**DEPARTMENT OF PUBLIC SAFETY**

**Monitoring Review Report for**

**Assessment/Evaluation Services**

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

**Service Delivery**

[ ]  Appointments are arranged within 5 business days of receiving the referral.

 12. Evaluation and Psyh. Assessment Programs, C. 2.

[ ]  The program has initial contact with the referred juvenile within 10 calendar days of receiving the referral. 12. Evaluation and Psyh. Assessment Programs, D. 1. b.

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

 12. Evaluation and Psyh. Assessment Programs, D. 2. c.

[ ]  The written assessment or evaluation report is completed and returned to the referring agent within 14 calendar days of completion of the assessment/evaluation.

12. Evaluation and Psyh. Assessment Programs, C. 2. a.

[ ]  The length of time between the referral and the delivery of the written report to the referring agent does not exceed 30 calendar days unless the evaluation is a Sex Offender Evaluation, which must be submitted to the juvenile court counselor within 60 calendar days.

 12. Evaluation and Psyh. Assessment Programs, C. 2. b. & c.

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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 and hire letter 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 requirements.

 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 contractors.

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

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

[ ]  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 results.  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.

# **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. 12. Evaluation and Psyh. Assessment Programs, E. 1.

# [ ]  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.

 12. Evaluation and Psyh. Assessment Programs, E. 2.

[ ]  Staff provide only the services for which they are trained, credentialed, or otherwise qualified to provide. 12. Evaluation and Psyh. Assessment Programs, E. 2.

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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.

 12. Evaluation and Psyh. Assessment Programs, E. 3.

[ ]  Each volunteer position has a job description. 12. Evaluation and Psyh. Assessment Programs, E. 3. a.

# [ ]  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.

 12. Evaluation and Psyh. Assessment Programs, E. 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.

 12. Evaluation and Psyh. Assessment Programs, E. 3. c.

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

# [ ]  Obtained a criminal background check prior to contact with any juvenile in the program,

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

[ ]  Drivers records check. 12. Evaluation and Psyh. Assessment Programs, E. 3. d. i, ii, iii.

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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.

 12. Evaluation and Psyh. Assessment Programs, E. 4. a.

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

 12. Evaluation and Psyh. Assessment Programs, E. 4. a.

[ ]  Personal and professional development training opportunities are offered to the staff and volunteers. 12. Evaluation and Psyh. Assessment Programs, E. 4. b.

[ ]  Volunteers complete pre-service training specific to this program type prior to providing direct services to juveniles. 12. Evaluation and Psyh. Assessment Programs, E. 4. b.

[ ]  Opportunities for on-going trainings for direct service staff in basic interaction skills relating to juveniles. 12. Evaluation and Psyh. Assessment Programs, E. 4. c.

[ ]  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 Psyh. Assessment Programs, E. 4. D.

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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: 12. Evaluation and Psyh. Assessment Programs, D. 2. d. i. –v.

[ ]  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 program staff

[ ]  Consequences for non-compliance

[ ]  The program has completed a written termination summary for each juvenile within 10 days after termination from the program. 12. Evaluation and Psyh. Assessment Programs, D. 3.

The termination summary includes: 12. Evaluation and Psyh. Assessment Programs, D. 3. i. – iv.

[ ]  Dates of contact, results and recommendations

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

 [ ]  The reason for termination

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

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| [ ]  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.  12. Evaluation and Psyh. Assessment Programs, D. 3. 4.**Comments:**       |

**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 File Review** | **All Programs** | **Assessment Evaluation** |
| **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) |  |  |  |  |  | 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) |  | Written copy of the Assessment or Evaluation Produced |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |  | [ ]  |
| 3.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |  | [ ]  |
| 4.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |  | [ ]  |
| 5.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |  | [ ]  |
| 6.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |  | [ ]  |
| 7.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |  | [ ]  |
| 8.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |  | [ ]  |
| 9.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |  | [ ]  |
| 10.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  |  | [ ]  |

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| **Terminated Client File Review** | **All Programs** | **Assessment Evaluation** |
| **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) |  |  |  |  |  | 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) | Written copy of the Assessment or Evaluation Produced |
| 1.        | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10.       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Record Review Comments:**

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**Summary of Comments:**

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