**Administrative Interview Tool**

Rating Scale: Satisfactory (S), Not Satisfactory (NS), or (Not Applicable) NA

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| --- | --- | --- | --- | --- |
| Monitoring Review Date: | Name of State reviewer: | Initials of Regional CIS Team Members Present | | Fiscal Agent Representative Present |
|  |  |  | |  |
| **Question:** | | | **Rating & Notes:** | |
| Please describe the membership and function of participants on your regional Administrative Team?  Describe participant attendance and how this is tracked:  What is your meeting frequency?  Describe the function of this team in your region (listen for description of topics covered and how this team influences CIS services): | | |  | |
| Please describe the membership and function of participants on your regional Referral Team?  Describe participant attendance and how this is tracked:  What is your meeting frequency?  Describe the referral process for your region (listen for ‘no wrong door’ and how referrals get to the CIS Coordinator/this team): | | |  | |
| Please describe the membership and function of participants on your regional Consultation Team (listen for participation from non-CIS service providers)?  Describe participant attendance and how this is tracked:  What is your meeting frequency?  Describe the function of this team in your region (listen for description of topics/types of cases covered and how this team influences CIS services): | | |  | |

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| Describe your region’s process for reviewing Child Care Family Support Financial Assistance Applications: |  |
| Describe your region’s professional development activities, both service/agency-specific and collaborative professional development activities:  Describe your region’s professional development plan, if you have one: |  |
| Describe your region’s strategies for ensuring staffing capacity during holidays and summer months (listen for agency-specific strategies as well as a regional ‘standard’): |  |
| Describe the supervision CIS direct service providers receive in each agency (listen for administrative and clinical supervision):  Describe shared supervision opportunities provided in your region: |  |
| Describe any innovations or uniqueness you wish to share about your region’s provision of CIS services: |  |
| Additional questions (if any): |  |

**Additional Notes:**