<tr>
<td>Was complainant satisfied?</td>
</tr>
<tr>
<td>Date response was sent</td>
</tr>
<tr>
<td>Authorized signature</td>
</tr>
</tbody>
</table>

**cc:** Human Resources/Contracts Department  
Guardian Ad Litem  
Family Case Manager Supervisor  
Complainant
# Appendix C: Questionnaires and Satisfaction Surveys

## SATISFACTION SURVEY

<table>
<thead>
<tr>
<th>Please circle the best answer</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was treated with courtesy and respect.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I was seen for services on time.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Phone calls were quickly answered and my messages were returned.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I received services when I needed them.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>It was easy for me to get to the office.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>The office was clean and comfortable.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>If I had a complaint, it was handled well.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I received services that were helpful.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>The staff helped me find other services that I needed.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Overall, I am satisfied with the services that I received.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>The foster parents and I worked together to help my family and me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Please provide explanation for ratings of 3 or below:

How can we improve our services?

---

Thank you for taking the time to complete this questionnaire, your comments are valuable to us!
SATISFACTION SURVEY - FOSTER PARENT

Recruitment and retention of foster parents is critical to providing children with the least restrictive, most family like setting. We would ask that you take the time to answer the following survey so that we might identify areas of strength and areas of need.

Which agency sponsors you as a foster parent? ______________________________

How long have you been a foster parent? (Circle one answer)

<table>
<thead>
<tr>
<th>0-6 months</th>
<th>6 mos. to 1 year</th>
<th>1-2 years</th>
<th>2-4 years</th>
<th>4 or more years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many foster children have you cared for in your home in the last six months? (Circle one answer)

<table>
<thead>
<tr>
<th>None</th>
<th>1-2</th>
<th>3-5</th>
<th>6-10</th>
<th>11-20</th>
<th>more than 20</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please circle the best answer</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>My requests for information and assistance are regarded with respect and timely consideration</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>After a difficult placement I am given a chance to express my feelings and review the experience.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I believe I am given all information known about the children placed in my home.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>When I request the removal of a child, efforts are made to support the placement and help us through the crisis to achieve the most beneficial outcomes for the child.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I regard the financial reimbursement as adequate.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Statement</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Movements of children in and out of my home are characterized by careful planning and concern for reserving a sense of continuity.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>My assigned care manager visits my children individually in the home monthly</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>The care manager speaks directly with me about the children during visits</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Community-Based Care Input Survey

To help us continue to improve our services to children and families in partnership with the community, please take a few minutes and complete the following survey. Please return to the facilitator at the end of the meeting.

<table>
<thead>
<tr>
<th>Statement : Kids Central, Inc. (KIDS CENTRAL) and its partner agencies</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a good working relationship with my organization.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide their staff members with the needed support to do their jobs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have staff members that are accessible to me/my organization.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet often with me or members of my organization.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are responsive to my ideas and solutions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfactorily resolve issues or disagreements between our organizations and does so in a timely manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have Working Agreement(s) with my organization that is thorough and effective.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have strong partnerships with my organization at the administrative/management level.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have strong partnerships with my organization at the direct service level.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consult with us on child welfare services for their families as appropriate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow our case-related recommendations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share pertinent case-related information with us.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep us informed of changes affecting shared child protection cases when appropriate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide timely information to assist in our work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do a good job identifying children at risk.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Do a good job identifying children needing emergency services or removal and placement.

Do a good job in following up on their cases.

Do a good job in arranging and referring to community services.

Are able to satisfactorily resolve case-related issues.

<table>
<thead>
<tr>
<th>Issue/Frustration</th>
<th>Your idea for a solution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At KIDS CENTRAL and our partner agencies, we believe we don’t hold the patent on good ideas. Please take an additional few minutes and give us your thoughts on some current issues/frustrations that you have had with the transition of services from the Department of Children and Families to KIDS CENTRAL and our partner agencies.

Please provide us feedback on ways (your idea for a solution) you would have handled the issue. Please feel free to discuss current KIDS CENTRAL policies and procedures and how you would change or improve them to better serve children and families.

1. Issue/Frustration: _____________________________________________________________________
   
   __________

   Your idea for a solution: _____________________________________________________________________
   
   _____________________________________________________________________
   
   _________________________

2. Issue/Frustration: _____________________________________________________________________
   
   __________

   Your idea for a solution: _____________________________________________________________________
   
   _____________________________________________________________________
   
   _________________________

3. Issue/Frustration: _____________________________________________________________________
   
   __________

   Your idea for a solution: _____________________________________________________________________
   
   _____________________________________________________________________
   
   _________________________
In your opinion, what are the three greatest strengths of KIDS CENTRAL and its partner agencies?
1. 
2. 
3. 

In your opinion, what are the areas of improvement that KIDS CENTRAL and its partner agencies should address to succeed in the provision of quality services to children and families? List in the order of their importance; with the most important being #1.

1. 
2. 
3. 

Please list any additional questions you would like for KIDS CENTRAL and its partner agencies to address:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Thank you for your participation in this survey.
## Appendix D: Incident Reporting Form

### I. Identifying Information

#### Incident Primary Category:

- [ ] Altercation
- [ ] Client Death
- [ ] Client Injury or Illness
- [ ] Elopement
- [ ] Baker Act
- [ ] Escape
- [ ] Other Incident
- [ ] Sexual Battery
- [ ] Suicide Attempt
- [X] FYI

#### Incident Date:

#### Time of Incident:

#### County:

#### CSA# (if Hotline contacted):

#### Program Area:

- [ ] ADM
- [ ] AS
- [ ] DD
- [ ] ESS
- [ ] FS

#### Victim/Person Involved:

#### Contract Provider Name/Foster Home:

#### Location/address of Incident:

#### Type of Facility:

#### Reviewed By:  

#### Title of Reviewer:

#### Incident Coordinator:

- Counselor’s Name:

- Counselor’s Telephone #:

- Allegations in CSA:

### II. Participant(s) Witness(es) (if applicable)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Birth Date</th>
<th>Age</th>
<th>Race</th>
<th>Gender</th>
<th>Household Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(VICTIM)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(CHILD)</td>
</tr>
</tbody>
</table>

Kids Central, Inc.
Quality Management Plan
II. Participant(s) Witness(es) (if applicable)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Birth Date</th>
<th>Age</th>
<th>Race</th>
<th>Gender</th>
<th>Household Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Alleged)</td>
</tr>
</tbody>
</table>

III. Description of Incident


IV. Corrective Action and Follow Up

Immediate Corrective Action:

Is follow up action needed?
If Yes, Please Specify:

VI. Individuals Notified

<table>
<thead>
<tr>
<th>Abuse Registry</th>
<th>Health Care Admin</th>
<th>Law Enforcement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Badge/ID#:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## VI. Individuals Notified

<table>
<thead>
<tr>
<th>Called:</th>
<th>Time: ____________</th>
<th>Time: ____________</th>
<th>Time: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy:</td>
<td>Time: ____________</td>
<td>Time: ____________</td>
<td>Time: ____________</td>
</tr>
</tbody>
</table>

Accepted By the Registry: [ ] Yes [ ] No

Parent/Guardian/Family Member

Other: (Please Specify)

Other: (Please Specify)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Called:</th>
<th>Time: ____________</th>
<th>Time: ____________</th>
<th>Time: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy:</td>
<td>Time: ____________</td>
<td>Time: ____________</td>
<td>Time: ____________</td>
</tr>
</tbody>
</table>

Counselor Signature: _____________________________  Date: _____________________________

Supervisor Signature: _____________________________  Date: _____________________________
### VII. Death Review Information

<table>
<thead>
<tr>
<th>Date of Death:</th>
<th>Time of Death:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Place of Death:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Suspected Cause of Death:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Classification of Death, (if applicable):</th>
<th>Explain:</th>
</tr>
</thead>
</table>

### Death Review Summary

_Description of events leading to death and include previous department involvement:_

<table>
<thead>
<tr>
<th>Did death occur in restraint/seclusion?:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medical Examiner Case?:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Autopsy Requested?:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date Requested:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Autopsy Done:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Autopsy:</th>
</tr>
</thead>
</table>
Appendix E: Tier 1 Review Schedule – 2008 - 2009

KIDS CENTRAL INC.
ANNUAL SUB-CONTRACT CASE MANAGEMENT REVIEW SCHEDULE
***NOTE: Schedule under revision for 2008 - 2009

<table>
<thead>
<tr>
<th>First Quarter Review Schedule (July 2008 – September 2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>July – September 2008:</strong> Receive Request and Review 17 sample case files.</td>
</tr>
<tr>
<td><strong>October 10, 2008:</strong> Submit Written Report of Findings</td>
</tr>
<tr>
<td><strong>September 22 – 26, 2008:</strong> Side-by-Side Case Review</td>
</tr>
<tr>
<td><strong>Dates to be determined:</strong> In-Depth Case Review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Quarter Review Schedule (October 2008 – December 2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>October - December 2008:</strong> Receive Request and Review 17 sample case files.</td>
</tr>
<tr>
<td><strong>January 10, 2009:</strong> Submit Written Report of Findings</td>
</tr>
<tr>
<td><strong>December 15 – 19, 2008:</strong> Side-by-Side Case Review</td>
</tr>
<tr>
<td><strong>Dates to be determined:</strong> In-Depth Case Review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third Quarter Review Schedule (January 2009 – March 2009)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January - March 2009:</strong> Receive Request and Review 17 sample case files.</td>
</tr>
<tr>
<td><strong>April 10, 2009:</strong> Submit Written Report of Findings</td>
</tr>
<tr>
<td><strong>March 16 – 20, 2009:</strong> Side-by-Side Case Review</td>
</tr>
<tr>
<td><strong>Dates to be determined:</strong> In-Depth Case Review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fourth Quarter Review Schedule (April 2009 – June 2009)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>April – June 2009:</strong> Receive Request and Review 17 sample case files.</td>
</tr>
<tr>
<td><strong>July 10, 2009:</strong> Submit Written Report of Findings</td>
</tr>
<tr>
<td><strong>June 15 – 19, 2009:</strong> Side-by-Side Case Review</td>
</tr>
<tr>
<td><strong>Dates to be determined:</strong> In-Depth Case Review</td>
</tr>
</tbody>
</table>

**The review schedule is under revision and will be updated for the 2008 – 2009 QM Plan upon further notice of DCF frequency requirements.**
### 2006-2007 Monitoring Schedule

<table>
<thead>
<tr>
<th>Type of Agreement</th>
<th>Document Number</th>
<th>Type of Program</th>
<th>Agency Name</th>
<th>Date of Scheduled Monitoring</th>
<th>Contract Manager</th>
</tr>
</thead>
</table>

**NOTE:** 2008 – 2009 Contract Monitoring Schedule to be inserted upon completion
CWIQA Final Report Summary

NOTE – SUMMARY UNDER REVISION
Will be inserted upon receipt.