



# Monitoring and Quality Improvement Standards for

## Juvenile Diversion Alternative Programs FY 2019-2020



### **Office of Program Accountability**

*Promoting continuous improvement and accountability  
in juvenile justice programs and services.*

*The Department acknowledges the Monitoring and Quality Improvement (MQI) Standards are built upon Department rules, policies, procedures and manuals. As we continue to improve and refine our competitive procurement process, there may be instances in which requirements negotiated between the Provider and the Department exceed the MQI Standards. In instances where contractual obligations surpass requirement(s) set forth in the published Standards, the contract requirement will prevail.*

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\* The Department has identified certain key critical indicators. These indicators represent critical areas requiring immediate attention if a program operates below Department standards. A program must therefore achieve at least a Satisfactory Compliance rating in each of these indicators. Failure to do so will result in a program alert form being completed and distributed to the appropriate program area.

# Standard 1

Management Accountability

## MQI Standards for Juvenile Diversion Alternative Programs

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## 1.01 Initial Background Screening

Background screening is conducted for all Department employees and volunteers and all contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth [and confidential youth records](#). A contract provider may hire an employee to a position which requires background screening before the screening process is completed, but only for training and orientation purposes. However, these employees may not have contact with youth or confidential youth records until the screening is completed, the rating is eligible, and the employee does not demonstrate he or she exhibits any behaviors which warrant the denial or termination of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.

— CRITICAL —

**Guidelines/Requirements:** Background screening is mandatory for employees, volunteers, mentors, and interns with access to youth and confidential youth records to ensure they meet established statutory Level 2 screening requirements. The Department is mindful or aware of its status as a criminal justice agency and its special responsibilities in dealing with the youth population and utilizes Level 2 Screening Standards, as required in s. 435.05, [985.644 \(3\) and 985.66\(3\)\(a\) 3 F.S.](#), [to screen individuals prior to employment or volunteering and every five-years of continued service](#).

### New Screening Required:

[Moving from the Department to a contracted provider, from a contracted provider to the Department, or from one contracted provider company to another is considered a new hire and a new background screening is required.](#)

[Screening documents \(IG/BSU 002 and 005, a copy of driver's license, Social Security Card, and IG/BSU 003\) must be submitted to the BSU when a provider employee is screened in the Clearinghouse and wants to be hired by another provider. The hiring provider must submit also receive a completed copy of those screening documents prior to hiring the employee. \(Note: Fingerprinting is not usually required.\)](#)

### New Screening not Required:

[Contracted/grant provider volunteers, mentors, and interns who assist or interact with provider youth on an intermittent basis for less than ten hours a month do not need to be background screened if an employee who has been background screened is always present and has the volunteer within his/her line of sight. \(Note: Intermittent basis means the volunteer provides assistance on a noncontinuous basis or at irregular intervals; visiting no more than once a quarter.\)](#)

[Current employees of the Department or a provider are not required to submit a new background screening request when they are promoted, demoted, or transferred within their organization, as long as there is no break in service.](#)

[A volunteer who has been hired by the center is not required to submit a new background screening, as long as there is no break in service.](#)

- a. [Once the volunteer screening is completed, the volunteer is considered active as long as the fingerprints are being retained by FDLE/\(Federal Bureau of Investigation \(FBI\), the five-year rescreening/resubmission is being completed, and the volunteer is added to the Clearinghouse employee roster within ninety-days of completing the screening request.](#)

**Other Requirements:**

Neither the Department nor contracted providers shall hire any applicant until:

- a. An eligible background screening rating has been received, and the criminal history report has been reviewed.
- b. An application with an ineligible/[not eligible](#) rating has received an approved exemption from disqualification from the Department, has received an eligible rating, and the criminal history report has been reviewed.
- c. The provider has administered a pre-employment assessment tool to the direct-care position applicant prior to hiring and has determined what is a passing score. (volunteers are not required to take or pass the assessment tool).
- d. The provider has placed a copy of the pre-employment tool and passing score in the applicant/employee record.
- e. The provider has added the employee or volunteer to their Clearinghouse employment roster.

The provider is responsible for ensuring their hiring authority has reviewed the CCC Person Involvement Report, the Staff Verification System (SVS) module, Florida Department of Law Enforcement (FDLE) Automated Training Management System (ATMS) result, and completed any required agency personnel record reviews prior to hiring [staff](#) or utilizing a volunteer who will have contact with youth, or access to confidential youth records, [with the exception of the SVS module for volunteers](#).

**Annual Affidavit Requirement:**

Teachers/[Instructional personnel](#) who are paid by the school board or who are paid through funding provided by the school board or Department of Education to provide instruction to youth in a program are not required to undergo background screening by the Department.

[Certified law enforcement and security officers who are paid by their law enforcement or security agency to provide security service in a center are not required to undergo background screening by the Department.](#)

- a. Review records of all staff hired and volunteers starting since the last annual compliance review to determine a clearance was received prior to the employee being hired and volunteers starting. This includes all contracted staff (medical, mental health, Designated Health Authority (DHA), designated mental health clinician authority (DMHCA), psychiatrist, and any education position hired by the center) and volunteers.
- b. Confirm if an exemption was granted by the Department prior to hiring or utilizing any staff or volunteer currently working in the program who were rated ineligible/[not eligible](#) for employment by the Department's Inspector General to continue employment.
- c. Review documentation to determine whether the Affidavit of Compliance with Level 2 Screening Standards for the center, school, [and law enforcement/security agency](#) was submitted to the Background Screening Unit (BSU) [prior](#) to January 31 of the current calendar year. (Review spreadsheet sent from BSU.)

**Reference:**

- FDJJ-1800 and FDJJ-1800 PC, Background Screening Policy and Procedures
- F.S. 985.644, Departmental Contracting Powers; Personnel Standards and Screening

## 1.02 Five-Year Rescreening

**Background rescreening/resubmission is conducted for all Department employees and volunteers and all contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth and confidential youth records. Employees and volunteers are rescreened every five years from the initial date of employment. When a current provider staff member transitions into the Clearinghouse, the rescreen/resubmission date starts anew and is calculated by the Clearinghouse. (Note: For the new date, see the Retained Prints Expiration Date on the applicant's personal profile page within the Clearinghouse.**

**Guidelines/Requirements:** A rescreening/resubmission is completed every five years, calculated from the agency hire date (original date of hire). This date does not change when a staff transfers within a Department or provider program or when a staff member is promoted. Five-year rescreens/resubmissions shall not be completed more than twelve months prior to the staff's five-year anniversary date.

When a rescreening/resubmission is submitted to the Background Screening Unit (BSU) at least ten business days prior to the five-year anniversary or retained prints expiration date, but it is not completed by the BSU on or before the anniversary or retained prints expiration date, the screening shall meet annual compliance review standards.

- a. Clearinghouse resubmissions must be initiated in the Clearinghouse portal at least ten business days prior to the Retained Prints Expiration Date.
- b. Clearinghouse rescreening/resubmission request forms must be submitted to the BSU at least ten business days prior to the Retained Prints Expiration Date.

When a rescreening/resubmission is *not* submitted to the BSU at least ten business days prior to the five-year anniversary or retained prints expiration date, and the BSU does not complete the rescreening prior to the anniversary or retained prints expiration date, the screening shall *not* meet annual compliance review standards.

Review the employee and volunteer roster to determine which staff and volunteers required a five-year rescreening/resubmission since the last annual compliance review. All eligible staff and volunteers should be reviewed.

Review records and Clearinghouse records of all applicable staff and volunteers hired five years since their initial hire date of employment to determine if a clearance was submitted at least ten days prior to the employee anniversary date of being hired within the agency (not promotional date) or to check retained prints expiration dates. This includes all contracted staff (medical, mental health, designated health authority (DHA), designated mental health clinician authority (DMHCA), psychiatrist and any education position hired by the center – *not employees paid by the school board*).

### **Reference:**

FDJJ-1800 PC, Background Screening Policy and Procedures

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### 1.03 Protective Action Response (PAR)

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**The program uses physical intervention techniques in accordance with Florida Administrative Code. Any time staff uses a physical intervention technique, such as countermoves, control techniques, takedowns, or application of mechanical restraints (other than for regular transports), a PAR Incident Report is completed and filed in accordance with the Florida Administrative Code.**

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**Guidelines/Requirements:** This indicator shall be rated “Non-Applicable” if the program has not used physical interventions or mechanical restraints during the scope of the annual compliance review.

Program staff should be familiar with Florida Administrative Rule 63H-1, which establishes the statewide framework to implement procedures governing the use of verbal and physical intervention techniques and mechanical restraints.

Review the program’s Department approved PAR Plan.

Review a sampling of PAR reports to determine if:

- A review was conducted by a PAR certified instructor/supervisory staff.
- A post-PAR interview was conducted with the youth by the program director, or designee, within thirty minutes after the incident.
- A review of the PAR incident report by the program director/supervisor or designee was conducted within seventy-two hours of the incident, excluding weekends and holidays.
- Statements were completed by all witnesses and participants.
- The reports were completed on the same day the incident occurred.
- The youth was referred to the licensed medical professional on-site, or was taken off-site, as appropriate, should medical staff not be present, if findings of the post-PAR interview indicate the need for a PAR medical review.
- The techniques applied were approved by the Department.

A PAR report shall be completed after an incident involving the use of counter move, control techniques, takedowns, or the application of mechanical restraints. A PAR report is not required when mechanical restraints are used for the movement of youth outside of the secure area of operations or during transports.

**Reference:**

- F.A.C. 63H-1, Staff Training, Basic Curricula (PAR)

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## 1.04 Pre-Service/Certification Training

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**Contracted non-residential staff are trained in accordance with Florida Administrative Code. Contracted non-residential staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.**

**Contracted non-residential staff who have not completed essential skills training, as defined by Florida Administrative Code, do not have any direct contact with youth.**

**Contracted non-residential staff who have not completed pre-service/certification training do not have direct, unsupervised contact with youth.**

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**Guidelines/Requirements:** The following essential skills must be completed prior to direct contact with youth:

- PAR (thirty-two hours, within ninety calendar days of hiring)
- CPR/First Aid Certified
- Professionalism and Ethics Training
- Suicide Prevention Training
- Emergency Procedures Training

All contracted providers shall submit, in writing, a list of pre-service training to the Department's Office of Staff Development and Training including the course name, description, objectives, and training hours for any instructor-led training on the required topics. (It may be helpful to view the "All Trainings Completed" report for each staff.)

It is the expectation of the Department all training, both pre-service and instructor-led, be documented in the Department's Learning Management System (SkillPro).

Review SkillPro and staff training records for the completion of a minimum of 120 hours of web-based and/or instructor-led training. All training must be completed within 180-days of being hired.

Ensure all staff have completed essential skills training prior to direct contact with youth.

For Contracted Non-Residential staff:

- Returning staff who return more than one year from separation shall complete all requirements set forth in subsection 63H-2.004(1), F.A.C., as they are no longer considered trained.
- Contracted staff who cross over from residential to non-residential shall complete all training requirements set forth in subsection 63H-2.004(1), F.A.C.

### **Reference:**

- F.A.C. 63H-1, Staff Training, Basic Curricula
- F.A.C. 63H-2, Staff Training, Direct Care Staff Training

## 1.05 In-Service Training

**Contracted non-residential staff completes in-service training in accordance with Florida Administrative Code. Contracted non-residential staff must complete twenty-four hours of annual in-service training, beginning the calendar year after the staff completed pre-service training.**

**Supervisory staff shall complete eight hours or training in the areas listed below, as part of the twenty-four hours of annual in-service training.**

**Guidelines/Requirements:** The following are mandatory training topics which must be completed each year by contracted non-residential staff (unless specific certification is good for more than one year, in which case, training is only necessary as required by certification):

- PAR Update (As required by PAR Rule Chapter 63H-1)
- CPR (annually)
- First Aid (annually)
- Professionalism and Ethics
- [Active Shooter](#)

Supervisory staff shall complete eight hours of training in the areas of:

- Management
- Leadership
- Personal Accountability
- Employee Relations
- Communication Skills
- Fiscal

All contracted programs shall submit to the Department's Office of Staff Development and Training a written list, including course names, descriptions, objectives, and training hours for any instructor-led, in-service training.

It is the expectation of the Department all training, both in-service and instructor-led, is documented in the Department's Learning Management System (SkillPro).

In-service training begins the calendar year after a staff completes his/her pre-service training.

Programs shall develop an annual in-service calendar which must be updated as changes occur.

Review training records and/or SkillPro for contracted non-residential staff in subsequent years of employment to ensure training was completed, as required. This sample must include supervisory staff.

This indicator shall be rated based on a review of training completed during the last full calendar year prior to the annual compliance review.

### **Reference:**

- F.A.C. 63H-1, Staff Training, Basic Curricula
- F.A.C. 63H-2, Staff Training, Direct Care Staff Training
- F.A.C. 63H-1.012, Annual Training Requirement

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## 1.06 Incident Reporting

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**Whenever a reportable incident occurs, the program notifies the Department’s Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident.**

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— CRITICAL —

**Guidelines/Requirements:** This indicator shall be rated “Non-Applicable” if the program has not had any reportable incidents during the scope of the annual compliance review. If there are no Central Communications Center (CCC) reports for the past six months, the regional monitor(s)/reviewer(s) may sample reports since the date of the last annual compliance review, but no more than twelve months.

Incidents discovered and reported by the annual compliance review team during the review shall be considered “Non-Applicable,” unless documentation exists indicating the program was aware of the incident, but failed to report it.

The purpose of the CCC is to provide a service to the Department, providers, and programs in maintaining a safe environment for the treatment, care, and provision of services to youth. The CCC activities are conducted twenty-four hours a day, seven days a week. The telephone number for the CCC is 1-800-355-2280.

Violations of criteria outlined in the Department’s FDJJ 1920 policy will be reported to the CCC for dissemination to the related program area and contracted providers.

The reporting of incidents shall be consistent with the Department’s requirements. The regional monitor(s)/reviewer(s) shall be familiar with the Department’s incident reporting requirements and list of reportable incidents.

Review CCC reports for the past six months to determine compliance with CCC reporting procedures.

Review internal incidents/grievances to determine if additional incidents should have been reported to CCC.

**Reference:**

- F.A.C. 63F-11, Central Communications Center

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## 1.07 Abuse-Free Environment

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**Any person who knows, or has reasonable cause to suspect, a youth is abused, abandoned, or neglected by a parent/guardian, caregiver, or other person responsible for the youth's welfare, as defined by Florida Statute, or a youth is in need of supervision and care and has no parent/guardian, or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.**

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— CRITICAL —

**Guidelines/Requirements:** The program shall provide an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment.

To promote an abuse free environment, the program shall:

1. Adhere to a code of conduct forbidding staff from using physical abuse, profanity, threats, or intimidation.
2. Ensure all allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline.
3. Ensure youth have unimpeded access to self-report alleged abuse and the abuse hotline number is posted.
4. Ensure youth eighteen years of age or older report abuse allegations to the Central Communications Center.

Review CCC reports and program incident reports to determine if there have been any abuse allegations substantiated against staff or if staff have reported abuse on behalf of a youth.

If any allegations have been made against staff, review any documentation of management interventions and disciplinary actions in response to the incident.

Review youth records to ensure there were not any indication of abuse not being reported to the Florida Abuse Hotline.

Review the program's Code of Conduct to ensure compliance with statute.

**Reference:**

- F.S. 39.201, "Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline."
- F.A.C. 63F-11.004, Central Communications Center
- FDJJ Policy 1100 – Rights of Youth in DJJ Care, Custody, or Supervision

# Standard 2

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## 2.01 Youth Eligibility

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Youth admitted to the program must meet the admission criteria defined by the program's contract: The program shall serve male and female youth aged seventeen and under at the time of referral. Admission/Eligibility criteria shall include, but not be limited to, any misdemeanor offender and first-time felony offenders.

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### **Guidelines/Requirements:**

Review a sample of records to determine if the program is serving the population for which it is designed.

Review a sample of youth records to determine if each youth met eligibility requirements.

Admission/Eligibility criteria includes any misdemeanor offender, to include misdemeanor offenders with a prior adjudication, second-time misdemeanor offenders, violent first-time misdemeanor offenders, and first-time third degree felony offenders.

The program shall provide the same services to referred Civil Citation youth under the same youth eligibility criteria.

### **Reference:**

- Scope of Services, JDAP Standard Contract, Probation and Community Corrections (Intervention)

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## 2.02 Case Assignment, Initial Contact, and Community Assessment Tool (CAT) Full Assessment

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**The program shall ensure each youth is assigned a case manager and shall conduct a CAT Full Assessment on all youth within ten calendar days (or as required by contract) of the date the program receives the youth's complete referral packet.**

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**Guidelines/Requirements:** A complete referral packet may include: police report, State Attorney Recommendation (SAR), Notice of Referral from the State Attorney's Office (SAO), victim/restitution information, comprehensive assessment, and/or other information regarding a youth's mental health or substance abuse issues.

During the initial meeting, the case manager obtains the signature of the youth and parent/guardian on the participation agreement. Admission to the program shall be documented through the signature of the youth and his/her parent/guardian on the participation agreement(s) denoting their understanding of the expectations of the program. The placement entered into the Department's Juvenile Justice Information System (JJIS) for JDAP should match the date of the signatures.

The reviewer should look at the date the program received the full referral packet, as this will be the actual start to the program's ten days to make a case assignment and complete the Community Assessment Tool (CAT).

Review a sample of youth records to determine if youth were assigned to a case manager and assessed within the ten days.

Review a sample of youth records to ensure documentation reflects the initial contact and signing of the participation agreement occurred within ten days.

Any CAT completed by a juvenile probation officer (JPO) during the intake process shall not be used to determine compliance with this indicator.

Review a sample of CATs in JJIS to ensure the program is completing the CAT Full Assessment within ten calendar days of referral.

### **Reference:**

- Scope of Services, JDAP Standard Contract, Probation and Community Corrections (Intervention)

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## 2.03 Individual Service Plans

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**The results of the initial Community Assessment Tool (CAT) Full Assessment will outline the risks and needs of the child and will assist in case planning. The “CAT Risk Report” must be viewed to determine if any of the dynamic domains have moderate-high or high-risk scores. For youth with no moderate-high or high-risk domain scores, case planning should be focused on a sixty-day schedule for program completion. For youth with any moderate-high or high-risk domain scores, case planning should be focused on a ninety to 120-day schedule for program completion, addressing the specific identified needs. The program has twenty-one calendar days from program admission to develop the individualized service plan.**

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**Guidelines/Requirements:** The regional monitor(s)/reviewer(s) should review a sample of records and look at the Community Assessment Tool (CAT) Risk Report to determine if the youth has any moderate-high or high risk domain scores. The case plan should match the information in the CAT Risk Report.

Notes should indicate how the youth and parent/guardian had input in the creation of the plan and how their preferences were included.

The plan shall address identified needs and must contain clear action steps stating the who, what, and how often.

Civil Citation youth focus will be ninety days or less regardless of the identified dynamic risk domains.

### **Reference:**

- Scope of Services, JDAP Standard Contract, Probation and Community Corrections (Intervention)

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## 2.04 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services

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**The program shall provide services based on individual youth and family needs. If needs are identified requiring a referral for services outside the program, staff ensure all referrals are made to address criminogenic needs and mental health and substance abuse service needs identified by the CAT. Staff develops a follow-up and monitoring plan for all outside referrals made as a result of program participation. “Provide” is defined as arranging/referring/brokering or actually providing the service directly to the youth and parent/guardian.**

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— CRITICAL —

**Guidelines/Requirements:** If referred for services, staff follows-up with the service provider within thirty days to ensure the youth and parent/guardian have taken the appropriate steps to initiate services. Staff receives, reviews, and documents written and verbal progress reports from the provider. If necessary, staff acts upon information in the progress reports. Staff must act upon negative reports, such as missed appointments or lack of participation, and document the response in the case notes.

Mental health and substance abuse service planning should focus on providing mental health treatment and/or substance abuse treatment and interventions which will reduce or alleviate the youth’s symptoms of mental disorder(s) and/or substance abuse impairment and enable the youth to function adequately in the community.

**Reference:**

- Scope of Services, JDAP Standard Contract, Probation and Community Corrections (Intervention)

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## 2.05 Individual Service Plan Implementation/ Supervision

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**Youth are supervised in a manner ensuring completion of the Individual Service Plan. Staff documents all case activities, including face-to-face interactions and telephone contacts with the youth, parent(s)/guardians(s), and providers, and a review of written or verbal reports from collateral sources, such as educational institutions, employers, counselors, electronic databases, etc. Case notes demonstrate compliance (or attempted compliance) with youth, parent/guardian, and staff action steps contained in the Individual Service Plan.**

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**Guidelines/Requirements:** The supervision requirements for each youth are different and depend on such things as community protection, family and community support structure, involvement in positive activities, work, and school, among many other factors. Supervision of the youth is centered on the completion of the Individual Service Plan (ISP) sanctions and goals.

Review case notes to confirm goal action steps and requirements are being completed, as stipulated in each youth's ISP.

Review case notes to ensure they include all activities of a case and reflect the youth's progress, as related to each goal.

**Reference:**

- Scope of Services, JDAP Standard Contract, Probation and Community Corrections (Intervention)

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## 2.06 CAT Final Assessment

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**A CAT Full Assessment shall be completed prior to the request for case closure. The CAT assessment shall document pre- and post-testing. No CAT reassessments during program participation are required.**

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**Guidelines/Requirements:** Review a sample of Community Assessment Tool (CAT) assessments in the Department's Juvenile Justice Information System (JJIS) to ensure the program has completed a CAT Full Assessment prior to case closure (release from the provider program). Therefore, the program shall update the youth's risk and needs assessment to ensure CAT results are reflective of the youth's current status, including changes in behavior and progress with sanctions and goals.

A CAT Full Assessment shall be completed no more than forty-eight hours prior to the request for case closure.

**Reference:**

- Scope of Services, JDAP Standard Contract, Probation and Community Corrections (Intervention)

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## 2.07 Release

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**The program releases youth upon completion of the program, or otherwise as indicated by the program's contract.**

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**Guidelines/Requirements:** Successful completion of the program occurs when the youth has successfully met each service and sanction requirement detailed in the Individual Service Plan.

Youth may not be continued in the program solely due to restitution owed.

Unsuccessful completion of the program occurs when the youth has failed to comply with the service and sanction requirements detailed in the plan after a period not to exceed four months, unless an extension has been granted in accordance with the current contract. Unsuccessful completion requires the program immediately notify the juvenile probation officer and the State Attorney's Office in writing.

**Reference:**

- Scope of Services, JDAP Standard Contract, Probation and Community Corrections (Intervention)