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**Monitoring Review Report for**

**Assessment/Evaluation Services**

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| **PROGRAM INFORMATION** |
| County: |       | Date of Monitoring:  |       |
| Sponsoring Agency: |       |
| Component Name: |       | Component ID: |       |

**Service Delivery**

[ ]  Initial appointment is scheduled within 10 business days of receiving the referral.

 12. Evaluation and Psych. Assessment Programs, 12.4, A. 2.

[ ]  The program notifies the referring agent regarding the decision to admit the juvenile into the program within 15 business days of receiving the referral.

 12. Evaluation and Psych. Assessment Programs, 12.4, B. 3.

[ ]  The written assessment or evaluation report is completed and returned to the referring agent within 30 days of completion of the assessment/evaluation.

12. Evaluation and Psych. Assessment Programs, 12.4, B. 4. a.

[ ]  Assessments/Evaluations of juveniles with sex offenses or problem sexual behavior, sexual aggression, sexual violence, risk of sexual re-offending of juveniles adjudicated for sexual behaviors; the evaluator submits a written report to the referring Court Counselor within 60 days of receiving the referral. The report includes detailed recommendations and risk level for re-offending.

 12. Evaluation and Psych. Assessment Programs, 12.4, B. 4. b.

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| **Comments:**       |

**Staff**

[ ]  There is a file for all staff, volunteers, interns, and contractor(s) containing:

 2. Program Operational Requirements, 2.8, A. 6. a - j.

 NOTE: Job Description: Contractor files are exempt from this requirement.

 Volunteer Application: Applies only to programs utilizing adult volunteers

 Annual performance evaluation: Interns, volunteers and contractors are exempt from this requirement.

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| Name(s) | S = StaffV = Volunteer I = InternC = Contractor | Job Description | Contract for Prof Services, if applicable | Volunteer Application, if applicable | Perf. Evaluation, if applicable | Criminal Background Check | Reference Checks | Valid Driver's license, if applicable | Proof of Education | Proof of Experience | CurrentLicensure/Certification, if applicable | Policy Acknowledgement Statement |
|       |        | [ ]  |  [ ]  |  [ ]  | [ ]  |  [ ]  | [ ]  |  [ ]  | [ ]  | [ ]  |  [ ]  |  [ ]  |
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| **Comments:**       |

# **General Qualifications**

12 Evaluation and Psych. Assessment Programs, 12.5, A. - B.

[ ]  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.

# [ ]  Clinical Treatment Staff has at least a Bachelor’s degree in a human services field related to the type of clinical therapy and treatment delivered, and receive ongoing clinical supervision.

[ ]  Certain clinical treatment staff may be subject to professional licensure/certification as required by NC law.

[ ]  Qualified Clinicians, employed or contractors, provide only the services for which they are trained, credentialed, or otherwise qualified to provide.

**Comments:**

**Licensure/Certification Requirements and Notification**

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

5 Program Accountability - Critical Standards 5.3 L. 1. - 6.

[ ]  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.

[ ]  Licensure(s)/Certification(s) are current.

[ ]  Licensure or certification violations are reported to the licensing board and DPS Consultant within 30 days of a violation being identified.

[ ]  In the event any program that has a staff member, intern, volunteer or contractor 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 five (5) business days when the investigation begins.

 [ ]  In the event any program that has a staff member, intern, volunteer or contractor 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 five (5) business days of the revocation, suspension, or disciplinary action.

[ ]  Items listed above: 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.

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| **Comments:**       |

# **Volunteer Program Staff**

# [ ]  The program did not utilize volunteers.

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

#  12. Evaluation and Psych. Assessment Programs, 12.5, C.

[ ]  Each volunteer position has a job description. 12. Evaluation and Psych. Assessment Programs, 12.5, C. 1.

# [ ]  A completed volunteer application is on file,including 3 references has been provided, contacted, and documented on the completed form for each volunteer.

#  12. Evaluation and Psych. Assessment Programs, 12.5, C. 2.

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

#  12. Evaluation and Psych. Assessment Programs, 12.5, C. 3.

For each adult volunteer who is involved in direct supervision the program has on file:

12. Evaluation and Psych. Assessment Programs, 12.5, C. 4. a-b

# [ ]  A criminal background check (see policy 2.8, A., 4).

# Additionally, for volunteers providing transportation of juveniles, the program has on file:

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

 [ ]  A safe drivers records check.

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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 policy are provided to program staff and volunteers within 30 days of employment.

 12. Evaluation and Psych. Assessment Programs, 12.6, A., 1.

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

 12. Evaluation and Psych. Assessment Programs, 12.6, A., 1.

[ ]  Personal and professional development training opportunities (internal, in-person and/or online) are offered to the staff and volunteers. 12. Evaluation and Psych. Assessment Programs, 12.6, A., 2.

[ ]  Volunteers complete pre-service training specific to this program type prior to providing direct services to juveniles. 12. Evaluation and Psych. Assessment Programs, 12.6, A., 3.

[ ]  Direct service staff participates annually in at least 12 hours of professional continuing education in an area related to the service type provided. 12. Evaluation and Psych. Assessment Programs, 12.6, A., 4

[ ]  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. 12. Evaluation and Psych. Assessment Programs, 12.6, A., 5.

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| **Comments:**       |

**Juvenile Records**

[ ]  The program has a hard copy paper record or digital record for each juvenile admitted to the program.

 [ ]  The program complies with JCPC policy, Appendix D. Digital Client Records.

 2. Program Operational Requirements, 2.4, A.

[ ]  Juvenile records are stored in a secure location. 2. Program Operational Requirements, 2.4, C.

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

 2. Program Operational Requirements, 2.4, C.

[ ]  The program enters data into client tracking within 7 days of the admission decision.

 12. Evaluation and Psych. Assessment Programs, 12.4, B. 1.

Participation Agreement includes: 12. Evaluation and Psych. Assessment Programs, 12.4, B. 2. a - e

 [ ]  Name of the sponsoring agency and program name.

[ ]  Program guidelines, requirements.

[ ]  Signed consent of parent(s)/legal guardian(s), juvenile and program staff (when program staff conduct the intake to obtain the participation agreement. Signed by assessor when they conduct the intake/get agreement signed) 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.

Evaluation Completion 12. Evaluation and Psych. Assessment Programs, 12.4, B. 4. a & b.

  [ ]  Timeline between referral and the report delivered to the referral agent does not exceed 30 days.

 [ ]  Sexual related assessments only: Written reports are submitted to the referring Court Counselor within 60 days of receiving the referral.

 [ ]  Reports includes detailed recommendations and risk level for re-offending.

Termination Process: 12. Evaluation and Psych. Assessment Programs, 12.4, B. 5 a - c

 [ ]  The program enters data into client tracking within 7 days of the termination decision.

 [ ]  The program documents in the juvenile's file the notification to the parent(s)/legal guardian(s), Court Services, if applicable, if the assessment has been completed or not.

 [ ]  The program documents in the juvenile's file the parties to whom the assessment or reports were provided.

 [ ]  A review of 6 active and 6 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, 3.4 A., 1. c. i – iii.

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| **Active Client File Review NOTE: This program type does not require an Individual Service Plan.** |
| **Client Name** | Referral Form | Admission Date (matches client tracking) | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Juvenile Assessment Data (YASI Summary) | Community Programs Risk Assessment  | Juvenile and Family Data Sheet  | Parental Consent to Participate | Medical / Medication Information (if applicable) | Consent for Release of Information (if applicable) | Contact Record with activities, dates times, duration, results each time the youth and/or family is seen,  | Copy of Progress Reports to Juvenile Court Counselors at least every 30 days  | Written copy of the Assessment or Evaluation Produced |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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| **Terminated Client File Review NOTE: This program type does not require an Individual Service Plan.** |
| **Client Name** | Referral Form | Admission Date (matches client tracking) | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Juvenile Assessment Data (YASI Summary) | Community Programs Risk Assessment  | Juvenile and Family Data Sheet | Parental Consent to Participate | Medical / Medication Information (if applicable) | Consent for Release of Information (if applicable) | Contact Record with activities, dates, times, duration, results each time the youth and/or family is seen | Copy of Progress Reports to Juvenile Court Counselors at least every 30 days | Written copy of the Assessment or Evaluation Produced | Termination Summary with date and reason for termination (matches client tracking) |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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**Record Review Comments:**

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**Summary of Comments:**

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