

**DEPARTMENT OF PUBLIC SAFETY**

**Monitoring Review Report for**

**Residential Services**

(Emergency/Runaway Shelters, Specialized Foster Care, Temporary Foster Care, Residential Group Homes)

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| **PROGRAM INFORMATION** |
| County: |       |
| Sponsoring Agency: |       |
| Component Name: |       | Component Funding ID #: |       |

**Service Delivery by Type of Residential Service** (Select one category.)

*[ ]*  Emergency/Runaway Shelter.

[ ]  The program operates 24 hours per day. 17. Residential Services, C. 1.

[ ]  The program’s license to provide services is current. The program is in compliance with all state and federal licensure requirements. 17. Residential Services, C. 2.

[ ]  The program is available for emergency placement 24 hours a day. 17. Residential Services, C. 2. a.

[ ]  The program’s capacity does not exceed the number permitted by its license.

 17. Residential Services, C. 4.

[ ]  The program provides a response to the referring agency regarding admission decisions within 10 business days of receiving the referral. 17. Residential Services, D. c. iii.

[ ]  The program does not use volunteers to provide primary supervision of juveniles in the program. 17. Residential Services, E. 1. c. v.

[ ] Specialized Foster Care

[ ]  The program operates 24 hours per day. 17. Residential Services, C. 1.

[ ]  The program’s license to provide services is current. The program is in compliance with all state and federal licensure requirements. 17. Residential Services, C. 2. .

[ ]  The program’s capacity is limited to no more than 2 juveniles at any given time.

 17. Residential Services, C. 4.

[ ]  A written individual service plan is developed within 30 days of admission.

 17. Residential Services, D. 2. a.

[ ]  The program provides a response to the referring agency regarding admission decisions within 10 business days of receiving the referral. 17. Residential Services, D. c. iii.

[ ]  The program does not use volunteers to provide primary supervision of juveniles in the program. 17. Residential Services, E. 1. c. v.

[ ]  The program provides after-hours access to a social worker or mental health worker for the benefit of the foster parents and foster children. 17. Residential Services, E. 2. d.

[ ]  Temporary Foster Care

[ ]  The program operates 24 hours per day. 17. Residential Services, C. 1.

[ ]  The program’s license to provide services is current. The program is in compliance with all state and federal licensure requirements. 17. Residential Services, C. 2. .

[ ]  The program’s capacity does not exceed the number permitted by its license.

 17. Residential Services, C. 4.

[ ]  A written individual service plan is developed within 30 days of admission.

 17. Residential Services, D. 2. a.

[ ]  The program provides a response to the referring agency regarding admission decisions within 10 business days of receiving the referral. 17. Residential Services, D. c. iii.

[ ]  The program does not use volunteers to provide primary supervision of juveniles in the program. 17. Residential Services, E. 1. c. v.

[ ]  Residential Group Home

[ ]  The program operates 24 hours per day. 17. Residential Services, C. 1.

[ ]  The program’s license to provide services is current. The program is in compliance with all state and federal licensure requirements. 17. Residential Services, C. 2. .

[ ]  The program’s capacity does not exceed the number permitted by its license.

 17. Residential Services, C. 4.

[ ]  A written individual service plan is developed within 30 days of admission.

 17. Residential Services, D. 2. a.

[ ]  The program provides a response to the referring agency regarding admission decisions within 10 business days of receiving the referral. 17. Residential Services, D. c. iii.

[ ]  The program does not use volunteers to provide primary supervision of juveniles in the program. 17. Residential Services, E. 1. c. v.

**BELOW ARE REQUIREMENTS FOR THE RESIDENTIAL SERVICE SELECTED ABOVE**

**UNDER SERVICE DELIVERY**

[ ]  The average optimal weeks and contact hours are within parameters specified for the SPEP Service Type indicated in the program agreement. Reference Appendix B: Dosage Parameters Cross Walk for JCPC-SPEP Service Types. 17. Residential Services, C. 3.

[ ]  The program has a protocol manual that details the structure, format and content through which program services are delivered, evaluated and maintained.

 2. Program Operational Requirements C. 2.

# **Group Home Staff Maintaining A Separate Residence Note**

## NOTE: This is a Critical Standard and applies to all JCPC funded programs.

##  [ ]  Staff members who maintain a separate residence on the premises of a group home, for use when off duty, are prohibited from using or possessing alcoholic beverages or controlled substances while on the premises of the group home. 17. Residential Services, E.3.1.

## [ ]  Staff is prohibited from allowing juveniles that are currently residing at a group home to visit the staff member’s private residence under any circumstances, while the staff member is on-duty or off-duty. 17. Residential Services, E.3.2.

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| **Comments:**       |

# **Group Home Staff Residing In The Group Home**

## NOTE: This is a Critical Standard and applies to all JCPC funded programs.

## [ ]  Staff whose only residence is in the group home is prohibited from using or possessing alcoholic beverages or controlled substances on the premises of the group home. 17. Residential Services, E.4.1.

## [ ]  Staff shall not allow juveniles that are currently residing at a group home to visit the staff member’s personal quarters under any circumstances, while on-duty or off-duty. 17. Residential Services,E.4.2.

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| **Comments:**       |

**Right to Participate in Religious Activities**

[ ]  The program provides opportunities for juveniles to participate in religious/spiritual services and other religious/spiritual activities within the framework of their individual and family interest and clinical status, at the request of the parent/legal guardian or juvenile. Program denies request if the practice presents a health or safety risk. 5. Program Accountability, C. 6.

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| **Comments:**       |

**Staff Recruitment**

## [ ]  The program follows all State and Federal workplace rules when recruiting, hiring and supervising full-time and part-time staff, including the recruitment and training of volunteers.

2. Program Operational Requirements, H. 1. b.

[ ]  The program has employment policies and procedures related to staff employment and supervision responsibilities. These policies include criteria regarding an individual’s eligibility for employment, contracting for services, volunteering and internships which keep in consideration the nature of the services to be delivered and the juveniles served.

2. Program Operational Requirements, H. 1. d.

[ ]  There is a personnel file for all full-time staff, part-time staff, volunteers, interns, and contractor(s) containing:

[ ]  A written job description detailing the primary duties and expectations of the position including those specifically related to the delivery of DPS JCPC-funded program services; and stating the minimum education and experience requirement.

 2. Program Operational Requirements, H. 1. f. i.

[ ]  A signed copy of the Contract for Professional Services Template (Form JCPC/PO 001).

 2. Program Operational Requirements, H. 1. f. ii.

 NOTE: Applies only to programs utilizing contractors to provide professional services.

[ ]  A completed Program Volunteer Application Template (Form JCPC/EA 001).

 2. Program Operational Requirements, H. 1. f. iii.

 NOTE: Applies only to programs utilizing volunteers.

[ ]  An annual performance evaluation to measure performance of duties.

 2. Program Operational Requirements, H. 1. f. iv.

 NOTE: Interns, volunteers and contractors are exempt from this requirement.

[ ]  A criminal background check that provides a clear record of any criminal conviction(s).

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|  2. Program Operational Requirements, H. 1. f. v.[ ]  Reference checks. 2. Program Operational Requirements, H. 1. f. vi.[ ]  An annual driver’s license history and/or drug screen history is available for all staff, interns, contractors, and volunteers who may transport juveniles or required to drive as  part of their duty assignment. 2. Program Operational Requirements, H. 1. f. vii.**Comments:**       |

# [ ]  Proof of education requirements from an accredited institution for the specific position.

 2. Program Operational Requirements, H. 1. f. viii.

[ ]  Current licensure and/or certification requirements, when applicable.

 2. Program Operational Requirements, H. 1. f. ix.

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| **Comments:**       |

# **General Qualifications**

# [ ]  The Program Manager has at least a Bachelor’s degree in a human services or related field, or a 4- year degree in any other field with at least 2 years experience as a direct service professional in a juvenile serving agency. 17. Residential Services, E. 1. a.

# [ ]  Program Staff have at least an Associate’s degree in a human services field, or a high school diploma with at least 1 year of Human Services experience. 17. Residential Services, E. 1. b.

# [ ]  Staff who are responsible for regular case oversight and supervision have at least a Bachelor’s level Human Services or related field, unless supervised by an individual meeting that criterion.

#  17. Residential Services, E. 1. b.

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| **Comments:**       |

**Licensure/Certification Requirements and Notification**

***NOTE: This is a Critical Standard and applies to all JCPC funded programs.***

[ ]  Professionals providing direct services requiring licensure/certification are licensed and/or certified by the appropriate licensing or certification board(s) in their respective fields and in good standing with their respective governing board.

 2. Program Operational Requirements, H. 2. a. i..

[ ]  Licensure(s)/Certification(s) are current. 2. Program Operational Requirements, H. 2. a. ii.

[ ]  Licensure or certification violations are reported to the licensing board and DPS Consultant within 30 days of a violation being identified. 2. Program Operational Requirements, H. 2. a. iii.

**NOTIFICATION**

***NOTE: This is a Critical Standard and applies to all JCPC funded programs***

[ ]  In the event any program that has a staff member who is under investigation for any offense or conduct that may result in an action against a license or certification to practice must notify the DPS Area Office assigned to that county within three (3) business days when the investigation begins.

 2. Program Operational Requirements, H. 2. b. i.

[ ]  In the event any program that has a staff member who is under investigation for any abuse and/or neglect or who is charged with a criminal offense must notify the DPS Area Office assigned to that county in writing immediately.

 2. Program Operational Requirements, H. 2. b. ii.

[ ]  In the event any program that has a staff member whose license or certification to practice is suspended or revoked, or otherwise disciplined must notify the DPS Area Office assigned to that county in writing within three (3) business days of the revocation, suspension, or disciplinary action. 2. Program Operational Requirements, H. 2. b. iii.

[ ]  All items listed above under *Notification*: the agency must take immediate steps to ensure the safety of the juveniles. Active caseloads must be transferred to other qualified professionals or staff. The Program shall update the DPS Area Consultant with any progress made in the investigation. 2. Program Operational Requirements, H. 2. b. iv.

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| **Comments:**       |

# **Volunteer Program Staff**

# [ ]  Volunteers providing direct service have at least 1 year of experience working with at-risk youth.

 17. Residential Services, E. 1. c.

[ ]  Each volunteer position has a job description. 17. Residential Services, E.1.c). i.

[ ]  A completed Program Volunteer Application *(Form JCPC/EA 001),* including 4 references has been provided, contacted, and documented on the completed form for each volunteer.

 17. Residential Services, E1.c). ii.

[ ]  Each volunteer has been screened and the program determined that the volunteer possesses credentials/skills/experience commensurate to the requirements of the job description.

 17. Residential Services, E. 1. c). iii

For each volunteer who is involved in supervision or transportation of juveniles, the program has:

17. Residential Services, E. 1. c. iv.

[ ]  A criminal background check is on file,

[ ]  A valid driver license is on file (a copy must be annually updated and on file); and

 [ ]  A drivers records check is on file.

[ ]  The program does not allow volunteers in the Residential Program to provide the primary supervision of juveniles in the program. 17. Residential Services, E. 1. c. v.

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| **Comments:**       |

**Staff and Volunteer Orientation and Training**

[ ]  Orientation and training on policies, procedures, rules and regulations of the program and DPS are provided to program staff and volunteers within 30 days of employment.

 17. Residential Services, E. 2. a.

[ ]  The program maintains documentation of program orientation and staff trainings.

 17. Residential Services, E. 2. a.

[ ]  Program offers training opportunities for on-going development of service specific skills and knowledge. 17. Residential Services, E. 2. b.

[ ]  Volunteers complete pre-service training specific to this program type prior to providing direct services to juveniles. 17. Residential Services, E. 2. b.

[ ]  Programs providing treatment services employ staff who are eligible by degree or credential to provide such treatment, or who receive clinical supervision by someone who is eligible to provide such treatment. All professional and volunteer staff members, who lead program activities that require special skills or certification, are trained in the skills necessary for each particular activity. 17. Residential Services, E. 2. c.

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| **Comments:**       |

### Training for Foster Parents

### [ ]  For Temporary Foster Care programs only: A minimum of 16 training hours in addition to the training required by its license is provided annually. This additional training should support the treatment model being implemented by the program and in addition to training afforded as part of licensure requirements. 17. Residential Services, E. 2. d. i. – viii.

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| **Comments:**       |

### Continuing Training for Specialized Foster Care Parents

### [ ]  For Specialized Foster Care programs only: A training schedule has been submitted to the DPS Area Office for foster parent continuing training. 17. Residential Services, E. 2. e. i.

### [ ]  The annual schedule includes: 17. Residential Services, E. 2. e. ii.

##### [ ]  Name of the trainer(s)

##### [ ]  The date(s) on which the training will occur

##### [ ]  Name(s) of participant(s)

### *[ ]* The specific knowledge and skills to be emphasized at each scheduled training.

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| **Comments:**       |

**Juvenile Records**

[ ]  The program has a written record for each juvenile admitted to the program.

 2. Program Operational Requirements, D. 3.

[ ]  Juvenile records are stored in a secure location. 2. Program Operational Requirements, D. 2.

[ ]  Juvenile records are maintained for a period of 5 years after the termination date.

 2. Program Operational Requirements, D. 2.

Participation Agreement includes: 17. Residential Services, D. 2. c. iv.

 [ ]  Name of the sponsoring agency and program name

[ ]  Program guidelines, requirements, and projected dates of completion

[ ]  Signed consent of parent(s)/legal guardian(s) for participation in the program

[ ]  Specific requirements of the parent(s)/legal guardian(s) and each family member, if applicable

[ ]  Results of any non-compliance

[ ]  The program has completed a written termination summary for each juvenile within 10 business days of termination from the program. 17. Residential Services, D. 2. d. a.

[ ]  The program has submitted a copy of the termination summary for each juvenile within 10 business days of termination from the program to the parent(s)/legal guardian, court services, if applicable and other referring entities as appropriate. 17. Residential Services, D. 2. d. b.

 [ ]  A copy of the termination summary is included in juvenile files.

 2. Program Operational Requirements, D. 5. o. and 17. Residential Services, D. 2. d. b.

The termination summary includes: 17. Residential Services, D. 2. d. b.

 [ ]  Activities, results and recommendations

 [ ]  Date of last contact

 [ ]  The reason for termination

[ ]  Parties to whom assessment or evaluation reports were provided including dates provided

[ ]  The name of the program staff person completing the documentation.

[ ]  As needs were identified, the program developed (in collaboration with the juvenile, parent/legal guardian, juvenile court counselor, and/or other referring entities), prior to termination, an aftercare/termination service plan for each juvenile. 17. Residential Services, D. 2. d. e.

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| **Comments:**       |

[ ]  A review of 10 active and 10 terminated client records (randomly selected) has been conducted by the monitor. (If a program has less than 10 records in either category, review all records in that category.) The completed record review sheets for this component are attached.

 3. Program Oversight and Monitoring, D. 1. c. i – iii. and D. 2. a. i. – iii.

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| **Active Client Review** | **All Programs** | **Residential Services Only** |
| **Client Name** | Admission Date (matches client tracking) | Referral Form | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Parental Consent to Participate | Medical / Medication Information (if applicable) | Consent for Release of Information (if applicable) | Individual Service Plan - ISP n/a for assessment only programs | ISP shows expected changes in behavior, attitude, performance, and/or skills  | ISP shows Interventions / Activities to be provided | ISP shows expected duration of services | ISP shows how progress/changes will be measured | Contact Record with activities, dates, times, duration, results each time the youth and/or family is seen | Hard Copy of Client Tracking Data in Record | Copy of Progress Reports to Juvenile Court Counselors at least every 30 days (if applicable) | Documentation of legal custodian/s Placement authority (residential programs only) | Consent for Placement (residential programs only) | Consent for medical records inc. physical & immunization records (residential programs only) | Social History information (residential programs only) |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Terminated Client Review** | **All Programs** | **Residential Svc. Only** |
| **Client Name** | Termination Date (matches client tracking) | Referral Form | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Parental Consent to Participate | Medical / Medication Information (if applicable) | Consent for Release of Information (if applicable) | Individual Service Plan - ISP n/a for assessment only programs | ISP shows expected changes in behavior, attitude, performance, and/or skills  | ISP shows Interventions / Activities to be provided | ISP shows expected duration of services | ISP shows how progress/changes will be measured | Contact Record with activities, dates, times, duration, results each time the youth and/or family is seen | Hard Copy of Client Tracking Data in Record | Copy of Progress Reports to Juvenile Court Counselors at least every 30 days (if applicable) | Termination Summary with date and reason for termination (matches client tracking) | Documentation of legal custodian/s placement authority (residential programs only) | Consent for Placement (residential programs only) | Consent for medical records inc. physical & immunization records (residential programs only) | Social History information (residential programs only) |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Record Review Comments:**

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**Summary of Comments:**

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