

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
EMPOWER PROGRAM APPLICATION CHECKLIST

PART 1 – PROGRAM INFORMATION				
AGENCY NAME:		AGENCY DIRECTOR NAME:		
AGENCY MAILING ADDRESS:		AGENCY DIRECTOR PHONE (DIRECT LINE): () -		
# STREET	UNIT NUMBER		AGENCY DIRECTOR (EMAIL):	
CITY:	STATE:	ZIP CODE:		
PROGRAM NAME:		PROGRAM DIRECTOR NAME:		
PROGRAM MAILING ADDRESS:		PROGRAM DIRECTOR PHONE (DIRECT LINE): () -		
# STREET	UNIT NUMBER		PROGRAM DIRECTOR (EMAIL):	
CITY:	STATE:	ZIP CODE:		
FACILITY TYPE (CHECK ONE): <input type="checkbox"/> Agency-Operated Boarding Home (max 6 youth) <input type="checkbox"/> Group Home (between 7-12 youth) <input type="checkbox"/> Institution (max 12 youth)		AGES TO BE SERVED (YOUTH MUST BE AT LEAST 10 YEARS OLD): Minimum Age: Maximum Age:		IS THE PROGRAM SEEKING ANY WAIVERS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Capacity Requested (Target Population):				
Requested capacity for youth:				
If the program will serve parenting youth, capacity requested for youth's dependents: _____				
Maximum program capacity (# of youth and dependents to be served at a time):				
PART 2 – PROGRAM SUMMARY				
1. Provide a clear, specific description of what the program will offer clients and the intended impact of the program.				
2. Describe how the eight features of Positive Youth Development are incorporated in all areas of program design and implementation.				
3. How will the program know if it is successful? Clearly define how program performance and outcomes will be measured and monitored on an ongoing basis.				
PART 3 – REQUIRED POLICIES AND PROCEDURES				
Complete the chart that follows and upload all materials referenced therein to the 29-I portal.				
<u>Policy/Procedure</u>	<u>Location where you found information</u> <small>Indicate the title of the document and page number where the policy or procedure is located.</small>	<u>Date Policy was last updated</u>	<u>Check to indicate document was uploaded in 29-I Portal</u>	<u>OCFS RO Use Only</u> <small>Indicate whether each document was approved or if revision is needed.</small>
1. Admission, Intake, and Program Participation:				
A. Procedure to evaluate referrals, including the following:	A.	/ /	<input type="checkbox"/>	1. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed <i>*approved documents for 1.A.iv must be uploaded into OAOP</i>
i) eligibility and exclusionary criteria	i)	/ /	<input type="checkbox"/>	
ii) procedures to use the <i>Appropriateness of Placement (AOP) Assessment in a PPP/CSEC-Specialized Setting and Common Referral and Intake Packet for EMPOWER Residential Programs</i>	ii)	/ /	<input type="checkbox"/>	
iii) whether emergency placements and/or respite will be offered. If either will be offered, a description of how the program will provide for as much youth voice as possible	iii)	/ /	<input type="checkbox"/>	

<p>in those placements, and how the program will maintain stability for youth in the program for a longer period of time</p> <p>iv) procedures to solicit and consider youth voice in intake determinations, including procedures for pre-placement tour/interviews</p> <p>v) description of how programming will maintain an accessible, affirming, welcoming, and supportive environment to youth of all sexual orientations, gender identities, and gender expressions</p>		<p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>B. Procedure by which youth will be engaged to determine whether the placement remains an appropriate setting that meets their needs and goals</p> <p>i) procedure for conducting diligent efforts to engage the youth in the event the youth no longer feel the program is an appropriate fit</p> <p>ii) procedure to find a more suitable placement for youth in circumstances where the youth's team determines the placement no longer appropriate, or the program's diligent efforts are not successful in reengaging the youth in the program</p>	<p>B.</p> <p>i)</p> <p>ii)</p>	<p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>1. B.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p> <p><i>*approved documents must be uploaded into OAOP</i></p>
<p><u>Policy/Procedure</u></p>	<p><u>Location where you found information</u></p> <p>Indicate the title of the document and page number where the policy or procedure is located.</p>	<p><u>Date Policy was last updated</u></p>	<p><u>Check to indicate document was uploaded in 29-1 Portal</u></p>	<p><u>OCFS RO Use Only</u></p> <p>Indicate whether each document was approved or if revision is needed.</p>
<p>2. Staffing, Supervision, and Training:</p>				
<p>A. A staffing plan that articulates the following:</p> <p>i) the number of direct care staff and their supervisors to be scheduled by shift on weekdays, weekends, and holidays, indicating how many will be scheduled on-site and on-call</p> <p>ii) how unscheduled absences will be covered</p> <p>iii) how additional staff supports will be made available to provide support or relief during times of stress</p> <p>iv) how additional staff supports will be made available to provide one-to-one support for youth as needed</p>	<p>A.</p> <p>i)</p> <p>ii)</p> <p>iii)</p> <p>iv)</p>	<p>/ /</p> <p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>2. A.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>
<p>B. The procedure by which supervision will be provided to program staff, including who will</p>	<p>B.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>2. B.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>

<p>provide the supervision and at what frequency</p>				
<p>C. A staff recruitment plan that articulates the following:</p> <ul style="list-style-type: none"> i) how youth will be provided meaningful opportunities to participate in the hiring of program staff of all levels/positions ii) how positions of all types and levels will be advertised, including the efforts to be made to advertise positions such that persons with lived experience/survivors and communities that reflect the population served can reasonably be expected to see the postings; iii) how lived experience will be considered in assessing a candidate's qualifications 	<p>C.</p> <ul style="list-style-type: none"> i) ii) iii) 	<p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>2. C.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>
<p>D. Plan to support and retain staff, once hired</p> <ul style="list-style-type: none"> i) the additional supports to be offered to survivor staff 	<p>D.</p> <ul style="list-style-type: none"> i) 	<p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>2. D.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>
<p>E. Job descriptions, including core duties/responsibilities, minimum qualifications, and compensation (range) for each position</p>	<p>E.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>2. E.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>
<p><u>Policy/Procedure</u></p>	<p><u>Location where you found information</u></p> <p>Indicate the title of the document and page number where the policy or procedure is located.</p>	<p><u>Date Policy was last updated</u></p>	<p><u>Check to indicate document was uploaded in 29-1 Portal</u></p>	<p>OCFS RO Use Only</p> <p>Indicate whether each document was approved or if revision is needed.</p>
<p>3. Therapeutic Model of Service:</p>				
<p>A. A description of:</p> <ul style="list-style-type: none"> i) the available evidence indicating that this model is appropriate to facilitate healing in adolescents with complex sexual trauma histories ii) how the model incorporates a theory of change into operational level practice iii) the available evidence indicating this model is responsive to emotional, relational, and sexualized trauma in adolescents 	<p>A.</p> <ul style="list-style-type: none"> i) ii) iii) 	<p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>3. A.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p> <p><i>*approved documents must be uploaded into OAOP</i></p>
<p>B. A description of how continuity between clinical therapeutic services and the day-to-day functions of the program will be achieved, and how the model of care will support and reinforce the clinical therapeutic work facilitated by the program in day-to-day life</p>	<p>B.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>3. B.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>
<p>C. Documentation demonstrating the program is accredited to implement the model of care described:</p> <ul style="list-style-type: none"> i) a description of how the model will be adjusted for 	<p>C.</p> <ul style="list-style-type: none"> i) 	<p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>3. C.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>

<p>use in this program, if applicable. Note that adjustments to a model may require written approval from the accrediting body.</p>				
<p>D. Procedure to monitor the models' implementation and fidelity, including who will be responsible and how fidelity will be measured</p>	<p>D.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>3. D. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed</p>
<p>E. Plan to train and coach all staff who work in the program space in the implementation of this model of care, including who will be responsible for monitoring this training</p>	<p>E.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>3. E. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed</p>
<p>F. A list of the data points to be tracked related to the model of care and its outcomes for staff and/or youth</p> <p>i) include a description of the type of reporting that the program is required to submit to the credentialing body, if applicable</p>	<p>F.</p> <p>i)</p>	<p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>3. F. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed</p>
<p>G. A description of the additional therapeutic supports to be embedded into day-to-day programming, in addition to the model of care described above</p>	<p>G.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>3. G. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed</p>
<p><u>Policy/Procedure</u></p>	<p><u>Location where you found information</u> Indicate the title of the document and page number where the policy or procedure is located.</p>	<p><u>Date Policy was last updated</u></p>	<p><u>Check to indicate document was uploaded in 29-1 Portal</u></p>	<p>OCFS RO Use Only Indicate whether each document was approved or if revision is needed.</p>
<p>4. Supports for Mental, Behavioral and Emotional Health, Well-Being and Healing:</p>				
<p>A. A description of the clinical services that will be made available to each youth in the program, including the following:</p> <p>i) the models, approaches, or techniques to be used</p> <p>ii) the frequency at which these services will be provided to each youth</p> <p>iii) the clinical services to be made available to youth in groups, including the models to be used and the frequency at which clinical groups will be offered</p>	<p>A.</p> <p>i)</p> <p>ii)</p> <p>iii)</p>	<p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>4. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed</p>
<p>B. A description of the clinical services that will be made available to youth's permanency resource(s), including the following:</p> <p>i) the models, approaches, or techniques to be used</p> <p>ii) the frequency at which these services will be provided to each permanency resource</p>	<p>B.</p> <p>i)</p> <p>ii)</p>	<p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>4. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed</p>
<p>C. A mental health staffing plan that includes:</p> <p>i) the number of mental health staff to be scheduled by shift on weekdays, weekends, and holidays</p>	<p>C.</p> <p>i)</p>	<p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>4. C. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed</p>

ii) how appropriate and competent supervision will be provided to each mental health professional and at what frequency	ii)	/ /	<input type="checkbox"/>	
iii) a job description for each mental health position, including core duties/responsibilities and minimum qualifications for each	iii)	/ /	<input type="checkbox"/>	
iv) a training and coaching plan that describes the training requirements and standards for mental health professionals	iv)	/ /	<input type="checkbox"/>	
v) how the required knowledge, skills, and competencies will be evaluated for each mental health professional on an annual basis	v)	/ /	<input type="checkbox"/>	
vi) how will each of these requirements will be monitored	vi)	/ /	<input type="checkbox"/>	

<u>Policy/Procedure</u>	<u>Location where you found information</u> Indicate the title of the document and page number where the policy or procedure is located.	<u>Date Policy was last updated</u>	<u>Check to indicate document was uploaded in 29-1 Portal</u>	<u>OCFS RO Use Only</u> Indicate whether each document was approved or if revision is needed.
-------------------------	---	-------------------------------------	---	--

5. Supports for Physical and Sexual Health and Well-Being:

A. A description of how youth’s health care needs (including but not limited to primary, sexual, dental, psychiatry, etc.) will be assessed, including who will be responsible for the assessment and the frequency at which youth will be assessed	A.	/ /	<input type="checkbox"/>	5. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
B. A description of how physical and mental health care will be integrated to provide holistic support to each youth	B.	/ /	<input type="checkbox"/>	5. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
C. A description of how the program will center the youth as an active agent in managing their health care, including the following: i) the process by which youth with a medical need or concern can raise the concern, and the procedure the program will follow after learning of a concern ii) how will available community-based provider options will be presented to youth and how youth will be coached in selecting a provider that meets their needs iii) a description of how youth will be informed of their opportunity to meaningfully participate in their health care, any limits to their decision-making abilities, and the how the program will	C. i) ii) iii)	/ / / / / /	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. C. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed

<p>support them in making decisions about their health, including changing providers as needed</p>				
<p>D. A description of how the program will provide comprehensive sex education and sexual health care to each youth, including:</p> <p>i) how each of these services will be delivered</p> <p>ii) how the program will assess whether each of their health care partners will actively affirm and support youth's SOGIE</p>	<p>D.</p> <p>i)</p> <p>ii)</p>	<p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>5. D.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>
<p>E. The program's policy prohibiting any agency or program staff or volunteer from preventing or interfering with a youth's access to medical treatment or medication when used by the youth in the manner prescribed by a licensed medical professional</p>	<p>E.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>5. E.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>
<p><u>Policy/Procedure</u></p>	<p><u>Location where you found information</u> Indicate the title of the document and page number where the policy or procedure is located.</p>	<p><u>Date Policy was last updated</u></p>	<p><u>Check to indicate document was uploaded in 29-1 Portal</u></p>	<p>OCFS RO Use Only Indicate whether each document was approved or if revision is needed.</p>
<p>6. Positive Youth Development and Youth Voice:</p>				
<p>A. A description of how the reasonable and prudent parent standard will be applied, including the procedure to be followed if a youth feels their normative opportunities are being unduly limited</p>	<p>A.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>6. A.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p> <p><i>*approved documents must be uploaded into OAOP</i></p>
<p>B. Policy governing youth's access to and use of cell phones and social media</p>	<p>B.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>6. B.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p> <p><i>*approved documents must be uploaded into OAOP</i></p>
<p>C. A description of the supportive and phyco-educational and independent living activities to be offered by the program to develop youth's skills</p> <p>i) the position(s) responsible for this task</p> <p>ii) how topics and skills will be identified for programming</p> <p>iii) the frequency at which programming will be offered</p> <p>iv) how programming will be evaluated to determine whether it is supporting youth's development</p>	<p>C.</p> <p>i)</p> <p>ii)</p> <p>iii)</p> <p>iv)</p>	<p>/ /</p> <p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>6. C.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>
<p>D. A description of how each youth's educational/vocational strengths and needs will be identified and met, including the following:</p> <p>i) the position(s) responsible for this task</p>	<p>D.</p> <p>i)</p>	<p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>6. D.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>

<p>ii) how each youth's school district will be determined in accordance with the, Every Student Succeeds Act</p> <p>iii) a description of how youth will be exposed to a wide variety of post-high school educational and vocational opportunities and</p> <p>iv) supported in navigating a career path of their choosing</p>	<p>ii)</p> <p>iii)</p> <p>iv)</p>	<p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>E. A description of the types of recreational opportunities to be made available to youth in the program, including the following:</p> <p>i) the position(s) responsible for coordinating these opportunities</p> <p>ii) a description of how youth's individual and collective interests and cultures will be reflected in recreational opportunities programming</p> <p>iii) a description of how the program will support youth's normative participation in activities offered through school and in the community</p>	<p>E.</p> <p>i)</p> <p>ii)</p> <p>iii)</p>	<p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>6. E.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>
<p><u>Policy/Procedure</u></p>	<p><u>Location where you found information</u></p> <p>Indicate the title of the document and page number where the policy or procedure is located.</p>	<p><u>Date Policy was last updated</u></p>	<p><u>Check to indicate document was uploaded in 29-1 Portal</u></p>	<p><u>OCFS RO Use Only</u></p> <p>Indicate whether each document was approved or if revision is needed.</p>
<p>7. Behavior Management, De-escalation, Incident and Crisis Management:</p>				
<p>A. A description of the behavior management approach to be used, including the following:</p> <p>i) how the approach is relational in nature</p> <p>ii) how the approach incorporates natural consequences</p> <p>iii) how positive decisions are incentivized</p> <p>iv) the de-escalation practices, models, and approaches to be used by the program</p> <p>v) the restorative practices and models to be used by the program in response to incidents</p>	<p>A.</p> <p>i)</p> <p>ii)</p> <p>iii)</p> <p>iv)</p> <p>v)</p>	<p>/ /</p> <p>/ /</p> <p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>7. A.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p> <p><i>*approved documents must be uploaded into OAOP</i></p>
<p>B. The program's restraint policy, which clearly prohibits physical restraints in any circumstance that is not life-threatening and additionally describes</p> <p>i) the model of restraints to be used</p> <p>ii) how the program will ensure staff are trained in the model</p> <p>iii) how restraints will be monitored and debriefed with all staff and youth present</p>	<p>B.</p> <p>i)</p> <p>ii)</p> <p>iii)</p>	<p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>7. B.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revision needed</p>

<p>C. A policy prohibiting services or supports being withheld from youth in response to behavioral challenges</p>	<p>C.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>7. C. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed</p>
<p>D. A policy prohibiting recreation being withheld from youth in response to behavioral challenges for more than one week at a time, including any circumstances that might limit youth participation in such opportunities and what alternatives will be offered to youth should participation in recreation be limited</p>	<p>D.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>7. D. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed</p>
<p>E. A policy outlining the stress pass option offered by the program</p>	<p>E.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>7. E. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed</p>
<p>F. A policy outlining how the program will prevent, respond to, and debrief unplanned youth absences (AWOC)</p>	<p>F.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>7. F. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed <i>*approved documents must be uploaded into OAOP</i></p>
<p>G. A policy outlining, in operational detail, how the program will prevent, respond to, and debrief incidents of suspected or confirmed recruitment. Such policy must include a definition of recruitment</p>	<p>G.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>7. G. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed <i>*approved documents must be uploaded into OAOP</i></p>
<p>H. The debriefing protocol to be followed after each critical incident. Such policy must include a definition of "critical incident"</p>	<p>H.</p>	<p>/ /</p>	<p><input type="checkbox"/></p>	<p>7. H. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed</p>
<p><u>Policy/Procedure</u></p>	<p><u>Location where you found information</u> Indicate the title of the document and page number where the policy or procedure is located.</p>	<p><u>Date Policy was last updated</u></p>	<p><u>Check to indicate document was uploaded in 29-1 Portal</u></p>	<p>OCFS RO Use Only Indicate whether each document was approved or if revision is needed.</p>
<p>8. Program Discharge Planning and Aftercare:</p>				
<p>A. The program requirements and protocol for program discharge planning (PDP), including:</p> <ul style="list-style-type: none"> i) the individuals (by title or category) to be engaged in each youth's PDP ii) how the program will include the youth and their support person(s) as an active and equal participant in PDP decisions and activities iii) the model or approach to be used to identify and engage kin, including kin that cannot serve as a permanency resource iv) how and when permanency resource(es) will be supported to facilitate a smooth transition, as applicable v) how the program will engage in concurrent planning vi) the partners the program will work with to provide step-down opportunities, 	<p>A.</p> <ul style="list-style-type: none"> i) ii) iii) iv) v) vi) 	<p>/ /</p> <p>/ /</p> <p>/ /</p> <p>/ /</p> <p>/ /</p> <p>/ /</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>8. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed</p>

including supervised settings, to youth				
B. Procedures to evaluate when discharge is appropriate, including: i) the standards and criteria which, when met, may result in a discharge ii) the length of time a bed will be held for a youth who is missing from program iii) when and how youth will be informed of the discharge criteria iv) how the program will incorporate input from the youth's team (as defined in the EMPOWER program standards) in all discharge decisions v) the protocol to make a final determination if there is disagreement among the youth's team regarding a potential discharge vi) the procedure and criteria by which youth will be considered for readmission to the program following a prior discharge vii) the information to be provided to the youth and their team, about the youth's ability to return to the program following discharge, including when and how that information will be communicated	B. i) ii) iii) iv) v) vi) vii)	/ / / / / / / / / / / / / /	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed <i>*approved documents must be uploaded into OAOP</i>
C. A description of the program's aftercare services and supports available to youth and their permanency resources (PR) that includes the following: i) a description of the services and supports available to youth and/or their PRs ii) how aftercare support plans will be developed with youth and their PRs based on the youth's discharge plan iii) policies, procedures, and/or protocol for how such services and supports will be provided iv) how the program will document youth and/or PR's declination or discontinuation of aftercare services, and the procedure for such services to resume if desired later	C. i) ii) iii) iv)	/ / / / / / / /	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8. C. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
<u>Policy/Procedure</u>	<u>Location where you found information</u> Indicate the title of the document and page number where the policy or procedure is located.	<u>Date Policy was last updated</u>	<u>Check to indicate document was uploaded in 29-1 Portal</u>	<u>OCFS RO Use Only</u> Indicate whether each document was approved or if revision is needed.

9. Physical Plant and Security:				
A. A description of any and all physical plant features designed or implemented to enhance security for the youth, staff, and/or neighboring community. Such changes must be non-institutional in nature so as to preserve a home-like environment	A.	/ /	<input type="checkbox"/>	9. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
B. Any and all necessary documentation to demonstrate the program's proactive community and neighborhood engagement, including but not limited to, policies, procedures, and/or protocols that describe how the program will prevent, address, and respond to: i) uninvited visitors ii) traffickers and sex buyers that loiter near the program location	B. i) ii)	/ / / /	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
<u>Policy/Procedure</u>	<u>Location where you found information</u> Indicate the title of the document and page number where the policy or procedure is located.	<u>Date Policy was last updated</u>	<u>Check to indicate document was uploaded in 29-1 Portal</u>	<u>OCFS RO Use Only</u> Indicate whether each document was approved or if revision is needed.
10. Organizational Capacity:				
A. The procedure to document and report to OCFS specific data as required for EMPOWER programs	A.	/ /	<input type="checkbox"/>	10. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
B. A description of the Continuous Quality Improvement (CQI) approach to be used by the agency that includes, at minimum, the following: i) the titles/roles of members of the CQI team ii) a description of how youth and program alumni will be involved in the CQI team, including limitations to their participation as applicable iii) the types of data and areas of practice to be examined by the CQI team iv) the frequency at which the CQI team will meet v) the position(s) responsible for convening the team vi) the outputs and outcomes expected of the CQI team	B. i) ii) iii) iv) v) vi)	/ / / / / / / / / /	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
<u>Policy/Procedure</u>	<u>Location where you found information</u> Indicate the title of the document and page number where the policy or procedure is located.	<u>Date Policy was last updated</u>	<u>Check to indicate document was uploaded in 29-1 Portal</u>	<u>OCFS RO Use Only</u> Indicate whether each document was approved or if revision is needed.
11. Additional Documents to Be Submitted:				
A. A sample program calendar (one month) indicating the services, supports, positive youth development opportunities, and recreation that will be available to youth	A.	/ /	<input type="checkbox"/>	11. A. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed

B. Policies and procedures pertaining to mandated reporting to the New York State Central Register of Child Abuse and Maltreatment (SCR) and Justice Center	B.	/ /	<input type="checkbox"/>	11. B. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
C. Policies and procedures pertaining to all other rules and regulations of OCFS not articulated above	C.	/ /	<input type="checkbox"/>	11. C. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
D. A copy of the youth manual, including the youth grievance policy	D.	/ /	<input type="checkbox"/>	11. D. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
E. An organizational chart including the proposed EMPOWER program and all other programs operated by the applicant agency	E.	/ /	<input type="checkbox"/>	11. E. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed
F. All documents required for PPP programs, if program is designed to serve trafficked/at-risk youth who are parenting and their dependent children	F.	/ /	<input type="checkbox"/>	11. F. <input type="checkbox"/> Approved <input type="checkbox"/> Revision needed <input type="checkbox"/> Not Applicable