# **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: |       | Date of Monitoring: |       |
| Sponsoring Agency: |       |
| Component Name: |       | Component ID: |       |

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

*[ ]*  Emergency/Runaway Shelter.

[ ]  The program operates 24 hours per day. 17. Residential Services, 17.3, A

[ ]  The program meets all appropriate licensure requirements and in compliance with all state and federal licensure requirements.

 17. Residential Services, 17.3, A. and 5. Program Accountability - Critical Standards 5.3 D. 3.

[ ]  The program is available for emergency placement 24 hours a day.

 17. Residential Services, 17.3, B. 1.

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

 17. Residential Services, 17.3, D.

[ ]  The program provides a response to the referring agency regarding admission decisions within 15 business days of receiving the referral. 17. Residential Services, 17.4, D. 2.

[ ] Specialized Foster Care

[ ]  The program operates 24 hours per day. 17. Residential Services, 17.3, A

[ ]  The program meets all appropriate licensure requirements and in compliance with all state and federal licensure requirements.

 17. Residential Services, 17.3, A. and 5. Program Accountability - Critical Standards 5.3 D. 3.

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

 17. Residential Services, 17.3, D.

[ ]  The program provides a response to the referring agency regarding admission decisions within 15 business days of receiving the referral. 17. Residential Services, 17.4, D. 2.

[ ]  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, 17.7, A. 6.

[ ]  Temporary Foster Care

[ ]  The program operates 24 hours per day. 17. Residential Services, 17.3, A

[ ]  The program meets all appropriate licensure requirements and in compliance with all state and federal licensure requirements.

 17. Residential Services, 17.3, A. and 5. Program Accountability - Critical Standards 5.3 D. 3.

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

 17. Residential Services, 17.3, D.

[ ]  The program provides a response to the referring agency regarding admission decisions within 15 business days of receiving the referral.

 17. Residential Services, 17.4, D. 2.

[ ]  Residential Group Home

[ ]  The program operates 24 hours per day. 17. Residential Services, 17.3, A

[ ]  The program meets all appropriate licensure requirements and in compliance with all state and federal licensure requirements.

 17. Residential Services, 17.3, A. and 5. Program Accountability - Critical Standards 5.3 D. 3.

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

 17. Residential Services, 17.3, D.

[ ]  The program provides a response to the referring agency regarding admission decisions within 15 business days of receiving the referral.

 17. Residential Services, 17.4, D. 2.

[ ]  The contact hours and length of stay are within parameters specified for the SPEP Service Type indicated in the program agreement. 17. Residential Services, 17.3, C.

  [ ]  A written individual plan of care, within 30 days of admission, is required for Specialized Foster Care, Temporary Foster Care and Residential Group Homes.

 17. Residential Services, 17.4, B. 2.

 The Individual Plan of Care includes, at a minimum, the following elements:

 17. Residential Services, 17.4, C. 1 – 5, a - d

[ ]  Type of service(s) that will be provided or coordinated by program staff;

[ ]  Frequency of program services or other coordinated service(s);

[ ]  Anticipated length of stay;

[ ]  Any other human service needed by the juvenile and/or family with recommendations on how best to provide or coordinate those services;

[ ]  Any other support service recommended as part of the overall individual plan of care;

[ ]  Specific, measurable behavior changes that will result from the effective implementation of the individual plan of care;

[ ]  Provision for reviewing and amending all aspects of the individual plan of care in accordance with licensure requirements;

[ ]  Specific mention of all family members and other professionals who participated in the development of the individual plan of care; and

[ ]  Provision for working with the family, when applicable.

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| **Comments:**       |

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

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

##  [ ]  Staff that maintains a separate residence on the premises of a group home, for use when off duty, shall not use or possess alcoholic beverages or controlled substances while on the premises of the group home. 17. Residential Services, 17.8, A.

## [ ]  Staff shall not allow juveniles that are currently residing at a group home to visit the private residence of any staff member or volunteer, while on-duty or off-duty, under any circumstances. 17. Residential Services, 17.8, B.

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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 shall not use or possess alcoholic beverages or controlled substances on the premises of the group home.

##  17. Residential Services, 17.9, A.

## [ ]  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, 17.9, B.

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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. 17. Residential Services, 17.3 G.

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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**

[ ]  Program Manager must possess at least one of the following credentials with direct service work experience with an agency serving at-risk youth:

[ ]  A four (4) year degree in any field with at least two (2) years’ experience; or

 *Note: A bachelor’s degree in a Human Service or related field is preferred*

[ ]  A two (2) year degree in any other field with at least four (4) years’ experience; or

[ ]  A high school diploma/GED with at least six (6) years’ experience.

 17. Residential Services, 17.6, A., 1. A - c

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

 17. Residential Services, 17.6, A., 2.

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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.

 17. Residential Services, 17.6, A. 3.

[ ]  Each volunteer position has a job description. 17. Residential Services, 17.6, A. 3. a

[ ]  A completed Program Volunteer Application *(Form JCPC/EA 001),* including 3 references, has been provided, contacted, and documented on the completed form for each volunteer.

 17. Residential Services, 17.6, A. 3. b

[ ]  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, 17.6, A. 3. c

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

17. Residential Services, 17.6, A. 3. e

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

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

 17. Residential Services, 17.6, A. 3. e., i - ii

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

 [ ]  A safe driving records check.

[ ]  The program does not allow volunteers to provide the primary supervision of juveniles in the program. 17. Residential Services, 17.6, A.3. d.

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| **Comments:**       |

**Staff and Volunteer Orientation and Training**

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

 17. Residential Services, 17.7, A. 1.

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

 17. Residential Services, 17.7, A. 1.

[ ]  Personal and professional development training opportunities (internal, in-person and/or online) are offered to the staff and volunteers. 17. Residential Services, 17.7, 2.

[ ]  Volunteers complete pre-service training specific to this program type prior to providing direct services to juveniles. 17. Residential Services, 17.7, 3

[ ]  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, 17.7, 4.

[ ]  Direct service staff participated annually in at least 12 hours of training in an area related to the service type provided, including at a minimum, basic interaction skills related to juveniles.

 17. Residential Services, 17.7, 5.

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| **Comments:**       |

### Training for Foster Parents

### 17. Residential Services, 17.7, A. 6.

### [ ]  Foster Parent or Specialized Foster Care Parents: 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.

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| **Comments:**       |

### Continuing Training for Specialized Foster Care Parents

### 17. Residential Services, 17.7, B., 1. - 4.

### [ ]  For Specialized Foster Care programs only: A training schedule has been submitted to the DPS Area Office for foster parent continuing training.

### [ ]  The annual schedule includes:

##### [ ]  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 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.

 17. Residential Services, 17.4, D. 1.

Participation Agreement includes: 17. Residential Services, 17.4, D. 3.

 [ ]  Name of Juvenile.

 [ ]  Name of the sponsoring agency and program name.

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

[ ]  Signed consent of parent(s)/legal guardian(s), juvenile and program staff 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.

Termination Process: 17. Residential Services, 17.4, E. 1 a – g & 2 a – b i - iv

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

[ ]  The program has completed a written termination form for each juvenile within 10 business days of termination from the program.

[ ]  The program has submitted a copy of the termination form 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.

 [ ]  A copy of the termination form is included in juvenile's file.

The termination summary form includes:

 [ ]  Name of the sponsoring agency and program name

 [ ]  Juvenile's name

 [ ]  Activities, results and recommendations

 [ ]  Date of last contact

 [ ]  The reason for termination which supports the reasons reported in NCALLIES.

[ ]  Names of persons and agencies receiving the termination form.

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

[ ]  As needs were identified, the program developed (in collaboration with the juvenile, parent(s)/legal guardian(s), juvenile’s Court Counselor, and/or other referring entity, prior to termination, an aftercare/termination service plan for each juvenile. 17. Residential Services, 17.5

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| **Comments:**       |

[ ]  A review of 6 active and 6 terminated client records (randomly selected) has been conducted by the monitor. (If a program has less than 6 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 Review** | **All Programs** **NOTE: THIS PROGRAM TYPES REQUIRES AN INDIVIDUAL SERVICE PLAN.****17. Residential Services 17.4, B. 2. & C. 1 - 5** | **Residential Programs Only** |
| **Client Name** |  Referral Form | Admission Date (matches client tracking) | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Juvenile Assessment Data (YASI Summary when referred by court serv)  | Community Programs Risk Assessment  | Parental Consent to Participate | Medical / Medication Information (if applicable) | Consent for Release of Information (if applicable) | Individual Service Plan - ISP n/a for an assessment only, runaway and emergency shelter | ISP shows types of services provided or coordinated by program staff  | ISP shows frequency of services or other coordinated services. | ISP shows specific measurable behavior change | ISP shows anticipated length of stay | ISP shows provision for reviewing and amending the ISP in accordance with licensure requirements. | ISP shows all who participated in the development of the ISP and provision of working with the family, when 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 (if applicable) | Documentation of legal custodian/s Placement authority  | Consent for Placement  | Consent for medical records inc. physical & immunization records  | Social History information  |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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| 4.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Terminated Client Review** | **All Programs** **NOTE: THIS PROGRAM TYPES REQUIRES AN INDIVIDUAL SERVICE PLAN.****17. Residential Services 17.4, B. 2. & C. 1 - 5** | **Residential Programs Only** |
| **Client Name** |  Referral Form | Admission Date (matches client tracking) | Referral Source (matches client tracking) | Referral Reason (matches client tracking) | Juvenile Assessment Data (YASI Summary when referred by court serv)  | Community Programs Risk Assessment  | Parental Consent to Participate | Medical / Medication Information (if applicable) | Consent for Release of Information (if applicable) | Individual Service Plan - ISP n/a for an assessment only, runaway and emergency shelter | ISP shows types of services provided or coordinated by program staff | ISP shows frequency of services or other coordinated services. | ISP shows specific measurable behavior change | ISP shows anticipated length of stay | ISP shows provision for reviewing and amending the ISP in accordance with licensure requirements. | ISP shows all who participated in the development of the ISP and provision of working with the family, when 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 (if applicable) | Termination Summary with date and reason for termination (matches client tracking) | Documentation of legal custodian/s Placement authority  | Consent for Placement  | Consent for medical records inc. physical & immunization records  | Social History information  |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Record Review Comments:**

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**Summary of Comments:**

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