

Agency: _____ Quarter: _____ Year: _____
 Office: _____ Date of Review: _____
 Address of Review: _____
 Time of Review: _____

Please provide a name and phone number of the person who will be the contact on the day of the review?

The following records have been pulled for this Quarter Compliance Review:

REF ID	Placement Date	Discharge Date	Office	IAFT Coordinator

Please complete the last column below to ensure RRFF Staff are readily able to locate the documentation of each IAFT® Element. Please list the tab, location or section heading of where each Element should be located.

RRFF COMPLIANCE OVERSIGHT IAFT® ELEMENT CROSSWALK	Sample- RRFF Expectation	Where are these in the Service Record , E.H.R or Personnel file? File Name/Section
1. Measures at designated intervals	CCW file is up to date with timely data entry	
2. 1 Child per Family	Self- Cert List –marked certified in CCW prior to date of review. (once per office location) Current License	
3. Case load of 8- 10	Self- Cert List –marked certified in CCW prior to date of review. (once per office location)	
4. Daily Contact	Daily Behavior Checklist is up to date	
5. Weekly Face-to-Face Contact, IAFT® Parent and Staff		
6. Weekly Face-to-Face Contact, IAFT® Staff and Supervisors		
7. 24/7 Crisis Support	Comprehensive Crisis Plan uploaded into CCW and up to date on Dx, Medications and Interventions	
8. Psychiatric Oversight at a minimum of 30 day interval.		
9. Proactive, consistent, teaching oriented behavioral intervention system	Parent Grid Notes are up to date and accessible. Comment section reflects behavioral health interventions	
10. Respite available 2 days a month for IAFT® Treatment Parent	Respite Providers identified in documentation Respite Provider- Training certificates/license	

11. Access to Specialized Therapeutic Services	Weekly therapy notes	
12. Implementation of Approved Training Model	Parent Training certificates with date and hours of completion	
13. Weekly Documentation inclusive of efforts for parental engagement		
14. Integration of Model Fidelity		

NETWORK AGENCY SIGNATURE: _____

Date: _____

General Instructions for the day of the Compliance review:

1. Please ensure all files either paper or electronic are on site and accessible to RRFF staff.
2. If your Agency utilizes an electronic record system, please ensure 3 Laptops for use or (3) Guest Log on's to ensure access to E.H.R and IAFT® consumer documents.
3. In CCW for each consumer please ensure the following documents are uploaded: Current CCA, PCP, Crisis Plan, Initial Authorization for IAFT, RRFF Consent, EPSDT (signed and dated).
4. Ensure there is one staff available for questions, assistance and close out.

Please return this form to rlauret@ncrapidresource.org 2 business days before the Compliance Visit