State of New Jersey
Department of Children and Families

Proposal Cover Sheet

Please complete this form in its entirety

Incorporated Name of Applicant: Robins' Nest Inc.

Public **Private-for-Profit** **Private-Non-Profit** X
Enter X as appropriate

Federal ID No.: 23-7001477 **Charitable Registration No.:** CH1881-00959
DUNS #: 022728588

Applicant Mailing Address: 42 Delsea Drive South, Glassboro, NJ 08028

Contact Person: Anthony N. DiFabio, Psy.D

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Title of RFP: Family Success Center in Ocean County

County to be Served: Ocean County

Location of Service(s) to be provided (if known): Barnegat and Stafford

Total dollar amount requested: $300,000 annually

Funding Period: From contract start date **to** 06/30/2016

Brief description of services by program name and type of service to be provided: Family Success Centers are community-based, family centered, neighbored gathering places where any community resident can go for family support. Staff will work with families to identify needs and ensure they receive the support and connections they need without the family experiencing it as an intrusion. Center services will be flexible and responsive to the specific needs determined by Barnegat and Stafford residents. The center provides barrier free access to information, support, resources, workshops, seminars and groups to increase the protective factors and reduce risk factors for families.

Authorization

Chief Executive Officer: Anthony DiFabio, Psy. D

Signature: _____ **Date:** 4/28/2016

CEO Email: adifabio@robinsnestinc.org

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1) Applicant Organization: During its 45-year history, Robins' Nest has continually sought to innovate and provide the highest quality services for our communities. The agency has developed a broad array of cutting-edge prevention, child welfare, behavioral health, juvenile justice, and supportive housing programs with the shared goal of strengthening families and achieving safety, well-being and permanency for Southern New Jersey's children and youth. Consistent with our mission and goals to "protect children, strengthen families and empower communities through innovative, life-enhancing services," the agency has a long and well-documented history of working collaboratively and successfully with DCF. In 2015, Robins' Nest provided 10,054 clients with culturally sensitive, family-centered, and strength-based services. Out of a total budget of more than $19 million for prevention and family support programs, 22% is funded by DFCP.

Robins' Nest's sound administrative practices and track record of implementing services with best practice standards demonstrate our leadership and organizational capacity to successfully deliver the Family Success Center (FSC). Agency operations are the responsibility of a 12-member senior management team with varied expertise in areas of governance. Robins' Nest has a 17-member Board of Directors and is accredited by the Council on Accreditation (COA) and Healthy Families America. Accreditation provides assurance that the agency has sound administrative and governance practices and delivers quality services consistent with best practice standards. Our ability to collaborate with formal and informal partners is evident by our thirty-one (31) Memoranda of Understanding with community service providers and resources.

Our capacity to engage families and residents in co-designing our services and assuming leadership positions is most evident through our FSC Community Parent Advisory Boards. The advisory boards follow an organized recruitment, on-boarding,

training and support process aimed at ensuring the board is effective and productive through shared leadership. The Glassboro FSC Advisory Board Chair facilitated a training to the statewide network for FSC directors and their volunteers entitled "Developing Parent Leaders and Parent Advisory". The Winslow Township FSC Advisory Board Chair donated his time to develop the websites for all of our FSC's and was asked to train the statewide network of FSC directors on website development as part of community engagement. Riverview FSC PAB Board Member Sherkina Pollard was recognized at the FSC State Conference for her volunteer leadership at the center.

Robins' Nest embraces diversity and is committed to culturally sensitive services. Our cultural competency and diversity plan is outlined on page 6.

Through the agency's broad continuum of services, we have consistently implemented innovative programs with measurable outcomes, while providing services that are consistent with the DCF goals and objectives for the FSC. Robins' Nest successfully operates five FSC's located in Winslow, Glassboro, Penns Grove and Atlantic City. At these centers we have performed exceptionally, exceeding contracted levels of service and outcome benchmarks. Because we have also established strong community partnerships, local support for the FSC's is vibrant. In 2015, our FSC's served 1,593 unduplicated families, 127% of the contracted level of service. We exceeded contract performance measures as well: 86% of families improved their ability to provide for their children as evidenced in successful linkages to formal and informal supports, exceeding the DCF target of 70%; 100% of families are strengthened as evidenced in their ability to reach goals on their FSC plan, exceeding the DCF target of 70%.

2) Community-Based Initiative Justification:

A historic community, well over 250 years old with a rich culture and community

that is deeply connected to Stafford. Barnegat has been incorporated as a community for over 150 years. As coastal communities, residents enjoy all the attractions of a shore town. The 2010 United States Census shows, there were 8,128 households and 6,039 families residing in Barnegat, and 10,096 households and 7,249 families in Stafford. The racial makeup of Barnegat was 91.77% White, 3.25% Black or African-American, 0.14% Native American, 1.73% Asian, 0.00% Pacific Islander, and 1.27% from other races. Hispanics or Latinos of any race were 6.78% of the population. Stafford shows a racial makeup of 94.51% White, 1.05% Black or African-American, 0.16% Native American, 1.48% Asian, 0.03% Pacific Islander, and 1.68% from other races. Hispanics or Latinos of any race were 5.31% of the population. Barnegat had 9.3% female-headed households with no husband present and 20.9% of the population were under the age of 18. Stafford showed 9.2% of the population had a female householder with no husband present and 22.8% of the population were under the age of 18. In Barnegat, the per capita income was $29,192, and 6.6% of families and 6.9% of the population were below the poverty line. Stafford had a per capita income of $31,690, and 2.9% of families and 4.0% of the population were below the poverty line.

Robins' Nest has a proven track record of developing partnerships and a strong network of support with community leaders and local agencies. Providers and leaders in Barnegat and Stafford have already been engaged to make the community more supportive of family needs. Formal and informal supports will be integrated by collaborating with local partners to coordinate services into an accessible, seamless network. Coordination and collaborative efforts will occur on two levels. First, local community members provide input into needed services, identifying unique skill sets, expertise, and interests in mentoring center participants and/or taking on a leadership role

by facilitating an event or activity. Second, local providers have been engaged to provide on-site services to meet the needs and interests of community members. To encourage a strengths-focused, asset-based approach to engaging families, we look forward to the opportunity to further network and partner with local community providers, such as Ocean County College, St. Mary's Parish, Barnegat UMC, the Ocean County Library System and Barnegat and Stafford School Districts, as well as families who have stepped up to support Robins' Nest to establish the FSC. This collaboration will integrate the Protective Factors into all types of community and family services in Barnegat and Stafford.

3) Program Approach and Contracted Services: Family Support Approach: Prevention through family support builds strong communities and helps families grow and use their knowledge and skills to be effective as a family in their community. Robins' Nest understands the family-centered approach, believing the community has "ownership" of the FSC's function, programming, and direction. The program design and delivery is preventive, reflecting issues faced by all families with young children as normative. The FSC provides a platform for families to recognize and develop strengths with programming that reflect their interests and needs. As a successful host agency, Robins' Nest has demonstrated the capacity and commitment to encouraging genuine community "ownership," adapting and adjusting to ensure families are fully engaged in program delivery. This practice promotes language that is inclusive and highlights the family's and community's strengths. FSC participants work together to develop solutions to the community challenges presented, through a mutually respectful partnership with staff and families. This approach enables the FSC to become a strengths-based community resource using the community's own language, and naturally avoids stigmatizing language and labeling of families by risk factors. Consistent with DCF Standards for Prevention

Training: Building Success through Family Support, staff are trained to provide services in a family-centered manner that is non-threatening and involves the entire family in the planning and implementation of services. As such, we are positioned to deliver activities geared towards promoting family participation. Our services will continue to be community driven to effectively support families in using the natural supports available. The approach described below incorporates the principles of family support and integrates the protective factors into each FSC core service (Appendix 40).

Site hours and location: Robins' Nest has viewed several locations that are in different parts of Barnegat and Stafford to ensure service access to family neighborhoods. Location and accessibility of the FSC are critical to the vitality of the FSC (See Appendix 37). The locations' floor plans allow the FSC to have a Welcome Center, Computer Lab, Workshop/Multipurpose room, Coaching Corner, Children/Youth Room, and Resource Area. Our goal is to have the FSC in a neighborhood that has walkability as well as convenient public transportation. The stand-alone site will be embedded into the fabric of the neighborhood, open to all, with no stigma attached to it. The eventual site will have accessible parking, be easily visible, be connected to bus routes and be within walking distance of families' homes. The site will have FSC signage that will convey a warm, welcoming environment.

The FSC will be open at times that are convenient to the local community. Services will be open to community members Monday, Wednesday and Friday 11:00am–5:00pm and Tuesday and Thursday 11:00am–7:00pm, no appointment needed. We will open at least two Saturdays a month to accommodate special events and provide greater community access. A non-threatening environment is provided through the aesthetics; warm and inviting, it evokes a sense of comfort and being at home. Services are adaptable

to the unique needs of families, further encouraging a sense of well-being and trust. Robins' Nest will have a site in either Barnegat or Stafford and outreach activities and marketing will be done for the other town to ensure families from both towns have access to FSC services. Robins' Nest will secure space thorough partnerships that will provide a full array of services to the other community in locations that are free of stigma and easy for families to access. The Ocean County Library system has branches in both Stafford and Barnegat. Director Sue Quinn and supervisors Javaine Hayes and Natalie Niziolek will be engaged regarding programming within the library for Stafford and Barnegat.

Cultural Competency: Barnegat and Stafford have experienced a recent influx of families from Honduras. Our engagement skills have proven effective across cultures and sectors of the community. In places like Atlantic City, Penns Grove, and Sicklerville, we are already working effectively with communities to reach families across all socio-economic, ethnic populations and segments of the community. We promote a cross-cultural understanding and respect for differences by recruiting staff and board members that reflect the community and developing cultural competency of staff and board members through training. Upon hire, staff complete a 3-hour Cultural Competency Orientation conducted by the agency's Cultural Competency Specialist. This training is extended to the Advisory Board and includes the Definitions of Culture, The Role and Impact of Culture, a Group Exercise -Whom to Leave Behind designed to raise awareness of learned prejudices and how they impact decision-making.

When identifying cultural needs, staff consider race, class, sexual orientation, ethnicity, religion and economic status, family values, attitudes, beliefs about child-rearing, hopes, and dreams. This broad view of culture takes into consideration the way the family sets goals, makes decisions, handles discipline, communicates and views outsiders, etc.

Robins' Nest will be responsive to the diversity and cultural needs of the community by soliciting input from community members for strategies to engage families who are isolated from the culture of the neighborhood. We will offer promotional materials, resources and services that are culturally sensitive in Spanish and other languages. The computer lab can be operated independently by parents who speak Spanish; other languages can be added to respond to the community needs. It is important to note that helping foreign families navigate systems so they can achieve their personal goals is key to our approach. Bilingual staff at our FSCs in our other locations have been effective in engaging this population, and we will deliver the same in Barnegat and Stafford.

Staffing: Robins' Nest seeks to hire diverse staff who reflect the communities we serve. Robins' Nest personnel policy prohibits discrimination in hiring on the basis of race, ethnicity, gender or other prohibited categories. Staff and volunteers should possess warmth, authenticity, empathy, communication skills in presenting and listening, openness, sensitivity to family and group process, dedication, flexibility, and credibility.

The FSC's will be staffed with one full-time Bachelor-level FSC Program Director, two full-time bachelor-level Family Partners and one full-time bachelor-level Volunteer and Community Partnerships Coordinator. Job descriptions and key personnel qualifications are provided in Appendix 1. Hiring professional degreed staff will ensure the level of competence, maturity, and initiative needed to empower families and mobilize community providers to participate in center services. The FSC will thrive with qualified, bilingual staff, committed to the success of the center. The FSC Program Director will be supervised by Director of Community Engagement, Niurca Louis. Niurca is the Senior Manager who oversees our five existing centers, which have been implemented and operated with great success. This will allow the FSC to adopt the practices that have made the current Robins'

Nest FSC's successful. Having worked in prevention programs for 7 years and mastering local resources, Niurca is knowledgeable of prevention standards and demonstrates a competency to effectively implement the protective factors and provide services consistent with the Family Support model.

Quality supervision ensures that staff develop and maintain the skills needed to be effective in working with families. Robins' Nest utilizes a Supervision for Success model to provide supervision and management of staff. Supervision for Success is a strengths-based practice model that defines job success, provides staff with the tools and knowledge to be successful in their job performance, addresses problems in a way that is highly respectful and accountable, and supervises the success of a person in their job. Staff will meet weekly with their supervisor. Supervision is documented on standardized forms, acknowledges staff achievement, performance expectations, constructive discussion of performance concerns, and specifying new plans and agreements. Supervision promotes staff development and growth in their position.

Contracted Service Delivery - Individual Contracted Services

Engagement: Robins' Nest is committed to community engagement and the grass root development of the FSC to ensure community members across sectors have a voice in the design of the center and its practices, and that services are reflective of the needs and interests of the community, ensuring we reach the LOS of 250. We have a fluid and automatic approach to gathering survey data on the interests of the community. As they register to become members of the center they share what their level of interest is in various family strengthening activities. As this information is collected daily we are always informed about the current needs of the community. As such, we will regularly hold activities that meet these interests as well as others. Our existing FSC's have established

strong engagement with the community, each nearly doubling their contracted LOS.

Engagement at our FSC's begins with the Tour and Welcome Packet and ends in an invitation to become an integral part of the work being done to enhance the lives of families in Barnegat and Stafford. All visitors will be greeted by a warm, courteous, staff member. The tour is critical to engagement as staff are trained to deeply connect with the individual, opening the opportunity for the relationship to develop. Staff offer a context for the FSC and invite visitors to discuss ways in which they can become involved at their FSC. While on the tour, they are given one of our Welcome Packets, to remove the stigma associated with traditional intake forms. The packet is printed in color, its cover reads Welcome Packet, contains the name, address and phone number of the center and a description of what the FSC offers. Each participant is given an opportunity to check off interests for the family's growth and ways they would like to lead at the FSC.

Another principal way we convey respect for the community is the warm and welcoming environment. All printed materials and décor reflect the community culture and demographics. The design is homelike; the aesthetics are bright, warm and inviting, and soft music is continuously playing to aid in creating an atmosphere of calm, sending a clear message that the family is valued and welcome. The FSC has elements to engage community members: a comfortable seating area with a sofa, tables and chairs; a kids' corner area containing age-appropriate toys and activities to occupy children while parents are being assisted; a computer lab for families to use; a resource area with shelves containing information in organized, well-stocked bins; coffee/snacks to offer parents & kids when they arrive; and a television with continuous play video of services that are available at the FSC. The FSC also has a meeting room equipped with a kitchen or food preparation area which will be used for cooking groups and to provide food during events

or activities. Refreshments and meals often remove time barriers of food preparation, enabling parents to attend the activities the FSC offers. Volunteers provide free child care for parents who want to visit the center with young children. Whenever possible, the center offers families items that will aid them in implementing the skills that were acquired as a result of their workshop participation. For instance, those who have attended parent and child reading received books; attended Foundations in Personal Finance workshops received a money system; attended Weatherization Class are given a window covering kit.

Information & Referral Services: We work effectively with the social service community, both large agencies and grassroots partners, who offer updates to resources for families that we serve. Ocean County meetings offer resource information (e.g., HSAC, CIACC). We will partner with the existing central intake provider in Ocean County to connect families with services. All families will be empowered and assisted to use the online resource directory at http://www.oceanresourcenet.org/, which includes hundreds of resources provided by various agencies across the region. This continuously updated web-based resource directory contains formal and informal resources and primary and secondary prevention resources for non-traditional providers.

The FSC is equipped with an accessible and user-friendly resource library of hard copies of current resources relevant to their interests and circumstance. Staff are proactive in researching and adding new resources to the library, through our rich network grassroots partners. Due to the open, trusting environment, it is not uncommon to find families engaged in conversation with each other and FSC staff regarding new job opportunities or a new resource for concrete support.

Advocacy: Effective engagement serves as an avenue to develop problem-solving and communication skills that ultimately lead to self-advocacy. Families may consult with staff

skilled in motivational interviewing to assist them to identify goals and strengths for self-advocacy. Empowerment and communication workshops will provide the platform for change. The skill of advocacy, when developed and employed, can be a powerful tool for parental resilience. Families will be able to create meaningful social connections and extend advocacy skills to their family, children, and community.

Contracted Service Delivery - Group Contracted Services: The workshops, activities and groups are designed to provide opportunities for community members to interact and meet one another. Developing relationships of support reduces the harmful effects of social isolation. Each group activity is examined thoroughly to ensure that it has specific goals that are directly tied back to the FSC outcomes and is intentional about incorporating one or more of the protective factors. We will hold at least 15 parent/child activities, workshops, or groups per month, which will be at least one hour in duration. The continuation of each activity will be subject to the interest of the community. All of these factors are reviewed with the PAB through our Class Quality Assessment we developed.

Parent Education (PE)/Parent Child Activity (PCA): Strengthening families in our communities by providing them with education and activity opportunities is an important way we are able to improve their resiliency. "Pregnancy & Parenthood," a group that promotes families' understanding of child development, positive growth, and holistic well-being, will be offered in collaboration with local Doula professionals; VNA of Central Jersey will be engaged to collaborate on parent education workshops and the St. Francis Community Center Parents as Teachers TIP, an evidenced-based program. In addition, volunteers of the FSC will provide father-son enrichment activities such as Fishing Fundamentals, and an educational support group for fathers called Greatness Requires Intensity & Intention over Time (GRIT), which incorporates the curriculum from the

evidence-informed program, "24/7 Dad"(EB), and is designed to help men offer their best to their families and community.

We will partner with existing evidence-based maternal health programs, such as Healthy Families-TIP and Nurse-Family Partnership, to host parent education groups featuring infant massage, which increases nurturing and attachment, and "Mommy & Me" and "Papa & Pumpkin" to provide information on movement, wellness, parenting, development, and attachment. Through the direction of the PAB, a variety of parent-child activities and family events will be developed, including Family Zumba, Toddler Tumble Time, Sticky Fingers Crafting, community gardening, family fairs, and community clean-up.

Life Skills Activities: Assisting the community in developing concrete life skills to help remain stable and strong is a core of our FSC model. Life skills training workshops include communication, character education, violence prevention and healthy relationships. The center will offer Self Esteem and Empowerment workshops. Local plumbers and contractors will provide basic plumbing and household repair courses. Basic vehicle maintenance workshops will be offered to assist families in offsetting the cost of vehicle maintenance. Care for My Hair Clinic will be offered through local cosmetologists to families struggling with how to care for the hair of children of color, including hair-braiding. Cooking for the Crew will teach how to cook a large amount for the best value, incorporating nutrition. The PAB will help to identify community members to offer Food Shopping/Couponing Clinics. These workshops ease the financial burden to families and promote self-reliance.

Community participation in facilitating resilience is critical, so the FSC will host support groups for various populations, including "24/7 Dad" (EB) for fathers, "Fathers Matter" (EB), Couples Connections, Pregnancy & Parenthood for new parents, Seniors

Raising Grandchildren for seniors, and others. This allows participants to move closer to their goals and develop the ability to encourage group members to reach goals.

Our FSC's have offered budgeting and financial literacy classes through Dave Ramsey's Foundations in Personal Finance, which was purchased through a Robins' Nest grant. This course has been offered in all the Robins' Nest FSC's. The series allows families to meet their basic needs by creating and maintaining financial stability over time.

Additionally, ESL and monthly Language Exchange group, where participants will offer each other opportunities to use conversational skills in both English and Spanish, strengthens bonds between 1st and 2nd generation Latinos. It is a place for Spanish-speaking parents to practice conversational English and 2nd generation Latinos to practice Spanish, allowing both to increase their employability as bilingual and develop language skills while developing stronger community and generational ties.

Health Activities: Promoting the health and well-being of the community are of vital importance. Much of our work to improve parental capacity, community engagement and life skills helps in improving well-being. We also work to directly improve the health of community members. Healthcare navigators will visit the FSC for 2 to 4 hours to enroll families into health insurance coverage plans through NJ Family Care or the Marketplace at least once a month. Community Health Fairs are organized to provide an array of health-related options and increase community awareness of the varied ways in which wellness affects the family. Local resources, such as NJ Family Care, Doctor/Dental Offices, County Health and Human Services Department, Nutritionists, SNAP-Ed. etc., will be asked to participate.

Robins' Nest has successfully developed partnerships with certified instructors and therapists who provide seminars and workshops at our existing FSC's in Yoga and

breathing techniques, Mindfulness Matters, Conflict Resolution and Developing Healthy Relationships. In addition, gardening basics, healthy eating choices and cooking classes are offered through partnerships with restaurant owners, environmentalists and nutritionists.

Housing-related Services Activities: Barnegat and Stafford have a number of housing-related needs particular to the city. As an older community, many homes are in disrepair; assisting people in understanding home maintenance and repair is highly useful. Our staff have successfully partnered with local contractors to provide onsite classes to help families reduce energy costs. We are committed to helping families learn simple ways to save money through "Fix it Yourself" projects offered at the FSC by local licensed contractors. Understanding Your Lease and Renter Rights workshops will be offered in partnership with the South Jersey Legal Services. First-time home buyer seminars will be offered through local realtors and mortgage providers.

Families are linked with a variety of housing resources based on their individual needs. The *Ocean County Board of Social Services* can distribute funds to assist with the housing; South Jersey Legal Services and Legal Services of New Jersey can assist families with legal matters regarding rent and housing concerns; and local banks can assist families who have mortgage concerns and need mortgage modification. Families can also be linked to available programs such as LIHEAP, NJ Shares, winter termination program, water assistance, BSS for flex funding to address rent, deposit, utility or furniture needs, and energy assistance.

Employment-Related Activities: Creating access to educational support helps families gain skills for successful employment. Self-esteem and employability are delivered through workshops like "ABCs of Starting a Business." Robins' Nest has secured grants or

partnered with the local community colleges to provide career and technical education (CTE) for families to begin retraining for in-demand careers. Ocean County College will be engaged to connect families with coursework in allied health fields, computer technology and many more areas of study. Additionally, the FSC will provide access to workshops such as Job Search, Resume Writing, Trends of the Workplace, Employment Orientation, Interviewing, and Training Eligibility. Dress for Success and Customer Service are one-hour workshops delivered on-site. Job fairs and workshops on developing online businesses will be offered.

Child Abuse Prevention Awareness: Robins' Nest Inc. has led three Strengthening Families events in southern New Jersey in partnership with DCF. In 2013, we held The Five Love Languages of Children based on Gary Chapman and Ross Campbell's work on exposing parents to the manner in which children love and receive love. In 2014, we delivered The Forward Family: Conference on Upgrading Your Family's Future, offering workshops on marriage, finance and time management. In 2015, we led Dive into Your Family's Future: Building Your Family's Future from the Inside Out. This conference provided three powerful talks designed to accelerate your career, relationships and well-being. As we envision the future of the Child Abuse Prevention Awareness events, we would ensure dynamic interactive workshops that offer families the knowledge, skills, and competencies through interesting practical seminars. The workshops have specific goals of improving the capability, capacity, productivity and performance of families. Workshop choices will be relevant to the community's needs including 1) Skills to Raise Successful Kids in the Modern Era (Knowledge of Parenting); 2) Winning with Personal Finance (Concrete Supports); 3) Time Management for the Busy Family (Reduction of Parenting Stress); 4) Landing the Job in a New Career (Concrete Supports); and 5) Success in the

Modern Marriage (Social Supports & Positive role models). Youth activities will be staffed by volunteers and will include family fun activities. We will have table displays for families to sign up for participation. Tables will include local services such as School-based Youth Services, Kinship Navigators, Healthy Families, Head Start, Nurse-Family Partnership, Strengthening Families, Parents as Teachers, and other clubs and groups.

Caregiver Outreach: Robins' Nest has held successful caregiver appreciation events to invite those who are caring for some of our most vulnerable children and youth. The events feature light music and refreshments creating a casual atmosphere for families to interact and meet others. The FSC offers families a tour to ensure they learn of all the terrific programming available to them through the center. Additionally, any resources and information relevant to the families have been incorporated, such as Caring for My Hair, a workshop on how to care for the hair of children of color. These events offer an opportunity for families to get to know others who are facing similar circumstances and provide a space for them to develop support networks that would serve to increase their success in parenting and decrease the stress and isolation. We have done this in collaboration with the Regional Kinship Navigator Program. We will work together with the Children's Home Society to ensure the same level of attention and care is given in reaching out to Barnegat and Stafford caregivers.

Community Contracted Services - Outreach Strategy: Robins' Nest has a sophisticated marketing strategy and materials about the FSC which attract families and community members. Initially, we will promote a grand opening of the FSC with an open house, inviting a wide range of guests, including state and local political figures, local community providers, partner agencies (e.g., the Board of Social Services, clinics, schools, daycares, DCPP RDS, etc.), members of the media, school officials, church members, business

leaders and, most importantly, families. Robins Nest intends to ensure the FSC brand is always prominent throughout all marketing. The FSC will be promoted through mass mailings, e-mail blasts, our Constant Contact account, our partner agencies, supporters, families, and the media using free public service announcements. We will also use technology to promote the center through a website for the FSC, leveraging social media, local news (The Barnegat Patch, SandPaper), and radio (tunein.com/radio/Barnegat-Stafford) to advertise and share information. FSC staff will hold resource fairs and outreach activities in churches, apartment complexes, schools, etc.

We have found several practices to be successful across our current FSC's that we will use to reach out to families in Barnegat and Stafford. In all of our existing FSC's, we have exceeded the contracted LOS and deeply engaged families and leaders who are committed to the growth of their FSC. The center will host fun-filled family events to attract families and local community members and leverage families and PAB members already committed to developing interest and trust with new participants. These events occur at least four times per month and include family fun nights, a weekend carnival event, and family enrichment activities such as a child safety event, fire prevention event and healthy kids' day. These events will be planned around the needs and priorities of the community to attract a wide variety of families. The parent/participant leadership, through the PAB, will provide ideas on how to reach a broader audience of families. We will be flexible in planning activities to meet the needs of working families and families who are available during daytime hours. These events will make it possible to reach families of different neighborhoods, socio-economic, and ethnic populations, and establish that the FSC is available to all community members regardless of where they live. Understanding that Barnegat and Stafford has a growing population from Honduras, we have established a

relationship with Educator Phylis Klick, who is an ambassador to this community, to ensure appropriate coordination of services.

Development of Volunteers and Sponsors/Mentors: Robins' Nest has established a successful volunteer recruitment process using effective marketing and mission messaging. We have several ways volunteers may indicate their interest in volunteering: the FSC websites, Welcome Packets, email blasts and our tours. Additionally, when workshops require highly skilled individuals, we target the specific sector to identify a match. Families and individuals who access the FSC are engaged by staff and happy to share their gifts and talents. Robins' Nest has developed a vetting process that is designed to match volunteers' interests and center needs. FSC staff will meet with anyone expressing an interest in participant leadership to find the best fit for their skills and level of expertise. The Supervisor will review the *Initial Meeting Questionnaire, Workshop Leader Form* and *Workshop Leader Agreement Form.* Center staff rely on and encourage the support of the community to assist in center activities (i.e. different projects, distributing flyers, reaching out to others). Training for volunteers is systematic and purposeful. All volunteers participate in the FSC orientation and Standards of Excellence, which offers an understanding of the FSC model, purpose and vision, and communication, culture and approach that is empowering and inclusive of others. Further training is offered depending on the nature of their volunteerism (e.g., facilitators training, 24/7 Dad training, Financial Literacy training, etc.). Moreover, a step-by-step coaching format is used when following the 'read one, see one, do one' model for participants interested in leading who may not feel fully confident in their abilities. The participant may 'see' the workshop as often as needed, and do one along with the out-going facilitator, first as the secondary facilitator then as the primary facilitator, to build their confidence and skills.

Networking Strategy: Robins' Nest has coordinated access to services through collaborations with Kinship Navigator Program, Healthy Families, Strengthening Families, Nurse-Family Partnership, CCR&Rs, CCYCs and Head Starts. We manage these collaborations, which have committed to working with the FSCs through collaboration and service delivery as described in the Parent Education section above. The FSC will integrate professional services, voluntary supports, and community resources by collaborating with local partners to coordinate a seamless network of services.

Family Success Center Advisory Board: The FSC involves the community, its families and youth in designing, operating and overseeing the Center through the development and use of an Advisory Board. Staff hold various interest group meetings, as well as take recommendations from stakeholders for potential PAB members. We intend to recruit members who reflect the diversity of culture, thought and experience so as to have a PAB that is representative of the whole community. The Advisory Board is a critical and essential aspect of the Center's operation as it is they who will guide the development, growth and vision of the Center. The environment, programs, events, activities, and hours of operation, which reflect the unique voice and needs of the community, are subject to the community-led Advisory Board approval. Comprised of parents and community members committed to the growth of the FSC, all members will attend training on Board Development (Serving on Groups), the Standards for Prevention, the Principles of Family Support and the Protective Factors. The initial Advisory Board members will focus on the development and implementation of center operations and community-focused programs, events and activities. Monthly Advisory Board meetings will include planning and brainstorming with parents to generate ideas for serving existing families and engaging new families to use the FSC. Robins' Nest FSC's utilize our Class Quality Assessment

Tool to review whether the classes held incorporated the protective factors and FSC outcomes and that classes met their express purpose. The staff and PAB have an opportunity to offer suggestions for enhancement in future classes.

Leadership Development: As stated above, Robins' Nest will offer leadership workshops for all, particularly PAB members and participant leaders. We have a proven track record of developing genuine leadership from our PAB members and participant leaders. Participants identify their unique skill set, expertise and interests in taking on a leadership role or facilitating. Utilizing the strengths and skill sets of local community members, we will further empower families to take responsibility for the center, identify and develop their strengths, and serve as resources to their own family, other families, and their community. This promotes upward mobility among community members, and strengthens the sense of community and the rewarding experience of giving back to the community and other families. We develop leadership, facilitation and engagement skills of participant leaders by following the "read one, see one, do one" model described above.

Community Context: We are active in various collaborations and consortiums to address the needs of families. We are working alongside the HSACs, CIACCs, CCYCs, United Ways, and Access the Health Coalitions in Salem, Gloucester, Atlantic, Cumberland and Cape May counties. The center will also take part in the Workforce meetings, CIACC, HSAC and the CCYC in Ocean County. The CCYC is specifically designed to study and implement strategies to improve and strengthen the community.

Standards: Safe Child Standards Appendix 5

4) Program Implementation Schedule: Historically, Robins' Nest has implemented the FSC's quickly, and will fully implement the FSC within 60 days of execution of the contract. The implementation covers facilities, staffing (including training), board recruitment,

community input and outreach. We will work on each of these concurrently, with agency administration actively involved in the implementation process. Siting potential locations and hiring qualified staff are always threats to timely implementation, but we have researched potential locations and applicant pools to mitigate these risks. We will hold a grand opening, inviting the community and provider agencies to engage with the FSC and see what we offer. (Sample Calendar Appendix 39).

5) Outcome Evaluation & Continuous Quality Improvement: Robins' Nest uses a comprehensive Continuous Quality Improvement approach to program oversight and management. Data collection, documentation, and analysis are essential from the start and allow for us to communicate levels of service and ensure outcomes are being met. To assess and measure performance outcomes and ensure accountability at each level in the delivery of services to families, the Program Director will monitor, track and report the status of all identified deliverables, performance indicators, and outcomes on a monthly basis. These measures will be aggregated and reviewed at the FSC's quality meetings and advisory board meetings. Staff and volunteers will assess outcomes and explore ways to improve services and results. We will also collect and analyze FSC Impact Outcome Measures as shown in the table below.

PERFORMANCE OUTCOMES

	ACTIVITIES	**Mid Term Perf. Outcomes**
1	Participants will speak with FSC staff about the need for concrete linkages. Staff will ensure participants are successfully linked. Staff will document successful linkages to concrete supports. Successful linkages will be evidenced in contact logs and program indicators. Trends in major linkage categories will be analyzed.	70% of participants are successfully linked to formal and informal concrete supports.
2	The FSC will host various activities, interest groups, and support	70% of participants

	groups, creating the opportunity for families to develop supportive relationships. The staff will track attendance to aid in measuring the number of supportive relationships developed. Staff will administer the DCF participation survey twice a year and record data from indicators related to social connections. The analysis will include the percentage of participants who state an increase in connections over time.	increase social connections.
3	Through staff engagement and FSC hosted activities, workshops and groups are designed to provide families the skills to develop resilience in the face of adversity. Staff will document the number of survey respondents who positively state they have increased their resiliency through the DCF participation survey and program indicators.	70% of participants demonstrate increased resilience.
4	FSC hosted activities, workshops and groups are designed to provide families the skills to develop improved parenting. Staff will document the number of parents who positively report they gained parenting skills. The data will be gathered through the use of the program indicators, DCF participation survey and Pre/Post-workshop surveys. Post-workshop surveys will assess whether or not parents learned new parenting skills.	70% of parents demonstrate improved parenting skills.
5	Through staff engagement and FSC hosted activities, workshops and groups are designed to provide families the skills to deepen nurturing and attachment in families. Staff will document the number of people who affirmatively respond to increasing their nurturing and attachment to their family members as reported in post-workshop surveys, program indicators and the administration of the DCF participation survey. Post-workshop surveys will be administered that will assess nurturing and assessment behaviors of parents. The analysis will be done over time to determine the percentage of parents who report positive nurturing and attachment behaviors.	70% of parents report increased nurturing and attachment in relationships with their children.

The FSC will, with DCF, conduct a participant survey twice per year to all who walk into the center during the survey administration period. FSC staff will explain and offer the survey to the participants while the volunteers will offer free ice cream or smoothies to encourage survey completion. Staff are administering post-workshop surveys. Data from surveys will be tracked and analyzed monthly.

In addition, the Director of Community Engagement at Robins' Nest has been

heavily involved in the development of indicators that would demonstrate the effectiveness of all of the FSC models. These indicators have been implemented and incorporated into the evaluative data collection of the FSC's and provide data on the outcomes. Furthermore, the Class Quality Assessment Tool (Appendix 38) directly ties the activities, workshops and groups to the indicators, and indicators of each outcome.

6) Budget Narrative:

Personnel (81.3% of direct program costs) include salaries for program staff along with mandatory employer taxes and fringe benefits. Program staffing includes one full-time Program Director to provide implementation and oversight of daily operations; two full-time Family Partners to provide outreach, engage families, and facilitate family involvement at the Centers; and, one full-time Volunteer and Community Partnership Coordinator to develop local volunteers and community resources. Also included are portions of the Director of Community Engagement, who provides managerial support and supervises the Program Director, the IT Manager, and the HR generalist, all of whose salaries are prorated based on the actual number of hours they spend in this program. Fringe benefits include mandatory payroll taxes (FICA/Medicare, NJ Unemployment/Disability), insurance benefits (health, dental, life, long-term disability, workers' compensation, and professional liability) and 401(k) match. Annual Health Insurance premiums range from $7,046.20 for single coverage to $23,104.44 for family coverage, and Robins' Nest contributes between 81% of the cost for single and 55% of the cost for employee/spouse. For purposes of this budget, we have used the overall Agency average cost of $8,496.07 per employee for health insurance and $160 per employee for dental insurance. All other benefits are calculated as a percentage of salary, and those percentages are itemized in the Basis for

Allocation column on Annex B.

Consultants and Professional Fees (0.6% of direct program costs) include a pro-rata portion of the annual audit and benefits report/tax return fees for the FSA and 401(k) plans, as well as the monthly IT monitoring and licensing cost for staff to access our secure, web-based electronic records.

Materials and Supplies (4.6% of direct program costs) include office supplies such as toner and copier costs, paper, pens, paperclips and craft supplies at a cost of $200/month; a lease for a copier; printed educational materials for clients; and, snacks and supplies for center activities/events at an average cost of $35 per event. Start-up funds will be used to provide a computer lab for client use.

Facility Costs (11.2% of direct program costs) include rent, utilities, and property insurance costs for the Center, with costs based on square footage as indicated on the Annex B. Repairs and maintenance includes janitorial costs. Start-Up funds will be used to furnish and equip the Reception area, Coach's Corner, Playroom, Conference Room, and staff office.

Other Expenses (2.3% of direct program costs) include mileage reimbursement at $0.50 per mile for staff who use their own autos for business purposes as well as the cost of AAA; $260/month per site for internet access for laptops/computers in staff office and client computer lab along with internet service for VoIP telephones; staff training costs; and, cyber liability insurance. Robins' Nest is committed to keeping staff well-trained, and uses a web-based training platform for required Agency trainings at $45/year per employee as well as committing additional $275 per employee for specialized training to enhance staff skills and cultural competency.

General & Administrative Costs are indirect common costs of Agency management

which cannot be readily assigned to a particular program. Currently, G&A costs are 11.7% of total direct program costs.

Revenues include in-kind donations of services provided by volunteers, such as mechanics, bankers, tutors, and various instructors (yoga, chefs, financial), private foundation funding, and proceeds from Agency Special Events.

Start-Up Costs of $15,000 for furniture and equipment, funded through accrual dollars, are on a separate Annex B. The Center will have a welcoming reception area with a sofa, chairs and coffee/end tables; a computer lab for clients with at least three computers having internet access; a Coach's Corner with comfortable chairs and desk/table; a children's playroom with child-sized furniture, TV and DVD player; a meeting room with conference table and chairs; and an office for staff.

7) Leveraging:

Robins' Nest is leveraging funding received from a private foundation to pay for access licenses to Edmentum On-line Learning Programs. Clients will be able to access over 30 Career Technical Education (CTE) courses as well as English as a Second Language (ESL) online, free of charge. In addition, Robins' Nest has purchased the rights to Dave Ramsey's "Foundations in Personal Finance" Instruction videos, from which FSC clients can print materials after viewing. In-kind services provided by community supporters for various FSC workshops (i.e., financial literacy provided by local bankers, basic auto maintenance provided by local mechanics, tutoring by local teachers, etc.) are valued at $12,240 in this budget.

Our strategic plan to continue Center services beyond the contract period and any renewals include securing funding from private foundations or other viable sources.

Program Director
Job Description

Supervisor: Director of Community Engagement
Classification: Exempt

Job Function: Responsible for the overall management and day-to-day operation of the Family Success Center including oversight of personnel, resources and program components necessary for effective services. Ensures all core services are implemented and that the Standards of Prevention, Principles of Family Support and the Protective Factors are incorporated into all aspects of the Family Success Center. Ensures a Parent/Community/Advisory Board is developed and maintained, Establishes and maintains relationships with other agencies and organizations to collaborate on community needs and services, creates a warm and welcoming gathering place where any community resident can go for family support, information and services. The Director is an Agency leader and is also responsible for demonstration of core values and interpreting the mission of the Agency in all activities.

To be a successful in this position you must become able to do the following essential duties and responsibilities always:

1. Functions within agency's policies and procedures as outlined on agency public documents.
2. Operates according to program operations manual and ensures same in staff.
3. Ensure that the program manual content is current and meets all contractual, regulatory and accreditation standards.
4. Meets communication requirements as outlined in job expectation section below.
5. Meets supervision requirements as outlined in job expectations section below.
6. Meets program oversight requirements as outlined in job expectations section below.
7. Meets reporting requirements as outlined in job expectations section below.
8. Adheres to meeting requirements as outlined in job expectations sections below.

Job Expectations

Communication Requirements

- Appropriately and timely communicates programmatic or job related concerns to supervisor and make suggestions for improvement.
- Appropriately and timely communicates performance concerns with staff.
- Conducts self in a professional manner that positively reflects the agency culture.
- Works collaboratively with coworkers and agency staff to effectively communicate and problem solve.
- Communicates information to and from Leadership as appropriate and relevant. Ensure flow of communication occurs appropriately and timely.
- Demonstrates competent written and verbal communication with referral sources and external customers.
- Is attentive and responsive to customer needs in a helpful, supportive and timely manner.

Supervision Requirements

- Provides effective supervision of staff in accordance with established Supervision Protocols on agency public documents.
- Provides case supervision and performance/professional development. This includes oversight of staff productivity and field supervision.
- Address performance issues with staff in a professional and timely manner.
- Ensure staff function in accordance with Program Manual and agency policies and procedures.
- Timely conducts annual employee performance evaluations of staff.
- Uses supervision effectively to explore professional development and training needs.

Program Oversight Requirements

- Meets obligations of program (contractual, licensing, Medicaid, etc.). Ensures DPCP contractual agreements are met, including Level Of Service and outcomes.
- Follows agency policies and procedures and ensures same in others.
- Conducts random audits of client files and LOS submissions to ensure quality and accuracy of documentation.
- Educates self and staff on issues impacting your program/program population.
- Operates in accordance with program budget.
- Maintains program manual with current contractual and procedural information.
- Examine, participate and maintain information obtained by the agency's impact studies.
- Plan for and evaluate the performance of service programs and the overall quality of individual client services
- Ensure that staff are aware and trained in cultural issues.
- Monitor staff safety issues. Oversee case safety risk assessments making necessary determinations in accordance with agency safety policy and procedures as guided by the Risk Management Committee.
- Facilitate use of CQI data to ensure best practice and further improve program outcomes.

Reporting Requirements

- Completes and submits accurate written reports and documents per established guidelines: weekly schedules, monthly perspectives, quarterly CQI and action plans, program progress reports, LOS for time off, other reports as required/requested per program contract.
- Ensures quality and accuracy of written and verbal communications.

Meeting Requirements

- Plays an active role in meetings designed to enhance agency and program operations i.e. leadership meeting, PD/Supervisor meetings, budget meetings, etc.
- Facilitates program staff meetings, quarterly program quality meetings, and executive quality meetings as scheduled.
- Facilitates mandatory trainings to staff during staff meetings within established timeframes.
- Meets with supervisor as scheduled. Communicates to supervisor when needing to reschedule meetings.

- Represents agency/program at external meetings as required or assigned.
- Utilizes strengths/expertise by participating in sub-committees and workgroups or trainings to further enhance agency programs and operations.
- Plans and participates in meetings/conferences with referral sources when indicated.

Necessary Skills and Abilities

- Must demonstrate initiative, creativity, be dependable, reliable and work well independently.
- Must be able to exercise independent thinking and good judgment under all circumstances.
- Must be able to analyze work, set goals, develop plans and utilize time effectively and efficiently.
- Must regularly be able to see, speak and hear. Frequently required to stand, sit, walk, bend, use hands and arms and must occasionally lift up to 20 pounds.
- Must be sensitive, flexible and responsive to gender, race, ethnicity, socio-economic status, religion, age, sexual orientation or any other special needs as reflected in the ability to communicate with staff and/or clients.
- Assume an active role in agency events.

To qualify for this job you need to have the below minimum requirements and experience:

- Must have a Bachelor's degree in human services or related field.
- Must have and maintain a valid driver's license, use of an insured vehicle and an acceptable driving record.

Signature: _____ Date: _____

Note: Statements included in this description are intended to reflect the general duties and responsibilities of this position and are not to be interpreted as being inclusive.

Family Partner
Job Description

Supervisor: Program Director
Classification: Non-Exempt

Job Function: Responsible for providing prevention programs to families by developing and maintaining a robust family engagement approach; facilitates parent involvement and parent leadership at the Center; develops Family Success Plans in partnership with families based on the goals of the family; incorporates and implements the Principles of Family Support and the Protective Factors into all aspects of their work; Advocates for/with families as needed; increases the family's ability to problem-solve and advocate for themselves and their children; establishes a trusting relationship with the families; participates and assists in coordination of Center activities and events.

To be successful in this position you must become able to do the following essential duties and responsibilities always:

1. Functions within agency's policies and procedures as outlined on agency public documents.
2. Operates according to program operations manual.
3. Meets communication requirements as outlined in job expectations section below.
4. Meets supervision requirements as outlined in job expectations section below.
5. Meets program quality requirements as outlined in job expectations section below.
6. Meets client interaction requirements as outlined in job expectations section below.

Job Expectations

Communication Requirements

- Communicates programmatic or job related concerns to supervisor and makes suggestions for improvement in an appropriate and timely manner.
- Communicates any performance concerns or training needs to supervisor in an appropriate and timely manner.
- Conducts self in a professional manner that positively reflects the agency culture.
- Demonstrates competent written and verbal communication with referral sources and external customers.
- Is attentive and responsive to customer needs in a helpful, supportive and timely manner.
- Works collaboratively with coworkers and agency staff to effectively communicate and problem solve.

Supervision Requirements

- Meets with supervisor in accordance with program and licensing requirements.
- Utilizes supervision effectively to address client related issues.
- Utilizes supervision effectively to address performance issues and concerns.
- Utilizes supervision effectively to explore professional development and training needs.

Program Quality Requirements

- Meets obligations of program (contractual, licensing, Medicaid, etc.).
- Follows program policies and procedures and encourages same in others.
- Educates self on issues impacting the program population.
- Operates conscientiously in accordance with program budget (i.e., use of client engaging funds, office supplies).
- Completes and submits accurate written reports and documentation per established guidelines.
- Ensures quality and accuracy of written and verbal communications.
- Submits Level of Service (LOS) within program requirements.
- Attends agency and program meetings and trainings within established time frames.
- Plays an active role in meetings and trainings designed to enhance agency and program operations.

Client Interaction Requirements

- Provides culturally competent service delivery.
- Upholds ethical standards in accordance with Social Work Code of Ethics.
- Effectively engages all client populations.
- Continually assesses clients' needs.
- Provides appropriate intervention strategies and adjusts services accordingly.

Necessary Skills and Abilities

- Must demonstrate initiative, creativity, be dependable, reliable and work well independently.
- Must be able to exercise independent thinking and good judgment under all circumstances.
- Must be able to analyze work, set goals, develop plans and utilize time effectively and efficiently.
- Must regularly be able to see, speak and hear. Frequently required to stand, sit, walk, bend, use hands and arms and must occasionally lift up to 20 pounds.
- Must be sensitive, flexible and responsive to gender, race, ethnicity, socio-economic status, religion, age, sexual orientation or any other special needs as reflected in the ability to communicate with staff and/or clients.
- Assume an active role in agency events.

To qualify for this job you need to have the below minimum requirements and experience:

- Bachelors degree in human services or related field.
- Must have and maintain a valid driver's license, use of an insured vehicle and an acceptable driving record.

Signature: _____ Date: _____

Note: Statements included in this description are intended to reflect the general duties and responsibilities of this position and are not to be interpreted as being inclusive.

Effective 1/1/12

Volunteer and Community Partnership Coordinator
Job Description

Supervisor: Program Director
Classification: Exempt

Job Function: Responsible for resource and volunteer development by integrating him/herself into the immediate community and building mutually beneficial relationships with parents, faith community, business, advocates, and key stakeholders i.e. schools, service providers, local and county government and other agencies. Works with the community to highlight strengths and identify challenges where resources need to be leveraged and developed to better support and serve its children, youth and families. Identifies the strengths, challenges and service gaps in the community in collaboration with the community partners and parent leaders, leads and assists the community in the development of support, services and approach, to address challenges of its families; Plans and coordinates strategies to involve parents, educators, retired professionals, and community leaders as volunteers at their local Family Success Center; manages the volunteers schedules, reviews and implements new methods for attracting, training, and retaining volunteer staff, incorporates and implements the Principles of Family Support and the Protective Factors into all aspects of their work. Responsible for providing prevention programs to families by developing and maintaining a robust family engagement approach; facilitates parent involvement and parent leadership at the Center; develops Family Success Plans in partnership with families based on the goals of the family; incorporates and implements the Principles of Family Support and the Protective Factors into all aspects of their work; Advocates for/with families as needed; increases the family's ability to problem-solve and advocate for themselves and their children; establishes a trusting relationship with the families; participates and assists in coordination of Center activities and events.

To be successful in this position you must become able to do the following essential duties and responsibilities always:

1. Functions within agency's policies and procedures as outlined on agency public documents.
2. Operates according to program operations manual.
3. Meets communication requirements as outlined in job expectations section below.
4. Meets supervision requirements as outlined in job expectations section below.
5. Meets program quality requirements as outlined in job expectations section below.
6. Meets client interaction requirements as outlined in job expectations section below.

Job Expectations

Communication Requirements

- Communicates programmatic or job related concerns to supervisor and makes suggestions for improvement in an appropriate and timely manner.
- Communicates any performance concerns or training needs to supervisor in an appropriate and timely manner.
- Conducts self in a professional manner that positively reflects the agency culture.

- Demonstrates competent written and verbal communication with referral sources and external customers.
- Is attentive and responsive to customer needs in a helpful, supportive and timely manner.
- Works collaboratively with coworkers and agency staff to effectively communicate and problem solve.

Supervision Requirements

- Meets with supervisor in accordance with program and licensing requirements.
- Utilizes supervision effectively to address client related issues.
- Utilizes supervision effectively to address performance issues and concerns.
- Utilizes supervision effectively to explore professional development and training needs.

Program Quality Requirements

- Meets obligations of program (contractual, licensing, Medicaid, etc.).
- Follows program policies and procedures and encourages same in others.
- Educates self on issues impacting the program population.
- Operates conscientiously in accordance with program budget (i.e., use of client engaging funds, office supplies).
- Completes and submits accurate written reports and documentation per established guidelines.
- Ensures quality and accuracy of written and verbal communications.
- Submits Level of Service (LOS) within program requirements.
- Attends agency and program meetings and trainings within established time frames.
- Plays an active role in meetings and trainings designed to enhance agency and program operations.

Client Interaction Requirements

- Provides culturally competent service delivery.
- Upholds ethical standards in accordance with Social Work Code of Ethics.
- Effectively engages all client populations.
- Continually assesses clients' needs.
- Provides appropriate intervention strategies and adjusts services accordingly.

Necessary Skills and Abilities

- Must demonstrate initiative, creativity, be dependable, reliable and work well independently.
- Must be able to exercise independent thinking and good judgment under all circumstances.
- Must be able to analyze work, set goals, develop plans and utilize time effectively and efficiently.

- Must regularly be able to see, speak and hear. Frequently required to stand, sit, walk, bend, use hands and arms and must occasionally lift up to 20 pounds.
- Must be sensitive, flexible and responsive to gender, race, ethnicity, socio-economic status, religion, age, sexual orientation or any other special needs as reflected in the ability to communicate with staff and/or clients.
- Assume an active role in agency events.

To qualify for this job you need to have the below minimum requirements and experience:

- Bachelors degree in human services or related field.
- Must have and maintain a valid driver's license, use of an insured vehicle and an acceptable driving record.

Signature: _____ Date: _____

Note: Statements included in this description are intended to reflect the general duties and responsibilities of this position and are not to be interpreted as being inclusive.

Niurca V. E. Louis
[redacted]
[redacted]
[redacted]

EMPLOYMENT HISTORY

DIRECTOR OF COMMUNITY ENGAGEMENT 6/12-Present
Robin's Nest Inc. Family Success Centers — Glassboro, New Jersey

- Oversee the overall successful delivery of Prevention Programs: Family Success Centers, Gloucester County Prevention Program and Salem County Prevention Program
- Research, develop and facilitate ongoing trainings for staff development. Provide weekly supervision to staff to enhance staff development and ensure compliance with all agency & program polices and procedures.
- Customer engagement to promote positive adherence to program objectives.
- Ensure the appropriate use of programmatic funding within budgetary guidelines.
- Represent the agency at state and community meetings and at public events.
- Timely and accurate completion of monthly reports to agency leadership.
- Continuous quality improvements through program benchmarks and the development of strategic planning develop tools to measure program success

PROGRAM COORDINATOR DIFFERENTIAL RESPONSE 7/08-6/12
Robin's Nest Inc. — Glassboro, New Jersey

DIRECTOR OF HEALTH EDUCATION AND PREVENTION 5/07- 11/07
The Hispanic Family Center of Southern New Jersey — Camden, New Jersey

- Oversee the general function of three distinct programs: Asthma Prevention, HIV Prevention & Youth at Risk Program.
- Completion of quarterly and monthly reports to the grantors and executive director.
- Keep control over the fiscal allocations, developed budget and plans that were in line with the grant & serve the clients.
- Continually evaluate the functionality of the program & interventions, paperwork & procedures to enhance the overall functioning of the individual units.
- Hold train the trainer sessions, provide services to clients as needed.

SCHOOL BASED THERAPIST 1/06 – 5/07
Greater Trenton Behavioral HealthCare — Trenton, New Jersey

- Assist in developing and implementing a new district wide program to reduce truancy within the city of Trenton.
- Developed materials and procedures. Training school teachers on diversity issues and how to approach children who may be different from them culturally to enhance the learning in class room.
- Make the appropriate referrals and ensure linkage to the programs which best suit the needs of the student.
- Provide individual therapy as needed. Serve as a liaison between GTBHC and the Trenton Board of Education.

DIRECTOR OF OPERATIONS 11/03 - 9/05
Best Practices for Children and Families — Verona, New Jersey

- Oversee and direct the continuous development of the companies programs. Providing in-home therapy and counseling in English and Spanish for up to 40 client families.
- Direct and oversee company's daily administrative activities, develop policy & training. Supervise 25 staff & independent contractors.
- Provide field training to staff. Train staff in diversity, how to effectively work with families across all cultural diverse backgrounds.
- Develop and implement presentations and trainings on child management and parenting and general staff development.

EDUCATION & PROFICIENCIES

2001 – 2002 **DREW THEOLOGICAL SEMINARY, Madison, NJ**
Masters Theological Studies

1996 – 2000 **RUTGERS UNIVERSITY, New Brunswick, NJ**
Bachelor of Arts in Psychology

Grant/RFP: Writing & Research Experience
understanding for program function

Bilingual: Spanish/English References upon request

2012 DPCP ~ Standards for Prevention
2011 Supervision for Success Training
2007 NCD Coach: Nationally Certified
2006 Motivational Interviewing
2006 Lay Leadership Training: Trainer
2003 Strength and Needs Assessment Training **EOF:** Full
2002 Certified HIV/AIDS Counselor

Robins' Nest Inc.

Family Success Center

Salary Ranges

Family Success Center Director - $40,000 – $50,000

Family Partner: $14-$16 per hour

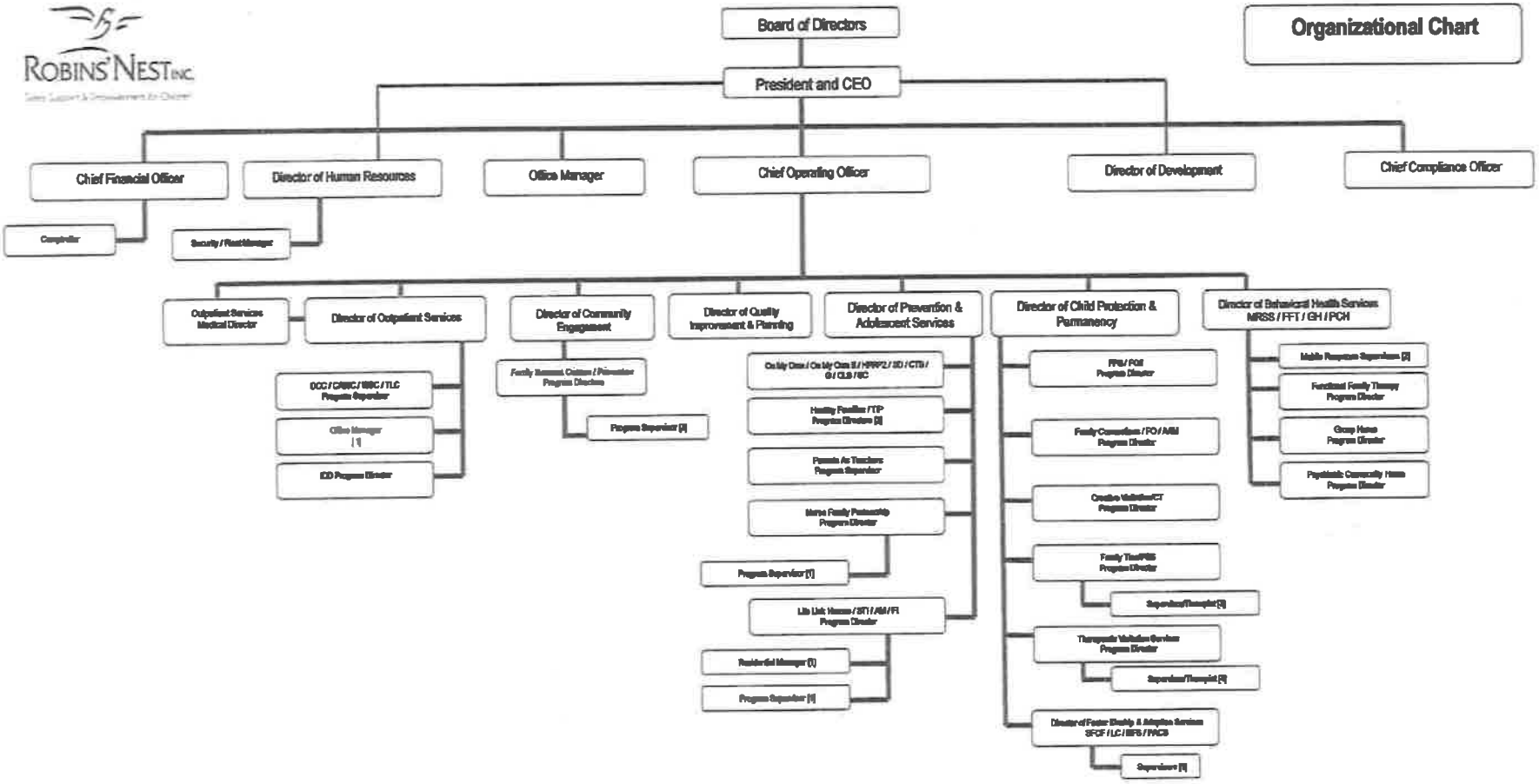
Volunteer and Community Partnerships Coordinator: $14-$16 per hour

Family Success Center Staffing Pattern

Family Success Center Staff shall work flexible hours, including evenings and week-ends to accommodate the Center's hours of operation and programming. The Center's hours of operation will be established upon input from the Parent/Community Advisory Board.

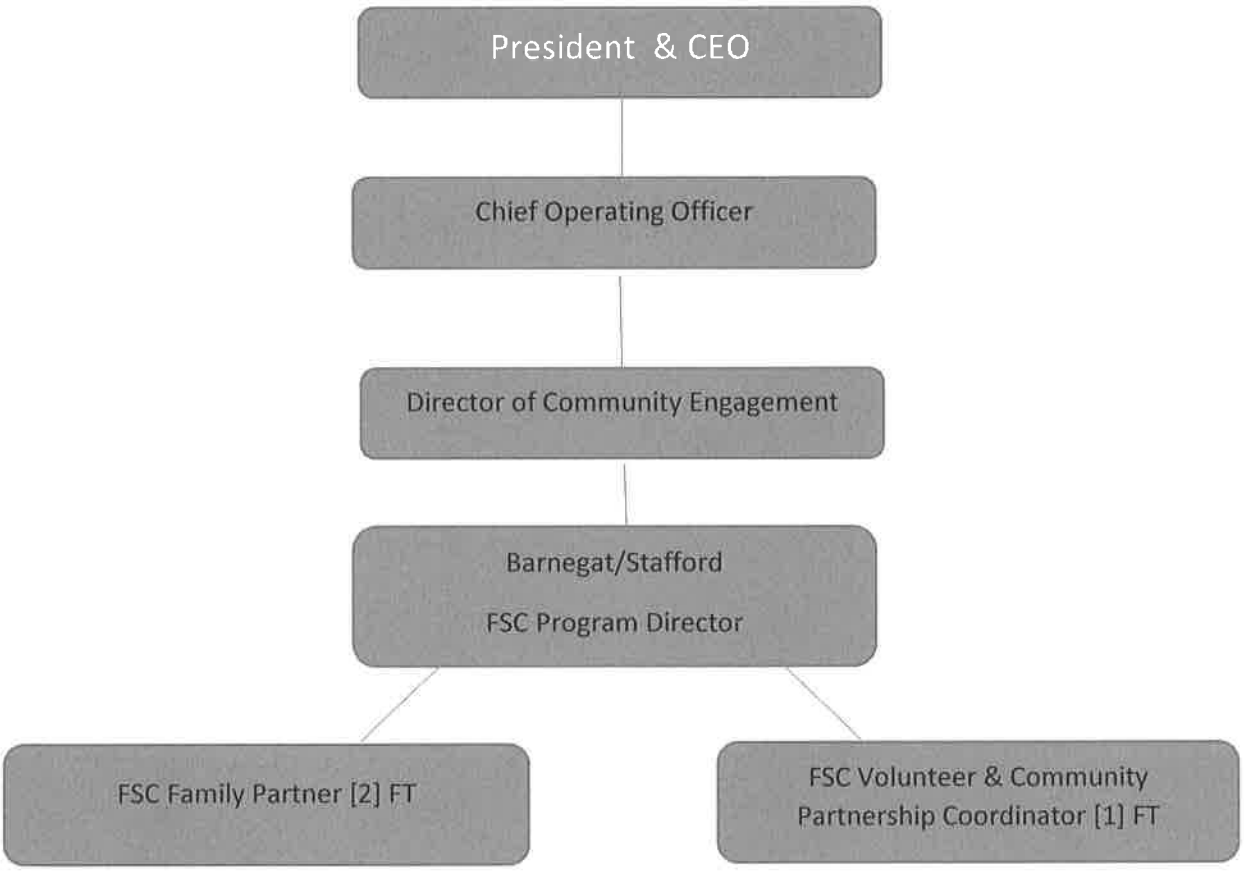
ROBINS' NEST INC.

Organizational Chart



09/11/2014

Family Success Center Barnegat/Stafford
Organizational Chart



Family Success Center Implementation Schedule

Activity	Milestones	Timeframe
Initiate contracting process.	Submit Annex A and B Finalize Contract	Month 1
Secure site location Furnish Site	Secure rental space; sign lease Obtain furniture and arrange for delivery	Month 1 Month 1
Hire and train staff	Advertise and post job openings Interview and hire staff New employee orientation Risk management and cultural competency training Staff training on the standards for Prevention, Principles of Family Support and Protective Factors.	Month 1
Recruit and train Advisory Board members	Recruit volunteers Train volunteers on Board operations, the Standards for Prevention, Principles of Family Support and Protective Factors.	Month 1
Set up services	Hold additional focus groups to obtain input from the local community and advisor board members on program services. Create calendar of events based on above input Set up computer/learning stations Set up Resource library	Month 1 & 2
Market Center to agencies	Educate agencies and other community providers.	Month 2
Hold Grand Opening	Distribute invitations to community members and provider agencies	Month 2
Initiate services	Meet and greet families Establish family driven supportive services	Month 2

Robins' Nest Safe Child Standards

Robins' Nest is committed to protecting children we service from child sexual abuse. We recognize that preventing child sexual abuse and promoting child safety is everyone's responsibility.

1. Post a Clear and Accessible Child Safe Policy:

Robins' Nest has developed a Child Safety Policy Statement to further clarify and reinforce our commitment to the safety and well-being of children and youth we serve. It is currently pending approval of our Board of Directors. Once approved, all staff will receive a copy of the Child Safety Policy and sign a separate document acknowledging receipt and understanding of the policy. This acknowledgement will be kept in each employee's personnel file. In addition, once approved, the policy will be visibly posted in our main and satellite offices as a reference for all staff. The Child Safety Policy will also be posted in our facilities where clients are served so parents, caregivers and children are equally aware of our standards.

2. Analyze Risk of Harm and Minimize That Risk

Robins' Nest has a comprehensive risk management plan, approved by the Board of Directors. We track and analyze all incidents, identify potential areas of risk, and implement protocols and policies necessary to reduce or eliminate risk. These protocols include monitoring and reporting child abuse, both with clients and staff.

3. Develop Codes of Conduct for Adults and Children

Robins' Nest has adopted the National Association of Social Workers ethical standards for all staff. Additionally, we establish appropriate behavioral standards and guidelines for children and families involved in all of our programs to ensure safety and meaningful participation for all involved.

4. Recruit and Hire Suitable Employees and Volunteers

We have a rigorous hiring process where applicants complete a comprehensive screening protocol prior to starting employment. All prospective employees and volunteers complete and sign an application that includes a questions about whether they have ever been terminated, have a criminal history and have ever been arrested. Viable applicants submit to a thorough behavior-based interview and complete a Predictive Index. Candidates who are recommended for hire are offered a position contingent on satisfactory completion of a drug screen, reference and background check, driving abstract and verification of education and licensure where appropriate.

Once hired, within the first 30 days, staff review the Personnel Policies which includes agency standards of conduct, the Client Services Handbook which includes practice

philosophy and principles and child abuse reporting requirements, and the In-Service Orientation Training Manual which includes sections on physical and behavioral indicators of child physical, sexual abuse and neglect, child development and sexual abuse awareness. In addition, staff attend our two day new staff orientation. The agency wide orientation includes topics on Establishing and Effective Therapeutic Relationship, Cultural Competency, Risk Management, Compliance and Ethical Responsibilities and Customer Interactions. To ensure consistency in our practices of these child safety standards, these mandatory trainings are also held annually.

5. Educate Staff and Volunteers About the Risk of Child Sexual Abuse

As part of our daily operations, we adhere to agency wide standards, policies and procedures which promote child safety and well-being and reduce the risk of child sexual abuse to children and youth. These practices include a comprehensive hiring, orientation and training process and policies regarding compliance, work place ethics, and client interactions, including identifying and reporting abuse.

6. Report and Respond Appropriately to Suspected Abuse and Neglect

Training on reporting abuse and neglect is provided to all staff every year and as part of new staff and volunteer orientation. Additionally, we regularly survey staff on the standards for reporting abuse and neglect to ensure staff understand their obligations to report suspected abuse and neglect.

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B: CONTRACT INFORMATION FORM

Agency: Robins' Nest Inc.
Address: 42 S. Delsea Drive
Glassboro, NJ 08028
Phone: (856) 881-8689
Chief Executive Officer: Anthony DiFabio, Psy.D.

Prepared By: **Kathy Wingate, CPA** **Date:** 4/28/2016

Agency Federal ID#: 23-7001477
Charities Registration #: CH1881-00959
☑ Non-Profit Agency ☐ For-Profit Agency ☐ Public Agency
Budget Period: 7/1/16 to 6/30/17 Agency Fiscal Year End: December 31
Schedules Completed: 1 2 3 4 5 6
☐ Cash Basis ☑ Accrual Basis

Contracting Division	Contract #	Program Name	Reimbursable Ceiling	Type of Service	Contract Type	Payment Method	Division Contact Person	Provider Agency Contact Person and Telephone #
DCF - DFCP		FSC - Ocean County	$300,000	Prevention	Reimbursement			Kathy Wingate, CFO (856) 881-8689 ext. 103

Division Use Only
Contract #
Effective Dates_____to_____
Division_____

Budget: I certify that the cost data used to prepare this contract budget is current, complete, and in accordance with the governing principles for determining costs.

Agency Authorized Signatory

Expenditure Report: I certify that the expenditures reported herein are curent, accurate, and in accordance with the contract budget and the governing principles for determining costs.

Fiscal Officer

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
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DCF - DFCP		FSC - Ocean Co Start-Up	$15,000	Prevention	Reimbursement			Kathy Wingate, CFO (856) 881-8689 ext. 103

Division Use Only
Contract #
Effective Dates_____to_____
Division_____

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Agency Authorized Signatory

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Fiscal Officer

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B: CONTRACT INFORMATION FORM
PAGE 1 OF 17

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DCF - DFCP		FSC - Ocean County	$300,000	Prevention	Reimbursement			Kathy Wingate, CFO (856) 881-8689 ext. 103

Division Use Only
Contract #
Effective Dates_____to_____
Division_____

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Fiscal Officer

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Budget Period: 7/1/15 to 6/30/15 Agency Fiscal Year End: December 31
Schedules Completed: 1 2 3 4 5 6
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DCF - DFCP		FSC - Ocean Co Start-Up	$15,000	Prevention	Reimbursement			Kathy Wingate, CFO (856) 881-8689 ext. 103

Division Use Only
Contract #
Effective Dates_____to_____
Division_____

Budget: I certify that the cost data used to prepare this contract budget is current, complete, and in accordance with the governing principles for determining costs.

Agency Authorized Signatory

Expenditure Report: I certify that the expenditures reported herein are curent, accurate, and in accordance with the contract budget and the governing principles for determining costs.

Fiscal Officer

CORPORATE COMPLIANCE PROGRAM AND CODE OF CONDUCT
EMPLOYEE CONFLICTS OF INTEREST POLICY

Purpose of Policy

The purpose of this policy is to protect the interests of Robins' Nest when entering into a Transaction (as defined below) that might, directly or indirectly, benefit the private or outside interest of one of Robins' Nest's employees. This policy is also designed to ensure that any outside activities of employees do not conflict with their duty of loyalty to Robins' Nest.

Robins' Nest makes business decisions impartially, fairly, and without favoritism, for the purpose of advancing Robins' Nest's mission and interests. All employees must conduct themselves in a way that avoids conflicts of interest and protects Robins' Nest's resources as well as its reputation for fair and ethical business conduct. No transaction between Robins' Nest and any vendor or other outside party shall be influenced, or appear to be influenced, by an employee's personal interest or relationships. Any personal or outside investments, relationships, transactions or interest, whether direct or indirect, that would or could have an adverse affect on Robins' Nest's or an employee's prudent, objective and independent business judgment constitute an unacceptable conflict of interest and are prohibited. To this end, the purpose of the Robins' Nest Conflicts of Interest Policy for employees is to prevent:

1. Personal interests of employees, consultants, or any Related Party, as defined below, from interfering with the performance of his or her responsibilities to Robins' Nest and its clients.

2. Personal, financial, professional and/or political gain on the part of such persons at the expense of the interest of Robins' Nest and/or its clients.

Definitions

Conflict of Interest. "Conflict of Interest" means any Transaction involving Robins' Nest and an Interested Person.

Interested Person. "Interested Person" means, with respect to any Transaction in which Robins' Nest is a party, any of Robins' Nest employees if such person:

- Is a party to the Transaction;
- Is a director or officer of any other corporation, firm, association, or other entity that is a party to the Transaction (or holds a position in such corporation, firm, association or other entity with responsibilities or powers similar to those of a director or officer); or

- Has a direct or indirect Substantial Financial Interest in such Transaction.

Substantial Financial Interest. A person has a "Substantial Financial Interest" in any corporation, firm, association, or other entity if such person receives compensation (i.e., wages, fees, other direct or indirect remuneration, gifts or favors that are substantial in nature, etc.) from or has, directly or indirectly, through business, investment, or a Related Party, an aggregate beneficial equity interest of 10 per cent or more in such corporation, firm, association, or other entity.

Related Parties. For the purposes of this policy, immediate family members includes the following: people who live together in the same household and function together as a family, including spouse, domestic partners, and/or a son, son-in-law, daughter, daughter-in-law, father, father-in-law, mother, mother-in-law, brother, brother-in-law, sister, sister-in-law, grandparents, and grandchildren.

Statement of Policy

Any business transaction conducted with an employee or Related Party, shall be governed by the standard of fairness and shall not occur at a cost higher than the Agency would pay a non-interested seller or buyer of comparable goods and services. Employees who, individually or as a part of a business or professional firm, are involved in business transactions with, or provide professional services to, the Agency, shall disclose this relationship and shall not participate in any vote or approval in respect to such transactions or services.

Employees, consultants, or Related Parties, may not have a direct or indirect interest in the assets, leases, business transactions, or professional services of the Agency absent full disclosure to, and approval by, the Board. In business transactions in which an employee, consultant, or Related Party is paid indirectly, such as through commissions, there shall be full disclosure of any and all indirect payments, including, but not limited to, commissions received in any business transactions in which Robins' Nest is one of the parties.

Robins' Nest shall not make a loan to (i) any of Robins' Nest's employees directors or officers; (ii) any corporation, firm, association or other entity in which any current director or officer is a director, officer or employee (or holds a position in such corporation, firm, association or other entity with the responsibilities or powers similar to those of a director or officer); (iii) any corporation, firm, association or other entity in which any employee has a direct or indirect Substantial Financial Interest.

Prohibited Activities Representing a Conflict of Interest

Employees are prohibited from engaging in any of the following activities:

- Using their position with Robins' Nest to profit, directly or indirectly, in any Transaction to which Robins' Nest is a party. This prohibition includes any involvement by an employee in negotiating, recommending, approving, or otherwise influencing the terms of a Transaction between Robins' Nest and an entity in which the employee has a Substantial Financial Interest.
- Engaging in outside employment, self-employment, or volunteer work that interferes with the performance of their duties for Robins' Nest, impairs their prudent and independent business judgment as a Robins' Nest employee, or otherwise conflicts with their obligation to Robins' Nest.
- Using or disclosing to a third party any non-public information obtained as a result of their employment for purposes unrelated to the performance of their duties as a Robins' Nest employee.
- Using any property, including, but not limited to, intellectual property belonging to Robins' Nest for any purpose unrelated to the performance of their duties as a Robins' Nest employee.
- Taking advantage of, or otherwise acting upon, for their own personal benefit or the benefit of another party, any business, financial, or other opportunity discovered in the course of their employment with Robins' Nest that is within the scope of Robins' Nest's existing or contemplated operation unless (i) the opportunity is disclosed fully in writing to the Robins' Nest Board of Directors, (ii) the Board of Directors declines to pursue such opportunity within a reasonable time period, and (iii) such opportunity does not otherwise result in a conflict of interest or otherwise violate Robins' Nest policies.

Potential Conflicts of Interest Requiring Prior Approval

Employees are prohibited from engaging in any of the following activities without full disclosure to, and the prior written consent of, the Chief Executive Officer:

- Obtaining a Substantial Financial Interest in or serving as a director or officer of, any entity with which Robins' Nest has conducted, or is contemplating the implementation of, a Transaction.
- Obtaining a Substantial Financial Interest in, or serving as a director or officer of, any competitor of Robins' Nest. The Compliance Officer shall provide guidance to employees regarding the types of entities that are deemed competitors of Robins' Nest.
- Conducting business on behalf of Robins' Nest with a former Board member, officer, or employee of Robins' Nest, or any entity in which a former Board member, officer, or employee has a Substantial Financial Interest.

Reporting and Disclosure Requirements

In order for Robins' Nest to monitor potential conflicts of interest, all employees shall promptly report to the Compliance Officer any existing, proposed, or potential

Transaction of which they are aware that could represent a conflict of interest under this policy.

Robins' Nest will request that certain employees, including employees responsible for purchasing goods or services on Robins' Nest's behalf complete a Disclosure Statement on an annual basis in order to identify actual or potential conflicts of interest. The Compliance Officer will develop and maintain a list of job positions requiring completion of the Disclosure Statement and coordinate the dissemination and review thereof. Employees required to complete the Disclosure Statement must do so in a truthful, complete, and timely manner. [See Annual Employee Disclosure Statement and Affirmation Form.]

Provision for Disclosure

If any of the following occurrences should arise, they will be brought before the Board of Directors at the next Board meeting for review and necessary action: (1) A Staff Member is related to a member of the Governing Board or to a paid or unpaid consultant to the Agency or Board; (2) A Staff Member in a supervisory capacity is related to another staff member that he or she supervises; (3) A Staff Member or a Related Party, receives payment from Robins' Nest for any contracts, subcontracts, goods, or services, including, but not limited to, consulting, laundry, maintenance, construction, or remodeling; (4) a Staff Member or Related Party, receives indirect payment relative to any contracts, subcontracts, goods, or services including, but limited to, commissions received in business transactions in which Robins' Nest is one of the parties to the Transaction; (5) A Staff Member or a Related Party, has a Substantial Financial Interest in any transaction in which Robins Nest is a party; (6) A Staff Member is a member of the governing body of a contributor to Robins' Nest, Inc.

Procedure Following Disclosure

1. The Board of Directors shall review all disclosures for specific conflicts of interest. This shall be accomplished at the Board meeting in which the disclosure is made or at the next Board meeting if additional information is needed.
2. Should a conflict arise, the staff member with the conflict shall not participate in any discussion related to the defined conflict.
3. If the Board is unsure of how to treat a specifically documented conflict of interest, the Board shall contact its legal counsel requesting review of the situation.
4. All situations deemed by the Governing Board to be conflicts of interest shall be reviewed by either the Ethics Committee of the Board or by the Executive Committee of the Board. The reviewing committee will then serve in administrative review and/or appeals capacity reporting back to the Board proper.

Procurement Transactions

An employee will not partici pate in the selection or award of a procurement transaction in which federal or state or Agency funds are used, if that individual or any of the following persons has a financial interest in that transaction:

a) Any member of his/her family, as defined in the definition of Related Parties;

b) his/her business partner;

c) An organization in which any of the above is an officer, director or employee;

d) A person or organization with whom any of the above is negotiating or has any arrangement concerning prospective employment.

Additional Guidelines for Employees

Employees shall not use their position with Robins' Nest to benefit the interest of a particular organization, constituency, or special interest group by any means, including, but not limited to, providing information not available to potential transaction partners or grantees, lobbying on behalf of or serving as spokesperson to Robins' Nest for an organization or interest group with which he or she is affiliated, or attempting to effect a positive decision for such organization or interest group through his or her position within Robins' Nest.

No employees shall

a. accept or request anything of value as an exchange for a referral of an applicant or a client to another agency or service provider, or

b. gives anything of value in exchange for receiving a referral of an applicant or a client to the Agency,

c. accepts gifts of value or gratuities from persons or individuals doing business with the Agency.

Clients or service applicants of the Agency shall not be advised or directed to a private practice in which employees, paid consultants, or Related Parties, are engaged or have a financial interest.

Upon leaving the Agency, clinicians shall not solicit for a period of one year any Agency client to go with him or her without prior written approval of the Chief Executive Officer.

Employees will maintain the confidentiality of all non-public information of Robins' Nest. Employees shall not use confidential information for any purpose other than as required to carry out their responsibilities on behalf of the Agency.

Preferential Treatment

Personnel and paid consultants, or Related Parties, shall not receive preferential treatment in the application for, or receipt of, the Agency's services.

Any such person seeking the Agency's services shall disclose his or her status relative to the Agency when application is made.

Should any such individuals be referred for services by a state or county agency, disclosure of his/her relationship to the Agency shall be made to the referring agency upon receipt of the referral.

Consideration may be given to the hiring of related parties, as defined, of current employees provided the individual is not supervised by a Related Party. Although not prohibited, agency policy discourages related parties from working in the same program. Favoritism or influence regarding hiring decisions of a related party is strictly prohibited. In addition, current employees may not directly or indirectly influence the decision to promote or retain a Related Party.

Nepotism

Employees shall not serve on the Board of Directors or as a voting member on any Committee of the Board. An employee's immediate family, as defined below, may not serve on the Board of Directors.

Employees may not hold a job over which a member of their immediate family, as defined below, exercises supervisory authority. Employees who are in a direct reporting relationship may not be in a personal relationship. If such a relationship develops, one of the employees will be required to transfer to a position that does not involve supervising the other. If no such position is available, one of the employees will be required to resign.

For the purposes of this policy, immediate family members includes the following: people who live together in the same household and function together as a family, including spouse, domestic partners, and/or a son, son-in-law, daughter, daughter-in-law, father, father-in-law, mother, mother-in-law, brother, brother-in-law, sister, sister-in-law, grandparents, and grandchildren.

Referral to Counsel

Questions regarding the interpretation or application of this policy should be referred to Robins' Nest counsel for clarification.

Enforcement of Policy

Employees who do not comply with this policy will be subject to disciplinary action by Robins' Nest. Depending on the facts and circumstances of each case, Robins' Nest may reprimand, suspend, or dismiss any employee who fails to comply with this policy.

External Performance Review

Date of review: 1/15-1/17/14 **Timeframe of review:** 6 month review

Program: Pettirosso **Agency conducting the review:** office of Licensing

Review participants: Craig Stewart, Jen Castellane
LeAnn DiBenedetto
Begum Malati, Amber Gonzalez, Nicole Keenan (by phone)
KC, GB, AR

Strengths identified: Per resident interviews, kids feel safe & think it's a nice home - they like it here; staff are very helpful, treatment plans are good; we document well

Recommendations for improvement: In addition to attached summary report & Recommendations: adapt some form of restrictive behavior management, have protocol for Nurse-on-call to respond or to be available by phone so staff can reach out to nurse re: medical issues; change some of the policy language in search-seizure (i.e. suspicion based vs. general practice)

Were all standards met: Yes (No)

Standards requiring corrective action: Reflectors for black car, unveiled physicals at intake - info faxed; letters to verify tx plans are sent; review visitation plat at each monthly CFT; personnel-late physicals/tb exams; IR's for running out of meds; missing info on med informed consents (pre-admission); low side effects will be monitored; cannot have unsupervised time (free time in community); revise level system to reflect; revise runaway procedure

Comments:

Date when reviewers will provide documentation of this review:

LeAnn DiBenedetto
Staff signature

STATE OF NEW JERSEY, DEPARTMENT OF CHILDREN AND FAMILIES, OFFICE OF LICENSING
YOUTH RESIDENTIAL AND ADOPTION AGENCIES LICENSING

[X] PROGRAMMATIC EXIT SUMMARY REPORT
[ ] LIFE/SAFETY EXIT SUMMARY REPORT

NAME OF AGENCY: Robins Nest Inc.		
NAME OF FACILITY/HOME: DeFiresso Garden		
STREET: 119 Blackwood Barnsboro Rd		
CITY: Sewell	STATE: NJ	ZIP CODE: 08080
DIRECTOR: LeAnn DiBenedetto		TELEPHONE#: (856) 464-0888
APPROVAL VALID UNTIL: January 31 2016		

TYPE OF FACILITY

[ ] GROUP HOME
[ ] CHILDREN'S SHELTER
[ ] JUVENILE-FAMILY IN CRISIS SHELTER
[ ] TEACHING FAMILY HOME
[ ] TREATMENT HOME
[ ] SUPERVISED TRANSITIONAL LIVING HOME
[ ] RESIDENTIAL CHILD CARE FACILITY
[X] PSYCHIATRIC COMMUNITY RESIDENCE FOR YOUTH
[ ] ADOPTION AGENCY

INITIAL INSPECTION DATE: Jan 15-17 2014
EXIT SUMMARY MEETING DATE: Jan 17, 2014
CORRECTIVE ACTION PLAN DUE: Feb 25, 2014
FIRST REINSPECTION DATE (on or after): March 17, 2014

Approved Capacity: 5

BASIS FOR INSPECTION: Manual of Requirements For Children's Group Homes **N.J.A.C. 10:** 122

FACILITY STAFF ATTENDING EXIT

1. LeAnn DiBenedetto
2.
3.
4.
5.
6.
7.

INSPECTION TEAM

1. Craig Stewart
2. Jennifer Castellano
3.
4.
5.
6.
7.

A formal response/Corrective Action Plan (CAP) must be provided to this office within forty days of the exit summary meeting as indicated above. The Corrective Action Plan must address all violations, emphasizing the Level I violations. The OOL will maintain a copy of your facility's Corrective Action Plan on file and attach it to the report when disseminated as a public document. If additional time is needed to abate any violation, a letter must be sent to this office within two (2) weeks after the exit summary meeting. The letter must state in detail the following: 1) the reason a violation(s) cannot be abated within the time permitted; and 2) the requested date by which the violation(s) will be abated. While the OOL considers your extension request, the original date of completion does not change and, should the extension request be denied, you will be required to abate the violation within the time frame originally specified.

VIOLATION/INSPECTION REPORT

NAME OF FACILITY: Pettinosso

LEVEL 1	VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION
N/A			10:122
	1)	A review of resident records revealed late physical exams at intake. The home shall ensure residents receive a physical exam thirty days prior or Three days after placement.	7.2(A)
	2)	A review of treatment plans revealed they are not being sent to team members. The home shall ensure treatment plans are sent to team members after treatment meetings	6.1(g)
V	3)	A review of treatment revealed the visitors statement is not included in all plans. The home shall ensure to include a visitors statement in all treatment plans.	6.1(f)
	4)	A review of Personnel records revealed the following:	
	a	late physical exams	7.7(a)
	b	late TB exams	7.7(b)

VIOLATION/INSPECTION REPORT

NAME OF FACILITY: Pettirosso

LEVEL 1	VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION
N/A			10:128
	5)	A review of medication logs revealed missing information The home shall include all required information on medication logs (Admitted at inspection).	7.4(d)
	6)	A review of incident reports revealed resident 5 was not able to receive their medication as prescribed because the home ran out of medication The home shall ensure medication is in stock for all residents.	7.4(a)
	7)	A review of consents for psychotropic medication revealed missing information. The home shall ensure to capture all required information.	7.5(e)
	8)	A review of Pre-Treatment Clinical assessments revealed how side effects will be monitored is missing. The home shall ensure to capture all required information	7.5(b)

VIOLATION/INSPECTION REPORT

NAME OF FACILITY: _____

LEVEL 1	VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION
		The home shall ensure all exams for staff members	
		are done in the proper time frame.	

State of New Jersey, Department of Children and Families, Office of Licensing, Youth Residential and Adoption Agencies Licensing

VIOLATION/INSPECTION REPORT

DRAFT

NAME OF FACILITY: Robin's Nest - Pettirosso

LEVEL 1	VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION
	9)	A review of open records, review of home procedures and interviews with	10:128-
		staff and children found that the home allows children who progress	
		through the level system to have unsupervised time in the community.	
		Additionally, a child who leaves the home without permission is allowed	
		thirty minutes to return prior to police notification. Emergency procedures	
		do not require staff members to attempt supervise children who leave	
		the home without permission. The home shall revise the level system	
		to reflect the requirement that children in Psychiatric Community	
		Homes shall be supervised on a 24-hour basis. Additionally, the	
		home shall revise emergency procedures related to runaway behavior	
		to restrict how staff will monitor children who leave the home	
		without permission.	1.2(b)6

VIOLATION/INSPECTION REPORT

DRAFT

NAME OF FACILITY: Robin's Nest – Paterson

LEVEL 1	VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION
		Recommendations:	
		The Office of Licensing recommends that the home consider training all staff in the use of restrictive behavior management procedures in order to protect children when aggressive behaviors threaten their safety.	
		The Office of Licensing recommends the establishment of a formal on-call medical procedure to assist/respond to staff who are supervising children when no medical staff are present in the home.	

Andrew Grant.

STAFF AT SITE
BEGUM MALALI
JACKIE FELICIANO

PETTIROSSO GARDEN

INSP: 1·29·14

1. DAMAGED CLOSET DOOR IN LAUNDRY ROOM.
2. PROVIDE LOCK FOR BASEMENT DOOR
3. PROVIDE WELL CERT. (ABATED AT INSPECTION)
(Ruth sent over already)
4. PROVIDE A CURRENT EMERGENCY EVACUATION/
RELOCATION MANUAL.
need to Ruth more about it
talk
5) Print out fire drills - need logs
entred as group - avoids gins
names being
6.) 1 a month - differentimes printed
when a resident enters need
to go over emergency procedure
w/ resident

External Performance Review

Date of review: April 23rd – 25th **Timeframe of review:** biennial

Program: Group Home **Agency conducting the review:** OOL

Review participants: Michelle Duffy – program director, Rene Youssef – house manager, Rafiah Hickson – CCW, Lisa Romano – clinical coordinator, LO – resident, OH – resident, Craig Stewart – OOL, Jessica Kaminski - OOL

Strengths identified: OOL stated that they like the program. They stated that it has a warm, home-like atmosphere. OOL feels that staff are well trained. No violations resulted from staff or resident interviews.

Recommendations for improvement:
see attached

Were all standards met: **No**

Standards requiring corrective action: see attached

Comments: A corrective action plan is due by 6/3/14. Re-inspection will occur after 6/23/14.

Date when reviewers will provide documentation of this review: attached

Michelle Duffy
Staff signature

STATE OF NEW JERSEY, DEPARTMENT OF CHILDREN AND FAMILIES, OFFICE OF LICENSING
YOUTH RESIDENTIAL AND ADOPTION AGENCIES LICENSING

[X] PROGRAMMATIC EXIT SUMMARY REPORT
[ ] LIFE/SAFETY EXIT SUMMARY REPORT

NAME OF AGENCY: Robin's Nest		
NAME OF FACILITY/HOME: Robin's Nest Group Home		
STREET: 42 South Olsen Drive		
CITY: Glassboro	STATE: NJ	ZIP CODE: 08028
DIRECTOR: Michelle Duffy		TELEPHONE #: (856) 881-2699
APPROVAL VALID UNTIL: April 30, 2016		

TYPE OF FACILITY

[X] GROUP HOME
[ ] CHILDREN'S SHELTER

[ ] JUVENILE-FAMILY IN CRISIS SHELTER
[ ] TEACHING FAMILY HOME

[ ] TREATMENT HOME
[ ] SUPERVISED TRANSITIONAL LIVING HOME

[ ] RESIDENTIAL CHILD CARE FACILITY
[ ] PSYCHIATRIC COMMUNITY RESIDENCE FOR YOUTH

[ ] ADOPTION AGENCY

INITIAL INSPECTION DATE: April 23-25, 2014
EXIT SUMMARY MEETING DATE: April 25, 2014
CORRECTIVE ACTION PLAN DUE: June 3, 2014
FIRST REINSPECTION DATE (on or after): June 23, 2014

Approved Capacity: 5

BASIS FOR INSPECTION: Manual of Requirements For Children's Group Homes **N.J.A.C. 10:** 12A

FACILITY STAFF ATTENDING EXIT

1. Michelle Duffy
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

INSPECTION TEAM

1. Craig Stewart
2. Jessica Kaminski
3. _____
4. _____
5. _____
6. _____
7. _____

A formal response/Corrective Action Plan (CAP) must be provided to this office within forty days of the exit summary meeting as indicated above. The Corrective Action Plan must address all violations, emphasizing the Level I violations. The OOL will maintain a copy of your facility's Corrective Action Plan on file and attach it to the report when disseminated as a public document. If additional time is needed to abate any violation, a letter must be sent to this office within two (2) weeks after the exit summary meeting. The letter must state in detail the following: 1) the reason a violation(s) cannot be abated within the time permitted; and 2) the requested date by which the violation(s) will be abated. While the OOL considers your extension request, the original date of compliance does change and, should the extension request be denied, you will be required to abate the violation within the time frame originally specified.

VIOLATION/INSPECTION REPORT

NAME OF FACILITY: Robin's Nest Group Home

LEVEL 1	VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION
N/A			10:128
	1	A review of records revealed psychotropic medication was administered to residents without written informed consent. The shall ensure that a written informed consent is obtained prior to administering psychotropic medication.	7.5(e)
	2	A review of medication storage revealed expired over the counter medication and medication kept on hand that expired when residents entered the program. The home shall ensure to disgard all expired medication.	7.4(g)3
	3	A review of records revealed that medication given to resident that did not reflex what the doctor prescribed. The issue was corrected now but will remain outstanding to be monitored in the future. The home shall administer medication according to what the doctor has prescribed.	7.4(b)

VIOLATION/INSPECTION REPORT

NAME OF FACILITY: Robin's Nest Group Home

LEVEL 1	VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION
N/A			10:128
	4	A review of records revealed a resident was admitted to the hospital but OOL was not notified. The home shall ensure to notify OOL when a resident is admitted to the hospital.	3.7(b)1
	5	A review of treatment plans revealed missing information. The home shall ensure to include all required information in treatment plans.	6.1(f)
	6	A tour of the home revealed R rated movies in the common areas of the home. The home shall ensure R rated movies are not accessible to residents.	4.3(c)
	7	A review of discharge records revealed information is being sent out late to team members. The home shall ensure discharge information is sent out according to the discharge situation of the resident.	6.2

VIOLATION/INSPECTION REPORT

NAME OF FACILITY: Robin's Nest Group Home

LEVEL 1	VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION
N/A			10:128
1	8	A review of personnel information revealed that CARI checks were sent out for volunteers but did not keep a copy. The home shall ensure all workers and volunteers have a CARI Check upon working.	5.7

External Performance Review

Date of review: __04/29/14___ **Timeframe of review:** _____1st Qtr._____

Program: __PAT_____ **Agency conducting the review:** _United Way__

Review participants: Kristin Conners-Glaspey (Robin's Nest), Arianne Hegeman (United Way)

Strengths identified: All proposal outcomes are on track for Salem County.

Recommendations for improvement: N/A

Were all standards met: Yes

Standards requiring corrective action: __N/A__

Comments: Short site visit to discuss the United Way 3 year grant and progress. Discussed program is doing well utilizing incentives to reward participants in Salem County for meeting proposed health outcomes. Arianne offered to take any program materials to distribute at United Way events ie. food distribution sites etc. that would help identify families that could benefit from home visitation services.

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 5/22/14 **Timeframe of review:** 2:30pm – 3:30pm

Program: Second Chance - G **Agency conducting the review:** YSC

Review participants: Nancy Chard-Jones and Terry Miles

Strengths identified: Good Files and record keeping

Recommendations for improvement: None

Were all standards met: (Yes) No

Standards requiring corrective action: _____

Comments: _____

Date when reviewers will provide documentation of this review:

Kim Wallace
Staff signature

External Performance Review

Date of review: 5/22/14 **Timeframe of review:** 1:30pm – 2:30pm

Program: Street Dreams **Agency conducting the review:** YSC

Review participants: Nancy Chard-Jones, Terry Miles, and Sonnie DeCencio

Strengths identified: Good Files and record keeping

Recommendations for improvement: In Jams, separate outcomes - 100 % of youth will develop a resume while in the program and 100 % will experience at least one job interview with a supportive work employer.

Recommend staff be trained in teaching youth job readiness skills

Were all standards met: (Yes) No

Standards requiring corrective action:

Comments: YSC staff discussed how to keep youth in the program and have more client participation. Discussed struggles with finding employment for the juveniles. All concluded the best option for employment would be to create jobs for clients.

Date when reviewers will provide documentation of this review:

Kim Wallace
Staff signature

External Performance Review

Date of review: 5/21/14 **Timeframe of review:** 4:30pm – 6:30pm

Program: CLSG **Agency conducting the review:** YSC

Review participants: Nancy Chard-Jones, Jessica Froba, Diana Archer

Strengths identified: Good Files and record keeping

Recommendations for improvement: None

Were all standards met: (Yes) No

Standards requiring corrective action: _____

Comments: _____

Date when reviewers will provide documentation of this review:

Kim Wallace
Staff signature

External Performance Review

Date of review: 5/23/14 **Timeframe of review:** 10 - 10:45 AM (2 hour)

Program: NFP **Agency conducting the review:** DCF

Review participants: Whitney Supernaugh, Debra Cornelius, Tyffani Williams, Ines

Strengths identified: Outreach Efforts, Fully Staffed, & progress with MIHOPE

Recommendations for improvement: Continue building LOS

Were all standards met: (Yes) No

Standards requiring corrective action: NA - LOS

Comments: 0

Date when reviewers will provide documentation of this review:

Tyffani Williams
Staff signature

External Performance Review

Date of review: 05/23/14 **Timeframe of review:** ~~1st~~ 2nd Quarter

Program: PAT **Agency conducting the review:** DCF

Review participants: Kristin Conners-Glaspey, Debra Cornelius, Ines Lecerf

Strengths identified: Positive growth of LOS in both counties, meeting majority of program outcomes.

Recommendations for improvement: Discussed how to possibly raise the number of participants that receive Lead Screenings by 12 months.

Were all standards met: No (LOS and Lead Screens)
Standards requiring corrective action: None

Though LOS is not being met at this time the reviewer acknowledged the significant increase over the past quarter. Discussed the possibility since this is a combined contract to continue enrolling Gloucester families that are interested in completing home visits since Salem County growth is slower.

Date when reviewers will provide documentation of this review: N/A

Kristin Conners-Glaspey
Staff signature

External Performance Review

Date of review: 5/23/14 **Timeframe of review:** 1/2014 - 3/2014

Program: HFS **Agency conducting the review:** DCF

Review participants: Stacey Foote, Debra Cornelius Ines Lecerf

Strengths identified: Increased LOS to 80%

Recommendations for improvement:

Were all standards met: (Yes) No

Standards requiring corrective action: LOS N/A

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 5/23/14 **Timeframe of review:** 15 Minutes

Program: HF-TIP Comb. **Agency conducting the review:** DCF

Review participants: Debra Cornelius

Ines Lecerf

Rubi Lukasiewicz

Strengths identified: IDS, Assessment, Screens meeting benchmarks

Recommendations for improvement:

Were all standards met: (Yes) No

Standards requiring corrective action: None

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 5-23-14 **Timeframe of review:** 12:00

Program: HFG **Agency conducting the review:** DCF

Review participants: Ines Lecerf, Debra Cornelius, Michelle Johnson

Strengths identified: Outreach and incentive programs reviewed and recognized as opportunity for addressing LOS needs.

Recommendations for improvement: Level of service not meeting outcome but incentive programs and return of FSW on leave may help improve this outcome

Were all standards met: Yes **No**

Standards requiring corrective action: LOS

Comments:

Date when reviewers will provide documentation of this review: Pending

Staff signature

External Performance Review

Date of review: 06/03/14 **Timeframe of review:** Last 6 months

Program: PAT **Agency conducting the review:** PCA-NJ

Review participants: Kristin Conners-Glaspey, Caren Guardabascio

Strengths identified: Growth in LOS, Good organization of files

Recommendations for improvement: Suggested events around Christmas and Thanksgiving to increase group attendance.

Were all standards met: No

Standards requiring corrective action: LOS still needs to be at 80% in both counties, continue with current strategies to continue to increase enrollments.

Comments: Discussed PAT Quality Standards and how they will need to begin as of July 1st, 2014. Most just need to be incorporated into current Program Manual format. This will be complete by July 1.

Date when reviewers will provide documentation of this review: 8/1/14 estimated.

Kristin Conners-Glaspey
Staff signature

External Performance Review

Date of review: 6/11/14 **Timeframe of review:** biennial

Program: GH **Agency conducting the review:** OOL

Review participants: Andrew Grant – OOL, Michelle Duffy – PD, Rene Youssef - HM

Strengths identified: Mr. Grant stated that the GH is an example of how all GH's should be. He praised the interaction that he observed between residents and staff.

Recommendations for improvement: 1) Adding the plumber's phone number to our emergency binder 2) The door frame on room7 needs to be fixed.

Were all standards met: **No**

Standards requiring corrective action: 1) Damaged blinds in rear living room need to be replaced. 2) Dirty exhaust fans in the bathrooms need to be cleaned. 3) General cleaning of resident rooms 2, 3 and 4. 4) The damaged floor in the 3rd floor bathroom shall be repaired. 5) Fire drill evacuations shall be 3 mins or less.

Comments: Corrective action plan is due by 7/28/14. Re-inspection after 8/11/14.

Date when reviewers will provide documentation of this review: Copy given at exit interview.

Staff signature

STATE OF NEW JERSEY, DEPARTMENT OF CHILDREN AND FAMILIES, OFFICE OF LICENSING
YOUTH RESIDENTIAL AND ADOPTION AGENCIES LICENSING

[ ] PROGRAMMATIC EXIT SUMMARY REPORT
[X] LIFE/SAFETY EXIT SUMMARY REPORT

NAME OF AGENCY: ROBINS NEST
NAME OF FACILITY/HOME: ROBINS NEST
STREET: 40 SOUTH DELSEA DRIVE
CITY: GLASSBORO STATE: N.J. ZIP CODE: 08028
DIRECTOR: MICHELLE DUFFY TELEPHONE #: (856)881-7211
APPROVAL VALID UNTIL: APRIL 30, 2016

TYPE OF FACILITY

[X] GROUP HOME
[ ] CHILDREN'S SHELTER

[ ] JUVENILE-FAMILY IN CRISIS SHELTER
[ ] TEACHING FAMILY HOME

[ ] TREATMENT HOME
[ ] SUPERVISED TRANSITIONAL LIVING HOME

[ ] RESIDENTIAL CHILD CARE FACILITY
[ ] PSYCHIATRIC COMMUNITY RESIDENCE FOR YOUTH

[ ] ADOPTION AGENCY

INITIAL INSPECTION DATE: JUNE 11 2014
EXIT SUMMARY MEETING DATE: JUNE 11 2014
CORRECTIVE ACTION PLAN DUE: JULY 28, 2014 AUGUST 11 2014
FIRST REINSPECTION DATE (on or after): ~~JULY~~ 11 2014

Approved Capacity: 9

BASIS FOR INSPECTION: _____ **N.J.A.C. 10:**_____

FACILITY STAFF ATTENDING EXIT

1. MICHELLE DUFFY
2. RENE YOUSSEF
3. _____
4. _____
5. _____
6. _____
7. _____

INSPECTION TEAM

1. ANDREW GRANT
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

A formal response/Corrective Action Plan (CAP) must be provided to this office within forty days of the exit summary meeting as indicated above. The Corrective Action Plan must address all violations, emphasizing the Level I violations. The OOL will maintain a copy of your facility's Corrective Action Plan on file and attach it to the report when disseminated as a public document. If additional time is needed to abate any violation, a letter must be sent to this office within two (2) weeks after the exit summary meeting. The letter must state in detail the following: 1) the reason a violation(s) cannot be abated within the time permitted; and 2) the requested date by which the violation(s) will be abated. W[illegible] the OOL considers your extension request, the original date of compl[illegible] does [illegible]hange and, should the extension request be denied, you will be required [illegible]bate the violation within the time frame originally specified.

State of New Jersey, Department of Children and Families, Office of Licensing, Youth Residential and Adoption Agencies Licensing

VIOLATION/INSPECTION REPORT

NAME OF FACILITY: ROBINS NEST

LEVEL ~~1~~	VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION
	1.	THE DAMAGED BLINDS IN THE REAR LIVING ROOM SHALL BE REPAIRED OR REPLACED.	
	2.	THE DIRTY EXHAUST FANS IN THE BATHROOMS SHALL BE CLEANED.	
	3.	PROVIDE A GENERAL CLEANING OF BEDROOMS #2, #3 & #4.	
	4.	THE DAMAGED FLOOR IN THE THIRD FLOOR BATHROOM SHALL BE REPAIRED.	
	5.	FIRE DRILL EVACUATION TIME SHALL BE KEPT TO 3 MINS. OR LESS.	

External Performance Review

Date of review: __6/17/2014_ **Timeframe of review:** __12:00 pm - 3:00 pm

Program: _GCPP_____ **Agency conducting the review:** __DCF_____

Review participants: _Danielle, Jose Balderrago, Niurca Louis, Melissa Mullen,

Strengths identified: _All outcomes met. Exceeded LOS.

Recommendations for improvement: _There will be about $20,000 remaining in flex dollars. The program has 100+ families on the wait list consistently. As flex dollars were remaining there will be consideration given to adding staff to manage the wait list.

Were all standards met: **Yes** No

Standards requiring corrective action: _None.

Comments: _None.

Date when reviewers will provide documentation of this review: Unsure.

Staff signature

Gloucester County MANAGEMENT ASSISTANCE RESOURCE TEAM

Monitoring / Evaluation Interview

Agency Name: Robins' Nest Program(s) Reviewed: Family Prevention Planning Program

Monitoring for Contract Year Ending: 6 30 14

Date of Exit Interview: 6 / 17 / 14

In Attendance: Melissa Mullin BA
Nidsca Louis HTS
Dawn T. McCarthy
Jose Baldarrago, DCF.
Rick Gaydos, DHS GC
Danielle Wembley-Williams DCF
Clare Jordan, MART

Human Service Performance Standards (Revised November 2012)

Corrective Action Required / Follow Up: Nothing at this time

Comments:

Clare Jordan
MART Team Leader / Chairman

Date: 6/17/14

Executive / Program Director

Date: 6.17.14

Revised February 2012

External Performance Review

Date of review: _June 17, 2013___ Timeframe of review: _10:00am – 11:00am__

Program: _Glassboro Family Success Centers__ Agency conducting the review: DCF Division of Family and Community Partnerships_____

Review participants: _Regional Coordinator Jose Balderrago, Niurca Louis, Brian Hancock._____

Strengths identified: _Program LOS. Site: location, physical plant and layout. Program connections to outside partnerships. Center activities calendar. Marketing: website, flyers, banners, flags etc.

Recommendations for improvement: _No areas for program improvement were identified. _____

Were all standards met: **Yes** No

Standards requiring corrective action: __None_____

Comments: _Reviewer is fully satisfied with the Glassboro Family Success Center. He stated that we should ensure that the titles of the activities by more closely tied to the contracted services.

Date when reviewers will provide documentation of this review: Not specified.

Staff signature

External Performance Review

Date of review: __APRIL 2014_____ **Timeframe of review:** _5:30-7_PM_____

Program: ___AAM _____ **Agency conducting the review:** _YSC _____

Review participants: _Jessica Froba, Sonnie DeCencio, Nancy Chard-Jones, Vicky Czyznikiewicz, Lisa Haya, Lisa Bennett, Joanne Robertson

Strengths identified: All performance standards were met or above standard

Recommendations for improvement: Send flyers to Victim/Witness, SANE offices, if funding allows provide services during the summer to youth and parents, contact Prosecutor's Office to have representative speak with parent group about court processes, hold at least one combined group for older and younger girls as requested by younger client during interview

Were all standards met: **Yes** No

Standards requiring corrective action: __None

Comments:

Date when reviewers will provide documentation of this review: May 2014

Joanne Robertson

Staff signature

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Nancy Chard Jones
nchard2@co.gloucester.nj.us

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08096

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CLOSE TO EVERYTHING
Gloucester County
FAR FROM IT ALL

Joanne Robertson
Robins' Nest, Inc.
42 S. Delsea Drive
Glassboro, NJ 08028

May 7, 2014

Dear Ms. Robertson:

The Gloucester County Youth Services Commission monitoring of the All About Me Program on April 30, 2014 found that all performance standards were met satisfactorily or above standard.

There were several recommendations made by the committee, which are as follows:

▶ Send flyers to the Victim/Witness program and also the Sexual Assault Nurse Educator (SANE) in the Prosecutor's office so they can make their clients aware of services

▶ If funding becomes available, consider providing services during the summer to both youth and parents. Parents noted that the disruption of these therapeutic services would be hardship for themselves and their children as they feel they are making good progress.

▶ Reach out to the Prosecutor's office to have a representative speak with the parent group about court processes.

▶ Consider holding at least one combined group meeting with the girls of both older and younger groups. This was a request of one of the younger girls in the client interview.

If you have any questions, please call Nancy Chard Jones at 384-6879. Thank you and your staff for the outstanding work you do with the youth of Gloucester County. Please feel free to share this report with all appropriate staff.

Sincerely,
Charles Goldstein mcg
Charles Goldstein, L.C.S.W. CEO CGS
YSC Monitoring Chair

Cc: Jessica Froba; Sonnie DeCencio

External Performance Review

Date of review: 7/30/14 **Timeframe of review:** 9:30am – 3:30pm

Program: LLH **Agency conducting the review:** DCF-OAS and Contract Administrator

Review participants: Betsy Montalvo and Claudia Forte

Strengths identified: Clean, Beautiful apartments, Client interviews

Recommendations for improvement: Service Plans: Need to have 3 goals per client; When writing goals, start goal with "Client wants to or Client would like to, not Client will."

Beginning 11/1/14, DCP&P case workers are responsible for Service Plans and must be included in, sign service plans, and keep a copy.

Betsy Recommended requesting a Program Fee from clients to then put in a savings account. When client moves out, they would get the money back.

Betsy requested a copy of Life Link Homes Lease be emailed to her. PD emailed lease.

Were all standards met: ***Yes*** **No**

Standards requiring corrective action: None

Comments: Betsy mentioned wanting to see any incidents. Incidents are not scanned into Care Logic.

Date when reviewers will provide documentation of this review:

Kim Wallace
Staff signature

External Performance Review

Date of review: 7/30/14 **Timeframe of review:** 9:30am – 3:30pm

Program: AMP **Agency conducting the review:** DCF-OAS and Contract Administrator

Review participants: Betsy Montalvo and Claudia Forte

Strengths identified: Client interview

Recommendations for improvement: No recommendations for improvements Provided

Were all standards met: *Yes* **No**

Standards requiring corrective action: N/A

Comments: All other areas look good.

Date when reviewers will provide documentation of this review: N/A

Kim Wallace

Staff signature

External Performance Review

Date of review: 7/30/2017 **Timeframe of review: 1/1/14-12/31/14**

Program: OMO **Agency conducting the review: OAS**

Review participants: Betsy Montalvo and Claudia Forte

Strengths identified: Files were in order and up to date

Recommendations for improvement: Adjust the how the Service plans are being written by stating what the client wants to do instead of what the client will do.

Were all standards met: **Yes** **No**

Standards requiring corrective action: NA

Comments: Betsy is going to interview the OMO client on August 15th due to not having a client available.

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 7/30/2017 **Timeframe of review: 1/1/14-12/31/14**

Program: FI **Agency conducting the review: OAS**

Review participants: Betsy Montalvo and Claudia Forte

Strengths identified: Files were in order and up to date, Client interview went really well.

Recommendations for improvement: Adjust the how the Service plans are being written by stating what the client wants to do instead of what the client will do.

Were all standards met: **Yes** **No**

Standards requiring corrective action: NA

Comments: na

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

~~8~~/30/15 - files
Date of review: 8/15/14 - site Timeframe of review: Jan, 2014-Dec, 2014

Program: STI Agency conducting the review: OAS

Review participants: Betsy Montalvo and Claudia Forte

Strengths identified: Apartments were very clean and comfortable. Residents really enjoyed the program and appreciate the program staff. The files were comprehensive and organized.

Recommendations for improvement: Both residents stated they didn't care for the Therapist portion of the program. Service plan need to state "the client would like to..." and Betsy stated that she would like to see our program receive 30% of the client's income, held in a savings account with the agency's name and the resident's name on the account, where they resident would then get at the end so they would not have to access any CIL funding. Betsy considers it a 'program fee.' We can no longer accept residents after 21 years old.

Were all standards met: (Yes) No

Standards requiring corrective action: n/a- all standards are currently being met.

Comments: Betsy was impressed by the state of the apartments.

Date when reviewers will provide documentation of this review: unknown

Staff signature

External Performance Review

Date of review: 8/14/14 **Timeframe of review:** 10am - 1pm

Program: ConnectTwo (S) **Agency conducting the review:** Salem YSC

Review participants: Karen Prigger, Pat Basting & Troy Alexander.

Strengths identified: Client files are complete & thorough; Client interviews went well & seem to be beneficial for involved youth.

Recommendations for improvement: Need more referrals; Contact Theresa (Probation Hearing Officer) to obtain more referrals.

Were all standards met: (Yes) No

Standards requiring corrective action: N/A (LOS)

Comments: Overall, better than last year; need more referrals.

Date when reviewers will provide documentation of this review: Within a month.

Staff signature

External Performance Review

Date of review: 8/14/14 **Timeframe of review:** 10am - 1pm

Program: Grounded **Agency conducting the review:** Salem YSC

Review participants: Karen Priggis, Pat Baitinger, Troy Alexander.

Strengths identified: Client files are up-to-date & electronic. Clients all had positive feedback to monitoring team about staff.

Recommendations for improvement: Receiving more referrals to successfully fulfill the contract; providing the judge with a daily count (court dates) of youth slots available in program.

Were all standards met: (Yes) No

Standards requiring corrective action: N/A (LOS)

Comments: Everything went well; overall # of referrals were down.

Date when reviewers will provide documentation of this review: Within a month.

Staff signature

External Performance Review

Date of review: 8/14/14 **Timeframe of review:** 10am - 1pm

Program: Second Chance (S) **Agency conducting the review:** Salem YSC

Review participants: Karen Prigges, Pat Buttinger & Troy Alexander.

Strengths identified: Client files are complete & thorough; the overall amount of outreach the program is conducting. Clients all had positive feedback to the monitoring team about staff.

Recommendations for improvement: Keep conducting outreach & have YSC help (Karen setting up meetings with Pennsgrove & Pennsville Chiefs).

Were all standards met: (Yes) No

Standards requiring corrective action: N/A (LOS)

Comments: Overall, the program is doing well when referrals are up; need more referrals.

Date when reviewers will provide documentation of this review: Within a month.

Staff signature

External Performance Review

Date of review: September 8, 2014 Timeframe of review: 1:00pm-2:pm

Program: _FSCG_____ Agency conducting the review: _DCF_____

Review participants: ___Jose Baldarrago (DCF), Niurca Louis, Cari Burke_____

Strengths identified: Discussed successful programming that had occurred over the summer including the Summer Reading Program. Discussed future plans for programming including a joint Fatherhood event with Woodbury Family Success Center, October's Trunk or Treat event and a Computer and Technology Seminar.

Recommendations for improvement: Continue to provide programming that is participant led. Ensure programming has inviting and descriptive titles to capture a full audience and successful participation.

Were all standards met: Yes X No

Standards requiring corrective action: ___n/a_____

Comments: _____

Date when reviewers will provide documentation of this review:

Cari Burke

Staff signature

External Performance Review

Date of review: 9/10/14 **Timeframe of review:** biennial (re-inspection)

Program: GH **Agency conducting the review:** OOL

Review participants: Nicole Stemberger – RN Director of behavioral health services, Nia Paynter – house manager, Craig Stewart - OOL

Strengths identified: professional, caring staff; positive interaction between staff and residents

Recommendations for improvement: see attached – 4 out of 8 violations were abated

Were all standards met: No

Standards requiring corrective action: see attached - Inspector was unable to observe improvement for 3 out of 8 violations, Inspector noted progress with 1 violation but needs additional time to assess

Comments: Violation 3 – There were no new volunteer CARI's to be observed
Violation 5 – No residents were admitted to the hospital since last inspection, PD will contact OOL if a hospital admission occurs
Violation 8 –Discharge treatment plans – After next 3 GH d/c's, PD will send a copy of the letter accompanying d/c plan to OOL

Date when reviewers will provide documentation of this review: provided

Staff signature

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF LICENSING
CHILD CARE AND YOUTH RESIDENTIAL LICENSING
PO BOX 717
TRENTON, NJ 08625-0717

Residential Facility Inspection Report

Robins' Nest
42 South Delsea Drive
Glassboro, N.J. 08028
856-881-8689

Biennial Inspection:

Program Inspection: April 23-25, 2014
Life Safety Inspection:

Team Members: Craig Stewart
Jessica Kaminski

Robin's Nest Group Home
2014 Biennial Inspection
Executive Summary

Robin's Nest is a group home for adolescent females who exhibit dysfunctional behavior and/or emotional disturbance in the family, community and school settings. While the facility is substantial compliance with the Manual of Requirements for Children's Group Homes, the programmatic inspection identified non-compliance with significant requirements pertaining to:

- CARI background checks
- Treatment plan documentation
- Written informed consent for a psychotropic medication
- Residents admitted to the hospital but not informing OOL
- Expired medication
- Medication given that did not reflex what the doctor prescribed
- R rated movies accessible to residents
- Discharge information being sent out late

The life/safety inspection identified non-compliance with the Manual of Requirements pertaining to the following significant requirements:

During the Biennial inspection, the OOL staff reviewed resident records, discharge records, incident reports, medication logs, medication storage areas, vehicles, and menus. Interviews were conducted with residents, direct care staff representing different shifts and living units, and administrative staff.

The residents reported a high degree of satisfaction with the staff's professionalism and concern for the well-being of the residents. The interaction between staff and residents was very positive.

PROGRAM DESCRIPTION

CAPACITY: 5

CURRENT CENSUS: 5

INTAKE CRITERIA:

Acceptable	Not Acceptable
- Females between 14-17	-Alcoholic (current)
- Physically aggressive history*	- Uncontrolled epilepsy
- Destructive	- Fire setting history
- Suicidal attempts	- Actively psychotic
- Drug history	- Overtly homosexual
- Promiscuous	- Pregnancy
- Family conflicts	- Charged perpetrators
- Runaway	- Recent physically aggressive behaviors
-Truant	- Drug Addiction (current)
*If able to control self to some degree	

PROGRAM SERVICES:

Social/Clinical: The clinical director is responsible for formulation of treatment plans and conducting group sessions and one hour weekly individual therapy for the residents. A part-time therapist from another program within the Robins Nest agency (Danielle Counseling) provides individual therapy weekly for residents and does staff training. The therapist and clinical director provide family therapy. A consulting psychiatrist is utilized as needed.

Residential/Recreation: Coverage is provided on a shift basis. All staff are involved in the supervision of the residents, implementation of the level system and treatment planning. The program director is responsible for overall supervision of staff and implementation of residential services. Childcare workers are given various positions as coordinators. Each coordinator oversees implementation of services such as school, medical, activities, life books, home visits, family sessions, tasks and jobs. A volunteer program is also utilized by the residents in the community to aid in the development of skills and responsibilities.

A variety of in and out of home activities are provided with an emphasis on school and community activities. Various community groups volunteer at the home to provide for additional recreational activities.

Education: Local public schools are utilized. Alternative special education programs are available through Glassboro Public Schools. Gloucester County Vocational School is utilized for residents who have left school. This school provides job placement during the day and schooling in the evening to obtain a GED or graduation from high school. A nightly study hour is proved for homework and other school-related projects.

Medical: Community providers are utilized. A psychiatrist/med nurse is available to evaluate residents and monitor children receiving psychotropic medication.

Notable:

- Robins Nest is a "hands off" program that does not utilize physical restraints.

STATE OF NEW JERSEY, DEPARTMENT OF CHILDREN AND FAMILIES, OFFICE OF LICENSING
YOUTH RESIDENTIAL AND ADOPTION AGENCIES LICENSING

☒ PROGRAMMATIC INSPECTION/VIOLATION REPORT

☐ LIFE/SAFETY INSPECTION/VIOLATION REPORT

NAME OF AGENCY		
Robin's Nest		
NAME OF FACILITY/HOME		
Robin's Nest Group Home		
STREET		
42 South Delsea Drive		
CITY	STATE	ZIP CODE
Glassboro	New Jersey	08028
DIRECTOR		TELEPHONE #
Michelle Duffy		(856)881-8689
APPROVAL VALID UNTIL		APPROVED CAPACITY
April 30, 2016		5

TYPE OF FACILITY

- ☒ GROUP HOME
- ☐ CHILDREN'S SHELTER
- ☐ JUVENILE-FAMILY IN CRISIS SHELTER
- ☐ TEACHING FAMILY HOME
- ☐ TREATMENT HOME
- ☐ SUPERVISED TRANSITIONAL LIVING HOME
- ☐ RESIDENTIAL CHILD CARE FACILITY
- ☐ PSYCHIATRIC COMMUNITY HOME FOR CHILDREN
- ☐ ADOPTION AGENCY

INITIAL INSPECTION DATE: April 23-25, 2014

CORRECTIVE ACTION PLAN DUE: (40 days after)

REINSPECTION DATES (to occur on or after):
1st (60 days after initial inspection)
2nd
3rd
4th
5th
6th

BASIS FOR INSPECTION: Manual of Requirements for Children's Group Homes N.J.A.C. 10:128

FACILITY STAFF ATTENDING EXIT	INSPECTION TEAM	OTHER ATTENDEES
1. Michelle Duffy	1. Craig Stewart	1.
2.	2. Jessica Kaminski	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.

INSPECTION/VIOLATION REPORT

NAME OF FACILITY: Robin's Nest Group Home

INITIAL INSPECTION DATE: April 23-25, 2014

7. _____ 7. _____ 7. _____

INSPECTION/VIOLATION REPORT

NAME OF FACILITY: Robin's Nest Group Home

INITIAL INSPECTION DATE: April 23-25, 2014

VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION	REINSPECTIONS – Key Code on last page					
			1ST	2ND	3RD	4TH	5TH	6TH
		10:128	9-10-14					
1	A review of records revealed psychotropic medication was administered to a resident without written consent. The home shall ensure that a written informed consent is obtained prior to administering psychotropic medication.	7.5(e)	A					
2	A review of records revealed that medication given to a resident that did not reflex what the doctor prescribed. The issue was corrected but will remain outstanding to monitor in the future. The home shall administer medication according to what the doctor has prescribed.	7.4(b)	A					
3	A review of personnel information revealed that CARI background checks were sent out for volunteers but did not keep a copy. The home shall ensure all workers and volunteers have a CARI check upon hire.	5.7	*					
4	A review of medication storage revealed expired over the counter medication, and medication kept on hand expired brought by residents when they entered the program. The home shall ensure to dispose of all expired medication.		A					
5	A review of records revealed a resident was admitted to the hospital but the Office Of Licensing was not notified. The home shall ensure to notify OOL when a resident is admitted to the hospital.		*					
6	A review of treatment plans revealed missing information. The home shall ensure to include all required information in treatment plans for residents.	6.1(f)	1					

INSPECTION/VIOLATION REPORT

NAME OF FACILITY: Robin's Nest Group Home

INITIAL INSPECTION DATE: April 23-25, 2014

VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION	REINSPECTIONS – Key Code on last page					
			1ST	2ND	3RD	4TH	5TH	6TH
7	A tour of the home revealed R rated movies in the common area. The home shall ensure R rated movies are not accessible to residents.	10:128 4.3(c)	9-10-14 A					
8	A review of discharge information revealed information is being sent out late to team members. The home shall ensure discharge information is sent out on time according to the discharge situation of the resident.	6.2	*					

INSPECTION/VIOLATION REPORT

NAME OF FACILITY: Robin's Nest Group Home

INITIAL INSPECTION DATE: April 23-25, 2014

REINSPECTION INSPECTOR(S)	DATES						

CODE	KEY
A	Abated
O	Outstanding
A*	Abated – See annotation
O*	Outstanding – See annotation
1	Progress noted but additional time required to assess for substantial compliance.
2	Unable to assess due to insufficient sample size.
3	Unable to assess as interviews could not be conducted.
4	Unable to assess as records were unavailable.
5	Unable to assess as area was inaccessible.
6	Unable to assess during time allotted for the inspection.
7	Submitted documentation is pending OOL review.
8	Other – See annotation
N/A	No longer applicable – See annotation

DEPT OF
HUMAN SERVICES

DIRECTOR
Lisa A. Cerny
lcerny@co.gloucester.nj.us

YOUTH SERVICES
ADMINISTRATOR
Nancy Chard Jones
nchard2@co.gloucester.nj.us

115 Budd Boulevard
West Deptford, NJ
08096

Phone 856.384-6870

Fax 856-384-0207

www.co.gloucester.nj.us

New Jersey Relay Service-711
Gloucester County Relay Service
(TTY/TTD)-(856)848-6616

CLOSE TO EVERYTHING
Gloucester County
FAR FROM IT ALL

Ms. Erin Klein
Robins' Nest, Inc.
42 S. Delsea Drive
Glassboro, NJ 08028

October 15, 2014

Dear Ms. Klein:

The Gloucester County Youth Services Commission site visit to the Street Dreams Program on October 7, 2014 found that the program is fully compliant with performance standards as follows:

Standard 2.2 – Program Environment: Juveniles present themselves in a polite and welcoming, age appropriate manner. The committee had a chance to interview the two juveniles singly and as part of the group. Both youth were fully engaged in the interview and had positive remarks about the program. They particularly liked working with their counselor.

Standard 3.1 Program Goals and Objectives: The program has made progress toward achieving their goals and objectives.
Both youth were employed and had gone through the resume writing and interviewing coaching process. Supportive work funding is being used to assist in the hiring of youth in the program.

Standard 5.4 Staff Training and Development: The contracted program's staffing pattern is adequate for service provision and supervision. Having a dedicated and enthusiastic staff member has revitalized the program. With you and Justin leading the program, it will be on much firmer footing going forward.

Standard 6.4 Juvenile Files: File contains completed JAMS intake forms. Although file review was not done at the site visit, the program is adding youth to JAMS at intake. Any JAMS log-in issues should be addressed to Donna Pinto (384-6923) or dpinto@co.gloucester.nj.us

If you have any questions, please call Nancy Chard Jones at 384-6879. Thank you for your commitment to serving our most difficult youth, and for the improvements in the program which show positive results.

Sincerely,

Charles Goldstein

Charles Goldstein, L.C.S.W. CEO CGS
Youth Services Commission Monitoring Chair

Cc: Jessica Froba; Terry Miles; Donna Waters; Sonnie DeCencio

External Performance Review

Date of review: 7/24/14 **Timeframe of review:** 2nd Quarter

Program: CT-Cumb. **Agency conducting the review:** YSAC Cumberland

Review participants: Robin Haaf, Tim Andrews, Brenna Nessler, Dan Graves + Jennifer Farside

Strengths identified: All standards monitored met the standard's requirements. The reviewer's noted that the review process was a lot easier now that all files are electronic.

Recommendations for improvement: As of 7/10/14 the YSAC was waiting for a response from the JJC to do a budget modification to shift funds to meet the current need of the disposition wait list.

Were all standards met: (Yes) No

Standards requiring corrective action: none

Comments: Funds were moved from the diversion category to the disposition category to assist with the current demand of services in that category.

Date when reviewers will provide documentation of this review:

Jennifer Farside
Staff signature

COUNTY OF CUMBERLAND
Youth Services Advisory Council
99 W. Broad Street, Bridgeton, New Jersey 08302
(856) 459-3083 • Fax: (856) 455-5756

July 24, 2014

Jennifer Farside
Robins' Nest, Inc.
42 S. Delsea Drive
Glassboro, NJ 08028

Re: Program Monitoring and Evaluation
2014 Connect Two In-home Counseling

Dear Ms. Farside:

Attached to this email is a copy of the Monitoring Review Form for the above-referenced program.

All Standards monitored were *Standards Met.*

A note was included on Standard 10.4 regarding the waiting list for Disposition category youth. This was noted by you on Attachment A – Pre-Monitoring Report and was creating problems with youth who were nearing the end of their probation term. The problem was discussed with your finance department and with the YSAC Planning Committee. It was also brought to the attention of Probation and Family Court personnel. A budget modification was presented to the YSAC on July 16, 2014 and a request has been made to the Juvenile Justice Commission. I am presently awaiting a response.

Thank you for your cooperation during the 2014 Monitoring and Evaluation process. Also, please thank your staff for me for transporting the youth to the two locations for interviewing.

Sincerely,

Robin L. Haaf
YSAC Administrator

CC: Troy Alexander, JJC

Tim Andrews, Monitoring Chair

COMPREHENSIVE PROGRAM MONITORING INSTRUMENT
REVIEW FORM

FUNDING TYPE(S): State Community Partnership Family Court	AGENCY NAME: Robins' Nest, Inc.	
COUNTY: Cumberland	PROGRAM NAME: Connect Two w/Education Advocate and Anger Management - Diversion/Disposition	
YSC ADMINISTRATOR: Polly D. Viventi	PROGRAM ADDRESS: 42 S. Delsea Drive, Glassboro, NJ 08028	
	PROGRAM DIRECTOR: Jennifer Farside	
YSC PHONE: 856-459-3083 YSC E-MAIL: robinha@co.cumberland.nj.us	PROGRAM PHONE: 856-881-8689 PROGRAM FAX:856-881-5508	PROGRAM DIRECTOR E-MAIL: jfarside@robinsnestinc.org
TYPE OF VISIT:	DATE(S) FOR THIS MONITORING:	
☒ Scheduled On Site Monitoring	Monday, June 9, 2014 @ 10 am	
☐ Follow –up Date of Last Monitoring: July 2, 2013	Juvenile Interviews were conducted on July 7, July 8 and July 22, 2014	

MONITORING TEAM:

NAME	TITLE	REPRESENTING
Robin Haaf	Senior Clerk	YSC
Tim Andrews	Office of Employment and Training, Youth Counselor	YSAC

MONITORING TEAM cont:		
NAME	TITLE	REPRESENTING

PROGRAM REPRESENTATIVES:		
NAME	TITLE	REPRESENTING

Please note the areas/questions in this instrument will minimally be used in monitoring a provider.

1 PHYSICAL PLANT

☒ This Section is Not Applicable

	STANDARD	AS	SM	NI	SNM	NM	COMMENTS
1.1	The exterior grounds are observed to be well kept in that lawns are seasonally maintained and free from litter, walkways are clear, and outside trash is well contained	☐	☐	☐	☐	☐	Counselors go to the youth's home, therefore the grounds and facility were not monitored.
1.2	The physical plant is observed to be accessible and in good repair in that there are no obstacles to means of egress or signs of structural problems	☐	☐	☐	☐	☐	
1.3	The facility is observed to be clean in that the floors/carpets are swept, mopped, or vacuumed; there is no significant build up of debris; and bathroom/shower areas appear sanitized and fresh	☐	☐	☐	☐	☐	
1.4	The facility is observed to be orderly and safe in that common areas, offices and living areas are free from clutter and that there is ample space for storage	☐	☐	☐	☐	☐	
1.5	The furnishings, visitation areas, living areas, provisions for personal hygiene, and counseling rooms are adequate to meet the needs of the population in terms of its age and number	☐	☐	☐	☐	☐	

2 PROGRAM ENVIRONMENT

☐ This Section is Not Applicable

	STANDARD	AS	SM	NI	SNM	NM	COMMENTS
2.1	Juveniles are dressed and groomed commensurate with the program component they are attending	☐	☒	☐	☐	☐	
2.2	Juveniles present themselves in a polite and welcoming, age appropriate manner	☐	☒	☐	☐	☐	
2.3	The program environment is observed to be safe, comfortable, and inviting in that guests are greeted/acknowledged, the noise level is reasonable, and there is no visible intimidation	☐	☒	☐	☐	☐	The environment at the office in Glassboro met this Standard. However, the counselors go to the youths' homes for services.
2.4	The program environment is reflective of the cultural diversity of the population served	☐	☒	☐	☐	☐	
2.5	Scheduled and actual activities are reflective of the cultural diversity of the population served	☐	☒	☐	☐	☐	
2.6	Staff are observed to be actively and appropriately engaged with juveniles	☐	☒	☐	☐	☐	
2.7	Staff adheres to the principals and model the techniques that are taught to and expected from the juvenile participants	☐	☒	☐	☐	☐	

AS – Above Standard, **SM** – Standard Met, **NI** – Needs Improvement, **SNM** – Standard Not Met, **NA** – Not Applicable NM – Not Monitored

3	PROGRAM GOALS AND OBJECTIVES						
	STANDARD	AS	SM	NI	SNM	NA	COMMENTS
Print out and attached the Contract from JAMS or attach the Program Profile							
3.1	The program has made progress toward achieving their goals and objectives	☐	☒	☐	☐	☐	
3.2	There is a tool/process in place to reach each objective	☐	☒	☐	☐	☐	
3.3	There is documentation that the tool/process is utilized.	☐	☒	☐	☐	☐	
		☐	☐	☐	☐	☐	

4	PROGRAM SERVICES						
	STANDARD	AS	SM	NI	SNM	NA	COMMENTS
4.1	*Juvenile demonstrates an understanding of the program's services *(Rating comes from Juvenile Interview C1)*	☐	☒	☐	☐	☐	
4.2	*Family Involvement is encouraged	☐	☒	☐	☐	☐	
4.3	Transportation is provided to youth in the program.	☐	☒	☐	☐	☐	
4.4	Transportation is provided to the family of youth in the program.	☐	☐	☐	☐	☒	
4.5	Public transportation to the program is accessible.	☐	☐	☐	☐	☒	
4.6	The program has the ability to meet the service needs of non-English speaking participants and families	☐	☒	☐	☐	☐	
		☐	☐	☐	☐	☐	

AS – Above Standard. **SM** – Standard Met, **NI** – Needs Improvement, **SNM** – Standard Not Met, **NA** – Not Applicable

5	STAFF TRAINING AND DEVELOPMENT						
	STANDARD	AS	SM	NI	SNM	NA	COMMENTS
5.1	A review of trainings provided and scheduled appears to meet program objectives	☐	☒	☐	☐	☐	
5.2	*The program's goal, objectives, and outcomes are understood by staff *(Rating comes from Staff Interview)*	☐	☒	☐	☐	☐	
5.3	*Staff feel they have received adequate training to effectively do their job and have the opportunity to recommend topics for training *(Rating comes from Staff Interview B3)*	☐	☒	☐	☐	☐	
5.4	The contracted program's current staffing pattern is adequate for service provision and supervision. If NI or SNM, please describe the reason(s) and proposed corrective action.	☐	☒	☐	☐	☐	
5.5	The racial, ethnic and gender makeup of the program is reflective of the population served. If NI or SNM, what steps are being made to accommodate cultural diversity?	☐	☒	☐	☐	☐	
		☐	☐	☐	☐	☐	

5	STAFF TRAINING AND DEVELOPMENT cont.				
	STANDARD	YES	NO	N/A	COMMENTS
5.6	Staff has received gender specific training during the contract year.	☒	☐	☐	
5.7	Staff has received cultural diversity training during the contract year.	☒	☐	☐	
		☐	☐	☐	

AS – Above Standard, **SM** – Standard Met, **NI** – Needs Improvement, **SNM** – Standard Not Met, **NA** – Not Applicable

6	JUVENILE FILES: SUMMARY OF FILES FOR CURRENT PARTICIPANTS						
Total number of juvenile files reviewed: 3		Comments: Robins' Nest, Inc. filing system is completely computerized. They do not maintain paper files.					
	STANDARD	AS	SM	NI	SNM	NA	COMMENTS
6.1	File is accessible to designated staff members and secure from program participants and unauthorized personnel	☐	☒	☐	☐	☐	
6.2	File is generally organized in that it is uniform with other files and specific contents are easily accessible	☐	☒	☐	☐	☐	
6.3	File contains referral form from appropriate sending body, if applicable	☐	☒	☐	☐	☐	
6.4	File contains completed JAMS intake forms	☐	☒	☐	☐	☐	
6.5	File contains signed and dated program specific parent/guardian consent papers for medical, other treatment and release of records- as appropriate for program design	☐	☒	☐	☐	☐	
6.6	File contains juvenile history pertinent to developing the delivery of services, e.g. offense history, prior placements, and substance abuse assessments, as appropriate	☐	☒	☐	☐	☐	
6.7	File contains up to date records of services provided	☐	☒	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	

The staff of the County Youth Services Commission completes this form. This is based on the findings of each individual filed reviewed by the monitoring team using Attachment C.

7	JUVENILE FILES: SUMMARY OF FILES FOR FORMER PARTICIPANTS						
Total number of juvenile files reviewed: 3		Comments: All computerized filing					
	STANDARD	AS	SM	NI	SNM	NA	COMMENTS
7.1	File is accessible to designated staff members and secure from program participants and unauthorized personnel	☐	☒	☐	☐	☐	
7.2	File is generally organized in that it is uniform with other files and specific contents are easily accessible	☐	☒	☐	☐	☐	
7.3	File contains termination/completion/discharge reports. Reports include a written plan for transition into the community following program services	☐	☒	☐	☐	☐	One youth moved out of state before completing the program.
7.4	File contains JAMS completion form	☐	☒	☐	☐	☐	
7.5	File contains documentation that the programs' follow up process has been adhered to	☐	☒	☐	☐	☐	Although the 2 youth who completed the program had successful completions, one of the two youth had additional charges at the time of the follow up.
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	

The staff of the County Youth Services Commission completes this form. This is based on the findings of each individual filed reviewed by the monitoring team using Attachment D.

8	CONTRACTUAL OBLIGATIONS				
	STANDARD	YES	NO	N/A	COMMENTS
8.1	Program enters completed Quarterly Narrative Reports in JAMS and on time as required by their contract.	☒	☐	☐	
8.2	Program is compliant with the number of youth served as identified in the contract. Service Type: Youth / Slots Maximum number at a time: 2330 Comments: Maximum number is in hours: 1165 Diversion / 1164 Dispostions	☒	☐	☐	Number of youth in the program on the date of monitoring ____ 14 Diversion 10 Disposition
8.3	Program is compliant with each level of service (service type) identified in the contract. Service Type: Hours Maximum number: 2330 Minimum number: 2330 Comments: 1165 hours for both diversion and disposition	☒	☐	☐	Actual to date ____ 616.02 hours for Diversion 638.75 hours for Disposition
8.4	Program is compliant with each level of service (service type) identified in the contract. Service Type: _ Maximum number: ____ Minimum number: ____ Comments: ____	☐	☐	☒	Actual to date ____
8.5	Program is compliant with each level of service (service type) identified in the contract. Service Type: _ Maximum number: ____ Minimum number: ____ Comments: ____	☐	☐	☒	Actual to date ____
8.6	Program is compliant with each level of service (service type) identified in the contract. Service Type: _ Maximum number: ____ Minimum number: ____ Comments: ____	☐	☐	☒	Actual to date ____

8	CONTRACTUAL OBLIGATIONS cont.				
	STANDARD	YES	NO	N/A	COMMENTS
8.7	Program is compliant with each level of service (service type) identified in the contract. Service Type: Maximum number: Minimum number: Comments:	☐	☐	☒	Actual to date
8.8	Program is compliant with each level of service (service type) identified in the contract. Service Type: Maximum number: Minimum number: Comments:	☐	☐	☒	Actual to date
8.9	Program operating hours are in compliance as per Contract	☒	☐	☐	
8.10	The number of program intakes on the Quarterly Narrative reports equals the number of intakes entered in the JAMS system *Number of Intakes: in JAMS 5 div/9 Disp stated on report 5 Div/ 9Disp*	☒	☐	☐	
8.11	The number of program discharges on the Quarterly Narrative report equals the number of completions entered in the JAMS system *Number of Discharges in JAMS 6 Div/10 Disp stated on report 6 Div/10 Disp*	☒	☐	☐	
8.12	The program has a clear definition of a successful discharge *Number of Successful Discharges in JAMS 5 div/10 Disp*	☒	☐	☐	
8.13	The program has documented the reason(s) for a negative discharge in youth's file *Number of Negative Discharges in JAMS 0 for div or disp*	☒	☐	☐	
8.14	The program has a documented follow up protocol which includes how long a client is tracked after they are discharged, if applicable	☒	☐	☐	

9	POLICY/PROCEDURES				
	POLICY/PROCEDURE	YES	NO	N/A	COMMENTS
	Program Policies and Procedures				
9.1	Agency has a policy and procedure regarding background checks	☒	☐	☐	
9.2	Agency's background check policy and procedure is being followed	☒	☐	☐	
9.3	The county assures that each RFP for services, regardless of funding source shall require: Providers have procured and maintained in good standing all permits, grants and licenses, including any renewals required during the term of the contract The agency demonstrates that their and their subcontractor's employees have obtained and maintained in good standing all professional licenses required for the services that is provided during the term of the contract	☒	☐	☐	
		☐	☐	☐	
	POLICY/PROCEDURE	YES	NO	N/A	COMMENTS
	Fiscal Administration				
9.3	Agency demonstrates fiscal responsibility by submitting and/or maintaining up to date and accurate records of expenditures	☒	☐	☐	
9.4	The agency has a current, independent fiscal audit on file	☒	☐	☐	
9.5	The program accesses/utilizes third party reimbursements and clearly shows how they are reported on financial statements	☐	☐	☒	
		☐	☐	☐	
		☐	☐	☐	

10	CLIENT SERVICES						
	STANDARD	AS	SM	NI	SNM	NA	COMMENTS
10.1	The program has a documented referral process that list referral sources	☐	☒	☐	☐	☐	
10.2	The program has documented all referrals received and the source of the referral	☐	☒	☐	☐	☐	
10.3	The program has documented all referrals denied and the reasons for the denial	☐	☐	☐	☐	☒	Program does not deny referrals.
10.4	The program has a policy regarding maintaining a waiting list which includes time frames	☐	☒	☐	☐	☐	Due to a high number of referrals in the Disposition category, the level of service for the first quarter was 118%. The agency prepared a waiting list for Disposition youth. This caused a problem with youth completing their probation.
10.5	The program's population is reflective of the pool from which it draws	☐	☒	☐	☐	☐	
10.6	The program incorporates cultural diversity and tolerance in the client service plans and/or program activities	☐	☒	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	

AS – Above Standard, **SM** – Standard Met, **NI** – Needs Improvement, **SNM** – Standard Not Met, **NA** – Not Applicable

	STANDARD	AS	SM	NI	SNM	NA	COMMENTS
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
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		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	

AS – Above Standard, **SM** – Standard Met, **NI** – Needs Improvement, **SNM** – Standard Not Met, **NA** – Not Applicable

	STANDARD	AS	SM	NI	SNM	NA	COMMENTS
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
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		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	

AS – Above Standard, **SM** – Standard Met, **NI** – Needs Improvement, **SNM** – Standard Not Met, **NA** – Not Applicable

External Performance Review

Date of review: 10/22/14 **Timeframe of review:** 9:30 – 11:30

Program: STI **Agency conducting the review:** DCP&P

Review participants: Claudia Forte, Betsy Montalvo

Strengths identified: N/A

Recommendations for improvement: Betsy mentioned needing to have verification in Care Logic that Monthly paperwork was sent to worker. This was not always consistently documented, but not all clients Betsy reviewed were opened with CP&P.

Were all standards met: [Yes] No

Standards requiring corrective action: None at the present time.

Comments:

Date when reviewers will provide documentation of this review:

Kimberly Wallace
Staff signature

External Performance Review

Date of review: 10/22/14 **Timeframe of review:** 9:30 – 11:30

Program: LLH **Agency conducting the review:** DCP&P

Review participants: Claudia Forte, Betsy Montalvo

Strengths identified: N/A

Recommendations for Improvement: Betsy mentioned needing to have verification in Care Logic that Monthly paperwork was sent to worker. This was not always consistently documented, but not all clients Betsy reviewed were opened with CP&P.

Were all standards met: [Yes] No

Standards requiring corrective action: None at the present time.

Comments:

Date when reviewers will provide documentation of this review:

Kimberly Wallace
Staff signature

External Performance Review

Date of review: 10/22/13 **Timeframe of review:** 9:30 – 11:30

Program: AMP **Agency conducting the review:** DCP&P

Review participants: Claudia Forte and Besty Montalvo

Strengths identified: N/A

Recommendations for improvement: N/A

Were all standards met: Yes No

Standards requiring corrective action: None at the present time.

Comments:

Date when reviewers will provide documentation of this review:

Kimberly Wallace

Staff signature

External Performance Review

Date of review: ___10/22/14___ **Timeframe of review:** _____2014_____

Program: ___PAT_____ **Agency conducting the review:** ___DCF_____

Review participants:

Ines Lucerf, Claudia Forte, Resource Development Specialists, Other DCF staff, Kristin Conners-Glaspey, Debra Cornelius, Stacey Foote, Michelle Johnson, Rubi Lukaslewicz, Cari Burke, Victoria Peters, Erin Klein, Kim Wallace.

Strengths identified:

PAT program are able to meet a large percentage of program outcomes. Outcomes not met were largely due to inactive participants, thus a strong need towards identifying strategies to retain participants has been identified. Agency was able to provide PAT staff with vehicles which will help with the transportation issue for clients getting to healthcare providers to meet health related outcomes. PAT programs have started to partner with the Family Success Centers to hold recruitment events as well as events geared to keeping families engaged in services.

Recommendations for improvement:

Discussions will continue with DCPP to increase knowledge of home visitation programs in Gloucester and Salem. Program is also working on strategies to increase lead screenings and yearly doctor's visits with enrolled mothers. All Parent Educators now have agency vehicles to help facilitate meeting these outcomes with identified families. Efforts to increase LOS will continue as program will be fully staffed upon return of Parent Educator Jillian Longacre on December 1, 2014.

Were all standards met: Yes **No**

Standards requiring corrective action:

Discussed initiatives being taken to increase LOS.

Comments: _____

_____

Date when reviewers will provide documentation of this review:
Unknown

Kim Glaspey 10/30/14
Staff signature

External Performance Review

Date of review: 10/22/2014 **Timeframe of review:** Jan-Dec 2014

Program: OMO **Agency conducting the review:** OAS and DCP&P

Review participants: Claudia Forte, RDS from Local Offices, and OAS

Strengths identified: Strong program and help connecting youth to school and work.

Recommendations for improvement: N/A.

Were all standards met: **Yes** **No**

Standards requiring corrective action: N/A

Comments: N/A- program usually has longer waiting list.

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 10/22/2014 **Timeframe of review:** Jan-Dec 2014

Program: FI **Agency conducting the review:** OAS and DCP&P

Review participants: Claudia Forte, RDS from Local Offices, and OAS

Strengths identified: Strong outcomes, helps with OMO waiting list

Recommendations for improvement: N/A.

Were all standards met: **Yes** **No**

Standards requiring corrective action: N/A

Comments: Program has changed from 17 ½ to 21 years old to 14-21 years old.

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 10/22/14 **Timeframe of review:** 09:30am-04:30pm

Program: NFP **Agency conducting the review:** DCF

Review participants: Tiffani Williams, Debra Cornelius, DCF

Strengths identified: Outreach efforts, MIHOPE enrollment completion

Recommendations for improvement: Continue building LOS, Improve retention, Breastfeeding x4 weeks, scheduling referrals

Were all standards met: No

Standards requiring corrective action: NA

Comments: None

Date when reviewers will provide documentation of this review:

Tiffani Williams Tiffani Williams
Staff signature

External Performance Review

Date of review: 10/22/14 **Timeframe of review:** 2hrs.

Program: HFC **Agency conducting the review:** DCF

Review participants: Ines Lecerf
Debra Cornelius
Rubi Lukasiewicz

Strengths identified: . Full time staff positions
. Most of outcomes Objectives Met

Recommendations for improvement: LOS (level of Services)

Were all standards met: (Yes) No

Standards requiring corrective action: None

Comments: The absence of one FSW due to Maternity Leave, and the training in progress of a new staff, the side ended the quarter with a case weight of 80%.

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 10/22/14 **Timeframe of review:** 9:00 – 10:00

Program: HFG **Agency conducting the review:** DCPP

Review participants: DCPP Contract Administrators DCFStace

Strengths identified: Twenty-one of twenty-nine outcomes achieved. Challenges with areas of annual health visits, retention and lead have improved.

Recommendations for improvement: Key area not meeting is LOS. Marketing efforts will continue as a means to enroll and engage which will also help with retention.

Were all standards met: Yes (No)

Standards requiring corrective action: Not identified. LOS above 70%.

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 10-22-14 **Timeframe of review:** 2014

Program: HFS **Agency conducting the review:** DCF

Review participants: Stacy Foote, Debra Cornelius, Ines Lecerf,

Strengths identified: Steady increase in caseweight and meeting LOS benchmark

Recommendations for improvement: Program is not meet prenatal care visits largely due to close of Salem Maternity Ward and clients needing to change Dr.'s, also continue to struggle w/ lead screens by age one.

Were all standards met: Yes No

Standards requiring corrective action: N/A

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 10/21/14 **Timeframe of review:** 10:30 – 11:00

Program: FPS/FOII **Agency conducting the review:** DCP&P

Review participants: Salem County RDS, CA, Lisa Haya, Roxanne Pellegrino

Strengths identified: RDS noted that programs operate well and he is happy with services.

Recommendations for improvement: None at this time

Were all standards met: X Yes No

Standards requiring corrective action: Not Applicable

Comments:

Date when reviewers will provide documentation of this review: Unknown

Roxanne Pellegrino

Staff signature

External Performance Review

Date of review: 12/5/14 **Timeframe of review:** biennial (re-inspection)

Program: GH **Agency conducting the review:** OOL

Review participants: Michelle Duffy – Program Director and Craig Stewart - OOL

Strengths identified: Treatment plans

Recommendations for improvement: 1 out of 4 outstanding violations were abated

Were all standards met: No

Standards requiring corrective action: Inspector was unable to observe improvement for 3 out of 4 violations

Comments: Violation 3 – There were no new volunteer CARI's to be observed
Violation 5 – No residents were admitted to the hospital since last inspection, PD will contact OOL if a hospital admission occurs; PD will conduct a staff training and then violation should be abated
Violation 8 –Discharge treatment plans – After next 3 GH d/c's, PD will send a copy of the letter accompanying d/c plan to OOL

Date when reviewers will provide documentation of this review: not provided

Michelle Duffy

Staff signature

External Performance Review

Date of review: 10/21/14 **Timeframe of review:** 10-15 min

Program: PACS **Agency conducting the review:** DCP&P

Review participants: Claudia, Betty Beizin, Anthony Difabio Lisa Haya, Debbie Rothmaller, Kevin Tomasello Tanisha Brown, local office RDS'

Strengths identified: + outcomes, quality work, +LOS good communication w/ local offices

Recommendations for improvement: N/A

Were all standards met: (Yes) No

Standards requiring corrective action: N/A

Comments: Waiting list too long - 6-9 months Need to have a mtg to discuss budget deficit for 2015 and LOS expectations

Date when reviewers will provide documentation of this review:

Lisa Haya
Staff signature

External Performance Review

Date of review: 10/21/14 **Timeframe of review:** _____

Program: FCC **Agency conducting the review:** DCPP

Review participants: Nancy Gilliano, Shawn Claybrooks Claudia, RDS's from other counties Lisa Haya, Joanne Roberts

Strengths identified: FC program director good communication with DCPP. Ability of staff to work with challenging clientele.

Recommendations for improvement: none

Were all standards met: (Yes) No

Standards requiring corrective action: none

Comments: _____

Date when reviewers will provide documentation of this review:

JRoberts

Staff signature

External Performance Review

Date of review: 10/21/14 **Timeframe of review:** _____

Program: FCC **Agency conducting the review:** DCPP

Review participants: Karen M. Davis, Claudia Sweval RDS's from other counties, Lisa Haya Joanne Robertson

Strengths identified: Ongoing communication between P.D and RDS. Staff offers good service to clients.

Recommendations for improvement: none

Were all standards met: (Yes) No

Standards requiring corrective action: none

Comments: _____

Date when reviewers will provide documentation of this review:

J Robertson
Staff signature

External Performance Review

Date of review: ~~FOG~~ 10/21/14 **Timeframe of review:** _____

Program: FOG **Agency conducting the review:** DCPP

Review participants: Karen M. Davis, Claudia Several RDS's, Lisa Haya, Joanne Robertson

Strengths identified: Staff offers good clinical work. Ongoing communication between P.D & Division

Recommendations for improvement: none

Were all standards met: (Yes) No

Standards requiring corrective action: none

Comments: _____

Date when reviewers will provide documentation of this review:

J Robertson
Staff signature

External Performance Review

Date of review: 10/21/14 **Timeframe of review:** _____

Program: FOS **Agency conducting the review:** DCPP

Review participants: Jerry Oglesby, Claudia, Several RDS's, Lisa Haya, Joanne Robertson

Strengths identified: Ongoing communication between P.D. & Division. Staff offers good clinical work.

Recommendations for improvement: none

Were all standards met: (Yes) No

Standards requiring corrective action: none

Comments: _____

Date when reviewers will provide documentation of this review:

JRobertson

Staff signature

External Performance Review

Date of review: 10/21/14 **Timeframe of review:** 4th Quarter

Program: CV **Agency conducting the review:** DCP&P

Review participants:

DCP&P

Strengths identified:

Service provides sibling visits and has a high number of referrals on the wait list, but are extrememly diligent with contacting the referring workers regarding the status of the referrals.

Recommendations for improvement:

None at this time.

Were all standards met: Yes X No

Standards requiring corrective action:

None at this time.

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 10/21/14 **Timeframe of review:** 10-15 min

Program: SFCF **Agency conducting the review:** DCP&P

Review participants: Claudia, Tamsha Brown, Kevin Tomasello, Debbie Rothmiller, CN, CC, CS, Cumb W, Glo E, Glo W, Salem, Burl E, Burl W. Atl. E

Strengths identified: pos. outcomes & LOS met. Quality work w/ family. Good rel. w/ DCP&P.

Recommendations for improvement: N/A

Were all standards met: (Yes) No

Standards requiring corrective action: N/A

Comments: 6 wk wait for services

Date when reviewers will provide documentation of this review:

Lisa Hayes

Staff signature

External Performance Review

Date of review: 10/21/14 **Timeframe of review:** 2014 Contract

Program: FT **Agency conducting the review:** DCP+P

Review participants: POS for each local DCP office in seven counties, Claudia (contract administrator).

Strengths identified: therapists available, group therapy now available for families to attend, POS with high turnover.

Recommendations for improvement: waitlist

Were all standards met: (Yes) No

Standards requiring corrective action: none

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 10/21/14 **Timeframe of review:** 2014 contract

Program: PSS **Agency conducting the review:** DCP&P

Review participants: ROS for each local DCP&P office in seven counties, Claudia (contract administrator)

Strengths identified: immediate openings, high CDS with high turnover during year.

Recommendations for improvement: need additional referrals.

Were all standards met: (Yes) No

Standards requiring corrective action: none

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 10/21/14 **Timeframe of review:** morning

Program: TVS **Agency conducting the review:** DCPP

Review participants: Claudia, Atlantic RDS', Salem RDS, Camden RDS', Gloucester RDS', Cumberland RDS' + Southern Region Area Planners, Lois, Lisa Hayes

Strengths identified:

Recommendations for improvement: to add that the primary case plan goal needs to be Reunification. This was added to sec 2.1 of Annex A

Were all standards met: (Yes) No

Standards requiring corrective action:

Comments: some DCPP staff were unsure of service provided + that there were openings for referrals (Camden N+C). Salem Area Planner to ensure TVS service is utilized in 2015.

Date when reviewers will provide documentation of this review:

Lois Thompson

Staff signature

External Performance Review

Date of review: 1/16/15 **Timeframe of review:** biennial (re-inspection)

Program: GH **Agency conducting the review:** OOL

Review participants: Andrew Grant (OOL), Cori Castle (CCW)

Strengths identified: N/A

Recommendations for improvement: see attached – 3 out of 5 violations were abated

Were all standards met: No

Standards requiring corrective action: see attached

Comments: One resident room (#3) needs to be cleaned. 2nd floor bathroom exhaust fan needs to be cleaned.

Date when reviewers will provide documentation of this review: Provided on 1/16/15.

Staff signature

STATE OF NEW JERSEY, DEPARTMENT OF CHILDREN AND FAMILIES, OFFICE OF LICENSING
YOUTH RESIDENTIAL AND ADOPTION AGENCIES LICENSING

[ ] PROGRAMMATIC INSPECTION/VIOLATION REPORT
[x] LIFE/SAFETY INSPECTION/VIOLATION REPORT

NAME OF AGENCY		
Robins Nest		
NAME OF FACILITY/HOME		
Robins Nest		
STREET		
40 South Delsea Drive		
CITY	STATE	ZIP CODE
Glassboro,	NJ	08028
DIRECTOR		TELEPHONE #
Michelle Duffy		856-881-7215
APPROVAL VALID UNTIL	APPROVED CAPACITY	
April 30, 2016	9	

TYPE OF FACILITY

[x] GROUP HOME
[ ] CHILDREN'S SHELTER

[ ] JUVENILE-FAMILY IN CRISIS SHELTER
[ ] TEACHING FAMILY HOME

[ ] TREATMENT HOME
[ ] SUPERVISED TRANSITIONAL LIVING HOME

[ ] RESIDENTIAL CHILD CARE FACILITY
[ ] PSYCHIATRIC COMMUNITY HOME FOR CHILDREN

[ ] ADOPTION AGENCY

INITIAL INSPECTION DATE: June 11, 2014

CORRECTIVE ACTION PLAN DUE: July 28, 2014

REINSPECTION DATES (to occur on or after):
1st August 11, 2014
2nd
3rd
4th
5th
6th

BASIS FOR INSPECTION: Manual of Requirements for Children's Group Homes N.J.A.C. 10:128

FACILITY STAFF ATTENDING EXIT

1. Michelle Duffy
2. Rene Youssef
3. _____
4. _____
5. _____
6. _____
7. _____

INSPECTION TEAM

1. Andrew Grant
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

OTHER ATTENDEES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

INSPECTION/VIOLATION REPORT

NAME OF FACILITY: Robins Nest

INITIAL INSPECTION DATE: June 11, 2014

VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION	REINSPECTIONS – Key Code on last page					
			1ST	2ND	3RD	4TH	5TH	6TH
1.	The damaged blinds in the rear living room shall be repaired or replaced.	10:128 4.3(c)	1-15-14 A					
2.	The dirty exhaust fans in the bathrooms shall be cleaned.	4.3(a)10	O					
3.	Provide a general cleaning of bedrooms #2, #3 & #4.	4.3(c)	O					
4.	The damaged floor in the third floor bathroom shall be repaired.	4.3(a)3	A					
5.	Fire drill evacuation time shall be kept to 3 minutes or less.	4.4(c)1	A					

INSPECTION/VIOLATION REPORT

NAME OF FACILITY: Robins Nest

INITIAL INSPECTION DATE: June 11, 2014

REINSPECTION INSPECTOR(S)	DATES						
Andrew Grant	6/4/14						

CODE	KEY
A	Abated
O	Outstanding
A*	Abated – See annotation
O*	Outstanding – See annotation
1	Progress noted but additional time required to assess for substantial compliance.
2	Unable to reassess due to insufficient sample size.
3	Unable to assess as interviews could not be conducted.
4	Unable to assess as records were unavailable.
5	Unable to assess as area was inaccessible.
6	Unable to assess during time allotted for the inspection.
7	Submitted documentation is pending OOL review.
8	Other – See annotation
N/A	No longer applicable – See annotation

External Performance Review

Date of review: 2/2/15 **Timeframe of review:** 10:30 am - 1:15 pm

Program: STI **Agency conducting the review:** OAS - DCP&P

Review participants: Betsy Montalvo

Strengths identified: All residents are either in school or working.

Recommendations for improvement: JW's unit has smoke detector dislocated from wall and no batteries inside. RP's table was damaged inside his unit. Maintenance requests were submitted.

Were all standards met: (Yes) No

Standards requiring corrective action: None at the present time.

Comments:

Date when reviewers will provide documentation of this review:

Jillian Lafferty. 2/2/15
Staff signature

External Performance Review

Date of review: 2/3/15 **Timeframe of review:** 1:00pm

Program: LLH **Agency conducting the review:** PCP & P

Review participants: Betsy Montalvo

Strengths identified: Effective interviews with residents.

Recommendations for improvement: 2 unit inspections need improvement (M6 and M1). Actions are already in place to improve status of units.

Were all standards met: (Yes) No

Standards requiring corrective action: None at this time.

Comments: Betsy commented that Nykerra and Shaniqua spoke highly of the LLH and AMP programs.

Date when reviewers will provide documentation of this review:

Jillian Lafferty 2/3/15
Staff signature

External Performance Review

Date of review: 2/25/15 **Timeframe of review:** Annual

Program: GH **Agency conducting the review:** Dept. of Health

Review participants: Nia Paynter – House Manager, Jessica Swift – Dept. of Health

Strengths identified: Satisfactory evaluation

Recommendations for improvement: Inspector recommended that GH obtain a digital food thermometer. (GH has a food thermometer but it is not digital.)

Were all standards met: Yes

Standards requiring corrective action: none

Comments: Certificate provided

Date when reviewers will provide documentation of this review: 2/25/15

Michelle Duffy

Staff signature

GLOUCESTER COUNTY DEPARTMENT OF HEALTH AND SENIOR SERVICES

SANITARY INSPECTION REPORT

ROBIN'S NEST — Name of Establishment

Glassboro — Address

SATISFACTORY

DETAILED SUPPORTING DATA SHEETS ARE AVAILABLE UPON REQUEST
ON THESE PREMISES AND AT THE LOCAL DEPARTMENT OF HEALTH.

Gloucester County Offices at East Holly 204 E. Holly Avenue Sewell, NJ 08080 (856) 218-4170	
NAME OF INSPECTING OFFICIAL *(Print)* JESSICA SWIFT	DATE 2/25/15
SIGNATURE OF INSPECTING OFFICIAL [signature]	PERMANENT REG. NO. B0134

NOTE: In accordance with the State Sanitary Code, this "report shall be posted in a conspicuous place near the public entrance of the establishment." Specific references in the detail Data Sheets are to Chapter 24 of the State Sanitary Code, and/or Title 24, N.J.S.A.

External Performance Review

Date of review: 3/10/15 **Timeframe of review:** Jan- Dec 2014

Program: FI **Agency conducting the review:** OAS

Review participants: Betsy Montalvo

Strengths identified: Transitional Plans and DAP notes are very organized and detailed

Recommendations for improvement: NA

Were all standards met: (Yes) No

Standards requiring corrective action: NA

Comments:

Date when reviewers will provide documentation of this review: unknown

Staff signature

External Performance Review

Date of review: 3/10/15 **Timeframe of review:** Jan-Dec 2014

Program: OMO **Agency conducting the review:** OAS

Review participants: Betsy Montalvo

Strengths identified: Transitional plans and DAP notes very detailed and organized

Recommendations for improvement: N/A - Betsy said everything is really good and organized.

Were all standards met: (Yes) No

Standards requiring corrective action: N/A

Comments:

Date when reviewers will provide documentation of this review: Unknown

Staff signature

External Performance Review

Date of review: 2-27-15 **Timeframe of review:** 4 hours

Program: HFC **Agency conducting the review:** PCA-NJ

Review participants: Danielle Plenzo
Rubi Lukasiewicz

Strengths identified: • Referral- Screens meeting Benchmarks
• DCF Outcomes meeting benchmarks
• HIHOPE strong start study enrolled half of ≠ families expected.

Recommendations for improvement: • Fill out curren FSW position

Were all standards met: (Yes) No

Standards requiring corrective action: None

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

Healthy Families-TIP New Jersey
Site Visit Agenda

Site: Robin's Nest (Cumberland County) **Date of Visit:** Feb. 27, 2015
In Attendance: Rubi Lukasiewicz (HF-TIP Program Director), Danielle Plenzo (PCANJ HF-TIP Program Specialist)
Total # of Families Enrolled: 98 **# of TANF Families:** 80
Expected Case Weight: 150 **Current Case Weight:** 121.25
Percentage of Expected Case Weight: 81%
Percentage of Current Case Weight Devoted to TANF Families: 82%
(Numbers reported are for the month of January 2015)

QUALITY ASSURANCE MEASURES

Review of Action Plan from Prior Site Visit

- Action Plan from May 13, 2014 Site Visit:
  - The Program Director and Program Specialist will continue to work together to monitor LOS, program objectives and HFA model fidelity.
  - The Program Supervisor will monitor caseload distribution to ensure that all FSW's are within the required HFA case weights.

FamSys Issues

- The Program Director reported no issues with FamSys and said it has been much faster since the last site visit.

Staffing

- Debra Cornelius is the Chief of Staff (Program Manager).
- Rubi Lukasiewicz is the Program Director (Program Supervisor).
- The site has 3 full-time Family Support Workers (FSWs):
  - Fabiola Aguilar
  - Mariela Hernandez
  - Ann Drennon
- The site has 1 Family Assessment Worker (FAW)/FSW (50% FAW/50% FSW):
  - Karla Tapia
- There is currently 1 FT staff vacancy due to Lisa Watson (FSW) resigning in January.
- All staff undergo criminal background checks upon hire and random drug screenings if the need arises.

Supervision

- All three programs hold county-specific staff meetings and also attend monthly agency-wide staff meetings.
- The Program Director meets for supervision weekly with each of her staff members. Supervision usually lasts 3 hours for the FSWs, and 2 hours for the FAW/FSW.
- The Program Director and Chief of Staff (Program Manager) meet for Supervision monthly.
- The Program holds team meetings on a monthly basis.
- The Program Director and a representative from the agency both make Quality Assurance calls to participants.
- Department meetings with the Home Visiting Program Directors occur monthly.

Training

- The Program Director reported that trainings are usually given to staff at their monthly Healthy Families team meetings. It is also a time when new forms or protocols are reviewed with all 3 of the Healthy Families programs.
- The Program Director expressed interest in attending the FamSys advanced training that PCANJ will be offering.
- In April, the program will be attending a series of Domestic Violence trainings through the Partnership for Change.

PAT

- The Program Director remarked that she feels the new Home Visit Log aligns well with the PAT curriculum.
- The Program Director reported that she feels a PAT portal refresher would be helpful for her staff in terms of navigating the portal.

Accreditation Status/Governance and Administration

- The program is accredited with HFA through June 30, 2017.
- All three counties share an advisory board; it represents Healthy Families, Nurse Family Partnership and Parents as Teachers.

Research Initiatives/Other Projects

- The program began participating in the MIHOPE Strong Start research study in October 2015. They have consented ½ of their target number of families; the researchers are scheduled to come onsite next month and explore the possibility of expanding the study to include more families beyond the target number agreed upon initially.
    - The Program Director reported that this might be an issue due to her staff's caseloads being at capacity.

Advocacy Efforts

- The program sent out the MIECHV advocacy postcards that Healthy Families America administered to HF sites.

Agency Events

- The agency hosts a cultural competency event each year.
    - The Program Director spoke about the agency's most recent event; a Cultural Awareness Day that took place in October 2014.
- The program hosts 2 graduation events per year for families graduating the program. The next event is scheduled for March 16, 2015.
    - The Program Director reported that the program will have 9 families graduating at the March event.

Documentation/Chart Review

- A FamSys file review for the following PCIDs was completed by the Program Specialist:
    - LG9806048583
    - NA9106046572
    - RA8506044862
    - AD9406042605
    - NA0006047455
    - LL8806050716
    - LG9806048583
    - MS9206050475
- **Findings:** All TCs received 100% of required immunizations except for 1, in which case MOB was prenatal. All families requiring 6 month follow-up forms had them completed within the window. PAT was indicated as the primary curriculum used for all case files reviewed. All ASQs and ASQ-SEs were completed within the window.

  The overall quality of the Home Visit Logs reviewed was good, and logs were typically detailed with all areas appropriately documented. FSWs did a great job at documenting their interactions with the family, as well as interactions between the parents and TC. They also tied the HFA Reflective Strategies into these interactions.

    - Example from a 2-10-15 visit: "FSW told MOB that she understands that she wants TC to be safe and would not want anything to happen to her and that is a normal but that floor time is great to encourage crawling and gross motor development. MOB shared that she will try to put TC on the floor more now." Under Areas of concern in PCI, plans to address them, and further description of HFA Strategy used, the FSW documented that she used Normalizing.

Supervision Shadow

- The Program Specialist shadowed a 2-hour Supervision that took place between the Program Director and FAW/FSW Karla Tapia.
    - **Summary:** The Supervision was extremely supportive, strength-based, and reflective. The Supervisor opened up the session by asking the worker if there was anything pressing she wanted to talk about before they began. From there, the worker explained a situation she is facing with a family struggling with housing. The Supervisor and the worker discussed options, the Supervisor asked questions, and utilized Problem Talk. The Supervisor spoke at length about the family with the worker and it was clear that the worker felt much better about the situation once they had talked about it. It was decided that the Supervisor would shadow the next home visit with that particular family in order to better help determine what to do moving forward.

- The Supervisor showed empathy toward both the worker and the families they spoke about. It was clear that she was familiar with each family and remembered specific details about each case. She asked open-ended, reflective questions and was upbeat and excited about the families' successes and progress toward goals.
- Some areas of focus that the Program Specialist observed were discussed during the Supervision:
  - Level change/preparation for a level change with a family
  - Parent Surveys (formerly known as the KEMPE)
  - Participant home visit cancellations/rescheduling
  - The culture of families
  - Lead screening, immunizations, and other integral DCF outcomes
  - Family medical information/health insurance
  - Family well-being (lifelines, supports, living conditions, emotional well-being of family, etc.)
  - Family Goal Plans (new goals, progress on current goals)
- Overall, the supervision indicated a very open, honest and supportive professional relationship between the Supervisor and worker. The worker was evidently comfortable sharing with her Supervisor and expressing the need for help with certain families. Reflective supervision skills, motivational interviewing tools, and the HFA Reflective Strategies were used throughout.

PERFORMANCE MEASURES

Identify Target Population

- The site's target population includes all pregnant women and new parents in Cumberland County.

Referral Sources

(As indicated in the 2nd Quarterly Report)

- Complete care
- Inspira
- Cumberland County Health Department
- Atlantic Care Regional Medical Center
- Impact
- FamCare
- Cumberland County Board of Social Services
- Private Provider
- Other Program
- Self-Referred

County Issues

- The Program Director reported that a majority of the families the program serves have TANF.
- The Program Director reported that she has a wonderful relationship with the county's Board of Social Services but unfortunately they do not receive referrals from them.

Screening/Assessments

- The site completed 176 screens and 81 assessments from July 1, 2014 to January 31, 2015.
  - The site's annual target for screens is 250. They have achieved 70% of their annual target.
  - The site's annual target for assessments is 125. They have achieved 65% of their annual target.

Caseload/Retention

- January 2015 Program Caseload Summary:

Worker Name	# of Cases	Case Weight	Pre Intake	P-1	1	M-1	1-SS	2	3	4	X	TR
Fabiola Aguilar	20	25.00	2	3	6	0	0	6	1	2	0	0
Ann Drennon	29	28.50	2	3	6	0	0	5	8	4	1	0
Tiffany Hare	1	2.00	0	0	1	0	0	0	0	0	0	0
Carmen Hayes	2	2.25	0	0	1	0	0	0	0	1	0	0
Mariela Hernandez	24	30.00	0	0	11	0	0	5	4	4	0	0
Susan Margolis	2	1.00	0	0	0	0	0	0	2	0	0	0
Shakira Parson	10	16.50	0	1	6	0	0	2	0	0	1	0
Erica Rosa	1	2.00	0	0	1	0	0	0	0	0	0	0
Karla Tapia	9	14.00	0	0	5	0	0	4	0	0	0	0
Program Totals:	98	121.25	4	7	37	0	0	22	15	11	2	0

- The site's current case weight is 121.25 with an expected case weight of 150.
- The site's current LOS is 81%.

Home Visits

- The Home Visit rate for the month of January is 81%.
- The Home Visit rate for July 1, 2014-January 31, 2015 is 83%.

Worker Name	Cases used in report	Expected Visits	Actual Visits	Visit Rate	Attempted Visits	Direct Service Time
Rubi Lukasiewicz	10	10	9	(90%)	0	09:40
Carmen Hayes	3	33	26	(79%)	0	10:05

Ann Drennon	39	319	288	(90%)	13	269:15
Karla Tapia	18	239	198	(83%)	22	171:43
Mariela Hernandez	33	375	345	(92%)	46	310:24
Fabiola Aguilar	19	132	129	(98%)	15	130:55
Susan Margolis	6	72	29	(40%)	7	22:45
Erica Rosa	1	19	14	(74%)	3	13:44
Monica Arthur	3	17	9	(53%)	2	06:20
Tiffany Hare	1	23	20	(87%)	1	21:45
Shakira Parson	12	140	89	(64%)	2	92:43
Lisa Watson	11	156	113	(72%)	9	102:39
All FSW's	**156**	**1535**	**1269**	**(83%)**	**120**	**1161:58**

IMPACT & OUTCOME MEASURES

% of eligible pregnant women:

- 88% enrolled in WIC (Annual Target = 80%).
- 67% on schedule for prenatal care (Annual Target = 80%).
- 87% kept 6-8 week postpartum visits (Annual Target = 80%).

% of parenting women:

- 100% have a primary care provider (Annual Target = 100%).
- 83% receive an annual health care visit (Annual Target = 80%).

% of eligible children:

- 100% have health insurance (Annual Target = 80%).
- 100% have a primary care provider (Annual Target = 100%).
- 100% are up-to-date on Well-Child Visits (Annual Target = 85%).
- 95% are up-to-date for developmental screens (Annual Target = 90%).
- 94% are enrolled in WIC (Annual Target = 80%).
- 91% are up-to-date for immunizations (Annual Target = 85%).
- 89% are up-to-date for lead screening by age 1 (Annual Target = 80%).

% of families:

- 94% initiate breastfeeding (Annual Target = 80%).

- 89% breastfed for at least 4 weeks (Annual Target = 60%).

% of women:

- 97% increased intervals between pregnancy to 18 months between birth and conception (Annual Target = 80%).

SUMMARY

Site Strengths:

- The program has maintained a LOS of over 80% this fiscal year.
- The Program Director provides reflective, supportive supervision to her staff and actively uses the Reflective Strategies.
- The program is proactive in terms of lead screening; the Program Director reported that FSWs encourage families to lead screen target children at both 12 and 24 months, since babies are more mobile after 12 months of age and thus more likely to explore areas that many contain lead.

Site Challenges:

- The Program Director is struggling to find a replacement for Lisa Watson; she reported that she has had multiple phone interviews but many candidates are looking for too high of a salary, do not meet the driving record requirement mandated by the agency, or are overqualified for the role.

Action Plan:

- The Program Director will continue conducting interviews for the vacant FSW role.

Danielle Plenzo

Danielle Plenzo
Program Specialist, Healthy Families-TIP

cc: Lenore Scott
Ines Lecerf
Annette Riordan
Syreeta Garbarini
Debra Cornelius
Rubi Lukasiewicz
Prevent Child Abuse – New Jersey file

External Performance Review

Date of review: 2-27-15 **Timeframe of review:** 9 - 3:00

Program: Healthy Families 610 **Agency conducting the review:** PCA-NJ

Review participants: Michelle Johnson, Jessica Nugent (ACA)

Strengths identified: Referrals, screens, assessments, COIN report.

Recommendations for improvement: Reviewed DEF report, LOS and Home Visit rate

Were all standards met: Yes **No**

Standards requiring corrective action: None identified

Comments:

Date when reviewers will provide documentation of this review: Unknown

Staff signature

Healthy Families-TIP New Jersey
Site Visit Report

Site: Robin's Nest (Gloucester County) **Date of Visit:** Feb. 27, 2015
In Attendance: Michelle Johnson (HF-TIP Program Director), Jessica Nugent (PCANJ Home Visitation Program Manager)
Total # of Families Enrolled: 70 **# of TANF Families:** 66
Expected Case Weight: 120 **Current Case Weight:** 74.75
Percentage of Expected Case Weight: 62%
Percentage of Current Case Weight Devoted to TANF Families: 94%
(Numbers reported are for the month of January 2015)

QUALITY ASSURANCE MEASURES

Review of Action Plan from Prior Site Visit

- Action Plan from May 13, 2014 Site Visit:
  - The Program Director and Program Specialist will continue to work together to monitor LOS, program objectives and HFA model fidelity.
- A supervision shadow was scheduled for this visit but was cancelled due to the FSW's absence.

FamSys Issues

- The Program Manager reviewed the "Service Referrals Needing Follow-Up" Report from FamSys to show that many staff are not going back into the database to enter information on whether or not the referral services were received. The Program Director stated that she will start to run this report quarterly for all staff and follow-up with them as needed to ensure the information is entered in a timely manner.
- The Program Director states that she and the other 2 program supervisors at the agency like the new Home Visit Log but that staff are still getting comfortable with the new document.

Staffing

- Debra Cornelius is the Chief of Staff (Program Manager).
- Michelle Johnson is the Program Director (Program Supervisor).
- The site has 3 full-time FSWs:
  - Monica Arthur (bilingual)
  - Audrey Owens
  - Tiffany Hare
- The site has 2 FAW/FSWs (50% FAW/50% FSW):
  - Susan Margolis
  - Erica Rosa
- There are currently no staff vacancies.

- At the time of the site visit, Erica Rosa had accepted a promotion within the agency to a position with Central Intake. Program Director will let PCANJ know when an exact transition date is determined and will work with Erica to transition her families to mostly Tiffany Hare and other FSW's as needed. Erica will continue to work with two families who are on Level 4 and will be graduating soon.

- All staff undergo criminal background checks upon hire and random drug screenings if the need arises.
- The program currently has an intern from Rowan University assisting them. FSW Erica Rosa is supervising this intern.

Supervision

- All three programs hold county-specific staff meetings and also attend monthly agency-wide staff meetings.
- Program Director meets for supervision weekly with each of her five staff members.
- Each Monday morning, the Program holds a weekly team meeting.
- All three program supervisors (Cumberland, Gloucester, and Salem) meet weekly to discuss staffing and other program updates.
- Program Director shadows staff more than twice per year.
- The Program Director and a representative from the agency both make Quality Assurance calls to participants.
- The Program Director states that the agency's Executive Director has an open door policy and is very supportive of all programs. Additionally he holds formal agency-wide meetings twice a year.
    - The agency also has monthly program report cards to set the stage for friendly competition within agency programs. They also have a "Good Egg Award" that is administered to staff who go above and beyond.

Training

- All staff is up-to-date with trainings.
    - FSW Audrey Owens attended the FSW refresher in June 2014.
- The agency offers monthly trainings to all of their staff members, on topics such as trauma-informed practices and domestic violence.
- All staff were trained by the agency's NFP nurses in how to administer the Edinburgh Screening Tool. The nurses shared personal experiences on using the tools with families and helped the FSW's gain confidence in using the tool themselves.
    - The staff said that many families have already received the EPDS from their providers, but they feel this is too soon to administer the tool. For this reason, the site is also administering the EPDS as the children get older because they feel it is a great talking point to support moms and help normalize their feelings.

PAT

- All staff are trained in the PAT curriculum and use this as their primary curricula with families.
- The Program Director states that she likes the PAT Planning guide and thinks it is a useful document for staff to use, although she does not require it to be completed.

Accreditation Status/Governance and Administration

- The program is accredited with HFA through June 30, 2017.
- All three counties share an advisory board; it represents Healthy Families, Nurse Family Partnership and Parents as Teachers. This group meets quarterly in Clayton.
    - The Advisory Board consists of a variety of members including Special Child Health Services, SNJPC, Inspira social workers, Weisman's Children Medical Day Care Center staff, Family Success Center staff, and more. The program is also able to have HF clients attend some of these meetings and is hoping to do so more in the future.
- Robin's Nest participates in many QA efforts throughout the year. They have anonymous "supervisor surveys" that are filled out by staff and used in conversation of management on what changes or improvements they can make. Additionally, the agency also conducts QA calls weekly with participants and mails out surveys to families. They analyze these results regularly to strengthen program services overall.

Research Initiatives/Other Projects

- The site is participating in the MIHOPE study. They currently have 45 families enrolled into the study; their goal is 60. The Program Director states that staff have really taken the initiative in conducting outreach to ensure their number of referrals remains consistent due to the RCT design of the study.

Advocacy Efforts

- The Program Director states that staff have been actively outreaching at local agencies such as the Family Success Centers, local malls, laundromats, and more. Staff are also signed specific monthly outreach agencies. For example, Monica Arthur is assigned to attend WIC monthly to bring updated program materials and engage moms into their program.

Documentation/Chart Review

- FamSys file review for the following PCIDs will be completed by the Program Specialist:
    - ZB860905147
    - DX9509042765
    - CK8809043092
    - KS8609042389
    - KC9709041805
    - JB9209043752
- **Findings:** The Home Visit Logs reviewed are detailed, thoughtful and the FSWs do a great job at completing each section in its entirety. The work that the FSWs are doing with families shine through in the documentation. For example, in the Follow-Up Activity Provided section of one particular log, the FSW documented: "FSW asked MOB to try the activity with TC when it is quiet and still in the house and pay attention to her cues." This shows that she is taking the time to give ample instruction for the follow-up activities that are left with MOB so that they are completed well.

  CHEEERS is being documented well, as is the use of the HFA Reflective Strategies. One FSW noted, "FSW praised MOB for having breakfast ready. We discussed how she could be avoiding a temper tantrum" and indicated the use of ATP.

  The FSWs did a great job at documenting details about family issues, well-being, and struggles. Specific details were documented, such as "MOB stated she visited New York with her family

over Christmas break. MOB said she had never seen a city so large. She appeared excited and shared some of the things they did while they were there."

Overall, the Home Visit Logs are thorough, detailed, and complete. There is evidence of pertinent referrals being made and relevant information/handouts being left with families as well as follow-up.

PERFORMANCE MEASURES

Identify Target Population

- The site's target population includes all pregnant women and new parents in Gloucester County.

Referral Sources

- Incoming referral sources *(pulled from Quarterly Report)*
  - Self
  - Robin's Nest
    - Rowan University OB/GYN
    - Inspira Prenatal
    - Boeing Grant
    - Gloucester County Div. of Social Services
    - Regional Women's Group
    - Kennedy Hospital
    - DCP&P
    - Complete Care (MOU in place)
    - WIC (MOU in place)
- All Central Intake referrals for Healthy Families are sent to Stacey Foote, Salem HF Program Supervisor. Stacey then funnels them to the appropriate counties and helps handle the overflow of referrals if needed.

County Issues

- The Program Director states that TANF families in Gloucester County do receive TIP credit, but that it varies by BOSS worker. Many of the families have waivers for work activities because they participate in the SAI/DV initiatives.
- The Program Director also states that their main contact at BOSS just retired and that the new candidate is currently being trained. She plans to reach out to them for an in-person meeting to discuss their program further as soon as her training is complete. The BOSS director has been very helpful to the Program Director during this transition time.
- The program does provide "receipts" to HV clients after each home visit for verification for BOSS staff.

Screening/Assessments

- The site completed 133 screens and 45 assessments from July 1, 2014 to January 31, 2015.
  - The site's annual target for screens is 126. They have achieved 105% of their annual target.
  - The site's annual target for assessments is 63. They have achieved 71% of their annual target.

- The program is implementing a new practice where they mail a brochure out to the families as soon as they receive the referral. They then follow-up with a phone call and can refer to the brochure during that initial conversation. The Program Director states that this helps families understand the program more and be less defensive when they are contacted.
    - The Program's PDSA cycle is also focusing on consistent and effective outreach to families to help increase the number of assessments completed and enrollments.

Caseload/Retention

- January 2015 Program Caseload Summary:

Worker Name	# of Cases	Case Weight	Pre Intake	P-1	1	M-1	1-SS	2	3	4	X	TR
Monica Arthur	16	16.50	0	0	2	1	0	6	6	0	1	0
Tiffany Hare	9	14.00	0	0	5	0	0	4	0	0	0	0
Carmen Hayes	1	1.00	0	0	0	0	0	1	0	0	0	0
Michelle Johnson	1	1.00	0	0	0	0	0	1	0	0	0	0
Susan Margolis	10	10.00	1	1	1	0	0	5	1	0	1	0
Audrey Owens	9	16.00	1	0	8	0	0	0	0	0	0	0
Shakira Parson	1	1.00	0	0	0	0	0	1	0	0	0	0
Erica Rosa	17	15.25	0	0	3	1	0	1	8	3	1	0
Program Totals:	64	74.75	2	1	19	2	0	19	15	3	3	0

- The site's current case weight is 74.75 with an expected case weight of 120.
- The site's current LOS is 62%.
- The Program Director states that they do offer flex hours for staff so that they can meet with the families on evenings and weekends if that is more convenient for them.

Home Visits

- The Home Visit rate for the month of January is 76%.
- The Home Visit rate for July 1-January 2015 is 79%.

Worker Name	Cases used in report	Expected Visits	Actual Visits	Visit Rate	Attempted Visits	Direct Service Time
Michelle Johnson	1	17	14	(82%)	0	12:15
Susan Margolis	11	153	129	(84%)	4	97:40
Erica Rosa	19	228	185	(81%)	48	181:28
Carmen Hayes	2	17	11	(65%)	4	13:30

Monica Arthur	22	266	227	(85%)	28	168:10
Tiffany Hare	12	227	173	(76%)	48	151:20
Shakira Parson	1	15	11	(73%)	1	10:39
Audrey Owens	14	181	120	(66%)	45	73:25
All FSW's	**82**	**1104**	**870**	**(79%)**	**178**	**708:27**

IMPACT & OUTCOME MEASURES

% of eligible pregnant women:

- 100% enrolled in WIC (Annual Target = 80%).
- 100% on schedule for prenatal care (Annual Target = 80%).
- 100% kept 6-8 week postpartum visits (Annual Target = 80%).

% of parenting women:

- 100% have a primary care provider (Annual Target = 100%).
- 76% receive an annual health care visit (Annual Target = 80%).

% of eligible children:

- 98% have health insurance (Annual Target = 80%).
- 100% have a primary care provider (Annual Target = 100%).
- 95% are up-to-date on Well-Child Visits (Annual Target = 85%).
- 100% are up-to-date for developmental screens (Annual Target = 90%).
- 96% are enrolled in WIC (Annual Target = 80%).
- 100% are up-to-date for immunizations (Annual Target = 85%).
- 69% are up-to-date for lead screening by age 1 (Annual Target = 80%).

% of families:

- 100% initiate breastfeeding (Annual Target = 80%).
- 56% breastfed for at least 4 weeks (Annual Target = 60%).

% of women:

- 100% increased intervals between pregnancy to 18 months between birth and conception (Annual Target = 80%).
- 0% who are teens (under age 19) experienced post-enrollment (Annual Target = <20%).

SUMMARY

Site Strengths:

- The agency atmosphere is extremely supportive of staff. Professional development and burnout prevention are highly emphasized.
- The agency has many internal QA policies put in place, including surveys from both staff and families, regularly set meetings, and program report cards.
- The program has almost reached their enrollment goal of 60 families into the MIHOPE study.

Site Challenges:

- The program has an impending staff vacancy due to an FSW being promoted to a position with Central Intake.
- The program is constantly balancing the amounts of enrollments, discharges, and graduations to maintain their LOS.

Action Plan:

- Shadow a supervision at the next site visit.
- The Program Director will begin a transition plan for the families on Erica's current caseload.
- The Program Director will begin to monitor referral dispositions on a monthly basis and discuss this with all program staff.

Danielle Plenzo

Danielle Plenzo
Program Specialist, Healthy Families-TIP

cc: Lenore Scott
Ines Lecerf
Annette Riordan
Syreeta Garbarini
Debra Cornelius
Michelle Johnson
Jessica Nugent
Prevent Child Abuse – New Jersey file

External Performance Review

Date of review: 2-27-15 **Timeframe of review:** July '14 – Jan 2015

Program: HFS **Agency conducting the review:** PCA

Review participants: Stacey Foote, Danielle Plenzo

Strengths identified: case weight exceeding benchmark
- PDSA for home visit rate

Recommendations for improvement:

Were all standards met: (Yes) No

Standards requiring corrective action:

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

Healthy Families-TIP New Jersey
Site Visit Report

Site: Robin's Nest (Salem County) **Date of Visit:** Feb. 27, 2015
In Attendance: Stacey Foote (HF-TIP Program Director), Danielle Plenzo (PCANJ HF-TIP Program Specialist)
Total # of Families Enrolled: 77 **# of TANF Families:** 73
Expected Case Weight: 120 **Current Case Weight:** 103
Percentage of Expected Case Weight: 86%
Percentage of Current Case Weight Devoted to TANF Families: 95%
(Numbers reported are for the month of January 2015)

QUALITY ASSURANCE MEASURES

Review of Action Plan from Prior Site Visit

- Action Plan from May 13, 2014 Site Visit: The Program Director and Program Specialist will continue to work together to monitor LOS, program objectives and HFA model fidelity.

FamSys Issues

- The Program Director reported that staff is acclimating to the new Home Visit Log.
  - The staff reported that the log's "Form Complete" check box took some time to learn and that there are a large volume of check boxes to choose from, so the form takes longer to review.
  - The Program Director reported she sees that the new Log is beneficial for documentation and data review/reporting purposes.

Staffing

- Debra Cornelius is the Chief of Staff (Program Manager).
- Stacey Foote is the Program Director (Program Supervisor).
- The site has 4 full-time FSWs:
  - Eliza Harrell
  - Irma Tapia-Pliego
  - Shakira Parson
  - Yesenia Robinson
- The site has 1 FAW/FSW (50% FAW/50% FSW):
  - Carmen Hayes
- All staff undergo criminal background checks upon hire and random drug screenings if the need arises.

Supervision

- Salem HF team meetings occur two times per month.
- HF staff meetings that include all 3 Robins Nest HF programs occur monthly.
- The Program Director meets for supervision weekly with each of her five staff members for 1.5 to 3 hours each.
- The Program Supervisor and a representative from the agency both make Quality Assurance calls to participants.
- The Program Director and Chief of Staff (Program Manager) meet for supervision monthly.
- Department meetings with the Home Visiting Program Directors occur monthly.

Training

- Irma Tapia-Pliego attended FAW Core Training; she has not attended the Refresher training or completed any assessments yet.
- Yesenia Robinson has expressed interest in attending FAW training and conducting assessments. The Program Director said that once she has built up a full caseload, this will be something they explore.
- In April, the program will be attending a series of Domestic Violence trainings through the Partnership for Change.
- Most staff attended the Infant Mental Health trainings offered through Montclair University last year, and the program just received dates for the upcoming trainings; staff who missed any past sessions will attend.
- The Program Director reported that in terms of skill development/training needs, the staff is still working toward getting a solid grasp on the Reflective Strategies and documenting CHEEERS. These are areas she works on with staff internally.

PAT

- The Program Director reported that the PAT Portal can be difficult for staff members that are not comfortable with technology.

Accreditation Status/Governance and Administration

- The program is accredited with HFA through June 30, 2017.
- All three counties share an advisory board; it represents Healthy Families, Nurse Family Partnership and Parents as Teachers.

Research Initiatives/Other Projects

- The site is participating in the HELP study.
    - The Program Director reported that they are not receiving many positive screens. She speculates that this may be due to the population of families agreeing to the study not having the issues that deem them positive, while those not consenting to the study may be struggling with them.
    - The Program Director also speculated that the small number of positive screens may be due to reluctance from families to share sensitive information with their FSW.

- In terms of services for those struggling with domestic violence, substance abuse and mental health; the Program Director reported that they are scarce in Salem County. There is only 1 major service provider for those issues, and there is usually a waiting list for participants to be able to receive treatment.
    - The Program Director reported that participants on the waiting list have expressed that if they do not answer the phone when the clinic calls them, they are kicked off the waiting list even if they call back immediately, which is disheartening to families.

Advocacy Efforts

- The program sent out the MIECHV advocacy postcards that Healthy Families America administered to HF sites.
- The Program Director signed the MIECHV national sign-on letter that PCANJ sent out to sites.

Agency Events

- The program hosts 2 graduation events per year for families graduating the program. The next event is scheduled for March 16, 2015.
- The agency hosts a cultural competency event each year.

Documentation/Chart Review

- A FamSys file review for the following PCIDs was completed by the Program Specialist:
    - AH8818047998
    - GO8218041290
    - MR9118046121
    - CB7718041329
    - TP8118050171
    - SB8118045829
- **Findings:** Of the 6 files reviewed, only 1 had a follow-up form that was completed out of the 6-month window. The remainder of the follow-up forms were completed and done so within the window. All ASQ and ASQ-SEs were completed and done so on time. All except one file reviewed were 100% up-to-date on immunizations; 1 file was at 58%. 5 out of 6 files reviewed were 100% up-to-date with well-baby visits, with the 1 exception having completed 3 of 4 well baby visits.

  The Home Visit Logs reviewed were detail-oriented and included specific details about the FSW'S conversations/interactions with the family, parent-child interaction observed, as well as the family's issues and progress. The FSWs are doing a great job at filling out all sections of the new Home Visit Log. CHEEERS is being documented well, as is the use of the HFA Reflective Strategies.

    - For example, in the Areas of concern in PCI, plans to address them, and further description of HFA Strategy used section of one Home Visit Log reviewed, the FSW wrote: "FSW praised MOB on using tips given by FSW at previous visit about discipline and redirecting," and indicated that she used the ATP strategy. There was also evidence that consistent follow-up is being done with families.

- An example from one Home Visit Log's Key Messages & Looking Ahead section was an FSW documenting, "Check with MOB about the lead results."

The program's newest FSW's home visit logs are thorough, thoughtful, detailed, and show she is doing a great job utilizing the HFA model.

Supervison Shadow

- The Program Specialist shadowed a 2-hour Supervision that took place between the Program Director and FSW Yesenia Robinson.
  - **Summary:** This Supervision demonstrated open communication, reflectiveness, and support. There was also a light-hearted and positive atmosphere and it was clear that the FSW truly enjoys and values her work with families.
  - The FSW has been with the program for 6 months now, and it is clear that she is flourishing with her families and growing as a HF home visitor. During this session, she discussed the use of her first ASQ tool with one of her families. She was positive about the experience, but did remark "it was a lot." The supervisor took the time to ask detailed questions regarding each area of the ASQ and then went over the scoring. She also encouraged the FSW to view the ASQ training video again, and the FSW agreed and said that she would benefit from doing so. The Supervisor and FSW agreed that the FSW would score the ASQ in pencil, and then they would review it together. The Supervisor went over key areas of ASQ administration with the FSW, such as emphasizing that the parent should be driving the answers.
  - There was open communication and evident trust between the Supervisor and FSW. The Supervisor was encouraging and complimentary of the FSW.
  - The Supervisor possessed prior knowledge of all the families discussed, remembered details about them from prior supervisions and discussions, and asked for specific updates.
  - The HFA Reflective Strategies were used by the Supervisor, and discussed during Supervision. For example, the FSW said that she has been successful in using Accentuate the Positive (ATP) with a teen mom she is working with.
  - The Supervisor was good at offering constructive criticism in a strength-based way.
  - Some areas of focus that were discussed during the Supervision:
    - Benefits status change form and other FamSys tools/the timeframes in which they are due
    - Helping families to advocate for themselves
    - Smoking cessation plans amongst families
    - Family Goal Plans (new goals, progress on current goals)
    - Home visit rate and strategies to maintain it
    - Organizational and time management skills
    - Time-sensitive preparation for home visits (in anticipation of the FSW's caseload increasing)
    - Date entry into both FamSys and the agency's data entry system (the supervisor commended the FSW on her timely data entry, and thanked her)

- Overall, the supervision was supportive, positive, strength-based and reflective.

PERFORMANCE MEASURES

Identify Target Population

- The site's target population is any parent residing in Salem County with a baby until 3 months old; if receiving TANF, the family may enroll up until the child reaches 12 months of age.

Referral Sources

- The program's referral sources include:
  - Southern Jersey Family Medical Center
  - Salem County Board of Social Services (MOU in place)
  - Inspira-Elmer
  - Complete Care (MOU in place)
  - Inspira-Woodbury
  - Cumberland County Health Department
  - Women's Health Associates
  - Robins' Nest Inc.
  - Self-referrals
- The Program Director reported that there are limited services and referral sources in Salem County.

County Issues

- The Program Director reported that it is a struggle to get referrals from the Board of Social Services (BOSS), particularly in recent months.
- The Program Director reported that TANF Initiative for Parents (TIP) has always been a struggle and is not structured well in Salem County. She said that there are periods of time where it improves, but there is typically no communication with the program unless DFD is involved.
- The Program Director reported that isolation is an issue for families in the program; Salem County is large with a great deal of farmland, no public transportation, and it is difficult for families to get around if they do not have access to a vehicle.

Screening/Assessments

- The site completed 79 screens and 25 assessments from July 1, 2014 to January 31, 2015.
  - The site's annual target for screens is 124. They have achieved 64% of their annual target.
  - The site's annual target for assessments is 62. They have achieved 40% of their annual target.

Caseload/Retention

- January 2015 Program Caseload Summary:

Worker Name	# of Cases	Case Weight	Levels									
			Pre Intake	P-1	1	M-1	1-SS	2	3	4	X	TR
Eliza Harrell	26	32.50	0	0	11	1	0	4	4	6	0	0
Carmen Hayes	8	13.00	0	0	6	0	0	0	1	0	1	0
Shakira Parson	11	17.50	0	0	8	0	0	0	1	0	2	0
Yesenia Robinson	9	14.00	2	4	3	0	0	0	0	0	0	0
Irma Tapia-Pliego	22	26.00	0	1	6	0	0	9	3	0	3	0
Program Totals:	76	103.00	2	5	34	1	0	13	9	6	6	0

- The site's current case weight is 103 with an expected case weight of 120.
- The site's current LOS is 86%.
- Eliza Harrell has a case weight of 32.50; HFA requires a case weight of less than 30.

Home Visits

- The Home Visit rate for the month of January is 75%.
- The Home Visit rate for July 1-January 2015 is 71%.

Worker Name	Cases used in report	Expected Visits	Actual Visits	Visit Rate	Attempted Visits	Direct Service Time
Eliza Harrell	26	60	48	(80%)	1	46:30
Carmen Hayes	10	25	17	(68%)	3	20:15
Irma Tapia-Pliego	22	44	38	(86%)	9	33:45
Shakira Parson	11	33	16	(48%)	6	15:47
Yesenia Robinson	8	17	15	(88%)	2	18:50
All FSW's	**77**	**179**	**134**	**(75%)**	**21**	**135:07**

IMPACT & OUTCOME MEASURES

% of eligible pregnant women:

- 100% enrolled in WIC (Annual Target = 80%).
- 69% on schedule for prenatal care (Annual Target = 80%).
- 83% kept 6-8 week postpartum visits (Annual Target = 80%).

% of parenting women:

- 98% have a primary care provider (Annual Target = 100%).
- 74% receive an annual health care visit (Annual Target = 80%).

% of eligible children:

- 100% have health insurance (Annual Target = 80%).
- 100% have a primary care provider (Annual Target = 100%).
- 95% are up-to-date on Well-Child Visits (Annual Target = 85%).
- 95% are up-to-date for developmental screens (Annual Target = 90%).
- 96% are enrolled in WIC (Annual Target = 80%).
- 74% are up-to-date for immunizations (Annual Target = 85%).
- 75% are up-to-date for lead screening by age 1 (Annual Target = 80%).

% of families:

- 91% initiate breastfeeding (Annual Target = 80%).
- 55% breastfed for at least 4 weeks (Annual Target = 60%).

% of women:

- 100% increased intervals between pregnancy to 18 months between birth and conception (Annual Target = 80%).
- 0% who are teens (under age 19) experienced post-enrollment (Annual Target = <20%).

SUMMARY

Site Strengths:

- The program monitors and places strong emphasis on DCF outcomes both on an individual basis with each worker during supervision, and as a group twice a month. This keeps all staff focused on working toward a common goal.
- The Program Director is supportive and encouraging of her staff.

Site Challenges:

- The Program Director reported that the program receives a low number of viable referrals from Central Intake, which adversely affects their LOS.
- There are limited services and providers in Salem County, which forces families to seek them elsewhere (mainly Cumberland County) which is an issue for families that do not have access to a vehicle, since Salem County lacks transportation.

- The program has struggled with their home visit rate falling below 80% this fiscal year.
    - The PDSA (Plan Do Study Act) that the Program Director put together and has implemented in February is focused around raising the program's home visit rate.

Action Plan:

- The program will continue to work on improving their home visitation rate through discussions during supervision, and the plan outlined in their PDSA.
- The program will continue outreaching families and communicating with Central Intake in regard to referrals to work on raising LOS.

Danielle Plenzo

Danielle Plenzo
Program Specialist, Healthy Families-TIP

cc: Lenore Scott
Ines Lecerf
Annette Riordan
Syreeta Garbarini
Debra Cornelius
Stacey Foote
Jessica Nugent
Prevent Child Abuse – New Jersey file

External Performance Review

Date of review: 3/10/15 **Timeframe of review:** 12:30 - 1:30 pm

Program: AMP **Agency conducting the review:** DCP&P

Review participants: Betsy Montalvo

Strengths identified: Open Case and closed case Completed review with no issues.

Recommendations for improvement: No recommendations for improvement provided.

Were all standards met: (Yes) No

Standards requiring corrective action: None

Comments: Betsy would like to review Diane Fisher's Volunteer Master file at next review.

Date when reviewers will provide documentation of this review:

Jillian Lafferty 3/10/15
Staff signature

* Guest log-in/password for Carelogic not provided in time of review; staff login was used. (JL)

External Performance Review

Date of review: 3/31/15 **Timeframe of review:** biennial (re-inspection)

Program: GH **Agency conducting the review:** OOL

Review participants: Andrew Grant (OOL), Nearee Willis (CCW)

Strengths identified: N/A

Recommendations for improvement: see attached – remaining 2 violations were abated

Were all standards met: ~~No~~ Yes

Standards requiring corrective action: see attached

Comments: It appears that all items were abated. However, there was still concern with general cleaning of resident room #3.

Date when reviewers will provide documentation of this review: Provided on 3/31/15.

Staff signature

STATE OF NEW JERSEY, DEPARTMENT OF CHILDREN AND FAMILIES, OFFICE OF LICENSING
YOUTH RESIDENTIAL AND ADOPTION AGENCIES LICENSING

[ ] PROGRAMMATIC INSPECTION/VIOLATION REPORT
[x] LIFE/SAFETY INSPECTION/VIOLATION REPORT

NAME OF AGENCY	
Robins Nest	
NAME OF FACILITY/HOME	
Robins Nest	
STREET	
40 South Delsea Drive	
CITY STATE	ZIP CODE
Glassboro, NJ	08028
DIRECTOR	TELEPHONE #
Michelle Duffy	856-881-7215
APPROVAL VALID UNTIL	APPROVED CAPACITY
April 30, 2016	9

TYPE OF FACILITY

[x] GROUP HOME
[ ] CHILDREN'S SHELTER

[ ] JUVENILE-FAMILY IN CRISIS SHELTER
[ ] TEACHING FAMILY HOME

[ ] TREATMENT HOME
[ ] SUPERVISED TRANSITIONAL LIVING HOME

[ ] RESIDENTIAL CHILD CARE FACILITY
[ ] PSYCHIATRIC COMMUNITY HOME FOR CHILDREN

[ ] ADOPTION AGENCY

INITIAL INSPECTION DATE: June 11, 2014

CORRECTIVE ACTION PLAN DUE: July 28, 2014

REINSPECTION DATES (to occur on or after):
1st August 11, 2014
2nd March 17, 2015
3rd
4th
5th
6th

BASIS FOR INSPECTION: Manual of Requirements for Children's Group Homes N.J.A.C. 10:128

FACILITY STAFF ATTENDING EXIT	INSPECTION TEAM	OTHER ATTENDEES
1. Michelle Duffy	1. Andrew Grant	1.
2. Rene Youssef	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.

INSPECTION/VIOLATION REPORT

NAME OF FACILITY: Robins Nest

INITIAL INSPECTION DATE: June 11, 2014

VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION	REINSPECTIONS – Key Code on last page					
			1ST	2ND	3RD	4TH	5TH	6TH
		10:128	1/15/15	3-31-15				
1.	The damaged blinds in the rear living room shall be repaired or replaced.	4.3(c)	A					
2.	The dirty exhaust fans in the bathrooms shall be cleaned.	4.3(a)10	O	A				
3.	Provide a general cleaning of bedrooms #2, #3 & #4.	4.3(c)	O	A				
4.	The damaged floor in the third floor bathroom shall be repaired.	4.3(a)3	A					
5.	Fire drill evacuation time shall be kept to 3 minutes or less.	4.4(c)1	A					

INSPECTION/VIOLATION REPORT

NAME OF FACILITY: Robins Nest

INITIAL INSPECTION DATE: June 11, 2014

REINSPECTION INSPECTOR(S)	DATES						
Andrew Grant	1/15/15						

CODE	KEY
A	Abated
O	Outstanding
A*	Abated – See annotation
O*	Outstanding – See annotation
1	Progress noted but additional time required to assess for substantial compliance.
2	Unable to reassess due to insufficient sample size.
3	Unable to assess as interviews could not be conducted.
4	Unable to assess as records were unavailable.
5	Unable to assess as area was inaccessible.
6	Unable to assess during time allotted for the inspection.
7	Submitted documentation is pending OOL review.
8	Other – See annotation
N/A	No longer applicable – See annotation

External Performance Review

Date of review: 3/20/15 **Timeframe of review:** 10am-12pm

Program: Glassboro FSC **Agency conducting the review:** DCF

Review participants: Claudia Forte, DCF
Cari Burke, FSC/Robins Nest

Strengths identified: Bringing in new families, vast variety of programming, welcoming environment, community participation

Recommendations for improvement:
Better signage

Were all standards met: (Yes) No

Standards requiring corrective action:
N/A

Comments:

Date when reviewers will provide documentation of this review:

Cari Burke
Staff signature

External Performance Review

Date of review: 3-25-15 **Timeframe of review:** 2:30-3:45pm
Window

Program: WFSC **Agency conducting the review:** DCF

Review participants: Claudia Forte, Christina Reamer

Strengths identified: Well-attended workshops; community led, good volunteer base
- Strong community partners and engagement

Recommendations for improvement: Making computer lab area appear more home-like

Were all standards met: (Yes) No

Standards requiring corrective action: None

Comments: Very good over-all

Date when reviewers will provide documentation of this review: N/A

C. Reamer
Staff signature

External Performance Review

Date of review: 3/25/15 **Timeframe of review:** 10am - 11:45am

Program: Riverview Family Success Center **Agency conducting the review:** DFCP

Review participants: Claudia Forte - DFCP
Kelly O'Donnell

Strengths identified: men's groups
sign in sheets
welcome packets
flyers

Recommendations for improvement: more homelike feel
local programming "history of Pennsgrove"

Were all standards met: (Yes) No

Standards requiring corrective action: None

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 03/31/15 **Timeframe of review:** Q3

Program: PAT **Agency conducting the review:** PCA-NJ

Review participants: Eva Szmutko, Kristin Conners-Glaspey

Strengths identified: Referrals coming in are through Central Intake and all receive a warm call prior to assignment. Program has been able to come off of pre-corrective action and meet LOS requirements for both counties. Program doing well meeting majority of outcomes in both counties. Positive HV observation, client and Parent Educator converse freely while addressing all areas of curriculum. Supervision shadowing was positive, meeting almost all of the areas required for monthly supervision in one session. Supervision was strength based whit Parent Educator's accomplishments acknowledged.

Recommendations for improvement: Program is working to meet policy guidelines regarding timeframes for screenings to take place. Supervisor and Staff have reviewed these policies in staff meetings since the review. Supervisor will work on using additional motivational interviewing techniques not observed during this session.

Were all standards met: Yes No

Standards requiring corrective action: Tools for PAT as well as screenings will be conducted as per policy guidelines to be "in window" for data system to accurately represent completed screenings.

Comments: None.

Date when reviewers will provide documentation of this review: 5/22/15

K Conners-Glaspey

Staff signature

Parents as Teachers
another program of Prevent Child Abuse New Jersey

Parents as Teachers
Site Visit Report

Site Name: Robin's Nest (Salem & Gloucester PAT) **Visit Date:** March 31, 2015
Present for Visit: Kristin Conners-Glaspey (Program Supervisor), Eva Szmutko (Program Coordinator)

Current Families/Level of Service (LOS)	Contracted LOS	% LOS Utilized
Salem: 52 Gloucester: 43	Salem: 60 Gloucester: 50	Salem: 87% Gloucester: 86%

Quality Assurance Measures

Review of Action Plan from Prior Site Visit

- Subsequent to the previous site visit, the programs in both Salem and Gloucester counties have reached and maintained greater than 80% of their contracted LOS.

Data Entry Issues

- The Program Coordinator and Program Supervisor discussed the need for data clean-up related to referrals. The Program Supervisor will work with PEs to utilize the Referrals Not Yet Enrolled Report to facilitate this.
- The Program Coordinator advised the Program Supervisor that PEs should provide follow-up documentation related to the service referrals in PATSys.
- The Program Supervisor feels that the new DCF Quarterly Report template has been helpful for completing the report.

Staffing

- Parent Educators:
  - 1.0 FTE Parent Educator Ashley Letzgus - Gloucester
  - 1.0 FTE Parent Educator Lana Capizola - Gloucester
  - 1.0 FTE Parent Educator Jillian Longacre - Salem
    - PE JL resigned from the program effective April 3, 2015.
  - 1.0 FTE Parent Educator Nadia Dale - Salem
    - PE ND completed Foundational and Model Implementation in November 2014.
  - 1.0 FTE Parent Educator Amaranth Alleyne – Salem
  - 1.0 FTE Parent Educator Autumn Jones – Salem

  - The Program Supervisor provided an update on overtime availability until the program is fully staffed.
  - Staff members discussed coordination for upcoming Group Connections.
  - PEs were given the opportunity to discuss difficulties and concerns with families on their caseloads. The PEs provided one another with peer support during this conversation.
- Individual supervision sessions typically occur on a weekly basis for one hour. The Program Supervisor and PE discuss approximately half of the PE's caseload in that time.
- The Program Coordinator additionally shadowed a supervision session between the Program Supervisor and PE AA. Please see attached documentation.
- The Program Supervisor recently shadowed a home visit with PE AA. Please see attached documentation.
- The Program Supervisor noted the support of her supervisor, Chief of Staff Debra Cornelius, during the staff transition. She is currently assisting the Program Supervisor update the Policy and Procedures Manual.
- The Program Supervisor expressed concern with one PEs recent performance. The Program Coordinator recommended replacing the supervision session for one week with a home visit shadow to understand how the PE is working with families.

Training

- All PEs will attend a webinar on maternal depression on April 15th.
- The Program Supervisor has asked PEs to become trained as car seat technicians to both assist families with installing car seats and to allow the program to host car seat events. The training is offered through Safe Kids NJ.

Governance and Administration

- The program's Advisory Board is joint with Healthy Families and Nurse Family Partnership. This Advisory Board meets quarterly.
- The program is considering transitioning to using the County Councils for Young Children for the Advisory Board.
  - The Program Supervisor plans to attend the first CCYC meeting for Gloucester County.
  - Stacey Foote, the Healthy Families supervisor for Salem County, plans to attend the first CCYC for Salem County. The Program Coordinator recommended having someone from the PAT program attend if possible.

PERFORMANCE MEASURES

Referrals

- Central Intake's full-time staff member, Erica Rosa, began at the end of March.
  - She conducts cold calls to referrals prior to passing them along to the home visiting programs. During this call, she informs the family of who to expect a call from.

IMPACT MEASURES

% of eligible pregnant women in March 2015

	Salem County	Gloucester County
Enrolled in WIC	78%	80%
On Schedule for Prenatal Care	100%	80%
Kept 6- 8 Week Postpartum Visit	100%	91%

% of parenting women in March 2015

	Salem County	Gloucester County
Have a Primary Care Provider	100%	100%
Receive an Annual Health Care Visit	88%	73%

% of eligible children in March 2015

	Salem County	Gloucester County
Have Health Insurance	100%	97%
Have a Primary Care Provider	100%	100%
Up-to-date on Well-Child Visits	97%	94%
Up-to-date for Developmental Screens	87%	100%
Enrolled in WIC	95%	97%
Up-to-date for Immunizations	80%	76%
Up-to-date for Lead Screening	70%	50%

- The Program Supervisor expressed that the immunization rates for both counties have increased steadily over the past several months without the program making changes to its procedures.

- The initial Follow-Up form indicates that neither parent was living in the household, but the Home Visit Logs indicate that MOB is present and living in the home.
- In addition to not being placed on Inactive at the appropriate time, the family was incorrectly placed on Weekly visit frequency at enrollment.
- Benefits Status Change forms were not completed at the appropriate intervals.
- While nine resource referrals have been provided to the family since enrollment as per the database, only two have documented follow-up.
- The Program Supervisor will provide additional training and support to address the above items. All other required items were present in the database and the family's file.

- AG81, family of PE JL; Salem County
  - The family was reassigned to the Program Supervisor upon the PE's departure from the program.
  - The Benefits Status Change forms were not completed at the appropriate intervals.
  - The Safe Sleep Safety Checklist was completed while the child was prenatal, but was not repeated after the birth of the Target Child.
  - All other required items were present in the database and the family's file.
  - Goals for the family were developed at appropriate intervals, contained SMART steps, and had family progress documented.
- LC86, family of LC; Gloucester County
  - ASQs for the Target Children were not appropriately adjusted for prematurity.
  - No PAT Health Records were present for either child.
  - The Program Supervisor will provide additional training and support to address the above items. All other required items were present in the database and the family's file.
- KV89, family of PE AL; Gloucester County
  - The initial LSP was completed outside of the 90 day window for completion.
  - Home Visit Logs were entered from not sufficiently completed.
  - No PAT Health Record was present for the target child.
  - Since enrollment, the family has one documented service referral.
  - On the Referral form in the database, service involvement and risk factor items were not completed.
  - An ASQ was completed using an incorrect interval. The program realized the error and utilized the correct interval within the window for completion.
  - The initial ASQ:SE was completed in the validity window for the tool, but outside of the timeframe expected in policy.

cc: Lenore Scott
Ines Lecerf
Annette Riordan
Syreeta Garbarini
Debra Cornelius
Kristin Conners-Glaspey
Jessica Nugent
Prevent Child Abuse – New Jersey file

Parents as Teachers

another program of Prevent Child Abuse New Jersey

Parents as Teachers
Home Visit Shadow Report

PROGRAM / HOME VISIT INFORMATION:

Program: Robin's Nest **Date:** February 4, 2015

PE being shadowed: Amarath Alleyne **Full-Time/Part-Time Status:** 1.0 FTE

Individual conducting shadow: Kristin Conners-Glaspey (Program Supervisor)

Length of Home Visit: 1 hour 15 minutes **Location:** Home

Who participated in this home visit? PC1/MOB, TC, TC Sibling, Program Supervisor

---

The Program Supervisor utilized an agency-specific observation tool in conjunction with the HOVRS Home Visit Observation Tool to document her observations of the home visit.

OBSERVATIONS:

- PE easily engages children and mother.
- PE uses open-ended questions to engage the mother and provides her with the opportunity to answer questions and converse. PE and mother discussed schooling updates. Mother both initiated conversations and responded to relevant questions from the PE.
- PE provided an age-appropriate activity, Fill The Jug, and age-appropriate handouts, "8-14 Months: Your Baby's Intellectual Development," and "Helping Your Baby Learn About Limits."
    - PE followed the mother and children's lead during the activity and included TC's sibling.
    - PE provided developmental information and suggested activities and ways to expand use of the Fill The Jug activity in other contexts based on observations.
    - PE did not interrupt parent-child interaction and offered reflective comments later during the visit.
    - PE brought items into the home to facilitate the activity and did not use materials from the home.
- PE and mother reviewed the current goals and agreed to work on goal planning at the next home visit.
- Mother initiated a demonstration for PE of how she and TC converse with each other.

Parents as Teachers

Supervision Shadow Form

Program: Robin's Nest – Salem & Gloucester PAT

Date: March 31, 2015

Supervisor being shadowed: Kristin Conners-Glaspey

Name and title of individual conducting shadow: Eva Szmutko (Program Coordinator)

Name of Parent Educator being supervised: Amaranth Alleyne

Full-time X **Part-time**_____

Start Time: 11:00 **End Time:** 1:00

PE Supervision shall include the following:	Observed:	Comments:
The Program Supervisor maintains documentation of supervision	X	
Strengths were discussed	X	Supervisor praised the strength of the relationships PE has developed with her families. Supervisor highlighted the success PE had reengaging a family who had been Inactive.
Personal/professional development was discussed (long/short term goals, updates, training needs)		
Supervisor reviewed Home Visit Records prior to or during supervision in order to provide appropriate feedback	X	
HV shadowing form and observations were discussed (if applicable)	N/A	
Case discussion	X	Supervisor and PE discussed all families on PE's caseload, including strategies for assisting parents with guiding TC's development and working with TC's siblings in the context of Family Well-Being.

Other Observations:
The Supervisor provided the PE with the time and space to discuss her frustrations before discussing strategies to address the related concerns with families. The Supervisor also made a point to connect around personal items and to check in regarding the overall well-being of the PE.

External Performance Review

Date of review: 4/22/2015 **Timeframe of review:** January- December 2015

Program: Cognitive Life Skills **Agency conducting the review:** Youth Service Commission

Review participants: Nancy Chard-Jones (YSC commissioner), Shannon Raino (Prosecutor's office), Jessica Froba (JJC laison), and Terry Miles (Juvenile Probation)

Strengths identified: Justin and Giovanna had good control over the group and the youth were engaged in the content.

Recommendations for improvement: There were no recommendations for improvements that were discussed.

Were all standards met: **Yes** **No**

Standards requiring corrective action: Not applicable

Comments: Not Applicable

Date when reviewers will provide documentation of this review: Within one month

Staff signature

External Performance Review

Date of review: 4/22/2015 **Timeframe of review:** January- December 2015

Program: Second Chance Gloucester **Agency conducting the review:** Youth Service Commission

Review participants: Nancy Chard-Jones (YSC commissioner), Shannon Raino (Prosecutor's office), Jessica Froba (JJC laison), and Terry Miles (Juvenile Probation)

Strengths identified: Files were in order, the youth presented appropriately and appeared to get something out of the program, the youth like their counselor, and the program is running smoothly.

Recommendations for improvement: There were no recommendations for improvements that were discussed.

Were all standards met: **Yes** **No**

Standards requiring corrective action: Not applicable

Comments: Not Applicable

Date when reviewers will provide documentation of this review: Within one month

Staff signature

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HUMAN SERVICES**

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Lisa A. Cerny
lcerny@co.gloucester.nj.us

YOUTH SERVICES
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www.co.gloucester.nj.us

New Jersey Relay Service-711
Gloucester County Relay Service
(TTY/TTD)-(856)848-6616

Ms. Erin Klein

Gloucester County

CLOSE TO EVERYTHING, FAR FROM IT ALL

Ms. Erin Klein
Mr. Justin Caruso
Robins' Nest, Inc.
42 S. Delsea Drive
Sewell, NJ 08028

May 4, 2015

Dear Ms. Klein and Mr. Caruso:

The Gloucester County Youth Services Commission monitoring of the Second Chance program on April 22, 2015 found that all performance standards were met satisfactorily or above standard.

If you have any questions, please call Nancy Chard Jones at 384-6879. Thank you for the outstanding work you do with the youth in this program. Please feel free to share this report as appropriate.

Sincerely,

Charles Goldstein

Charles Goldstein, L.C.S.W. CEO CGS
Youth Services Commission Monitoring Chair

Cc: Jessica Froba; Terry Miles; Shannon Eden

External Performance Review

Date of review: 4/22/2015 **Timeframe of review:** January- December 2015

Program: Street Dreams **Agency conducting the review:** Youth Service Commission

Review participants: Nancy Chard-Jones (YSC commissioner), Shannon Raino (Prosecutor's office), Jessica Froba (JJC laison), and Terry Miles (Juvenile Probation)

Strengths identified: Files were in order, the youth were very appropriate and loved their counselor, outcomes have improved, and program is running smoothly.

Recommendations for improvement: There were no recommendations for improvements that were discussed.

Were all standards met: **Yes** **No**

Standards requiring corrective action: Not applicable

Comments: Not Applicable

Date when reviewers will provide documentation of this review: Within one month

Staff signature

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CLOSE TO EVERYTHING
Gloucester County
FAR FROM IT ALL

Ms. Erin Klein
Mr. Justin Caruso
Robins' Nest, Inc.
42 S. Delsea Drive
Sewell, NJ 08028

May 4, 2015

Dear Ms. Klein and Mr. Caruso:

The Gloucester County Youth Services Commission monitoring of the Street Dreams program on April 22, 2015 found that all performance standards were met satisfactorily or above standard.

Recommendations are to continue addressing wait list with workshops, although there is only one youth waiting at this time. Also, a new laptop may be needed for the counselor as the current one doesn't work well all the time.

If you have any questions, please call Nancy Chard Jones at 384-6879. Thank you for the outstanding work you do with the youth in this program. Please feel free to share this report as appropriate.

Sincerely,

Charles Goldstein

Charles Goldstein, L.C.S.W. CEO CGS
Youth Services Commission Monitoring Chair

cc: Jessica Froba; Terry Miles; Shannon Eden

External Performance Review

Date of review: 4/29/15 **Timeframe of review:** annual

Program: GH **Agency conducting the review:** OOL

Review participants: Craig Stewart (OOL), Sierra Payton (CCW), MS (resident) and Michelle Duffy (PD).

Strengths identified: Treatment plans, charts

Recommendations for improvement: see attached -- 1 item from previous inspection was abated. 1 item was unable to be observed.

Were all standards met: No

Standards requiring corrective action: see attached

Comments: A corrective action plan is not required. Violation will be attached to previous inspection report and reviewed at next inspection.

Date when reviewers will provide documentation of this review: 4/29/15

Staff signature

State of New Jersey, Department of Children and Families, Office of Licensing, Youth Residential and Adoption Agencies Licensing

4-29-15

VIOLATION/INSPECTION REPORT

NAME OF FACILITY: Robin's Nest

LEVEL 1	VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION
MA			10:128
↓		A review of a resident medical information revealed the initial physical exam was lacking complete information. The shall ensure when resident are placed the physical capture all required information.	7.2(6)

External Performance Review

Date of review: 5/5/15 **Timeframe of review:** 2nd quarter

Program: CT Cumb. **Agency conducting the review:** Cumb. YSAC

Review participants: Robin Haaf, Tim Andrews, Traf Alexander

Strengths identified: All standards monitored were "Standards met."

Recommendations for improvement: Due to the extensive wait list for disposition a recommendation was made and accepted to move $20,000 from the diversion to the disposition category.

Were all standards met: (Yes) No

Standards requiring corrective action: n/a

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

County of Cumberland
Department of Human Services
Cumberland Youth Services Commission
70-74 W. Broad Street, Bridgeton, New Jersey 08302
Phone (856) 459-3083 • Fax (856) 455-5756

Juanita Nazario, Director
Human Services

Robin Haaf, Administrator
Youth Services

June 29, 2015

Jennifer Farside
Robins' Nest, Inc.
42 S. Delsea Drive
Glassboro, NJ 08028

Re: Program Monitoring and Evaluation
2015 Connect Two In-home Counseling

Dear Ms. Farside:

Attached to this email is a copy of the Monitoring Review form for the above referenced program.

All Standards monitored were *Standards Met*. Regarding the extensive wait list for Disposition category youth, the Youth Services Advisory Council has approved the request made to transfer $20,000 from the Diversion contract to the Disposition contract. The request is in the hands of the Juvenile Justice Commission at this time. When/if it is approved by JJC, it will be sent to the Freeholder Board for approval (hopefully) at the July 28, 2015 meeting.

Thank you for your cooperation during the 2015 Monitoring and Evaluation process. If you have any questions, feel free to call me.

Sincerely,

Robin L. Haaf, Administrator
Cumberland Youth Services Commission

cc: Troy Alexander, JJC
Tim Andrews, YSAC Monitoring Chair

COMPREHENSIVE PROGRAM MONITORING INSTRUMENT
REVIEW FORM

FUNDING TYPE(S):	**AGENCY NAME: Robins' Nest, Inc.**	
COUNTY: Cumberland	**PROGRAM NAME: Connect Two - In-home Counseling with Education Advocate and Anger Management**	
YSC ADMINISTRATOR: Robin L. Haaf	**PROGRAM ADDRESS: 42 S. Delsea Drive, Glassboro, NJ**	
	PROGRAM DIRECTOR: Jennifer Farside	
YSC PHONE: 856-459-3083 **YSC E-MAIL: robinha@co.cumberland.nj.us**	**PROGRAM PHONE: 856-881-8689** **PROGRAM FAX:856-881-5508**	**PROGRAM DIRECTOR E-MAIL:** **jfarside@robinsnestinc.org**
TYPE OF VISIT:	**DATE(S) FOR THIS MONITORING:**	
☒ **Scheduled On Site Monitoring** ☐ **Follow –up** **Date of Last Monitoring: June 9,2014**	**May 5, 2015** **Interviews were conducted on June 12, 2015**	

MONITORING TEAM:

NAME	TITLE	REPRESENTING
Robin Haaf	YSC Administrator	County Youth Services Commission
Tim Andrews	Cumberland County Office of Employment and Training, Youth Counselor	YSAC

MONITORING TEAM cont:

NAME	TITLE	REPRESENTING

PROGRAM REPRESENTATIVES:		
NAME	**TITLE**	**REPRESENTING**

Please note the areas/questions in this instrument will minimally be used in monitoring a provider.

1	PHYSICAL PLANT Applicable	☒ This Section is Not					
	STANDARD	AS	SM	NI	SNM	NM	COMMENTS
1.1	The exterior grounds are observed to be well kept in that lawns are seasonally maintained and free from litter, walkways are clear, and outside trash is well contained	☐	☐	☐	☐	☐	
1.2	The physical plant is observed to be accessible and in good repair in that there are no obstacles to means of egress or signs of structural problems	☐	☐	☐	☐	☐	
1.3	The facility is observed to be clean in that the floors/carpets are swept, mopped, or vacuumed; there is no significant build up of debris; and bathroom/shower areas appear sanitized and fresh	☐	☐	☐	☐	☐	
1.4	The facility is observed to be orderly and safe in that common areas, offices and living areas are free from clutter and that there is ample space for storage	☐	☐	☐	☐	☐	
1.5	The furnishings, visitation areas, living areas, provisions for personal hygiene, and counseling rooms are adequate to meet the needs of the population in terms of its age and number	☐	☐	☐	☐	☐	
2	PROGRAM ENVIRONMENT	☒ This Section is Not Applicable					
	STANDARD	AS	SM	NI	SNM	NM	COMMENTS
2.1	Juveniles are dressed and groomed commensurate with the program component they are attending	☐	☐	☐	☐	☐	
2.2	Juveniles present themselves in a polite and welcoming, age appropriate manner	☐	☐	☐	☐	☐	
2.3	The program environment is observed to be safe, comfortable, and inviting in that guests are greeted/acknowledged, the noise level is reasonable, and there is no visible intimidation	☐	☐	☐	☐	☐	
2.4	The program environment is reflective of the cultural diversity of the population served	☐	☐	☐	☐	☐	
2.5	Scheduled and actual activities are reflective of the cultural diversity of the population served	☐	☐	☐	☐	☐	
2.6	Staff are observed to be actively and appropriately engaged with juveniles	☐	☐	☐	☐	☐	
2.7	Staff adheres to the principals and model the techniques that are taught to and expected from the juvenile participants	☐	☐	☐	☐	☐	

AS – Above Standard, **SM** – Standard Met, **NI** – Needs Improvement, **SNM** – Standard Not Met, **NA** – Not Applicable NM – Not Monitored

3	PROGRAM GOALS AND OBJECTIVES						
	STANDARD	**AS**	**SM**	**NI**	**SNM**	**NA**	**COMMENTS**
Print out and attached the Contract from JAMS or attach the Program Profile							
3.1	The program has made progress toward achieving their goals and objectives	☐	☒	☐	☐	☐	
3.2	There is a tool/process in place to reach each objective	☐	☒	☐	☐	☐	
3.3	There is documentation that the tool/process is utilized.	☐	☒	☐	☐	☐	
		☐	☐	☐	☐	☐	

4	PROGRAM SERVICES						
	STANDARD	**AS**	**SM**	**NI**	**SNM**	**NA**	**COMMENTS**
4.1	*Juvenile demonstrates an understanding of the program's services *(Rating comes from Juvenile Interview C1)*	☐	☒	☐	☐	☐	
4.2	*Family Involvement is encouraged	☐	☒	☐	☐	☐	
4.3	Transportation is provided to youth in the program.	☐	☐	☐	☐	☒	Transportation is not required because this is an in-home counseling. However, the agency does transport youth if needed
4.4	Transportation is provided to the family of youth in the program.	☐	☐	☐	☐	☒	
4.5	Public transportation to the program is accessible.	☐	☐	☐	☐	☒	
4.6	The program has the ability to meet the service needs of non-English speaking participants and families	☐	☒	☐	☐	☐	
		☐	☐	☐	☐	☐	

AS – Above Standard, **SM** – Standard Met, **NI** – Needs Improvement, **SNM** – Standard Not Met, **NA** – Not Applicable

5	STAFF TRAINING AND DEVELOPMENT						
	STANDARD	AS	SM	NI	SNM	NA	COMMENTS
5.1	A review of trainings provided and scheduled appears to meet program objectives	☐	☒	☐	☐	☐	
5.2	*The program's goal, objectives, and outcomes are understood by staff *(Rating comes from Staff Interview)*	☐	☒	☐	☐	☐	
5.3	*Staff feel they have received adequate training to effectively do their job and have the opportunity to recommend topics for training *(Rating comes from Staff Interview B3)*	☐	☒	☐	☐	☐	
5.4	The contracted program's current staffing pattern is adequate for service provision and supervision. If NI or SNM, please describe the reason(s) and proposed corrective action.	☐	☒	☐	☐	☐	
5.5	The racial, ethnic and gender makeup of the program is reflective of the population served. If NI or SNM, what steps are being made to accommodate cultural diversity?	☐	☒	☐	☐	☐	
		☐	☐	☐	☐	☐	

5	STAFF TRAINING AND DEVELOPMENT cont.				
	STANDARD	YES	NO	N/A	COMMENTS
5.6	Staff has received gender specific training during the contract year.	☒	☐	☐	
5.7	Staff has received cultural diversity training during the contract year.	☒	☐	☐	
		☐	☐	☐	

AS – Above Standard, **SM** – Standard Met, **NI** – Needs Improvement, **SNM** – Standard Not Met, **NA** – Not Applicable

6	JUVENILE FILES: SUMMARY OF FILES FOR CURRENT PARTICIPANTS						
Total number of juvenile files reviewed: 6 Comments: Filing system is electronic. 3 juveniles in each category were monitored (Diversion and Disposition)							
	STANDARD	**AS**	**SM**	**NI**	**SNM**	**NA**	**COMMENTS**
6.1	File is accessible to designated staff members and secure from program participants and unauthorized personnel	☐	☒	☐	☐	☐	
6.2	File is generally organized in that it is uniform with other files and specific contents are easily accessible	☐	☒	☐	☐	☐	
6.3	File contains referral form from appropriate sending body, if applicable	☐	☒	☐	☐	☐	
6.4	File contains completed JAMS intake forms	☐	☒	☐	☐	☐	
6.5	File contains signed and dated program specific parent/guardian consent papers for medical, other treatment and release of records- as appropriate for program design	☐	☒	☐	☐	☐	
6.6	File contains juvenile history pertinent to developing the delivery of services, e.g. offense history, prior placements, and substance abuse assessments, as appropriate	☐	☒	☐	☐	☐	
6.7	File contains up to date records of services provided	☐	☒	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	

The staff of the County Youth Services Commission completes this form. This is based on the findings of each individual filed reviewed by the monitoring team using Attachment C.

7	JUVENILE FILES: SUMMARY OF FILES FOR FORMER PARTICIPANTS						
Total number of juvenile files reviewed: 6 Comments: Filing system is electronic. 3 juvenile files from each category were monitored (Diversion and Disposition)							
	STANDARD	**AS**	**SM**	**NI**	**SNM**	**NA**	**COMMENTS**
7.1	File is accessible to designated staff members and secure from program participants and unauthorized personnel	☐	☒	☐	☐	☐	
7.2	File is generally organized in that it is uniform with other files and specific contents are easily accessible	☐	☒	☐	☐	☐	
7.3	File contains termination/completion/discharge reports. Reports include a written plan for transition into the community following program services	☐	☒	☐	☐	☐	
7.4	File contains JAMS completion form	☐	☒	☐	☐	☐	
7.5	File contains documentation that the programs' follow up process has been adhered to	☐	☒	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	

The staff of the County Youth Services Commission completes this form. This is based on the findings of each individual filed reviewed by the monitoring team using Attachment D.

8	CONTRACTUAL OBLIGATIONS				
	STANDARD	**YES**	**NO**	**N/A**	**COMMENTS**
8.1	Program enters completed Quarterly Narrative Reports in JAMS and on time as required by their contract.	☒	☐	☐	Quarterly reports are submitted via email and entered into JAMS by Youth Services staff.
8.2	Program is compliant with the number of youth served as identified in the contract. Service Type: Youth / Slots_ Maximum number at a time: 16 Comments: Total of 16 Active Slots	☒	☐	☐	Number of youth in the program on the date of monitoring 16 Disposition; 8 Diversion
8.3	Program is compliant with each level of service (service type) identified in the contract. Service Type: _ Maximum number: 3100 Minimum number: ____ Comments: 1700 for Disposition / 1400 for Diversion	☒	☐	☐	Actual to date 683.08 Disposition; 354 Diversion
8.4	Program is compliant with each level of service (service type) identified in the contract. Service Type: _ Maximum number: ____ Minimum number: ____ Comments: ____	☐	☐	☒	Actual to date ____
8.5	Program is compliant with each level of service (service type) identified in the contract. Service Type: Maximum number: ____ Minimum number: ____ Comments: ____	☐	☐	☒	Actual to date ____
8.6	Program is compliant with each level of service (service type) identified in the contract. Service Type: Maximum number: ____ Minimum number: ____ Comments: ____	☐	☐	☒	Actual to date ____

8	CONTRACTUAL OBLIGATIONS cont.				
	STANDARD	YES	NO	N/A	COMMENTS
8.7	Program is compliant with each level of service (service type) identified in the contract. Service Type: Maximum number: ____ Minimum number: ____ Comments: ____	☐	☐	☒	Actual to date ____
8.8	Program is compliant with each level of service (service type) identified in the contract. Service Type: Maximum number: ____ Minimum number: ____ Comments: ____	☐	☐	☒	Actual to date ____
8.9	Program operating hours are in compliance as per Contract	☒	☐	☐	
8.10	The number of program intakes on the Quarterly Narrative reports equals the number of intakes entered in the JAMS system *Number of Intakes: in JAMS 14/11 stated on report 14/11*	☒	☐	☐	
8.11	The number of program discharges on the Quarterly Narrative report equals the number of completions entered in the JAMS system *Number of Discharges in JAMS 8/5 stated on report 8/5*	☒	☐	☐	
8.12	The program has a clear definition of a successful discharge *Number of Successful Discharges in JAMS 6/3*	☒	☐	☐	
8.13	The program has documented the reason(s) for a negative discharge in youth's file *Number of Negative Discharges in JAMS 0/2*	☒	☐	☐	2 Disposition youth had neutral discharges.
8.14	The program has a documented follow up protocol which includes how long a client is tracked after they are discharged, if applicable	☒	☐	☐	

9	POLICY/PROCEDURES				
	POLICY/PROCEDURE	**YES**	**NO**	**N/A**	**COMMENTS**
	Program Policies and Procedures				
9.1	Agency has a policy and procedure regarding background checks	☒	☐	☐	
9.2	Agency's background check policy and procedure is being followed	☒	☐	☐	
9.3	The county assures that each RFP for services, regardless of funding source shall require: Providers have procured and maintained in good standing all permits, grants and licenses, including any renewals required during the term of the contract The agency demonstrates that their and their subcontractor's employees have obtained and maintained in good standing all professional licenses required for the services that is provided during the term of the contract	☒	☐	☐	
		☐	☐	☐	
	POLICY/PROCEDURE	**YES**	**NO**	**N/A**	**COMMENTS**
	Fiscal Administration				
9.3	Agency demonstrates fiscal responsibility by submitting and/or maintaining up to date and accurate records of expenditures	☒	☐	☐	
9.4	The agency has a current, independent fiscal audit on file	☒	☐	☐	
9.5	The program accesses/utilizes third party reimbursements and clearly shows how they are reported on financial statements	☒	☐	☐	
		☐	☐	☐	
		☐	☐	☐	

10	CLIENT SERVICES						
	STANDARD	AS	SM	NI	SNM	NA	COMMENTS
10.1	The program has a documented referral process that list referral sources	☐	☒	☐	☐	☐	
10.2	The program has documented all referrals received and the source of the referral	☐	☒	☐	☐	☐	
10.3	The program has documented all referrals denied and the reasons for the denial	☐	☐	☐	☐	☒	
10.4	The program has a policy regarding maintaining a waiting list which includes time frames	☐	☒	☐	☐	☐	A wait list was established in the middle of 2014. On the day of monitoring, 26 youth were on the wait list for Disposition and 2 youth for Diversion.
10.5	The program's population is reflective of the pool from which it draws	☐	☒	☐	☐	☐	
10.6	The program incorporates cultural diversity and tolerance in the client service plans and/or program activities	☐	☒	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	

AS – Above Standard, **SM** – Standard Met, **NI** – Needs Improvement, **SNM** – Standard Not Met, **NA** – Not Applicable

External Performance Review

Date of review: 5/22/215 **Timeframe of review:** N/A

Program: Gloucester R/N Shelter Plus Care 2014

Agency conducting the review: Southern New Jersey Continuum of Care – CPAC

Review participants: CPAC Staff – Shantel Ganer, Hilary Colbert and Laura Sanchez

Strengths identified: N/A

Recommendations for improvement: N/A

Were all standards met: Yes No

Standards requiring corrective action:

Comments: Desk Audit completed by Program Director, Kim Wallace to be reviewed by CPAC

Date when reviewers will provide documentation of this review:
June 1 and 2, 2015

Kimberly Wallace
Staff signature

External Performance Review

Date of review: 6.11.15 **Timeframe of review:** April 2014 - March 2015

Program: SSBG Atlantic FSC **Agency conducting the review:** DCF

Review participants: Thomas Hunter, Nivea Lewis Kathy Wingate and Jeremy Wampler

Strengths identified: Clear logical documentation. All requested information was complete & accurate.

Recommendations for improvement: None

Were all standards met: (Yes) No

Standards requiring corrective action: None

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 6-23-15 **Timeframe of review:** 10 - 1

Program: HFG/C/S **Agency conducting the review:** PCA-NJ

Review participants: M Johnson, J. Alcantara, N. Sabandino, Stacy Foote

Strengths identified: Outcomes reviewed and completion of MIHOPE applauded.

Recommendations for improvement: COS

Were all standards met: (Yes) No

Standards requiring corrective action: NA

Comments:

Date when reviewers will provide documentation of this review: Within the month

M Johnson
Staff signature

Healthy Families-TIP New Jersey
Site Visit Report

Site: Robin's Nest (Cumberland County) **Date of Visit:** June 23, 2015
In Attendance: Jeannette Alcantara (PCANJ Program Specialist), Michelle Johnson (Program Director), Nancy Saborido (PCANJ Program Specialist)
Total # of Families Enrolled: 85 **# of TANF Families:** 71
Expected Case Weight: 150 **Current Case Weight:** 113.25
Percentage of Expected Case Weight: 76%
Percentage of Current Case Weight Devoted to TANF Families: 84%
(Numbers reported are for the month of June 2015)
Michelle Johnson represented Rubi Lukasiweicz as she was unable to attend the meeting.

QUALITY ASSURANCE MEASURES

Review of Action Plan from Prior Site Visit

- Action Plan from February 27, 2015 Site Visit:
  - It was reported that Rubi Lukasiweicz has been working to fill the vacancy from Lisa Watson (FSW). There were a number of challenges experienced with several potential candidates that did not work out.
    - On August 12th Rubi reported that the position was filled on August 3rd, 2015.

FamSys Issues

- The Program Director reported no issues with FamSys.

Staffing

- Debra Cornelius is the Chief of Staff (Program Manager).
- Rubi Lukasiewicz is the Program Director (Program Supervisor).
- The site has 3 full-time Family Support Workers (FSWs):
  - Fabiola Aguilar
  - Mariela Hernandez
  - Ann Drennon
- The site has 1 Family Assessment Worker (FAW)/FSW (50% FAW/50% FSW):
  - Karla Tapia
- At the time of the visit there was 1 full-time FSW vacancy.
  - It was reported that staff assigned to Gloucester and Salem counties have been helping out to serve families in Cumberland as needed.

Supervision

- The Program Director meets for supervision weekly with each of her staff members.

Research Initiatives/Other Projects

- The program continues to participate in the MIHOPE Strong Start research study. As of June 30th the program enrolled 18 families into the treatment group and 11 families into the control group. The program agreed to increase the total target number of families from 30 to 45 families.

Agency Events

- The program invites parents to participate in Parents As Teachers monthly group connections in addition to events hosted by the Family Success Center.

Documentation/Chart Review

(Robin's Nest maintains electronic files)

- A FamSys file review for the following PCIDs was completed by the Program Specialist:
  - MH7906
  - DE9206
  - AH9006
  - NA9106
- **Findings:** All TCs received 100% of required immunizations. All required Follow-Up forms and Benefit Status Change forms were completed within the window. All ASQs, ASQ-SEs and Home Scales were completed within the window.

  Home Visit Logs reviewed were complete, PAT was indicated as the primary curriculum, CHEEERS was used to document parent-child interaction, there was evidence of HFA reflective strategies and progress of goals and assessment issues were discussed. It was clear in all files reviewed that FSW's have a good understanding CHEEERS and the reflective strategies.

  The following areas could be improved:

  - AH9006 – FSW referred to handout "Reason to Read" in both Parent-Child Interaction and Family Well-Being. It is suggested that a separate handout be provided for each area of emphasis. This duplication happened in all 3 visits reviewed. It is also suggested that FSW include more detail with regard to progress of goals and that each component of CHEEERS include a separate example. For example, "mom massaged feet" was used as both rhythm and environment.

Home Visit Shadow

- The Program Specialists shadowed a Home Visit that took place in Millville with FSW Ann Drennon. FSW utilized the PAT Curriculum and appeared to have a good rapport with mom and her two children. Please see the attached Home Visit Shadow form for additional information.

PERFORMANCE MEASURES

Identify Target Population

- The site's target population includes all pregnant women and new parents in Cumberland County.

- The program continues to provide education, resources and support to increase the number of children with completion of lead screening and women initiating breastfeeding.

SUMMARY

Site Strengths:

- The program has achieved 83% home visit completion for his fiscal year.
- The program met or exceeded majority of program impact objectives and outcome measures for the fourth quarter.
- The documentation reviewed in FamSys is up to date and all files reviewed demonstrated FSW's knowledge and competency with the HFA model.
- The program continues to participate in the MIHOPE Strong Start evaluation.

Site Challenges:

- The Program Director had a difficult time hiring for the vacant FSW position.
- Due to the vacant FSW position, the program's LOS dropped below 80%.

Action Plan:

- The Program Director will continue conducting interviews for the vacant FSW role.
    - This position was filled on August 3, 2015.
    - It is expected that the new FSW will attend FSW Core training in October 2015. Prior to training, the FSW will complete FSW Stop-Gap training and may carry a caseload of up to 5 families.
- It is recommended that the Program Director review the areas to improve in the file review section and discuss with staff as appropriate.

Jeannette Alcantara
Program Specialist, Healthy Families-TIP

Nancy Saborido
Program Specialist, Healthy Families-TIP

cc: Lenore Scott
Ines Lecerf
Annette Riordan
Syreeta Garbarini
Debra Cornelius
Michelle Johnson
Rubi Lukasiewicz
Prevent Child Abuse – New Jersey file

Healthy Families-TIP New Jersey
Site Visit Report

Site: Robin's Nest (Gloucester County) **Date of Visit:** June 23, 2015
In Attendance: Jeannette Alcantara (PCANJ Program Specialist) Michelle Johnson (HF-TIP Program Director), Nancy Saborido (PCANJ Program Specialist)
Total # of Families Enrolled: 60 **# of TANF Families:** 56
Expected Case Weight: 120 **Current Case Weight:** 61.75
Percentage of Expected Case Weight: 51%
Percentage of Current Case Weight Devoted to TANF Families: 93%
(Numbers reported are for June 2015)

QUALITY ASSURANCE MEASURES

Review of Action Plan from Prior Site Visit

- Action Plan from February 27, 2015:
  - Shadow supervision at the next site visit.
    - Due to time constraints, the group agreed to postpone the supervision shadow.
  - The Program Director will begin a transition plan for the families on Erica's current caseload.
    - Most of Erica's families were transitioned and she continues to work with 2 families that are close to graduating. She is also available to assist the program with assessments as needed.
  - The Program Director will begin to monitor referral dispositions on a monthly basis and discuss this with all program staff.
    - The Program Director continues to monitor referral dispositions with staff.

FamSys Issues

- There were no issues reported or discussed at this visit.

Staffing

- Debra Cornelius is the Chief of Staff (Program Manager).
- Michelle Johnson is the Program Director (Program Supervisor).
- The site has 3 full-time FSWs:
  - Monica Arthur (bilingual)
    - Monica's last day with the program was April 3, 2015
  - Audrey Owens
  - Tiffany Hare
- The site has 2 FAW/FSWs (50% FAW/50% FSW):
  - Susan Margolis
  - Erica Rosa

- PCANJ discussed the updates with regard to HFA Best Practice Standards including: Challenging Issues, Transition Planning, Edinburgh Depression Screening, CHEEERS, Reflective Strategies and new training requirements.
- PCANJ reported that the updated Annual Service Review template will be distributed in July. This report will be due on September 30, 2015.
- All three counties share an advisory board; it represents Healthy Families, Nurse Family Partnership and Parents as Teachers.
- The group discussed the County Council for Young Children and how this group would work together with the advisory board.
    - PCANJ recommended that the Home Visitation Advisory Board continue to meet as scheduled on a quarterly basis.

Research Initiatives/Other Projects

- The site is participating in the MIHOPE study. The Program Director reported that they met their goal to enroll 60 families into the study as of June 22, 2015. They will continue to complete required data as instructed.

Advocacy Efforts

- The Program Director states that they continue with outreach efforts in the community to increase referrals. Susan is now attending WIC meetings with the goal to engage moms into the program. They also work closely with the social worker from Inspira Prenatal Clinic to facilitate outreach efforts.

Agency Events

- The program invites parents to participate in Parents As Teachers monthly group connections in addition to events hosted by the Family Success Center.

Documentation/Chart Review

(Robin's Nest maintains electronic files)

- A FamSys file review for the following PCIDs was completed by the Program Specialist:
    - LH8209
    - AS7509
    - MN9209
- **Findings:** In 2 of the 3 files reviewed TC received 100% of required immunizations. The third TC received 88% of required immunizations. All required Follow-Up forms were completed within the window. All except for 1 Benefit Status Change forms were completed within the window (see MN9209). All ASQs, ASQ-SEs and Home Scales were completed within the window.

  Home Visit Logs reviewed were complete, PAT was indicated as the primary curriculum, CHEEERS was documented, there was evidence of HFA reflective strategies and progress of goals and assessment issues were discussed and FSW's provided sufficient detail in these areas.

  The following areas could be improved:

    - CHEEERS that was documented did not always reflect the parent-child interaction. CHEEERS was sometimes used to describe what happened at the home visit, but was not specific to the parent-child relationship. It is recommended that each component of

- The site's annual target for screens is 126. Therefore, they exceeded their annual target.
- The site's annual target for assessments is 63. Therefore, they exceeded their annual target.

- The program is continuing to mail a brochure out to the families as soon as they receive the referral.
  - The Program's PDSA cycle is focused on consistent and effective outreach to families to help increase the number of assessments completed and enrolled.

Caseload/Retention

- The site's case weight for June was 61.75 with an expected case weight of 120.
- The site has challenges with their LOS due to low number of referrals, MIHOPE evaluation, and staff turnover.
- The site had five families on Level X and participant retention reflects 67% of families enrolled for 1 year, 42% of families enrolled for 2 years and 26% of families enrolled for 3 years.
- The Program Director reported that they are working to increase level of service and retention.

Home Visits

- The Home Visit rate for the month of June was 98%.
- The Home Visit rate for July 1, 2014-June 30, 2015 was 79%.
  - The program completed over 80% of home visits for 10 out of the 12 months of the fiscal year.

IMPACT & OUTCOME MEASURES

- As indicated in the DCF 4th Quarter Report, the program meets or exceeds annual targets for all measures with the exception of:
  - 76% of parenting women receive an annual primary care/women's health care visit
    - The program continues to provide education to families to increase the number of women that complete their annual primary care visit.

SUMMARY

Site Strengths:

- The program has achieved their goal to enroll 60 families into the MIHOPE study.
- The program met or exceeded majority of program impact objectives and outcome measures for the fourth quarter.
- The documentation reviewed in FamSys is up to date and all files reviewed demonstrated FSW's knowledge and competency with the HFA model.

Site Challenges:

- The Program Director is having challenges hiring for the vacant FSW and FAW/FSW positions.
- The program has challenges increasing level of service due to low number of referrals and the MIHOPE evaluation.
  - The program graduated 9 families in the fourth quarter, which also impacted level of service.

Healthy Families-TIP New Jersey
Site Visit Report

Site: Robin's Nest (Salem County) **Date of Visit:** June 23, 2015
In Attendance: Jeannette Alcantara (PCANJ Program Specialist), Stacey Foote (Program Director Salem), Michelle Johnson (Program Director Gloucester), Nancy Saborido (PCANJ Program Specialist)
Total # of Families Enrolled: 70 **# of TANF Families:** 66
Expected Case Weight: 120 **Current Case Weight:** 97
Percentage of Expected Case Weight: 81%
Percentage of Current Case Weight Devoted to TANF Families: 94%
(Numbers reported are for the month of June 2015)

QUALITY ASSURANCE MEASURES

Review of Action Plan from Prior Site Visit

- Action Plan from February 23, 2015:
  - The program will continue to work on improving their home visitation rate.
    - The program achieved an average of 80% of expected home visits from March 2015 – June 2015.
  - The program will continue outreaching families and communicating with Central Intake to increase Level of Service.
    - The program continues to focus on increasing Level of Service.

FamSys Issues

- There were no issues reported or discussed at this visit.

Staffing

- Debra Cornelius is the Chief of Staff (Program Manager).
- Stacey Foote is the Program Director (Program Supervisor).
- The site has 4 full-time FSW positions:
  - Eliza Harrell
  - Shakira Parson
  - Yesenia Robinson
  - Vacant
    - Carmen Hayes resigned from the program July 10th, 2015
- The site has 1 full-time FAW/FSW (50% FAW/50% FSW):
  - Irma Tapia-Pliego
    - Irma transferred from FSW to FAW/FSW effective July 2015

Supervision

- The Program Director meets for supervision weekly with each of her staff members.

- The program holds team meetings on a monthly basis and quality assurance meetings on a quarterly basis.
    - It was reported that each program has a report card to review various program outcomes/objectives.
    - It was reported that each program conducts quarterly record reviews and provides feedback to staff to facilitate continuous quality improvement.
- The Program Director and a representative from the agency both make Quality Assurance calls to participants.
- It was reported that shadowing is completed more frequently for new hires and at least two times each year for seasoned workers.
    - FamSys report for "Most Recent Supervisor Shadows" for Home Visits indicates that Irma and Shakira are due to be shadowed for 2015.
    - FamSys report for "Most Recent Supervisor Shadows" for Assessments indicates that Irma was shadowed in August 2015.
        - It is recommended that additional FAW shadows take place as Irma is new in this role.

Training

- Irma Tapia-Pliego previously attended the FAW Core and attended FAW Refresher training in May 2015.
- It was reported that staff attended the following trainings:
    - Breastfeeding as Protective Factor on June 18th (HV Site Networking Meeting)
    - Edinburgh Training on June 22nd facilitated by Susan Ellis Murphy from the Southern Jersey Perinatal Cooperative.
    - Reflective Practices – Infant Mental Health Training Series (multiple Fridays scheduled from June – August for 3 hours each)
- PCANJ will work the Program Director to complete FSW Certifications for Shakira and Yesenia and FAW Certification for Irma.

PAT

- There were no issues reported or discussed with regard to use of the PAT Curriculum.

Accreditation Status/Governance and Administration

- The program is accredited with HFA through June 30, 2017.
- PCANJ discussed the updates with regard to HFA Best Practice Standards including: Challenging Issues, Transition Planning, Edinburgh Depression Screening, CHEEERS, Reflective Strategies and new training requirements.
- PCANJ reported that the updated Annual Service Review template will be distributed in July. This report will be due on September 30, 2015.
- All three counties share an advisory board; it represents Healthy Families, Nurse Family Partnership and Parents as Teachers.
- The Program Director reported that they are planning to collaborate with the Salem County Council for Young Children.

Research Initiatives

- The site is participating with the HELP (Home Visitation Enhancing Linkages Project) pilot.
    - The Program Director reported that they are no longer expected to enroll new families into the evaluation. The program will continue to do follow-up screens for those families that were previously enrolled and will continue to submit documentation as requested.
    - The program enrolled 26 families from April 2014 through May 2015.

Advocacy Efforts

- The program continues with outreach efforts in the community to increase referrals.

Agency Events

- The program invites parents to participate in Parents As Teachers monthly group connections in addition to events hosted by the Family Success Center.

Documentation/Chart Review

(Robin's Nest maintains electronic files)

- A FamSys file review for the following PCIDs was completed by the Program Specialist:
    - HA8918
    - WC8918
    - SB8118
    - LA7418
- **Findings:** In all files reviewed the TC received 100% of required immunizations. All required Follow-Up forms were completed within the window. Most Benefit Status Change forms were completed within the window (see files LA7418 & HA8918). All ASQs, ASQ-SEs and Home Scales were completed within the window.

  Home Visit Logs reviewed were complete, PAT was indicated as the primary curriculum, CHEEERS was documented, there was evidence of HFA reflective strategies and progress of goals and assessment issues were discussed. It is noted that in LA7418 CHEEERS was reflective of the parent-child relationship and the FSW demonstrated a clear understanding of CHEEERS. In all files reviewed there was a wide range of proficiency with CHEEERS.

  The Program Specialist recommends that the following areas be addressed:

    - CHEEERS did not always reflect the parent-child interaction and did not always include sufficient information. CHEEERS was sometimes used to describe what the baby was doing during the visit, but was not specific to the parent-child relationship. It is recommended that each component of CHEEERS be reviewed to be sure that staff have a clear understanding of the expectation.
        - WC8918- FSW documented Cues as "Baby sit on floor" and Holding as "Baby scooping"
        - HA8918 – FSW documented Environment as "House was clean" and Rhythm as "interaction between PC1 & TC".

- Use of the HFA Reflective Strategies were indicated in most of the visits reviewed. It is recommended that the FSW provide a brief explanation to describe how the strategy was used with the family.
- Most of the visits reviewed included information on the assessment/current issue and progress of goals. It is recommended that additional detail of this discussion be provided when possible.
    - WC8918 – FSW documented Current Issue as "employment"
- The PAT Foundational Curriculum was not always used as expected. There are three areas of emphasis that the FSW should plan to review at each visit. Some of the visits reviewed included evidence or the same topic/handout to cover multiple areas of the curriculum.
    - WC8918 – "share rhymes & songs" was documented for both Development Centered Parenting and Family Well-Being.

PERFORMANCE MEASURES

Identify Target Population

- The site's target population is any parent residing in Salem County with a baby until 3 months old; if receiving TANF, the family may enroll up until the child reaches 12 months of age.

Referral Sources

- The program's referral sources include:
    - Southern Jersey Family Medical Center
    - Inspira-Elmer
    - Complete Care (MOU in place)
    - Inspira-Woodbury
    - Cumberland County Health Department
    - Women's Health Associates
    - Robins' Nest Inc.
    - Self-referrals

County Issues

- The Program Director reported that they have been completely disconnected from the Board of Social Services (BOSS).
- The Program Director reported that working with TANF Initiative for Parents (TIP) continues to be a challenge in Salem County.

Screening/Assessments

- The site completed 116 screens and 42 assessments from July 1, 2014 to June 30, 2015.
    - The annual target for screens is 124. They have achieved 94% of their annual target.

- The annual target for assessments is 62. They have achieved 68% of their annual target.

Caseload/Retention

- The case weight for June was 97 with an expected case weight of 120 (81%).
- All staff has a case weight of less than 30 as required by HFA.
  - Eliza Harrell was temporarily at a case weight of 32.5 in January and February 2015.
- The site had 2 families on Level X and participant retention reflects 68% of families enrolled for 1 year, 69% of families enrolled for 2 years and 37% of families enrolled for 3 years.

Home Visits

- The Home Visit rate for the month of June was 81%.
- The Home Visit rate for July 1, 2014 - June 30, 2015 was 76%.
- The program continues to focus on increasing their completed home visits through the PDSA.
  - The program completed an average of 80% of home visits from March – June 2015.

IMPACT & OUTCOME MEASURES

- As indicated in the DCF 4th Quarter Report, the program meets or exceeds annual targets for all measures with the exception of:
  - 71% of eligible pregnant women enrolled in WIC
  - 76% of eligible women keep 6-8 week postpartum visits
  - 68% parenting women receive an annual primary care/women's health care visit
- In the 4th quarter, the program has demonstrated improvement in the following areas:
  - 88% women on schedule for prenatal care medical visits
  - 89% of children up-to-date for immunizations
  - 93% of children up-to-date for lead screenings.
  - 71% initiate breastfeeding for at least 4 weeks

SUMMARY

Site Strengths:

- The program participates in the HELP evaluation and submits required documentation.
- The program has demonstrated improvement in the home visit rate during the last quarter of the fiscal year.
- The program has demonstrated improvement in a number of objectives as noted above.
- Majority of the documentation reviewed in FamSys is up to date and all files reviewed included CHEEERS and use of the HFA Reflective Strategies.

Site Challenges:

- The program receives a limited number of referrals from Central Intake.
- There are limited services and providers in Salem County.
- The program has had challenges completing expected home visits this fiscal year.
- The program has had staff turnover and currently has a vacancy.

Action Plan:

- The Program Director will continue working to fill the vacant position.
- The program will continue to work on improving and maintaining a home visit rate of at least 80% using the plan outlined in their PDSA.
- The program will continue working to increase the LOS.
- It is recommended that the Program Director review the areas to improve in the file review section and discuss with staff as appropriate.
- It is recommended that staff review the HFA CHEEERS webinar and provide peer support to colleagues that may not be as proficient in documenting CHEEERS.
- The Program Director and PCANJ will follow-up to complete FSW Certifications for Shakira and Yesenia and FAW Certification for Irma.

Jeannette Alcantara
Program Specialist, Healthy Families-TIP
Families-TIP

Nancy Saborido
Program Specialist, Healthy

cc: Debra Cornelius
Stacey Foote
Syreeta Garbarini
Michelle Johnson
Ines Lecerf
Jessica Nugent
Annette Riordan
Lenore Scott
Prevent Child Abuse – New Jersey file

External Performance Review

Date of review: 6/23/15 **Timeframe of review:** July 2014 - June 2015 2pm - 230pm

Program: GCPP **Agency conducting the review:** MART - Gloucester County

Review participants: Stephanie Curran, Nicira Louis, John Murphy, Sonja Bennis, Dick Gaydos

Strengths identified: Level of Service, outcomes

Recommendations for improvement: n/a

Were all standards met: (Yes) No

Standards requiring corrective action: n/a

Comments: County looking into additional Intake Coordinator for upcoming contract year.

Date when reviewers will provide documentation of this review:

Staff signature

Gloucester County MANAGEMENT ASSISTANCE RESOURCE TEAM

Monitoring / Evaluation Interview

Agency Name: Robins' Nest **Program(s) Reviewed:** Prevention Planning Services

Monitoring for Contract Year Ending: 6 / 30 / 15

Date of Exit Interview: 6 / 23 / 15

In Attendance:

Stephanie Curran	John Murphy MART
Wiurca Louis	Sonja Bennis MART
	Rick Gaydos DNS

Human Service Performance Standards (Revised November 2012)

Corrective Action Required / Follow Up:

Comments: Much need for an intake coordinator. Flex fund [illegible] returned will be about the same as last year at about [illegible] 15K. Greatest impact, to assist families waiting and assist case managers. This position would also service Salem County and thus would be FT with financial assistance from GC + SC. Contract modification will be discussed with DCF + DCFP when they visit.

[signature]
MART Team Leader / Chairman
Date: 6/23/15

[signature]
Executive / Program Director
Date: 6·23·15

Revised February 2012

External Performance Review

Date of review: _7/22 – 7/24/15____ Timeframe of review: _Annual_____

Program: _PCH_____ Agency conducting the review: _Office of Licensing___

Review participants: __LeAnn Dibenedetto, Begum Malali (PCH)

Craig Stewart, Jennifer Castellane, (OOL)

Strengths identified: *Very positive feedback

- **Very good program**
- **Good documentation, excellent treatment plans, excellent psychiatric progress notes, thorough detail in documentation including the resident shift log**
- **the residents really like it here**
- **the house is well taken care of**
- **Interviews with staff and residents went well.**

Recommendations for improvement: _Pre-treatment clinical assessment information needs to be done for all medications that are ordered after the initial pre-treatment clinical assessment has been done. Options are to do a pre-treatment clinical assessment with every medication, or the informed consent can be revised to include missing pre-treatment clinical assessment information. If no labs are required for a medication, then there needs to be somewhere indicating that.

Annual training requirement for "clinical treatment of behavior" Reviewers did not consistently see training in 2015 that would fall into this category, except for a few staff. This is an annual training topic. Multiple types of training can fit this category as long as it is related to clinical treatment of behavior, such as individualized topics on specific behaviors such as ADHD, etc.

Were all standards met: Yes X No (No Level 1 violations)

Standards requiring corrective action: _
10:128 7.5 c (Pre-treatment clinical assessments)
10:128 5.4 d (Training)
See attached corrective action plan

Comments: _PD had asked earlier in the year via email if a pre-treatment clinical assessment was required beyond the initial and was told it was not required.

Date when reviewers will provide documentation of this review: Provided 7/24/15

LeAnn DiBenedetto, LSW
Staff signature Program Director

STATE OF NEW JERSEY, DEPARTMENT OF CHI EN AND FAMILIES, OFFICE OF LICENSING
YOUTH RESIDENTIAL AND ADO ION AGENCIES LICENSING

[X] PROGRAMMATIC EXIT SUMMARY REPORT
[ ] LIFE/SAFETY EXIT SUMMARY REPORT

NAME OF AGENCY	Robin's Nest Inc
NAME OF FACILITY/HOME	Pettirosso Garden
STREET	114 Blackwood Barnsboro Rd
CITY / STATE / ZIP CODE	Sewell / NJ / 08080
DIRECTOR / TELEPHONE #	Leann DiBenedetto (856) 481-0888
APPROVAL VALID UNTIL:	July 31 2017

TYPE OF FACILITY

[ ] GROUP HOME
[ ] CHILDREN'S SHELTER
[ ] JUVENILE-FAMILY IN CRISIS SHELTER
[ ] TEACHING FAMILY HOME
[ ] TREATMENT HOME
[ ] SUPERVISED TRANSITIONAL LIVING HOME
[ ] RESIDENTIAL CHILD CARE FACILITY
[X] PSYCHIATRIC COMMUNITY RESIDENCE FOR YOUTH
[ ] ADOPTION AGENCY

INITIAL INSPECTION DATE: July 22-24, 2015
EXIT SUMMARY MEETING DATE: July 24, 2015
CORRECTIVE ACTION PLAN DUE: Sept 2, 2015
FIRST REINSPECTION DATE (on or after): Sept 27, 2015

Approved Capacity: 5

BASIS FOR INSPECTION: Manual of Requirements for Children's Group Homes **N.J.A.C. 10:** 12.8

FACILITY STAFF ATTENDING EXIT

1. LeAnn DiBenedetto
2. Begum Malal
3.
4.
5.
6.
7.

INSPECTION TEAM

1. Craig Stewart
2. Jennifer Castellano
3.
4.
5.
6.
7.

A formal response/Corrective Action Plan (CAP) must be provided to this office within forty days of the exit summary meeting as indicated above. The Corrective Action Plan must address all violations, emphasizing the Level I violations. The OOL will maintain a copy of your facility's Corrective Action Plan on file and attach it to the report when disseminated as a public document. If additional time is needed to abate any violation, a letter must be sent to this office within two (2) weeks after the exit summary meeting. The letter must state in detail the following: 1) the reason a violation(s) cannot be abated within the time permitted; and 2) the requested date by which the violation(s) will be abated. While the OOL considers your extension request, the original date of completion does not change and, should the extension request be denied, you will be required to abate the violation within the time frame originally specified.

VIOLATION/INSPECTION REPORT

NAME OF FACILITY: Pettirosso

LEVEL 1	VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION
N/A			
	1)	A review of residents records revealed incomplete and missing Pre treatment	10:122
		clinical assessments. The home shall ensure all residents receiving	
		Psychotropic medication have a complete (PtCA)	7.5(c)
	2)	A review of Training revealed staff ~~are~~ is lacking	
		Training in ~~crisis intervention and~~ clinical treatment of	
↓		behavior. The home shall ensure staff receive the	
		the required training each year.	54(d)1

FIRE DRILLS - OK
EVAC PLAN - OK

ROBINS NEST / PETTIBOSSO 7-16-15

1. GENERAL CLEAN BEDROOM #3
2. BURNED OUT LIGHTBULBS IN 2ND FLOOR BATHROOM.
3. EXPOSED SCREWS ON REAR DECK HANDRAIL.
4. REVERSE DOOR LOCK FROM MUD ROOM TO GARAGE
5. PROVIDE COVER FOR LIGHTS IN GARAGE.
6. REPAIR ROOF DAMAGE FROM STORM
7. CLEAN UP YARD AND REMOVE DOWNED TREES FROM STORM.
8. REMOVE DAMAGED CAR FROM STORM.

External Performance Review

Date of review: 7-23-15 **Timeframe of review:** 10:15am

Program: LifeLink Homes **Agency conducting the review:** HMIS

Review participants: Michael Dundas

Strengths identified: files good and organized. Computer has antivirus which is good. Posters are given to clients and posted in common area laundry rooms on property.

Recommendations for improvement: N/A

Were all standards met: (Yes) No

Standards requiring corrective action: N/A

Comments: Have Yvette become a system administrator. Follow-up with HMIS office for new intake form.

Date when reviewers will provide documentation of this review:

Kim Wallace
Staff signature

External Performance Review

Date of review: July 23, 2015 **Timeframe of review:** 5:30pm-7pm

Program: AAM **Agency conducting the review:** YSC

Review participants:

Joanne Robertson, Vicky Czyznikiewicz,
Lisa Cerny, Chuck Goldstein

Strengths identified:

All performance standards were met satisfactorily or above standard.
Positive feedback was given to monitors by parents and children during interviews.
Lisa mentioned her impression that clients seemed to form a strong bond in and out of group.

Recommendations for improvement:

Continue to send flyers to Victim/Witness program and the Sexual Assault Nurse Educator (SANE) so they can make clients aware of services. Also continue to reach out to Prosecutor's Office to have a representative speak with the parent group about court processes.

If funding becomes available, consider providing services during the summer to both youth and parents. Parents noted that disruption of these therapeutic services would be hardship for themselves and their children as they feel they are making good progress.

Were all standards met: Yes

Standards requiring corrective action: None

Comments: _____

_____

Date when reviewers will provide documentation of this review: Within 30 days-see attached letter from YSC Chair.

Joanne Robertson
_____
Staff signature

BOARD OF
CHOSEN
FREEHOLDERS

COUNTY OF
GLOUCESTER
STATE OF NEW
JERSEY

FREEHOLDER
DIRECTOR
Robert M. Damminger

FREEHOLDER LIAISON
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**DEPARTMENT OF
HEALTH &
HUMAN SERVICES**

DIRECTOR
Tamarisk L. Jones

**DIVISION OF HUMAN
AND DISABILITY
SERVICES**

DIRECTOR
Lisa A. Cerny

115 Budd Boulevard
West Deptford, NJ
08096

Phone: 856.384.6900
Fax: 856.686.0207

www.gloucestercountynj.gov

ew Jersey Relay Service - 711

CLOSE TO EVERYTHING
Gloucester County
FAR FROM IT ALL

Ms. Joanne Robertson
Robins' Nest, Inc.
42 S. Delsea Drive
Glassboro, NJ 08028

August 7, 2015

Dear Ms. Robertson:

The Gloucester County Youth Services Commission monitoring of the All About Me Program on July 23, 2015 found that all performance standards were met satisfactorily or above standard.

There were several recommendations made by the committee, which are as follows:

► Continue to send flyers to the Victim/Witness program and also the Sexual Assault Nurse Educator (SANE) in the Prosecutor's office so they can make their clients aware of services. Also continue reaching out to the Prosecutor's office to have a representative speak with the parent group about court processes.

► If funding becomes available; consider providing services during the summer to both youth and parents. Parents noted that the disruption of these therapeutic services would be hardship for themselves and their children as they feel they are making good progress.

If you have any questions, please call Lisa Cerny at 384-6874. Thank you and your staff for the outstanding work you do with the youth of Gloucester County. Please feel free to share this report with all appropriate staff.

Sincerely,

Charles Goldstein LCSW

Charles Goldstein, L.C.S.W. CEO CGS
YSC Monitoring Chair

Cc: Jessica Froba; Karen Dickel

External Performance Review

Date of review: 8/5/15 **Timeframe of review:** 2014 - 2015

Program: CLS **Agency conducting the review:** YSC & Gloucester

Review participants: Lisa Cerny

Strengths identified: Files are in order & easily accesable

Recommendations for improvement: None

Were all standards met: (Yes) No

Standards requiring corrective action: None

Comments:

Date when reviewers will provide documentation of this review: unknown

Staff signature

External Performance Review

Date of review: 8/26/15 **Timeframe of review:** 10am

Program: LLH **Agency conducting the review:** OAS

Review participants: Betsy Montalvo

Strengths identified: Satisfactory unit inspections, case reviewed (#5867), strong client interviews

Recommendations for improvement: All clients need to transition over to utilizing a Transitional Plan for Youth Success (TPYS) with DCPP caseworker involvement - by January

Were all standards met: (Yes) No

Standards requiring corrective action: n/a

Comments: n/a

Date when reviewers will provide documentation of this review:

Jillian Lafferty 8/26/15
Staff signature

External Performance Review

Date of review: 8/26/15 **Timeframe of review:** 10 am

Program: AMP **Agency conducting the review:** OAS

Review participants: Betsy Montalvo

Strengths identified: Case reviewed (# 5867)
Strong client interview

Recommendations for improvement: None

Were all standards met: (Yes) No

Standards requiring corrective action: N/a

Comments: N/a

Date when reviewers will provide documentation of this review:

Jillian Lafferty 8/26/15
Staff signature

External Performance Review

Date of review: 8/27/15 **Timeframe of review:** 10 am

Program: STI **Agency conducting the review:** OAS

Review participants: Betsy Montalvo

Strengths identified: Satisfactory unit inspections
Client interview
Case reviewed (# 22434)

Recommendations for improvement: n/a

Were all standards met: (Yes) No

Standards requiring corrective action: all clients need to transition over to utilizing a Transitional Plan for Youth Success (TPYS) with DCPP involvement - by January

Comments:

Date when reviewers will provide documentation of this review:

Jillian Lafferty 8/27/15
Staff signature

External Performance Review

Date of review: 8/28/15 **Timeframe of review:** Jan-Dec 2015

Program: F1 **Agency conducting the review:** OAS

Review participants: Betsy Montaulo

Strengths identified: Organized files. Clients love staff and program.

Recommendations for improvement: Work on getting more Transition for YOUTH Success plans.

Were all standards met: (Yes) No

Standards requiring corrective action: None

Comments: None

Date when reviewers will provide documentation of this review: Unknown

Staff signature

External Performance Review

Date of review: 8/28/15 **Timeframe of review:** 2015 Jan-Dec

Program: OMO **Agency conducting the review:** OAS

Review participants: Betsy Montavlo

Strengths identified: Organized files, Clients love program.

Recommendations for improvement: Work on getting more Transition for YOUTH Success plans.

Were all standards met: (Yes) No

Standards requiring corrective action: None

Comments: None

Date when reviewers will provide documentation of this review: Unknown

Staff signature

External Performance Review

Date of review: 9/2/15 **Timeframe of review:** annual (re-inspection)

Program: GH **Agency conducting the review:** OOL

Review participants: Craig Stewart (OOL) and Michelle Duffy (PD)

Strengths identified: 1 violation abated - HR memo detailing CARI procedure acted as a satisfactory response to violation for not having copies of the volunteer CARIs.

Recommendations for improvement: see comments

Were all standards met: No

Standards requiring corrective action: 1 violation is still outstanding but a corrective action plan is not required. Violation is for intake physicals lacking complete information.

Comments: OOL reviewed charts of 2 new residents. PD explained that with both girls, physicals were to be completed prior to intake. However, insurance will not cover the physical if the youth has already had a physical within that year. Provided documentation of GH's efforts to get physicals scheduled after admission. OOL noted - progress but additional time needed to assess. PD to fax copies of physicals of next 2 new admissions to OOL in order to get violation abated.

Date when reviewers will provide documentation of this review: not indicated

Michelle Duffy

Staff signature

External Performance Review

Date of review: 9/25/15 **Timeframe of review:** 9:30a - 10:30a

Program: FSCG (Family Success Gloucester) **Agency conducting the review:** DCF

Review participants:

- Claudia Forte - DCF, Regional Coord, DCF
- Cari Burke - FSCG Supervisor

Strengths identified: variety of programming, high LOS, volunteer partnerships in community

Recommendations for improvement: possible change in center name, add some programs in the future calendars with development skills for parents & children

Were all standards met: (Yes) No

Standards requiring corrective action:

Comments:

Date when reviewers will provide documentation of this review:

Cari Burke
Staff signature

External Performance Review

Date of review: 9/28/15 **Timeframe of review:** 10am - 2pm

Program: OFSC (Family Success Alliance #1) **Agency conducting the review:** State DCFS

Review participants:

Jose Balbarrago

Claudia Forte

Strengths identified: - Strong programs, center looks beautiful, excited for opportunities in Atlantic City

Recommendations for improvement:

website - add ability to sign-up for event

connect w/ Comm. center on Delaware (?)

Were all standards met: (Yes) No

Standards requiring corrective action: N/A

Comments: N/A

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 9/25/2015 Timeframe of review: 12:00PM-2:00PM

Program: Winslow FSC **Agency conducting the review:** DCF

Review participants: Christina Reamer, Program Supervisor of Winslow FSC & Claudia Forte, Regional Coordinator for the Southern Regional FSCs

Strengths identified:
-Several workshops are currently going well; have strong attendance & promote the FSC model & contracted services: Healthy Marriage Discussion Group, Pregnancy & Parenthood, Parent & Child Cooking Class, etc.
-The Winslow FSC has several strong community and agency partnerships

Recommendations for improvement: To consider candidates of diverse backgrounds

Were all standards met: **Yes** No

Standards requiring corrective action: None at this time

Comments: The visit went very well. Ms. Forte was interested in getting additional information about how we maintain and build our partnerships and how we market our workshops, so as to share that information with other FSCs.

Date when reviewers will provide documentation of this review: N/A

C. Reamer
Staff signature

External Performance Review

Date of review: 9/16/2015 **Timeframe of review:** 10:00AM-2:00PM

Program: Connections FSC (MFSC) **Agency conducting the review:** CPAC

Review participants: Danielle Mitchell, Assistant Supervisor of Connections FSC, Christina Reamer, Program Supervisor of Winslow FSC, Claudia Forte, Regional Coordinator for the Southern Regional FSC's, Jose Baldarrago, Supervising Regional Coordinator & Shannon Colestock, Human Services Planner & CIACC Convener (CPAC)

Strengths identified:
-All three locations (Lindenwold, Lawnside & Pine Hill) have been running smoothly and have been well received in each community. Participants are attending many workshops and engaging with the center by providing their ideas. Programming has been designed to promote the FSC model & contracted services.
-Connections FSC has tremendous support from community partners from each of the communities such as the Pine Hill Police Department, the Mayor and Borough of Lindenwold & the Superintendent and Vice Principal of Lawnside School.

Recommendations for improvement: N/A

Were all standards met: **Yes** No

Standards requiring corrective action: None at this time

Comments: The site monitor went extremely well. Jose Baldarrago and Claudia Forte visited all 3 locations and saw that we were exceeding all standards of service.

Date when reviewers will provide documentation of this review: N/A

DMitchell

Staff signature

External Performance Review

Date of review: 10/1/2015 **Timeframe of review: 10:30-12:15**

Program: CMRSS

Agency conducting the review: NJ Division of The Children's System of Care

Review participants: Jennifer Holder, Community Service Coordinator, Betsy Deen, Contract Administrator and Nicole Stemberger

Strengths identified: Program follows the contract, Committment to staff and professional development, Meeting outcomes, collaboration with partners,DCPP, Schools. Discussed ratio, funding, and hiring process.

Recommendations for improvement: None made

Were all standards met: YES √ No

Standards requiring corrective action: ZERO

Comments: Jennifer said she was very satisfied with our program and considers ours to be one of the best in the state.

Date when reviewers will provide documentation of this review: None provided

Nicole Stemberger, LCSW
Staff signature

External Performance Review

Date of review: 10/2/15 **Timeframe of review:** biennial (re-inspection)

Program: GH **Agency conducting the review:** OOL

Review participants: Andrew Grant (OOL), Nearee Willis (CCW)

Strengths identified: N/A

Recommendations for improvement: see attached - all previous violations abated

Were all standards met: Yes

Standards requiring corrective action: N/A

Comments: N/A

Date when reviewers will provide documentation of this review: Provided on 10/2/15.

Michelle Duffy
Staff signature

STATE OF NEW JERSEY, DEPARTMENT OF CHILDREN AND FAMILIES, OFFICE OF LICENSING
YOUTH RESIDENTIAL AND ADOPTION AGENCIES LICENSING

[ ] PROGRAMMATIC INSPECTION/VIOLATION REPORT
[x] LIFE/SAFETY INSPECTION/VIOLATION REPORT

NAME OF AGENCY		
Robin's Nest		
NAME OF FACILITY/HOME		
Robin's Nest		
STREET		
40 South Delsea Drive		
CITY	STATE	ZIP CODE
Glassboro,	NJ	08028
DIRECTOR		TELEPHONE #
Michelle Duffy		856-881-8689
APPROVAL VALID UNTIL	APPROVED CAPACITY	
April 30, 2016	9	

TYPE OF FACILITY

[x] GROUP HOME
[ ] CHILDREN'S SHELTER
[ ] JUVENILE-FAMILY IN CRISIS SHELTER
[ ] TEACHING FAMILY HOME
[ ] TREATMENT HOME
[ ] SUPERVISED TRANSITIONAL LIVING HOME
[ ] RESIDENTIAL CHILD CARE FACILITY
[ ] PSYCHIATRIC COMMUNITY HOME FOR CHILDREN
[ ] ADOPTION AGENCY

INITIAL INSPECTION DATE: June 11, 2014

CORRECTIVE ACTION PLAN DUE: July 28, 2014

REINSPECTION DATES (to occur on or after):
1st August 11, 2014
2nd March 17, 2015
3rd
4th
5th
6th

BASIS FOR INSPECTION: Manual of Requirements for Children's Group Homes N.J.A.C. 10:128

FACILITY STAFF ATTENDING EXIT

1. Michelle Duffy
2. Rene Youssef
3. _____
4. _____
5. _____
6. _____
7. _____

INSPECTION TEAM

1. Andrew Grant
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

OTHER ATTENDEES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

INSPECTION/VIOLATION REPORT

NAME OF FACILITY: Robins Nest

INITIAL INSPECTION DATE: June 11, 2014

VIOL. #	LOCATION AND DESCRIPTION OF VIOLATION(S)	MANUAL CITATION	REINSPECTIONS – Key Code on last page					
			1ST	2ND	3RD	4TH	5TH	6TH
		10:128	1/15/15	10.2.15				
1.	The damaged blinds in the rear living room shall be repaired or replaced.	4.3(c)	A	A				
2.	The dirty exhaust fans in the bathrooms shall be cleaned.	4.3(a)10	O	A				
3.	The home shall provide a general cleaning of bedrooms #2, #3 & #4.	4.3(c)	O	A				
4.	The damaged floor in the third floor bathroom shall be repaired or replaced.	4.3(a)3	A					
5.	Fire drill evacuation time shall be kept to 3 minutes or less.	4.4(c)1	A					

INSPECTION/VIOLATION REPORT

NAME OF FACILITY: Robins Nest

INITIAL INSPECTION DATE: June 11, 2014

REINSPECTION INSPECTOR(S)	DATES						
Andrew Grant	1/15/15						

CODE	KEY
A	Abated
O	Outstanding
A*	Abated – See annotation
O*	Outstanding – See annotation
1	Progress noted but additional time required to assess for substantial compliance.
2	Unable to reassess due to insufficient sample size.
3	Unable to assess as interviews could not be conducted.
4	Unable to assess as records were unavailable.
5	Unable to assess as area was inaccessible.
6	Unable to assess during time allotted for the inspection.
7	Submitted documentation is pending OOL review.
8	Other – See annotation
N/A	No longer applicable – See annotation

External Performance Review

Date of review: 10/19/15 **Timeframe of review:** 1:30 pm - 3:00 pm

Program: Riverview Family Success Center **Agency conducting the review:** DCF: Office of Family Support Services

Review participants: Kelly O'Donnell
Claudia Forte
Jose Baldarrago

Strengths identified: Programming → Fathers Matter Group
- Grandparents Group
- Successes of employment assistance & Knitting/dancing groups

Recommendations for improvement:
- Continuing to foster relationships in community
- growing grandparents group by extending to caregivers
- partner w/ Salem Success Center for Taye Jobs fair

Were all standards met: (Yes) No

Standards requiring corrective action: N/A

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 10/6/2015 **Timeframe of review:** 1:00PM-4:00PM

Program: Connections FSC (MFSC) **Agency conducting the review:** CPAC

Review participants: Danielle Mitchell, Assistant Supervisor of Connections FSC, Christina Reamer, Program Supervisor of Winslow FSC, Niurca Louis, Director of Community Engagement & Shannon Colestock, Human Services Planner & CIACC Convener (CPAC)

Strengths identified:
-All three locations (Lindenwold, Lawnside & Pine Hill) have been running smoothly and have been well received in each community. Participants are attending many workshops and engaging with the center by providing their ideas. Programming has been designed to promote the FSC model & contracted services.
-Connections FSC has tremendous support from community partners from each of the communities such as the Pine Hill Police Department, the Mayor and Borough of Lindenwold & the Superintendent and Vice Principal of Lawnside School.

Recommendations for improvement: N/A

Were all standards met: **Yes** No

Standards requiring corrective action: None at this time

Comments: The site monitor went extremely well. Mr. Colestock interviewed 2 participants and 1 staff person. He received great reviews about what is happening at the center and saw that we were exceeding all standards of service.

Date when reviewers will provide documentation of this review: N/A

DMitchell

Staff signature

External Performance Review

Date of review: __11/3/15____ **Timeframe of review:** ___Program Q3____

Program: _____PAT_____ **Agency conducting the review:** _____PCA-NJ__

Review participants: Sarah Baig, PCA Program Specialist

Strengths identified: Files reviewed with positive feedback.

Recommendations for improvement: Identify strategies to strengthen engagement with clients. PCA would also like to see the retention rates improve. Reviewed success plans and implementation of new tools to assist program in meeting all of PAT Essential Requirements.

Were all standards met: Yes No

Standards requiring corrective action: Plans in place to improve the screening (LSP and ASQ's) of all enrolled clients within specified timeframes and complete screenings including completion of the yearly health records. Home visit rates are also being addressed as there has been a decline over the past two quarters.

Comments: Success plans and goals set by program to meet requirements.

Date when reviewers will provide documentation of this review:

Staff signature

Home Visiting
Prevent Child Abuse
New Jersey

Site Visit Date: November 3, 2015

Name of Program/Agency: Robins' Nest PAT – Gloucester & Salem Counties

In attendance: Kristin Conners-Glaspey (Program Supervisor), Sarah Baig (Program Specialist), Paula Nessler (Program Specialist)

Level of Service Actual/Expected (Percentage): Gloucester: 42/50 (84%); Salem: 59/60 (98%)

Review of Action Items from previous visit:

- *3/31/15 Action Item #1:* The Program Supervisor will provide additional training and support to PEs regarding documentation of services. The Program Coordinator will additionally provide support as needed.
  - *Update:* The Program Supervisor has addressed documentation concerns from the previous SVR in individual supervision sessions as well as in staff meetings. From her quarterly file review since the last site visit, the Program Supervisor noted improvements in the areas discussed.
- *3/31/15 Action Item #2:* The Program Supervisor will continue to outreach all new referrals to the program in order to schedule initial visits with families and further grow the program's caseload.
  - *Update:* The Program Supervisor continues to be the initial point of contact for all new referrals. The Program Supervisor reports that limiting the number of people that new referrals are in contact with in the initial stages has improved engagement.

STAFFING			
Name	**Role**	**FTE**	**Notes (may include hire date/end date/leave of absence)**
Debra Cornelius	Program Manager	0.12	Oversees Gloucester/Salem PAT in addition to all Robins' Nest HF programs and Cumberland PAT.
Kristin Conners-Glaspey	Program Supervisor/PE	0.75/0.25	Carries a caseload in Gloucester
Lana Capizola	PE – Gloucester	1.0	Applied for PAT Supervisor position in Camden county
Ashley Letzgus	PE – Gloucester	1.0	1 case in Salem; Resigned 11/3/15; End date 11/4/15
Amaranth Alleyne	PE –Salem	1.0	1 case in Gloucester
Nadia Dale	PE –Salem	1.0	1 case in Gloucester
Autumn Jones	PE – Salem	1.0	
Additional notes/action items: (new hires, resignations, leave, other circumstances) • There is one vacancy for a full-time PE in Gloucester. The Program Supervisor is currently searching for a new hire to fill this position.			

SUPERVISION	**Yes**	**No**	**In Progress**	**Not Discussed**	**Notes**

The program is in compliance with the expected ratio for supervisor/direct service staff.	X				
All staff receives individual supervision for the expected frequency and duration.	X				
Individual supervision sessions include administrative, reflective and clinical components	X				Most administrative issues are addressed collectively in staff meetings.
The program conducts Quality Assurance Calls on a quarterly basis. If so, indicate the # of calls and general feedback provided by family.	X				Feedback from families was positive. One family talked about the value of the connection she has with her PE.
The program facilitates staff meetings. If so, indicate frequency and topics covered.	X				Topics covered at staff meetings include general updates, PE and program needs, peer shadowing, trainings, and success stories. Staff also share spreadsheets and go over monthly numbers.
The program supports staff with review of professional goals on a regular basis. If so, indicate format used to document and frequency.	X				Performance reviews are conducted annually and staff fill out a monthly spreadsheet regarding goals and needs.
All staff was shadowed within the last 12 months and shadows were documented using the Personal Visit Observation Tool.	X				The Program Supervisor reported that the shadowing is often unnatural because both the PE and the family are aware of the Supervisor's presence.
The program supervisor conducts client file reviews on a quarterly basis. If so, indicate findings.	X				The Program Supervisor reported that the necessary items are generally present but quality of documentation needs improvement. The Program Supervisor noted that the new spreadsheet and family tool timeline will also help to improve documentation.
A supervision binder was reviewed during this visit. If so, indicate findings.		X			

Additional notes/action items: (include plan to address any areas that are out of adherence with the Supervision Policy)

- In Supervision sessions, PEs bring their own information that they feel is important to discuss rather than going case by case. The Program Supervisor documents in supervision logs which families were discussed and reviews regularly to make sure all families are being discussed at some point. The focus is more on high needs using monthly spreadsheets. The Program Supervisor helps PEs to refocus on how they can help rather than focusing on what is wrong with the family and everything that is out of their control. The Program Supervisor also emphasizes the importance of the relationship between the PE and the family in supervision.
- Every Monday the Program Supervisor sends a "pep up" email with updates for the week, reminders, and general motivation. On Friday, the Program Supervisor sends a similar email to close out the week and take care of any needed business before the weekend.

TRAINING	**Yes**	**No**	**In Progress**	**Not Discussed**	**Notes**

All staff have completed Foundational and Model Implementation training.	X				
All staff who work with Target Children over age 3 are trained in Foundational 2. Indicate if additional staff are interested in Foundational 2 training.			X		Lana is trained in Foundational 2. Autumn has expressed interest in attending Foundational 2 training in the Spring with PCA-NJ.
PATSys Stop-Gap training is completed as needed.	X				
All staff have completed trainings outlined in the New Hire Orientation training and trainings are documented using the Comprehensive Training Log.	X				
All PEs are up to date on professional development training.	X				PEs have attended the following trainings: Corporate Compliance, HIPAA, Reporting Abuse/Neglect, Risk Training, Suicide Awareness and Assessment, Workplace Ethics, Motivational Interviewing, and The Art of Perception (Cultural Diversity Day).
All PEs have completed the Core Competency Self-Assessment within the past 12 months.				X	
Are there other identified training needs?	X				Based on file review, the Program Specialist recommends training for PEs on developing SMART goals.

Additional notes/action items: (include plan to address any areas that are out of adherence with New Hire Orientation, PATSys Stop Gap Training, and Professional Development Training policies)

- PEs continue to conduct peer shadows and provide feedback in individual supervision.
- The Program Supervisor ordered a training DVD series called "Reality Based Training for Home Visitors" that came with corresponding packets of information that she will facilitate during staff meetings.

Group Connections	**Yes**	**No**	**In Progress**	**Not Discussed**	**Notes**
The program offers Group Connections at least monthly (provide attendance numbers for recent events).	X				The program tends to have a lot of community participants rather than families from the program attend the events because Group Connections are held at the Family Success Center.
A trained PE or Supervisor is present at all Group Connections.	X				
Group Connections address each of the three areas of emphasis (parent-child interaction, development-centered parenting, and family well-being) over the course of the program year (provide recent topics).	X				The program recently had a baby shower for a Group Connection. Other recent topics include maternal depression, staying healthy with stress, and tots tumble time.
Group Connections are provided in approved formats (family activities, ongoing groups, presentations,	X				

community events, or parent cafes).					
Group Connections address all age groups and developmental areas over the course of the program year.	X				
Feedback from families is gathered on a consistent basis.			X		Staff bring a participant survey to Group Connections but do not always get the chance to hand it out to all participants at the end of the event. The Program Supervisor reported the program plans on doing focus groups with 1-2 families per PE to get input and feedback from families.
Additional notes/action items: (include plan to address any areas that are out of adherence with the Group Connections policy) • Issues with attendance tend to be with scheduling and transportation. The program will take into consideration the feedback given during the focus groups to address these issues.					

GOVERNANCE & ADMINISTRATION	**Yes**	**No**	**In Progress**	**Not Discussed**	**Notes**
The program is in good standing with the national office (Affiliate status and fees).	X				
The program is on track to meet the Essential Requirements for the current program year. Indicate if the program utilizes the Blueprint for Quality Assurance.	X				The program does not use the Blueprint for Quality Assurance. However, the Program Supervisor has created a comprehensive spreadsheet of data that programs need to hand track for the APR with appropriate formulas. Once the spreadsheet is finalized, the Program Supervisor will share with the network.
The program has submitted the most recent Annual Performance Report.	X				
The program has identified and implemented Success Plans for growth based on the Essential Requirements Review of the most recent APR and PMR.	X				The program was notified by PAT National regarding the 3 ERs that the program was not meeting. The Program Supervisor formally submitted online to PAT National the program's Success Plans for ERs regarding LSPs, HV achievement rates, and screenings. All staff participated in the creation of these Success Plans.
The program is on schedule to complete the Quality Endorsement process (N/A if not currently engaged in process).				X	N/A
The advisory board meets the state and PAT requirements (quarterly meetings, diverse membership, parent involvement, feedback on program implementation).	X				The program will begin using the CCYCs in both counties as their advisory boards at the next quarterly meetings. The Program Supervisor has been attending the CCYC meetings in Gloucester and Stacey Foote, the

					Program Supervisor of the Salem HF-TIP program attends the CCYC meetings in Salem. Beginning next month, the Program Supervisor will begin attending the CCYC meetings in both counties.
The program completes monthly data entry and quarterly reports as required.	X				Reports for FY16 Quarter 1 were submitted 10/14/15.
The program has a written Quality Assurance Plan with a system in place to address identified issues.	X				
The program has a current and relevant PDSA cycle. Indicate topic, status of the plan and barriers identified.				X	
The program completed an annual Participant Satisfaction Survey and has a plan in place to improve services based on feedback.	X				The Program Supervisor sends out agency satisfaction surveys to a different set of families each month on a rotating basis so that all families receive the survey twice a year.
The program completed an annual Staff Satisfaction Survey and has a plan in place to increase satisfaction based on feedback.	X				
Is the program participating in any research evaluations? (indicate name and status)		X			

Additional notes/action items:(include plan to address any areas that are out of adherence with the Advisory Board, Program Compliance, Research, and Technical Assistance policies)

- To improve staff satisfaction, the program has been brainstorming ideas regarding morale. Some ideas that they have come with so far include creating an award wall and nominating each other for something notable during certain timeframes. The Program Specialist Paula suggested having a "Family Fun Planning Meeting" during a lunch hour to continue to brainstorm ideas. Currently, to boost morale the Program Supervisor takes all staff out to breakfast once a quarter.

PARTICIPANT FILE REVIEW	Yes	No	In Progress	Not Discussed	Notes
All required consent forms are present and complete.		X			• LH8344195819 o Consent for Research and Confidentiality signed 2 weeks after enrollment date. o There were 2 referrals made that may have needed Consents to Exchange Info. PE indicated arrangements were made on behalf of the family but none were found in the file: 5/21/14 to Salem County Prevention Program and 7/17/14 to the NJ Department of Labor. • GP9037196098 o There were 3 referrals made that may have needed Consents to Exchange Info. PE indicated arrangements were made on behalf of

					the family but none were found in the file: 8/22/14 to Little Hands Little Feet – St. Andrew's, 9/3/14 to Angels of God Clothing Closet, and 10/5/15 for Early Intervention at Southern NJ EI Collaborative. • AB7537195326 Consent for Research and Confidentiality signed 22 days after enrollment date.
All required tools are completed within appropriate windows		X			• YS9237197840 o According to home visit logs, goals were created within first 90 days; however, there was no documentation of the goals found in the file. o Milestones not up to date. • LH8344195819 o LSP not completed every 6 months. o A new goal plan was not established within the last 6 months (last goal plan found was 3/26/15). o Milestones not up to date. o Most recent Safety Checklist not completed. • GP9037196098 o Most recent Safety Checklist not completed. • AB7537195326 o No initial LSP and LSP not completed every 6 months. o Health Record and Safe Sleep Checklist not completed at appropriate intervals. • TD9137198622 o No LSP completed or goals established, and no other screening tools completed. (However, it should be noted the family went inactive after one month of enrollment. Current PE Kristin noted in the most recent HV log on 11/10/15 both ASQs were completed and she will do goal plan, LSP, and health record at next visit on 11/23/15.)
PATSys forms are entered as required.			X		• YS9237197840 o In the ID and Contact Info form, no information is listed for OBP but the unknown box is not checked. o Family was on inactive status but there is no Creative Outreach form. (However, it should be noted the family was only inactive for 9 days.) • LH8344195819 o Missing 6 month Benefits Status Change form but most recent (1 year) is completed and up to date. • AB7537195326 o It's reported on the Basic Information page and Level form that the enrollment date is 12/5/13, but the first home visit was not until

					12/12/13. It said on the Tool Timeline the enrollment date was 12/18/13, so it made it difficult to calculate the 90 day due date. Enrollment date needs to be made clear. • TD9137198622 o On the ID and Contact Info form, there is no information listed for OBP, but it says he lives in the household. There is also no emergency contact information. o There is no Intake form for OBP even though he lives in the home. o Family went inactive 6/30/15, yet there are only Creative Outreach forms for August and September 2015 (missing July and October). o A Benefits Status Change form is due (Follow-Up completed 11/10/15).
Children are up-to-date for developmental screens.			X		• GP9037196098 o 2 month and 10 month ASQ-3s were not adjusted appropriately for prematurity. • TD9137198622 o No initial ASQs or Health Record completed. Kristin is currently catching the family up on screenings.
Children are up-to-date for immunizations.		X			• YS9237197840 o 6 month Rota missing. • LH8344195819 o 1-2 month Hep B delayed (did not receive until a year later). Need to delete delayed entry. o No flu shots. • GP9037196098 o 1-2 month Hep B late. o 2 month DTaP, HIB, Polio, PCV, and Rota late. o 4 month DTap, Polio, and Rota just over a month late. o 4 month HIB and PCV over a year late. o 6 month DTaP, HIB, PCV, and Rota missing. o No flu shots. o Late on all of these yet got the 12-15 month MMR and chicken pox and 12-23 month Hep A ahead of time. • AB7537195326 o 4 month and 6 month Rota missing. Must now add an entry and put delayed for medical reason because TC is too old to receive now. o No flu shots. o 12-15 month HIB missing or late. o 15-18 month DTaP missing or late. • TD9137198622

					○ Birth and 1-2 month Hep B late. ○ 6 month DTaP, HIB, PCV, and Rota late. ○ No flu shots.
Resource referrals were provided to families.	X				• YS9237197840 ○ PE has not yet followed up on referral made on 2/5/15 for GED prep. ○ In HV log dated 9/17/15, PE wrote "PE told MOB she was going to call EI and refer TC to see if anything wrong with TC," but there is no referral documented regarding this. • LH8344195819 ○ PE has not yet followed up on referrals made on 5/21/14 to Salem County Prevention Program and 10/13/14 to Salem County Housing Authority and Weisman Children's Medical Daycare. • GP9037196098 ○ PE has not yet followed up on referral made on 10/5/15 to EI at Southern NJ EI Collaborative. • AB7537195326 ○ PE has not yet followed up on referrals made on 5/21/14 for housing assistance, 9/5/14 to the FSC, and 11/11/14 for child primary care, but the most recent referrals have follow up. • TD9137198622 ○ No referrals made (went inactive).
PAT curriculum is identified as administered on HV Logs.	X				
PAT Curriculum is being utilized as intended.	X				
Home visitors are using CHEEERS as intended.			X		• YS9237197840 ○ In HV log dated 5/27/15, "Environment" does not address how the environment supports development. ○ In HV log dated 6/29/15, PE wrote in "Empathy" "MOB rubbed TC's back." This could have been used for "Holding" especially since MOB did not hold TC at any other time during the visit, and it was not in response to a cue. ○ In HV log dated 8/19/15, "Cues" and "Rhythm" need improvement. "Cues" did not address the parent-child interaction. "Rhythm" could be strengthened if TC's response to MOB bouncing him on her lap was included to illustrate the give and take. ○ In HV log dated 9/17/15, "Rhythm" is missing. • LH8344195819 ○ CHEEERS overall need improvement. The Program Specialist

					recommends that the PE be provided with additional training and support regarding CHEEERS. • GP9037196098 o CHEEERS should focus on the parent-child interaction. The PE may include siblings if parents are already referenced in each component of CHEEERS. o CHEEERS should focus on behaviors that are representative of the entire visit rather than highlighting a behavior that happened once. o In HV log dated 8/21/15, there was a concern noted in "Expression" that was not followed up on or used in planning future visits. Also, here is a lack of specificity for "Cues." PE wrote "PC1 followed TC's playful cues;" examples should be provided with more objective wording. In "Empathy," PE should clarify what led her to believe PC1 understood TC's cue by providing examples and quotes. • AB7537195326 o In these home visit logs, CHEEERS does not generally focus on the parent-child interaction but on the whole family or just TC. CHEEERS should focus on the parent and TC. Also, language should be made more clear and objective. If documenting CHEEERS while TC is sleeping, make sure it still focuses on the parent-child interaction. Otherwise, PE can write N/A. o In HV log 7/21/15, "Cues" are not about the parent-child interaction, and "Environment" is not about how the space supports development. o In HV log dated 8/6/15, "Cues" is not about the cue that TC gives and how PC1 responds. "Environment" needs to be more specific; what is meant by "full of activity?" For "Rhythm" PE wrote "TC's needs were met by everyone quickly and happily." PE should provide specific evidence that led her to believe this was so and use more objective language. • TD9137198622 o No CHEEERS included in the first HV log.
Home visitors are addressing all three areas of emphasis (parent-child interaction, development-centered parenting, family well-being).	X				• YS9237197840 o In the HV log dated 6/10/15, page 2 is not complete. The rest of the log shows all three areas of emphasis were addressed though. • LH8344195819 o Page 2 is incomplete in all HV logs reviewed. • GP9037196098 o Page 2 is incomplete in HV log dated 9/2/15 and the 3 most recent HV logs.

					• AB7537195326
					  ○ There was no parent-child interaction checked on page 2 in HV log dated 8/6/15.
					  ○ Page 2 not completed in HV log dated 10/1/15.
					• TD9137198622
					  ○ Page 2 not completed in HV log dated 5/20/15.

Additional notes/action items: (include # of files reviewed and recommendations to address any identified concerns)

- The Program Specialists reviewed 5 files – one for each PE:
  - Nadia: YS9237197840
    - Goals are not SMART goals; steps in the Family Goal Plan do not include time frames.
    - HV logs are very thorough and provide a clear picture of what occurred in the visit. PE should change language used in narratives to be less casual. For instance, change phrases such as "PE seen TC play…" to "PE observed TC play…"
    - PE should also make sure language is less directive when communicating in HV logs and with families. In HV log dated 6/29/15, PE wrote "PE told MOB to start doing it (reading to TC) more" and "PE told MOB not to do that (put sweet potatoes in the bottle)" Change wording to PE encouraged, suggested, recommended, etc. or PE informed MOB of the risks.
    - PE's CHEEERS are strong even when TC is sleeping.
    - In HV log dated 8/5/15, PE wrote that she scored the ASQs and told MOB TC is on track. The Program Supervisor should make sure PEs are not scoring ASQs in front of the family during the visit
    - In HV log dated 8/19/15, in HFA strategies, PE wrote "PE liked how MOB was into TC at the visit" and "PE was surprised how interactive MOB was." PE should be advised to take emotion out of the language used in HV logs and write more objectively. This is also seen in HV log dated 9/17/15 when PE wrote in the Family Well-Being section "PE was concerned with TC not being able to sit up on his own yet."
  - Autumn/Kristin: LH8344195819
    - PEs should be advised to make sure all steps in the Family Goal Plans include time frames.
    - In the HV logs reviewed (7/9/15-10/1/15), documentation was sparse. There were no CHEEERS documented in HV logs dated 8/5/15 and 8/15/15. Not all sections were complete and it did not provide a clear picture of what occurred in the visit, yet "form completed" was checked for all HV logs reviewed.
    - Very good home visit achievement rate – 86% in the last 3 months.
  - Lana: GP9037196098
    - Very good home visit achievement rate – PE has 100% home visit completion rate for this whole calendar year.
    - Home visit logs are not being completed. HV logs dated 9/18/15, 10/5/15, and 10/22/16 are all mostly empty and the "Form completed" box is not checked.
  - Amaranth: AB7537195326
    - Not all goals are SMART goals; not all steps in the Family Goal Plans include time frames.
  - Ashley/Kristin: TD9137198622
    - Kristin is on track to catch this family up with screenings and other tools.
- It is recommended that all due dates are pre-calculated and filled out in the Tool Timeline upon enrollment/birth of TC, especially due to mistakes with dates throughout the files (i.e. writing 2015 as the year instead of 2014 in AB7537195326).
- PEs need to date the Safe Sleep and Safety Checklists.
- It is recommended that all PEs have training on creating SMART goals with families.

PERFORMANCE MEASURES	Yes	No	In Progress	Not Discussed	Notes
The program reaches the intended Target Population. Indicate any recent updates/changes/challenges.	X				
The program receives referrals from Central Intake. If so, is there regular communication regarding the status of referrals?	X				The program generally has not been having problems with LOS, so they have only been taking referrals for what they need. Otherwise, they send any Gloucester referrals to the HF Gloucester program. Most referrals Central Intake receives are from Southern NJ Family Medical.
The program enters referral information in SPECT as required.	X				There are currently 10 referrals in the system who the Program Supervisor is outreaching.
Does the program have a relationship with other community groups/providers in the target area? (CCYC, FSC, CI etc.)	X				The program is housed in the Family Success Center, gets its referrals from Central Intake, and has developing relationships with the CCYCs in both counties. The Gloucester CCYC has 3 active families (one from the PAT program, one from the HF program, and one from the community). The program has a relationship with the Board of Social Services but has recently been having trouble with communication with them.

Additional notes/action items: (identify strengths and plan to address any areas of concern)

- The Program Supervisor noted having difficulty getting in contact with new referrals. The Program Specialist Paula recommended texting the families instead of calling because a lot of families have prepaid phones that cannot make calls but have texting capabilities.
- The Program Supervisor reported there is no one reason for the below average home visit completion rates (see data below). PE Autumn took vacation in August and was out for a week in September or personal reasons, and the PEs in general have trouble with families canceling their visits. The Program Specialist Sarah recommended scheduling visits with families as early in the month as possible so they have time to make up visits later in the month in case of cancellations.

GLOUCESTER

Performance for most recent quarter (FY16Q1) compared to the previous quarter (FY15Q4)	Actual	Expected	Current (FY16Q1) % or #	Previous (FY15Q4) % or #	Notes
o Level of Service (last day of the quarter)	42	50	84%	90%	
o # of referrals/screens	2	36	6%	81%	
o # of newly enrolled families	4	XX	4	10	
o # of women enrolled prenatally	2	4	50%	20%	

o # of families discharged	7	XX	7	8	
o # of families graduated	0	7	0%	0	
o # of home visits completed	149	206	72%	73%	
o # of families enrolled at least 1 year	19	28	68%	55%	

Impact Objectives/Outcome Objectives (MIECHV & NJ CQI Priority Areas)	**Actual**	**Expected**	**Current (FY16Q1) %**	**Previous (FY15Q4) %**	**Notes**
o On schedule for prenatal care	3	3	100%	100%	
o Postpartum women keep 6-8 week postpartum medical visit	17	20	85%	89%	
o Parenting women who receive an annual primary care/health care visit	12	14	86%	85%	
o Eligible children have health insurance	37	37	100%	100%	
o Eligible women have health insurance	37	39	95%	95%	
o Children up-to-date for well-child medical visits	35	37	95%	97%	
o Children up-to-date for Developmental Screening	26	28	93%	96%	
o Eligible children enrolled in WIC	35	37	95%	95%	
o Children up-to-date for immunizations	23	26	88%	89%	
o Enrolled infants breastfed for at least 4 weeks	10	16	63%	59%	
o Parent support for children's learning and development	3	4	75%	50%*	*Too many invalids
o Parent knowledge of child development and of their child's developmental progress	4	4	100%	75%*	*Too many invalids
o Parenting behaviors of child development and their child's developmental progress	4	4	100%	50%*	*Too many invalids
o Mother/parent working or in school by the time the child is 2-years old	1	1	100%	0%	

SALEM

Performance for most recent quarter compared to the previous quarter	**Actual**	**Expected**	**Current (FY16Q1) % or #**	**Previous (FY15Q4) % or #**	**Notes**
o Level of Service (last day of the quarter)	59	60	98%	83%	
o # of referrals/screens	24	15	160%	193%	

o # of newly enrolled families	18	XX	18	8	
o # of women enrolled prenatally	10	18	56%	63%	
o # of families discharged	9	XX	9	8	
o # of families graduated	0	9	0%	0	
o # of home visits completed	201	300	67%	73%	
o # of families enrolled at least 1 year	17	23	74%	62%	

Impact Objectives/Outcome Objectives (MIECHV & NJ CQI Priority Areas)	**Actual**	**Expected**	**Current (FY16Q1) %**	**Previous (FY15Q4) %**	**Notes**
o On schedule for prenatal care	11	15	73%	86%	
o Postpartum women keep 6-8 week postpartum medical visit	18	22	82%	100%	
o Parenting women who receive an annual primary care/health care visit	9	17	53%	71%	
o Eligible children have health insurance	46	46	100%	100%	
o Eligible women have health insurance	39	39	100%	100%	
o Children up-to-date for well-child medical visits	42	46	91%	100%	
o Children up-to-date for Developmental Screening	21	25	84%	83%	
o Eligible children enrolled in WIC	39	44	89%	97%	
o Children up-to-date for immunizations	29	34	85%	96%	
o Enrolled infants breastfed for at least 4 weeks	10	15	67%	91%	
o Parent support for children's learning and development	6	8	75%	N/A	
o Parent knowledge of child development and of their child's developmental progress	8	8	100%	N/A	
o Parenting behaviors of child development and their child's developmental progress	7	8	88%	N/A	
o Mother/parent working or in school by the time the child is 2-years old	2	4	50%	50%	

SUMMARY OF SITE VISIT

Program Strengths:

- The program utilizes a Coupon System to incentivize families. Families can receive coupons for various accomplishments such as

completing consecutive home visits, attending Group Connections, having TC completely immunized, etc. Families can trade in their coupons for various incentives such as bassinets, pack and plays, toiletries or personal care items, clothing, diapers, wipes, etc.

- The program has a budget from the United Way grant for purchasing such incentives not only for the Coupon System but also for families in crisis. For emergency situations, families receive these concrete goods based on the particular need and the PE's discretion. The program also receives numerous donations of children's books, personal items, clothing, etc. usually around the holidays.
- The program's utilization of technology such as the Smart Board in the conference room and spreadsheets/calendar sharing on Google Drive greatly enhances the program's efficiency. The Program Supervisor can easily pull up the database, videos, and other training materials on the large screen to facilitate staff meetings, and all staff are constantly connected by using the Google Drive.
- Because the program is housed in the Family Success Center, the program is able to use the space for Group Connections. Having this large, centralized space opens up the program's options for various activities and events.
- Beginning next month, the program will use the CCYC as their Advisory Board, which will allow them to connect with a diversified population of people including families from home visiting programs and the community.

Program Challenges:

- From the file review, it is evident that improvement regarding documentation is needed. (It should be noted that the program keeps all files electronically, and the scanner was not working the week before the site visit, which may have contributed to some missing items.) Quality of writing in PATSys can also be improved.
- The program now has a new vacancy. In addition to all of her other responsibilities, the Program Supervisor is now catching up on all the work left behind and trying to keep those families engaged.
- In regards to discharges, the Program Supervisor noted that they have been having problems with families disappearing or moving away suddenly without notice. Because there is no notice, the PEs do not have the chance to develop transition plans.
- Communication with the Board of Social Services has not been as strong as it once was.

Plan of Action:

- The Program Supervisor will address documentation concerns from the file review with each individual PE. The Program Specialist will support the Program Supervisor with any training needs.
- The Program Supervisor will continue to search for a new hire to fill the vacant full-time PE position.
- The Program Supervisor will attend the CCYC meetings in both Salem and Gloucester counties next month and begin the process of using the CCYCs as the program's Advisory Boards.
- All staff will brainstorm strategies to increase home visit completion rate.

Report Completed By: Sarah Baig

Sarah Baig
Program Specialist, Home Visitation

CC: Jessica Nugent, PCANJ
Eva Szmutko, PCANJ
Paula Nessler, PCANJ
Kristin Conners-Glaspey, Robins' Nest
Debra Cornelius, Robins' Nest
Lenore Scott, DCF
Ines Lecerf, DCF
Annette Riordan, DFD
Syreeta Garbarini, DFD

External Performance Review

Date of review: 11-20-15 **Timeframe of review:** 9-4

Program: Prevention Salem **Agency conducting the review:** IAC

Review participants: Brenda Goins, Nicki Botsford, Nilrca Louis Kate Read, Maggie Vaughn, Ray Bolden, Dr.

Strengths identified: Program was well run, met all of deliverables

Recommendations for improvement: Nicki requested # of open/closing were submitted in more clear manner, like graph, that NL did provide

Were all standards met: (Yes) No

Standards requiring corrective action: None

Comments: The program was defunded by IAC as they wanted to reallocate the funds

Date when reviewers will provide documentation of this review:

KRead
Staff signature

External Performance Review

Date of review: 11/23/15 **Timeframe of review:** Q1

Program: PAT **Agency conducting the review:** DCF

Review participants: Kristin Conners-Glaspey, Debbie Cornelius, Ines Lecerf

Strengths identified: Strong LOS improvements over the past year.

Recommendations for improvement: Strategies for engagement/retention.

Were all standards met: Yes **No**

Standards requiring corrective action: Inactive clients need to be reduced.

Comments:

Date when reviewers will provide documentation of this review:

Kim Glaspey
Staff signature

External Performance Review

Date of review: 12/02/15 **Timeframe of review:** 4hrs

Program: HF-TIP Cumberland **Agency conducting the review:** PCA-NJ

Review participants: Rubi Lukasiewicz
Sarah Baig

Strengths identified: Good Detail in Assessments narratives

Recommendations for improvement: Case Weight

Were all standards met: **Yes** **No**

Standards requiring corrective action: _____

Comments: _____

Date when reviewers will provide documentation of this review:

_____
Staff signature

External Performance Review

Date of review: 12-7-15 **Timeframe of review:** _____

Program: HFS **Agency conducting the review:** PCANS

Review participants: Stacy Foote, Sara Baig

Strengths identified: strong outcomes

Recommendations for improvement: home visit rate

Were all standards met: (Yes) No

Standards requiring corrective action: _____

Comments: _____

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 12/09/15 **Timeframe of review:** 2hrs

Program: HF-TIP Cumberland **Agency conducting the review:** DCF

Review participants: Ines Lecerf
Debra Cornelius

Rubi Lukasiewicz

Strengths identified: Most of the Program Outcomes Meeting benchmarks.

Full staff

Recommendations for improvement: Case Weight

Were all standards met: **Yes** **No**

Standards requiring corrective action:

Comments: Develop a plan for increase the level of service/Case Weight

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 12-9-15 **Timeframe of review:** _____

Program: HFS **Agency conducting the review:** DCF

Review participants: Stacey Foote, Debra Cornelius Ines Lecerf, Mindy

Strengths identified: outcomes

Recommendations for improvement: LOS, h.v. rate -use PDSA cycle

Were all standards met: (Yes) No

Standards requiring corrective action: _____

Comments: _____

Date when reviewers will provide documentation of this review:

Staff signature

External Performance Review

Date of review: 1/6/16 **Timeframe of review:** 10 AM - 11 AM

Program: OFSC 2 **Agency conducting the review:** DCF

Review participants: Claudia Forte and Chrissy Reamer

Strengths identified: Good location; Good attendance for current programming

Recommendations for improvement: More outreach, partnering with local businesses

Were all standards met: (Yes) No

Standards requiring corrective action: None

Comments: N/A

Date when reviewers will provide documentation of this review: N/A

C. Reamer
Staff signature

External Performance Review

Date of review: 1/8/16 **Timeframe of review:** 2pm - 3pm

Program: Riverview Family Success Center **Agency conducting the review:** DCF

Review participants: Kelly DDonnell
Claudia Forte
Jose Baldarrago

Strengths identified: - comfortable, home like setting
- new programming
- new LOS system to improve accuracy of LOS counting

Recommendations for improvement: none identified

Were all standards met: (Yes) No

Standards requiring corrective action: n/a

Comments:

Date when reviewers will provide documentation of this review:

Staff signature

Robins Nest Inc.

Family Success Centers – Letters of Commitment

Reference	Name	Title	Telephone Number	Email
South Jersey Legal Services	Douglas E. Gershuny	Executive Director	856-964-2010	dgershuny@lsnj.org
Ocean County SNAP-Ed	Angela Greene	Program Supervisor	732-349-1247	greene@njaes.rutgers.edu
Barnegat School District	Ms. Erin Biancella	District Supervisor of Guidance	609-660-7510 ext. 7090	ebiancella@barnegatschools.com
Food Bank of South Jersey	Tricia Yeo	Director	856-662-4884	tyeo@foodbanksj.org
St. Vincent De Paul	Ms. Marie Dorry	President	609-698-7477	mdorry@comcast.net
St. Mary's Church	Monseigneur Ken Tuzeneu	Pastor	609-698-5531	Stmarys19@comcast.net
Resident & Employment Volunteer	Mr. Robert DiBenedetto	Employment Resource Committee Chair	609-548-0716	Robert.dibenedetto@staples.com
ESL & Spanish teacher	Phyllis B. Klick	Community Volunteer	609-294-9460	pklick@srsd.net

SOUTH JERSEY LEGAL SERVICES, INC.

DOUGLAS E. GERSHUNY, ESQUIRE
Executive Director

ANN M. GORMAN, ESQUIRE
Deputy Director

KENNETH M. GOLDMAN, ESQUIRE
Director of Litigation & Advocacy

ADMINISTRATIVE OFFICE
745 Market Street
Camden, NJ 08102
Phone: (856) 964-2010
Fax: (856) 964-0228

April 18, 2016

Dr. Anthony DiFabio, CEO
Robins' Nest Inc.
42 S. Delsea Drive
Glassboro, NJ 08028

Dear Dr. DiFabio,

South Jersey Legal Services (SJLS) is excited about the prospect of working with Robins' Nest Inc. in Barnegat, New Jersey. We recognize the scarcity of resources in this area and feel that the expansion of Robins Nest Inc. services will meet this challenge by providing recreational and educational services and supports to families with a family friendly, strength based and culturally sensitive approach.

South Jersey Legal Services is committed to building strong families as is Robins' Nest Inc. Our partnership will ensure the coordination and expansion of available resources and supports for the benefit of families and children. The expansion of Robins' Nest Inc. Family Success Center will allow the continuation of the excellent programs that our community deserves. Additional Robins' Nest programs will also provide the needed resources to expand recreation and education supports to the families and children in our community. In addition to the excellent working relationship our agency has with Robins' Nest Inc. we acknowledge the quality care and excellence in programming that Robins' Nest workers provide to our neighborhoods.

SJLS supports you as you pursue the opportunity to continue to expand resources and supports, which we know will make a positive impact on families.

Very truly yours,
SOUTH JERSEY LEGAL SERVICES

DOUGLAS E. GERSHUNY
Executive Director

RUTGERS
New Jersey Agricultural Experiment Station

Cooperative Extension of Ocean County
Extension Center
1623 Whitesville Road
Toms River, NJ 08755-1199
ocean.njaes.rutgers.edu

njaes.rutgers.edu/extension
732-349-1227 4-H
732-349-1246 Agriculture
732-505-3671 Environmental Resource Management
732-349-1247 FCHS, SNAP-Ed
732-349-1152 Fisheries/Aquaculture
732-349-1245 Rutgers Master Gardeners
732-505-8941 Fax

April 18, 2016

Dr. Anthony DiFabio, CEO
Robins' Nest Inc.
42 S. Delsea Drive
Glassboro, NJ 08028

Dear Dr. DiFabio,

Ocean County NJ Supplemental Nutrition Assistance Program-Education (NJSNAP-Ed) is excited about the prospect of working with Robins' Nest Inc. in Barnegat New Jersey. We recognize the scarcity of resources in this area and feel that the expansion of Robins Nest Inc. services will meet this challenge by providing recreational and educational services and supports to families with a family friendly, strength based and culturally sensitive approach.

NJSNAP-Ed is committed to building strong families as is Robins' Nest Inc. Our continuing partnership will ensure the coordination and expansion of available resources and supports for the benefit of families and children. The expansion of Robins' Nest Inc. recreational programs will allow the continuation of the excellent programs that our community deserves. Additional Robins' Nest programs will also provide the needed resources to expand recreation and education supports to the families and children in our community. In addition to the excellent working relationship our agency has with Robins' Nest Inc. we acknowledge the quality care and excellence in programming that Robins' Nest workers provide to our neighborhoods.

NJSNAP-Ed supports you as you pursue the opportunity to continue to expand resources and supports, which we know will make a positive impact on Barnegat families.

NJSNAP-Ed can provide nutrition education in a variety of forms, including:

- Class series;
- Other education, e.g., health fairs, workshops, or exhibits;
- Posting and/or distribution of nutrition education materials; and/or
- Videos

Sincerely,

Angela Greene

Angela Greene
Program Supervisor

April 11, 2016

Dr. Anthony DiFabio, CEO
Robins' Nest Inc.
42 S. Delsea Drive
Glassboro, NJ 08028

Dear Dr. DiFabio,

Barnegat School District is excited about the prospect of working with Robins' Nest Inc. in Barnegat New Jersey. We recognize the scarcity of resources in this area and feel that the expansion of Robins Nest Inc. services will meet this challenge by providing recreational and educational services and supports to families with a family friendly, strength based and culturally sensitive approach.

Barnegat School District is committed to building strong families as is Robins' Nest Inc. Our continuing partnership will ensure the coordination and expansion of available resources and supports for the benefit of families and children. The expansion of Robins' Nest Inc. recreational programs will allow the continuation of the excellent programs that our community deserves. Additional Robins' Nest programs will also provide the needed resources to expand recreation and education supports to the families and children in our community. In addition to the excellent working relationship our agency has with Robins' Nest Inc. we acknowledge the quality care and excellence in programming that Robins' Nest workers provide to our neighborhoods.

Barnegat School District supports you as you pursue the opportunity to continue to expand resources and supports, which we know will make a positive impact on Barnegat families

Sincerely,

Erin Biancella
District Supervisor of Guidance K-12

FOOD BANK
OF SOUTH JERSEY
Food | Nutrition | Sustainability

1501 John Tipton Blvd | Pennsauken, NJ 08110
Phone (856) 662-4884 | Fax: (856) 662-4489
www.foodbanksj.org

Do it for South Jersey!

April 19, 2016

Dr. Anthony DiFabio, CEO
Robins' Nest Inc.
42 S. Delsea Drive
Glassboro, NJ 08028

Dear Dr. DiFabio,

The Food Bank of South Jersey is excited about the prospect of continuing to work with Robins' Nest Inc. in Southern New Jersey. We recognize the scarcity of resources in this area and feel that the expansion of Robins Nest Inc. services will meet this challenge by providing services and supports to families with a family friendly, strength based and culturally sensitive approach.

The Food Bank of South Jersey is committed to building strong families as is Robins' Nest Inc. Our continuing partnership will ensure the coordination and expansion of available resources and supports for the benefit of families and children. The expansion of Robins' Nest Inc. programs will allow the continuation of engagement in community building and enhancement in engagement of the civic, business, and faith-based communities. Additional Robins' Nest programs will also provide the needed resources to expand supports to the families and children in our community. In addition to the excellent working relationship our agency has with Robins' Nest Inc. we acknowledge the quality care and advocacy that Robins' Nest workers provide to our consumers.

The Food Bank of South Jersey supports you as your pursue the opportunity to continue to expand resources which we know will make a positive impact on Southern New Jersey families. FBSJ looks forward to our continued partnership to not only provide healthy food to families in need but also cooking and shopping classes. Our collaboration has proved to be valuable in improving the health of people living on a low income and together we are able to instill the message of health across to these neglected populations.

With sincere gratitude,

Tricia Yeo, DTR

Dr. Anthony DiFabio, CEO

Robins' Nest Inc.

42 S. Delsea Drive

Glassboro, NJ 08028

Dear Dr. DiFabio,

St. Vincent de Paul is excited about the prospect of Robins' Nest Inc. coming to our area. We recognize the scarcity of resources in this area and feel that the expansion of Robins Nest Inc. services will meet this challenge by providing recreational and educational services and supports to families with a family friendly, strength based and culturally sensitive approach.

SVdP is committed to assisting families as is Robins' Nest Inc. Our continuing partnership will ensure the coordination and expansion of available resources and supports for the benefit of families and children. The expansion of Robins' Nest Inc. recreational programs will allow the continuation of the excellent programs that our community deserves. Additional Robins' Nest programs will also provide the needed resources to expand recreation and education supports to the families and children in our community. In addition to the excellent working relationship our agency has with Robins' Nest Inc. we acknowledge the quality care and excellence in programming that Robins' Nest workers provide to our neighborhoods.

SVdP supports you as you pursue the opportunity to continue to expand resources and supports, which we know will make a positive impact on Barnegat and Stafford Township families. We have a number of clients who feel very isolated. This seems like a great way to get these people involved in the community. We can post the monthly calendar so people from the area will know what is happening.

Sincerely,

Marie Dorry

President SVdP

Barnegat, NJ

St. Mary's Church
747 West Bay Avenue
P.O. Box 609
Barnegat, N.J. 08005
Phone (609) 698-5531
Fax (609) 698-6255

April 25, 2016

Dr. Anthony DiFabio, CEO
Robins' Nest Inc.
42 S. Delsea Drive
Glassboro, NJ 08028

Dear Dr. DiFabio,

St. Mary's Parish is excited about the prospect of working with Robins' Nest Inc. in Barnegat New Jersey. We recognize the scarcity of resources in this area and feel that the expansion of Robins Nest Inc. services will meet this challenge by providing recreational and educational services and supports to families with a family friendly, strength based and culturally sensitive approach.

St. Mary's Parish is committed to building strong families as is Robins' Nest Inc. Our continuing partnership will ensure the coordination and expansion of available resources and supports for the benefit of families and children. The expansion of Robins' Nest Inc. recreational programs will allow the continuation of the excellent programs that our community deserves. Additional Robins' Nest programs will also provide the needed resources to expand recreation and education supports to the families and children in our community. In addition to the excellent working relationship our agency has with Robins' Nest Inc. we acknowledge the quality care and excellence in programming that Robins' Nest workers provide to our neighborhoods.

St. Mary's Parish supports you as you pursue the opportunity to continue to expand resources and supports, which we know will make a positive impact on Barnegat families. Our Parish is already runs a soup kitchen and a food pantry in our town. Also, we offer an employment resource committee. We feel that a program like Robins' Nest would be another avenue to help tie in various other programs in the area.

Sincerely,

Msgr. Ken Tuzeneu, Pastor

4/20/16

Dr. Anthony DiFabio, CEO
Robins' Nest Inc.
42 S. Delsea Drive
Glassboro, NJ 08028

Dear Dr. DiFabio,

Robert DiBenedetto is excited about the prospect of working with Robins' Nest Inc. in Barnegat/Stafford New Jersey. We recognize the scarcity of resources in this area and feel that the expansion of Robins Nest Inc. services will meet this challenge by providing recreational and educational services and supports to families with a family friendly, strength based and culturally sensitive approach.

Robert DiBenedetto is committed to building strong families as is Robins' Nest Inc. Our continuing partnership will ensure the coordination and expansion of available resources and supports for the benefit of families and children. The expansion of Robins' Nest Inc. recreational programs will allow the continuation of the excellent programs that our community deserves. Additional Robins' Nest programs will also provide the needed resources to expand recreation and education supports to the families and children in our community. In addition to the excellent working relationship our agency has with Robins' Nest Inc. we acknowledge the quality care and excellence in programming that Robins' Nest workers provide to our neighborhoods.

Robert DiBenedetto supports you as you pursue the opportunity to continue to expand resources and supports, which we know will make a positive impact on Barnegat/Stafford families. I run an Employment Resource Committee to help people find employment, tweak resumes, and network within the community. I believe the people in this program can benefit from this center meeting new people at events, especially on the ACCESS days.

Sincerely,

Robert C. DiBenedetto

April 28, 2016

Dr. Anthony DiFabio, CEO
Robins' Nest Inc.
42 S. Delsea Drive
Glassboro, NJ 08028

Dear Dr. DiFabio,

I am excited about the prospect of working with Robins' Nest Inc. in Barnegat/Stafford New Jersey. I recognize the scarcity of resources in this area and feel that the expansion of Robins Nest Inc. services will meet this challenge by providing recreational and educational services and supports to families with a family friendly, strength based and culturally sensitive approach.

I am a committed proponent of the building of strong families as is Robins' Nest Inc. I look forward to their coordination and expansion of available resources and supports for the benefit of families and children. The expansion of Robins' Nest Inc. recreational programs will allow the continuation of the excellent programs that the community deserves. Additional Robins' Nest programs will also provide the needed resources to expand recreation and education supports to the families and children in the community. In addition to the excellent working relationship that I anticipate having with Robins' Nest Inc., I acknowledge the quality care and excellence in programming that Robins' Nest workers already provide in so many neighborhoods throughout New Jersey.

I support you as you pursue the opportunity to continue to expand resources and supports, which I know will make a positive impact on Barnegat/Stafford families. As a former resident of Barnegat who was very much involved in many volunteer groups throughout the years, I look forward to serving the community again one day as a volunteer with Robins' Nest.

Sincerely,

Phyllis B. Klick
Spanish Teacher
Southern Regional High School