

14.21 Internal Quality Control for the Office of Child Safety	
Application: To All Child Safety Staff	
Authority: TCA: TCA 37-1-105 (3), TCA 37-5-106; Comprehensive Addiction and Recovery Act (CARA)	Standards: COA: COA: PA-CFS 4.04, PA-CFS 9.04
Commissioner:	Date:
Original Effective Date: 12/01/23 Current Effective Date: 12/01/23	Supersedes: 14.17 03/28/19 Last Review Date: 12/01/23
Glossary: <ul style="list-style-type: none"> ◆ Evaluation <ul style="list-style-type: none"> ○ To judge or calculate the quality, importance, amount or value of something. ◆ Quantitative data <ul style="list-style-type: none"> ○ An objective view of performance and compliance standards. ◆ Qualitative data <ul style="list-style-type: none"> ○ A subjective view of performance, compliance and knowledge of responsibilities. 	

Policy Statement:

The Internal Quality Control (IQC) Division assures that the Office of Child Safety functions efficiently, meets accreditation standards, satisfies the Department's vision and mission, and complies with standards set in policies and protocols by providing consistent oversight and internal reviews designed to improve practice.

Purpose:

To provide procedures and guidelines designed to improve practice.

Procedures:

A. Quality Assurance Review Quality Assurance Review-Drug Team & Quality Assurance Review for Special Investigations

1. The Internal Quality Control Division Quality Assurance Review (QAR) and Quality Assurance Review for Special Investigations (QAR) is completed on a random sample of closed cases within each region and is conducted by supervisory staff on a quarterly basis. The IQC Division:

- a) Compiles the case sample for each region by pulling one case per Case Manager statewide from the previous quarter of closed cases:
 - ◆ Samples are disseminated cross-regionally with every effort made to keep sample sizes equitable.
 - ◆ The random sample of cases, including a number of oversample cases, is created using SafeMeasures.
- b) Assigns case reviewers cross-regionally:
 - ◆ Cases are only reviewed by Team Leaders (TL), Team Coordinators (TCs), or CPS Regional Directors/designees (CPSDs). The reviewer should never be the individual who directly supervised the investigation. CPSDs may assign a designated reviewer within their regions.
 - ◆ If a replacement case is needed, the TL, TC and/or CPSD/designee can consult with the Internal Quality Control Specialist, or designee, to determine if a case should be pulled from the oversample for the region.
2. An electronic case file review in TFACTS is conducted using the ***Office of Child Safety Quality Assurance Review Instructions and form CS-1111, Office of Child Safety Quality Assurance Review for investigations, CS-4234, Office of Child Safety Regional Drug Team Quality Assurance Review for drug team cases, or the Office of Child Safety Quality Review*** for Special Investigations Instructions and form CS-1110, Office of Child Safety Quality Review for Special Investigations for special investigations. The reviewer:
 - ◆ Submits each case review in the online database, including comments and justifications. The reviewer:
 - May choose to use a printed document to conduct the review prior to entering the results into the online database;
 - Enter comments throughout the review in the “Qualitative Checklist” and “Quantitative Checklist” sections, however; detailed justifications with specific examples from documentation are required in the “Qualitative Findings” section and must be entered by the reviewer.
 - ◆ Completes and enters the reviews into the online database no later than the last day of the quarter (March 31, June 30, September 30 and December 31).

Note: For areas utilizing Quick Closures, the majority of the documentation may be included on the 740 summary rather than the Case Recordings. The Reviewer should take this into consideration when rating each section.

3. The Quality Assurance Review and Quality Assurance Review for Special Investigations monitors the quality of case work and practice across six key areas:
 - a) **Quality of Documentation:** Reviews the case for competency in appropriately documenting case activities through technical writing skills.

- b) **Assessment of Safety:** Reviews the case for competency that immediate safety factors were assessed and identified through investigative activities and formal and/or informal assessments.
- c) **Assessment of Risk:** Reviews the case for competency that underlying risk issues were assessed and identified through investigative activities and formal and/or informal assessments.
- d) **Effective Engagement:** Reviews the case for competency that CPS staff interactions with the child and family were clear, strengths-based, family centered and trauma-informed.
- e) **Identifies and Initiates Services:** Reviews the case for connection between Assessments of Safety and Risk and the timely connection of appropriate services to address identified issues.

Note: When a Family Permanency Plan for Child Protective Services Non-Custodial Cases (FPPNC) is developed for families where an infant is born with and identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal exposure from the use of illegal drugs or the misuse of legal drugs or chemical substances, or Fetal Alcohol Spectrum Disorder, the plan shall include services that ensure the safety and wellbeing of infants following their release from the care of health providers. This shall include addressing the health and substance use disorder treatment needs of the infant and the affected family or caregivers.

- f) **Evidence Supports Allegation Classification:** Reviews the case for competency in establishing an evidentiary basis for classification decisions In the case record.

B. Continuous Quality Improvement

1. Once the reviews have been completed and the results have been entered into the online database, the IQC Division:
 - ◆ Aggregates individual, team, regional, and statewide data quarterly.
 - ◆ Provides results, at each level, to the appropriate parties following each quarterly review.
2. Established OCS Quality Improvement teams meet to address the aggregated results and develop Quality Improvement Plans (QIP) using form **CS-1112, Office of Child Safety Quality Assurance Review Quality Improvement Plan** when necessary, to adequately address the results of the review process. The Quality Improvement Teams:
 - ◆ Convene quarterly and address areas of improvement or opportunity that are the result of the most recent review as well as considering QIP that were created in previous meetings;

- ◆ Inform the next level up of the results of the team meetings and provide any QIPs that were created as a result of the review results.
3. Quality Improvement Teams consist of:
- ◆ Investigative teams (Team Leaders and CPS staff);
 - ◆ Regional teams (Team Coordinator and Team Leader staff);
 - ◆ Statewide team (OCS leadership).

C. Review and Discussion

Case Manager Discussion begins once the supervisors have received the results at the end of the review period from the IQC Division and they:

- ◆ Discuss with the Case Manager their specific results;
- ◆ Highlight areas of quality performance and any needed improvement. If appropriate, the supervisor may address areas of needed improvement in a QIP;
- ◆ Maintain copies of any QIP created as a result of the Case Manager Discussion process;
- ◆ Notify IQC when the review and discussion occurred for each case;
- ◆ Case Manager Discussion is due no later than the last day of the month following the date individual/team results were received (May 31, August 31, November 30, and February 28).
- ◆ Review and revise any existing QIPs and action steps based on the most recent review results after each QAR period (each quarter). Ongoing areas of concern should be communicated to the next level of supervision.

D. Additional Reviews

1. Comprehensive Addiction and Recovery Act (CARA) Plans of Safe Care Quality Review ensures:
- a) The implementation of policies and procedures in cases that address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, diagnosed with Neonatal Abstinence Disorder or Fetal Alcohol Spectrum Disorder; and
 - b) The health and substance use disorder treatment needs of the infant and affected family or caregiver and referrals to and delivery of appropriate services for the infant and affected family members have been addressed.
 - ◆ CPS reviews follow the procedures for conducting reviews as detailed in Sections A, B, C (above) for structuring the reviews, incorporation into continuous quality improvement and conducting remediation.

2. The Quality Review for Supervisors is completed on a random sample of one (1) case per Team Leader within each region and is conducted by CPS Team Coordinators in a different region on a quarterly basis. The Quality Review for Supervisors monitors the quality of case decisions and supervisory practice across five key areas:
 - a) **Quality of Documentation:** Reviews the case for competency in documenting case activities through technical writing skills.
 - b) **Assessment of Safety and Risks:** Reviews the case for competency that immediate safety factors and underlying risk issues were assessed and identified through investigative activities and formal and/or informal assessments.
 - c) **Effective Engagement and Service Initiation:** Reviews the case for competency that CPS staff interactions with the child and family were clear, strengths-based, family centered and trauma-informed, and in ensuring the timely connection of services that address identified issues.
 - d) **Evidence Supports Allegation Classification:** Reviews the case for competency in establishing an evidentiary basis for classification decisions.
 - e) **Case Closure:** Reviews the case for competency in providing quality oversight to the case manager throughout the life of the case by ensuring the child(ren) are safe and service needs are addressed prior to case closure.

E. Court Preparation and Presentation Evaluation

1. The Court Preparation and Presentation Evaluation outlines consistent statewide procedures, expectations and best practices as it relates to involvement with local courts and court testimony by OCS staff. The evaluation is completed on a quarterly basis by the supervisor. The supervisor is required to complete the process for new Case Managers each quarter for the first year of employment in the Office of Child Safety. Supervisors complete the following tasks:
 - ◆ Attend court session and/or legal consults with DCS Attorneys, Guardian Ad Litem and parent's attorneys to observe each investigator on their team;
 - ◆ Review the Case Managers presentation and document corresponding justifications using the [*Protocol for Court Preparation and Presentation for the Office of Child Safety Investigative Staff*](#);
 - ◆ Record their observations, evaluations, and justifications on form **CS1113, Office of Child Safety Court Preparation and Presentation Evaluation Tool**;
 - Supervisors enter the results of the tool into the online database.
 - Reviews are due no later than the last day of the quarter (March 31, June 30, and December 31).

- Meet with the Case Managers to go over the results of the evaluation and discuss any strengths or areas of needed improvement.

Note: This review can occur at the same time as the QAR Case Manager Discussion. The supervisor has the option to complete this process for experienced Case Managers if deemed necessary.

2. At the end of the quarter, the IQC Division aggregates data from the Court Preparation and Presentation Evaluation and distributes the information to the team, regional, Grand Regional, and statewide levels for use by the Quality Improvement Teams when developing QIPs (see Section B, Continuous Quality Improvement).

F. Child Protective Investigative Team Presentation Evaluations

1. The Child Protective Investigative Team (CPIT) Presentation Evaluation outlines consistent statewide procedures, expectations, and best practice as it relates to involvement with local child protective investigative teams by OCS staff. The evaluation is completed on a quarterly basis by the supervisor. The supervisor is required to complete the process for new Case Managers each quarter for the first year of employment in the Office of Child Safety. Supervisors complete the following tasks:
 - ◆ Attend a CPIT meeting to observe each Case Manager on their team.
 - ◆ Review the investigators presentation and document corresponding justification using [*Protocol for Child Protective Investigative Team \(CPIT\) Presentation for the Office of Child Safety Investigative Staff.*](#)
 - ◆ Record their observations, evaluations, and justifications on form ***CS-1116, Office of Child Safety Child Protective Investigative Team (CPIT) Presentation Evaluation;***
 - Supervisors enter the results of the tool into the online database.
 - Reviews are due no later than the last day of the quarter (March 31, June 30, and December 31).
 - ◆ Meet with the Case Manager to go over the results of the evaluation and discuss any strengths or areas of needed improvement.

Note: This review can occur at the same time as the QAR Case Manager Discussion. The supervisor has the option to complete this process for experienced Case Managers if deemed necessary.

2. At the end of the quarter, the IQC Division aggregates data gathered from the CPIT Presentation Evaluation and distributes the information to the regional, Grand

Regional, and statewide levels for use by the Quality Improvement Teams when developing QIPS (see Section B- Continuous Quality Improvement Teams).

G. Child Abuse Hotline Quality Call Review

1. The Child Abuse Hotline (CAH) Quality Call Review is completed on a random sample of calls that meet specific call criteria. Reviews are conducted by CAH supervisory staff on a monthly basis.
2. Upon receipt of the sample for review, the reviewer completes the review using the Intake Summary Screen of TFACTS, the call recording, and form ***CS-1115, Office of Child Safety Child Abuse Hotline Quality Call Review***. Once complete, the results are entered into the online database. The CAH conducts an internal Continuous Quality Improvement process, using form ***CS-1114, Office of Child Safety Hotline Quality Call Review Quality Improvement Plan (QIP)***, monthly to address the results of the review (refer to internal program form-***Child Abuse Hotline Quality Call Review Methodology***).
3. The IQC Division aggregates Quality Call Review results and provides a summary, as requested by the Deputy Commissioner or CAH Director.

H. Training

The Internal Quality Control Division is responsible for conducting training for all quality review processes and practices for the OCS.

Forms:

[***Office of Child Safety Quality Assurance Review for Special Investigations Instructions***](#)

[***CS-1110, Office of Child Safety Quality Review for Special Investigations***](#)

[***Office of Child Safety Quality Review Instructions***](#)

[***CS-1111, Office of Child Safety Quality Review for Investigations***](#)

[***CS-1112, Office of Child Safety Quality Review for Investigations Quality Improvement Plan***](#)

[***CS-1113, Office of Child Safety Court Preparation and Presentation Evaluation***](#)

[***CS-1114, Office of Child Safety Hotline Quality Call Review Quality Improvement Plan \(QIP\)***](#)

[***CS-1115, Office of Child Safety Child Abuse Hotline Quality Call Review***](#)

CS-1116, Office of Child Safety Child Protective Investigative Team (CPIT) Presentation Evaluation

CS-4234, Office of Child Safety Regional Drug Team Quality Assurance Review

Child Abuse Hotline Quality Call Review Methodology (internal program form only)

Collateral Documents:

Protocol for Child Protective Investigative Team (CPIT) Presentation for the Office of Child Safety Investigative Staff

Protocol for Court Preparation and Presentation for the Office of Child Safety Investigative Staff