NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

# INSPECTION INSTRUMENT FOR

**RUNAWAY AND HOMELESS YOUTH PROGRAMS**

Please select appropriate program model:

9 NYCRR § 182-1 General Requirements for Approved Runaway Programs

Runaway and Homeless Youth Shelter Only

9 NYCRR § 182-2 General Requirements for Transitional Independent Living Support Programs:

Group Residence  Supported Residence

**Agency and Program Information:**

|  |  |
| --- | --- |
| **Agency Name:** |  |
| **Program Name:** |  |
| **Program Address:** |  |

**Inspection and Program Capacity Information:**

Scheduled Inspection  Unscheduled Inspection

|  |  |
| --- | --- |
| Date of last OCFS program inspection | /   / |
|  |  |
| # of youth currently in program (up to age 21) |  |
| # of young adults (aged 21 through 24) currently in the program |  |
| # of babies/toddlers currently in program |  |
| Total bed capacity at time of inspection |  |
| Total # of homeless youth served for current calendar year |  |
| Total # of homeless young adults served for current calendar year |  |
| Total # of runaway youth served for current calendar year |  |

|  |  |
| --- | --- |
| **Certificate is prominently posted and accessible for examination** | **OCFS VERIFIED** |
| Operating Certificate #: |  |

|  |
| --- |
| **OCFS Staff Completing Inspection:** |
|  |
| **Date Completed:**    /   / |

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**ORGANIZATIONAL STRUCTURE AND PROGRAM STAFFING/SUPERVISION**

9 NYCRR §§ 182-1.5(c)(d) and 182-2.5(c)(d)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **OCFS VERIFIED** |
| Does the program maintain a current description of its organizational structure, including job descriptions and qualifications for all program positions?   1. If no, explain in comments.   9 NYCRR §§ 182-1.5(c) and 182-2.5(c) |  |  |  |
| Were there any changes in organizational structure since the last inspection?  If yes, please provide updated organizational chart.  Date an updated organizational chart was provided:    /   / |  |  |  |
| Were there any changes in staff job qualifications since the last OCFS inspection?  If yes, please explain in comments. |  |  |  |
| Were there any changes in job descriptions since the last OCFS inspection?  If yes, please explain in comments. |  |  |  |
| Is a list available of all supervisors, including on-site supervisors, with a list of their qualifications and responsibilities?  If no, please explain in comments. |  |  |  |
| Are staffing plans and schedules available for review?  If no, please explain in comments. |  |  |  |
| Comments: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| NEW YORK STATE  OFFICE OF CHILDREN AND FAMILY SERVICES  **DOCUMENT REVIEW** | | | |
| Regulations 9 NYCRR §182-1 and 9 NYCRR §182-2 require the following documents be on file at the program location for review. Refer to specific sections in regulations cited in each item below for further information. | | | |
|  | **YES** | **NO** | **OCFS VERIFIED** |
| Is a list available of current community providers of youth services?   1. If no, explain in comments.   9 NYCRR §§ 182-1.5(i)(1) and 182-2.5(i)(1) |  |  |  |
| Are there accurate and complete records of all youth, staff and volunteers as referenced in Appendix A – Employee/Volunteer/Consultant Screening and Personnel Files, Appendix B1 and/or B2 – Youth Case Record Review and Appendix C – Programs Serving Youth with Dependent Infants/Children?   1. If no, explain in comments.   9 NYCRR §§ 182-1.5(n)(1)(i) and 182-2.5(n)(1)(i) |  |  |  |
| Are there accurate and complete records of the daily operations of the program that include staffing schedules?   1. If no, explain in comments.   9 NYCRR §§ 182-1.5(d)(4) and (n)(1)(ii) and 182-2.5(d)(4) and (n)(1)(ii) |  |  |  |
| Is there a current list of local licensed physicians, hospitals or clinics that provide health services to youth?  If no, explain in comments.  9 NYCRR §§ 182-1.9(f)(1) and 182-2.9(f)(1) |  |  |  |
| Does the program have policies and/or procedures designed to ensure youth are not subject to discrimination or harassment on the basis of race, creed, color, national origin, age, sex, sexual orientation, gender identity or expression, marital status, religion or disability?  If no, explain in comments.  9 NYCRR §§ 182-1.5(g)(1) and 182-2.5(g)(1) |  |  |  |
| Does the program employ policies and procedures designed to reasonably ensure that non-English-speaking youth understand all written and oral communications from program staff and volunteers, including program rules and requirements?   1. If no, explain in comments.   9 NYCRR §§ 182-1.5(g)(2) and 182-2.5(g)(2) |  |  |  |
| Does the program have an OCFS-approved plan to ensure all staff receive the required training in cultural competence for the LGBTQ population?  20-OCFS-ADM-03 |  |  |  |
| Does the program maintain, and review annually, procedures to be followed in the event of fire, flood, energy failure, snowstorm and other civil or natural disasters?  9 NYCRR §§ 182-1.5(k) and 182-2.5(k) |  |  |  |
| Have there been any changes/updates to the program’s policy and procedure manual since the last OCFS review?  If yes, explain in comments.  9 NYCRR §§ 182-1.5(l) and 182-2.5(l) |  |  |  |
| If there were changes/updates to the program's policy and procedure manual since the last OCFS review, were they approved by OCFS?  If no, explain in comments. |  |  |  |
| Does the program have written policies and procedures regarding statutory requirements for reporting abuse, neglect and significant incidents?  If no, explain in comments.  9 NYCRR §§ 182-1.12(b) and 182-2.11(b) |  |  |  |

**DOCUMENT REVIEW (Continued)**

|  |
| --- |
| Comments: |

**APPENDIX A**

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**EMPLOYEE/VOLUNTEER/CONSULTANT SCREENING AND PERSONNEL FILES**

9NYCRR §§ 182-1.5(d)(2), 182-1.5(n)(1) and 182-1.5(e)

9NYCRR §§ 182-2.5(d)(2), 182-2.5(n)(1) and 182-2.5(e)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Agency: |  | | | | | |
| Staff/Volunteer/Consultant Name: | | | |  | | |
| Current Title/Position: | | |  | | | |
| Date of Appointment to Current Title/Position: | | | | | /    / | |
| Full Time | | Part Time:       hrs/wk | | | | Volunteer       hrs/wk |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DATE** | **YES** | **NO** | **OCFS VERIFIED** |
| Annual Performance Evaluation  9 NYCRR §§ 182-1.5(d)(3) and 182-2.5(d)(3) | /   / |  |  |  |
| Have all staff signed Code of Conduct? – Annual requirement | /   / |  |  |  |
| Employment history, including relevant child care experience  9 NYCRR §§ 182-1.5(e)(3)(i) and 182-2.5(e)(3)(i) | /   / |  |  |  |
| The names, addresses and telephone numbers, where available, of references who can verify employment history information and experience  9 NYCRR §§ 182-1.5(e)(3)(ii) and 182-2.5(e)(3)(ii) | /   / |  |  |  |
| Education history, including elementary school(s) and/or secondary school(s) or college(s) attended, the highest-grade level or degree attained, and credit earned  9 NYCRR §§ 182-1.5(e)(3)(iii) and 182-2.5(e)(3)(iii) | /   / |  |  |  |
| All relevant special skills and trainings  9 NYCRR §§ 182-1.5(e)(3)(iv) and 182-2.5(e)(3)(iv) | /   / |  |  |  |
| The name, address and telephone numbers or two or more personal references, other than relatives, who can attest to the character and reputation of the applicant or volunteer  9 NYCRR §§ 182-1.5(e)(3)(v) and 182-2.5(e)(3)(v) | /   / |  |  |  |
| State Central Register Clearance Letter  9 NYCRR §§ 182-1.5(e)(3)(vi) and 182-2.5(e)(3)(vi) | /   / |  |  |  |
| For hires on or after June 30, 2013:  9 NYCRR §§ 182-1.5(e)(3)(vi) and 182-2.5(e)(3)(vi)   1. Fingerprint clearance for criminal history review 2. Staff exclusion list clearance (Justice Center) | /   / |  |  |  |
| Sworn statement whether applicant has ever been convicted of a misdemeanor or felony in NYS or another jurisdiction  9 NYCRR §§ 182-1.5(e)(3)(vi) and 182-2.5(e)(3)(vi) | /   / |  |  |  |
| Annual physical examination to determine fitness for duty (for food handlers and persons caring for youth)  9 NYCRR §§ 182-1.9(i) and 182-2.9(i) | /   / |  |  |  |
| Sworn statement that all information provided in the application is true, to the best of the applicant’s or volunteer’s knowledge  9 NYCRR § 182-1.5(e)(3)(vii) and 182-2.5(e)(3)(vii) | /   / |  |  |  |

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**EMPLOYEE/VOLUNTEER/CONSULTANT SCREENING AND PERSONNEL FILES**

**(Continued)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training** | **DATE** | **YES** | **NO** | **OCFS VERIFIED** |
| Documentation maintained for completed training(s)  9 NYCRR §§ 182-1.5(f)(1) and 182-2.5(f)(1) | /   / |  |  |  |
| Each staff member received at least 40 hours of in-service training  9 NYCRR §§ 182-1.5(f)(1) and 182-2.5(f)(1) | /   / |  |  |  |
| Each volunteer received job-specific in-service training according to specific duties performed  9 NYCRR §§ 182-1.5(f)(2) and 182-2.5(f)(2) | /   / |  |  |  |
| **Training Topics**  9 NYCRR §§ 182-1.5(f)(1) | **DATE** | **YES** | **NO** | **OCFS VERIFIED** |
| Safety and emergency procedures, including first aid | /   / |  |  |  |
| HIV awareness and education | /   / |  |  |  |
| Case records and confidentiality of information | /   / |  |  |  |
| Youth development and youth issues | /   / |  |  |  |
| Cultural competence for the LGBTQ youth population (initial and follow ups)  20-OCFS-ADM-03 | /   / |  |  |  |
| Reportable incidents | /   / |  |  |  |
| Suicide prevention | /   / |  |  |  |
| Runaway and homeless youth regulations | /   / |  |  |  |
| **Additional Training** | | **YES** | **NO** | **OCFS VERIFIED** |
| For all administrators, employees and volunteers, trainings shall increase the participants’ level of awareness, encourage positive attitudes and enhance knowledge and skill development in at least the following areas: | | | | |
| Abuse, neglect and significant incident prevention identification  9 NYCRR §§ 182-1.12(b)(5)(a) and 182-2.11(b)(5)(a) | /   / |  |  |  |
| Safety and security procedures  9 NYCRR §§ 182-1.12(b)(5)(b) and 182-2.11(b)(5)(b) | /   / |  |  |  |
| Principles of child development  9 NYCRR §§ 182-1.12(b)(5)(c) and 182-2.11(b)(5)(c) | /   / |  |  |  |
| Characteristics of youth in care  9 NYCRR §§ 182-1.12(b)(5)(d) and 182-2.11(b)(5)(d) | /   / |  |  |  |
| Techniques of group and child management, including crisis intervention  9 NYCRR §§ 182-1.12(b)(5)(e) and 182-2.11(b)(5)(e) | /   / |  |  |  |
| Laws, regulations and procedures governing the protection of vulnerable persons from abuse, neglect and significant incidents, including reporting responsibilities  9 NYCRR §§ 182-1.12(b)(5)(f) and 182-2.11(b)(5)(f) | /   / |  |  |  |
| Comments: | | | | |

**APPENDIX B1**

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**CASE RECORD REVIEW FOR YOUTH IN CRISIS SHELTERS**

9 NYCRR §§ 182-1.5(n)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Youth Name: |  | | | | | | |
| Agency Name: | | |  | | | | |
| Program Name: | | | | Operating Certificate Number: | | | |
| Date of Review: | | | | Reviewer Initials: | | | |
|  | |  | | | | | |
| **Youth Case Record**  9 NYCRR §§ 182-1.5(n)(2) | | | | | **YES** | **NO** | **OCFS VERIFIED** |
| Does the youth case record include the following? | | | | |  |  |  |
| Gender | | | | |  |  |  |
| Race | | | | |  |  |  |
| Birthdate | | | | |  |  |  |
| Name, address and phone number of parents/guardians or legal custodian(s) | | | | |  |  |  |
| Date and time of admission/intake | | | | |  |  |  |
| Referral source | | | | |  |  |  |
| Circumstances surrounding youth’s presence at program | | | | |  |  |  |
| Physical condition of youth upon intake | | | | |  |  |  |
| Emotional condition of youth upon intake | | | | |  |  |  |
| Were instructions provided to youth of techniques/procedures for the protection from abuse, neglect and significant incidents within 72 hours of admission?  9 NYCRR §§182-1.12(b)(6) | | | | |  |  |  |
| **Initial Assessment**  9 NYCRR §§ 182-1.45(j)(1) and 182-2.5(j)(1) | | | | | **YES** | **NO** | **OCFS VERIFIED** |
| Is the youth considered: homeless (under 21 and is without a place of shelter  where supervision and care are available)  runaway (under the age of 18 who is absent from his  or her legal residence without the consent of his or  her parent, legal guardian or custodian) | | | | |  |  |  |
| Are the following items documented in the youth case record? | | | | |  |  |  |
| Reason why youth is without shelter | | | | |  |  |  |
| The youth’s immediate needs | | | | |  |  |  |
| The youth’s current functional level | | | | |  |  |  |
| Youth was determined to be: potentiallyeligible to reenter foster care  potential destitute child  neither | | | | |  |  |  |
| If youth was identified as potentially destitute as such term is defined under  section 1092 of the Family Court Act, was the local social services district  notified?  If no, explain in comments.  9 NYCRR §§ 182-1.5 (p) | | | | |  |  |  |
| If youth was identified as eligible to re-enter foster care was information about  their ability to re-enter foster care provided to the youth?  Was a referral to the local social services district made?  If no, explain in comments.  9 NYCRR §§ 182-1.5 (q) | | | | |  |  |  |
| **FOR YOUTH UNDER 18 YEARS OF AGE**  9 NYCRR §§ 182-1.5(n)(2)(iv) and 182-1.9(c)(1) | | | | | **YES** | **NO** | **OCFS VERIFIED** |
| Was notification made within 24-72 hours to parent, guardian or legal custodian?  If no, please indicate compelling reason why –  Danger of physical injury from parent, guardian or legal custodian  A reasonable report concerning behavior on the part of the parent, guardian or legal custodian toward the youth, which is considered to be grounds for either an abuse petition or a neglect petition | | | | |  |  |  |
| Date notification made:    /   / | | | | |  |  |  |
| Staff member who provided the notification: | | | | |  |  |  |
| **CASE MANAGEMENT**  9 NYCRR §§ 182-1.5(J)(2) | | | | | **YES** | **NO** | **OCFS VERIFIED** |
| Within 48 hours of admission, was an individualized service plan developed in partnership with the youth? | | | | |  |  |  |
| Does the plan consist of the following? | | | | |  |  |  |
| Short-term goals | | | | |  |  |  |
| Methods and timelines for achieving such goals | | | | |  |  |  |
| The names of community providers who may assist the youth and updates as  necessary. | | | | |  |  |  |
| **DISCHARGED YOUTH**  9 NYCRR §§ 182-1.5 (n)(2)(vii) | | | | | **YES** | **NO** | **OCFS VERIFIED** |
| Does the youth case record include a copy of the discharge report prepared by program staff? | | | | |  |  |  |
| Comments: | | | | | | | |

**APPENDIX B2**

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**CASE RECORD REVIEW FOR YOUTH IN**

**TRANSITIONAL INDEPENDENT LIVING SUPPORT PROGRAMS**

9 NYCRR §§ 182-2.5(n)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Youth Name: |  | | | | | | |
| Agency Name: | | |  | | | | |
| Program Name: | | | | Operating Certificate Number: | | | |
| Date of Review: | | | | Reviewer Initials: | | | |
|  | |  | | | | | |
| **Youth Case Record**  9 NYCRR §§ 182-1.5(n)(2) | | | | | **YES** | **NO** | **OCFS VERIFIED** |
| Does the youth case record include the following? | | | | |  |  |  |
| Gender | | | | |  |  |  |
| Race | | | | |  |  |  |
| Birthdate | | | | |  |  |  |
| Name, address and phone number of parents/guardians or legal custodian(s) | | | | |  |  |  |
| Date and time of admission/intake | | | | |  |  |  |
| Referral source | | | | |  |  |  |
| Circumstances surrounding youth’s presence at program | | | | |  |  |  |
| Physical condition of youth upon intake | | | | |  |  |  |
| Emotional condition of youth upon intake | | | | |  |  |  |
| Were instructions provided to youth of techniques and procedures for the protection from abuse, neglect and significant incidents within 72 hours of youth admission?  9 NYCRR §§182-1.12(b)(6) and 182-2.11(b)(6) | | | | |  |  |  |
| **Initial Assessment**  9 NYCRR §§ 182-1.5(j)(1) and 182-2.5(j)(1) | | | | | **YES** | **NO** | **OCFS VERIFIED** |
| Is the youth considered: homeless (under 21 and is without a place of  shelter where supervision and care are available)  runaway (under the age of 18 who is absent from  his or her legal residence without the consent of  his or her parent, legal guardian or custodian) | | | | |  |  |  |
| Are the following items documented in the youth case record? | | | | |  |  |  |
| Reason why youth is without shelter | | | | |  |  |  |
| The youth’s immediate needs | | | | |  |  |  |
| The youth’s current functional level | | | | |  |  |  |
| **FOR YOUTH UNDER 18 YEARS OF AGE**  9 NYCRR §§ 182-1.5(n)(2)(iv), 182-1.9(c)(1), 182-2.5(n)(2)(iv), and 182-2.9(c)(1) | | | | | **YES** | **NO** | **OCFS VERIFIED** |
| Was notification made within 24-72 hours to parent, guardian or legal custodian?  If no, please indicate compelling reason why –  Danger of physical injury from parent, guardian or legal custodian  A reasonable report concerning behavior on the part of the parent, guardian or legal custodian toward the youth, which is considered to be grounds for either an abuse petition or a neglect petition | | | | |  |  |  |
| Date notification made:    /   / | | | | |  |  |  |
| Staff member who provided the notification: | | | | |  |  |  |
| **CASE MANAGEMENT**  9 NYCRR§§ 182-2.5(j) | | | | | **YES** | **NO** | **OCFS VERIFIED** |
| Did the program conduct an initial comprehensive assessment and individualized service plan within 30 days of admission?  NYCRR §§ 182-2.5 (j)(1) | | | | |  |  |  |
| Does the assessment address the youth’s ability to progress to independent living within 12 months (or up to 18 months) based on the following immediate needs?  NYCRR §§ 182-2.5 (j)(2) | | | | |  |  |  |
| Education, vocational training and/or employment | | | | |  |  |  |
| Medical and nutritional | | | | |  |  |  |
| Emotional and psychological | | | | |  |  |  |
| Financial | | | | |  |  |  |
| Clothing and shelter | | | | |  |  |  |
| Family, social and recreational | | | | |  |  |  |
| **Individualized Service Plan**  NYCRR §§ 182-2.5 (j)(3) | | | | | **YES** | **NO** | **OCFS VERIFIED** |
| Within the first 30 days of admission, was an individualized service plan developed in partnership with the youth? | | | | |  |  |  |
| Does the plan include the following? | | | | |  |  |  |
| Long- and short-term goals | | | | |  |  |  |
| Methods and timeliness for achieving such goals | | | | |  |  |  |
| The names of community providers who may assist the youth in fulfilling the plan by providing activities designed to develop independent living skills | | | | |  |  |  |
| Was the individual service plan reviewed with the youth at least every 60 days and revised as necessary?  NYCRR §§ 182-2.5 (j)(7) | | | | |  |  |  |
| **DISCHARGED YOUTH**  9 NYCRR §§ 182-2.9(d) | | | | | **YES** | **NO** | **OCFS VERIFIED** |
| Was youth discharged no later than 18 months after entering facility? | | | | |  |  |  |
| Extension: 6 months or 18th birthday | | | | |  |  |  |
| Was youth provided case management and other appropriate services, excluding shelter, for a period of at least 90 days after discharge?  9 NYCRR §§ 182-2.9(j)(2) | | | | |  |  |  |
| Was written documentation maintained in the youth case record of all efforts made to provide services for youth after discharge?  9 NYCRR §§ 182-2.9(j)(3) | | | | |  |  |  |
| Comments: | | | | | | | |

**APPENDIX C**

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**Programs serving youth with dependent infants/children**

9 NYCRR §§ 182-1.10(j) and 182-2.10(j)

*In youth’s file the following documentation is found on the child. For each child, please attach a separate sheet.*

|  |  |  |  |
| --- | --- | --- | --- |
| CHILD’S NAME: | | | |
| DOB: | | | |
| MOTHER’S NAME: | | | |
| FATHER’S NAME: | | | |
|  | | | |
|  | **Yes** | **No** | **OCFS Verified** |
| **Health and Safety** |  |  |  |
| Did infants receive health examinations periodically, as recommended by the attending physician?  How was this verified?  If no, explain in comments  9 NYCRR §§ 182-1.10(j)(7) and 182-2.10(j)(7) |  |  |  |
| Are infants supervised at all times?  If no, explain in comments  9 NYCRR §§ 182-1.10(j)(1) and 182-2.10(j)(1) |  |  |  |
| Are play areas/day rooms for infants located above the first floor of any residence?  If yes, explain in comments  9 NYCRR §§ 182-1.10(j)(2) and 182-2.10(j)(2) |  |  |  |
| Do parents and their infant(s) occupy either the same bedroom or adjoining bedrooms, but have separate beds?  If no, explain in comments  9 NYCRR §§ 182-1.10(j)(3) and 182-2.10(j)(3) |  |  |  |
| Are infants provided with a crib or other space for safe sleep, such as a pack-n-play?  If no, explain in comments  9 NYCRR §§ 182-1.10(j)(3) and 182-2.10(j)(3) |  |  |  |
| Does each bedroom occupied by a parent and infant consist of a minimum of 60 square feet of floor space? Where occupied by an infant alone, does the bedroom consist of a minimum of 30 square feet of floor space?  If no, explain in comments  9 NYCRR §§ 182-1.10(j)(4) and 182-2.10(j)(4) |  |  |  |
| Are child safety devices installed to secure all electrical outlets and all storage areas that contain potentially dangerous substances and items, such as cleaning materials, chemicals, medications, tools and kitchen utensils?  If no, explain in comments  9 NYCRR §§ 182-1.10(j)(5) and 182-2.10(j)(5) |  |  |  |
| Are highchairs, booster seats, safe bathing, toilet training and other such equipment available?  If no, explain in comments  9 NYCRR §§ 182-1.10(j)(6) and 182-2.10(j)(6) |  |  |  |
| Comments: | | | |