



**Office of Children
and Family Services**

Supervision and Treatment Services for Juveniles Program (STSJP)

How to Complete the Data Quality Checklist

February 2022 (Prerecorded Video)

October 2022 (Updated Slide Content) ★

Bureau of Research, Evaluation and Performance Analytics

Documents for Reporting to OCFS

<https://ocfs.ny.gov/programs/youth/stsjp/recording.php>

▼ Supervision and Treatment

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Record STSJP data for PY 2021-2022 in the Provider Roster linked below. One file should be used for each program approved on a municipality's STSJP Annual Plan. Each municipality should also complete and submit one Data Quality Checklist per period.

- [STSJP Provider Roster](#) 

Additional (submit 1 per program)

- [STSJP Data Quality Checklist](#) 

Minimum (submit 1 with table on page 2 completed)

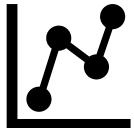


Office of Children
and Family Services

Timeline for Reporting to OCFS



STSJP Program Year runs October 1 to September 30.



Report program activity to OCFS twice during the program year.

Use one file per year, adding data for period 2 onto what was reported for period 1.

① Period 1 reporting deadline is **May 1**

- Report every youth served at least one day on/between October 1-March 31.
- Report the outcomes for every youth discharged on/between October 1-March 31.
- If no youth were served/program did not operate, report this in the required checklist.

② Period 2 reporting deadline is **November 1**

- Report every youth served at least one day on/between April 1-September 30.
- Report the outcomes for every youth discharged on/between April 1-September 30.
- If no youth were served/program did not operate, report this in the required checklist.

Checklist Components

STSJP Data Quality Checklist – Page 1

- Municipality to QC each provider roster before submitting files to OCFS
 - Alignment between program’s entry on STSJP Plan and data
 - No missing or incorrect entries

STSJP Data Quality Checklist – Page 2

- Municipality to complete table and submit with data files
 - Note programs with no data here

Updated: 11-26-2021

**Supervision and Treatment Services for Juveniles Program
(STSJP) Data Quality Checklist**

Directions: STSJP Data Submission Leads, please use the following checklist to facilitate an assessment of data accuracy for each of your municipality's Provider Rosters. Use the logic provided after each item to correct any errors - this may involve following up with the provider. Complete the table on page 2 and submit this document to the New York State Office of Children and Family Services (OCFS) with your municipality's Provider Rosters.

(1) **New Provider Rosters are released at the start of every program year (Oct 1), which overlaps with the prior year's period 2 submission window (Oct 1 to Nov 1). Does the program year displayed inside the Roster match the program year for which you are submitting data?**
 Yes → **If yes:** If the submission is for period 2, please ensure the data are being added into any accepted files from the period 1 submission.
 No → **If no:** Obtain the correct file from the OCFS STSJP [website](#) or email stsjp@ocfs.ny.gov and ask for the version you need.

(2) **Are any fields under the variables "Youth's Start Date" and/or "Youth's End Date" highlighted yellow?** Yes No
 → **If yes:** It is likely that an incorrect year was entered in the date(s), the date(s) fall outside of the acceptable range of entries, or the date was typed incorrectly and is not in the mm-dd-yyyy format. Follow up with the provider as needed to verify dates and adjust accordingly.

(3) **Do the program and agency names in the Roster match the program and agency names listed in the STSJP Annual Plan?** Yes No
 → **If no:** Please revise in the Roster so these fields align for easy and accurate reference.

(4) **Does the Family Support Services (FSS) Program response in the Roster match the response approved for that program in the STSJP Annual Plan?** Yes No
 → **If no:** Please correct the response in the Roster. Note: FSS programs can only serve youth at risk of becoming, alleged to be, or adjudicated as Persons in Need of Supervision (PINS); therefore, adjusting this response may also require an adjustment to the youth who should be tracked in the Roster. Services for FSS programs can only be reimbursed through the STSJP funding stream.

(5) **Do the STSJP funded service domains and STSJP-RTA (raise the age) funded service domains designated in the Roster align with the funded domains approved/pending approval for that program in the STSJP Annual Plan?** Yes No
 → **If no:** Follow up with the provider for more information. If the entry was made in error, correct the response in the Roster. If the youth was served at the reported domain, the STSJP Plan will need to be amended to include the domain; otherwise, remove the youth from the Roster.

(6) **Are any fields under the variables "Approved Funding" and/or "Youth's Case Type" highlighted yellow?** Yes No
 → **If yes:** A highlighted field means the entry is not valid. Use the *Youth Decision Grid* (in file) to identify appropriate service combinations.

Updated: 11-26-2021

**Supervision and Treatment Services for Juveniles Program
(STSJP) Data Quality Checklist**

Once revisions are complete, save a copy of the clean Excel Roster file. In the copy, remove youth names (don't forget to also remove youth names from the notes section). The de-identified Roster is now ready for submission to OCFS via the Juvenile Detention Automation System (JDAS).

In the table below, enter each program that appears on the STSJP Annual Plan. If no data have been recorded during the program year, select N/A under "QC Complete & Errors Fixed." Briefly explain under "Notes" why the program has no data. If no data have been recorded for the program year, you are not required to submit a Roster for that program. If the program reported data for period 1 but had no new data to report for period 2, you should resubmit the data file that was revised and accepted for period 1 and note below that no new youth were served in the program for period 2.

| Municipality: | | Reviewer Name: | | Reporting Period: | |
|---------------|--|------------------------------|------------------------------|-------------------|--|
| Program Name | | QC Complete & Errors Fixed | | Notes | |
| 1 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 2 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 3 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 4 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 5 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 6 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 7 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 8 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 9 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 10 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 11 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 12 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |

Additional Feedback

Checklist Q1

Does the program year displayed inside the roster match the program year for which you are submitting data?

Before Submitting to OCFS:

1. Save a copy of this file
2. In copy, remove names from columns B, C, & AT (Notes).
3. STSJP Leads should submit the de-identified file through JDAS

| Youth's | | Enrollment / Discharge | | | | Program Details (check STSJP Plan) |
|-----------|------------|------------------------|--------------------|------------------|------------------|------------------------------------|
| Last Name | First Name | ID# | Youth's Start Date | Youth's End Date | Approved Funding | Approved Service Domain |
| | | 1 | | | | |
| | | 2 | | | | |
| | | 3 | | | | |

If yes:

Period 2 data should be added into any accepted files from period 1, resulting in a complete program year's worth of data.

If no:

The latest program year's file will be available online under Blank Data Files

<https://www.ocfs.ny.gov/programs/youth/stsjp/recording.php>

If the year you need is not there, please email stsjp@ocfs.ny.gov and ask for that version.

Checklist Q2

Are any fields under the variables “Youth’s Start Date” and/or “Youth’s End Date” highlighted yellow?

If yes:

Follow up with the provider as needed to verify dates and adjust accordingly:

Date mistyped or field contains text

→ Retype in mm-dd-yyyy format

→ Remove text

Youth’s Start Date occurs after PY End

→ Remove youth from file

Youth’s End Date occurred before PY Start

→ Remove youth from file

Youth’s End Date occurs after PY End

→ Remove end date

| PROGRAM YEAR 2021-2022 | | | PY Start: 10-01-2021 PY End: 09-30-2022 |
|---------------------------|--------------------|------------------|--|
| Enrollment / Discharge | | | |
| ID# | Youth's Start Date | Youth's End Date | |
| 1 | 9/282020 | N/A | Start mistyped; End contains text |
| 2 | 10-08-2022 | | Start occurs after PY End |
| 3 | 08-06-2020 | 12-31-2020 | End occurred before PY Start |
| 4 | 05-15-2021 | 10-01-2022 | End occurs after PY End |
| 5 | 10-01-2021 | 09-30-2022 | |
| 6 | 11-09-2021 | 04-01-2022 | |

Example from 2021-2022 Provider Roster

Checklist Q3

Do the program and agency names in the roster match the program and agency names listed in the STSJP Annual Plan?

| PROGRAM | 1 | <i>Example from 2021-2022 STSJP Annual Plan</i> | |
|---|---|---|-----------|
| A. PROGRAM 1 CONTACT INFORMATION | | | |
| Program 1 Name: Example Program Name | | | |
| Operating Agency: Example Agency Name | | | |
| Program Mailing Address: | | | |
| Address Line 2: | | | |
| City: | | State: NY | ZIP Code: |
| Program Contact's Name: | | Title: | |
| Phone: () | | Ext: | Email: |

If no:

Please revise in the Provider Roster so these fields align for easy and accurate reference.

Example from 2021-2022 Provider Roster

| | | | |
|---------------------------|---------------|----------------------|---|
| PROGRAM YEAR 2021-2022 | Program Name: | Example Program Name | ✓ |
| | Agency Name: | Example Agency Name | ✓ |
| | Municipality: | | |





Checklist Q4

Does the Family Support Services (FSS) Program response in the roster match the response approved for that program in the STSJP Annual Plan?

| | | | |
|---|-----------|---|--|
| PROGRAM | 1 | <i>Example from 2022-2023 STSJP Annual Plan</i> | |
| A. Program 1 Contact Information | | | |
| Program 1 Name: Example Program Name | | | |
| Operating Agency: Example Agency Name | | | |
| Program Mailing Address: | | | |
| Address Line 2: | | | |
| City: | State: NY | ZIP Code: | |
| Program Contact's Name: | | Title: | |
| Phone: () | Ext: | Email: | |
| B. Program 1 Description and Target Population | | | |
| 1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

- If no:**
Please correct the response in the Provider Roster and note:
- FSS programs can only serve PINS youth, **or as of December 29, 2022, youth under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act.**
 - FSS programs can only be reimbursed through the STSJP funding stream.

Example from 2022-2023 Provider Roster

| | | | | |
|----------------------------------|----------------------|----------------------|--------------------------|-------------------------------------|
| PROGRAM YEAR 2022-2023 | Program Name: | Example Program Name | Contact Name: | |
| | Agency Name: | Example Agency Name | Phone # or Email: | |
| | Municipality: | | FSS Program? | Yes x Note: Check STSJP Plan |



Checklist Q5

Do the STSJP and STSJP-RTA funded service domains designated in the roster align with the domains approved/pending for that program in the STSJP Annual Plan?

PROGRAM 1 Example from 2022-2023 STSJP Annual Plan

B. Program 1 Description and Target Population

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023.
 Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:

| STSJP | STSJP-RTA | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Early Intervention (EI) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |

***Note:** If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

Example from 2022-2023 Provider Roster

| Program Details (check STSJP Plan) | | |
|------------------------------------|------------------|--|
| ID# | Approved Funding | Approved Service Domain |
| ✓ 1 | STSJP | Early Intervention |
| ✓ 2 | STSJP | Early Intervention |
| 3 | | |
| ✗ 4 | STSJP-RTA | Alternative to Placement |
| ✓ 5 | STSJP-RTA | Early Intervention |
| ✗ 6 | STSJP | Alternative to Detention/Pre-Dispositional Placement |

If no:

Please follow up with the provider for more information and adjust accordingly:

- If entered in error, correct the response(s) in the roster.
- If the youth was served at the reported domain, the STSJP Plan will need to be amended to include the domain; otherwise, remove the youth from the roster.

Checklist Q6

Are any fields under the variables “Approved Funding” and/or “Youth’s Case Type” highlighted yellow?

If yes:
A highlighted field means the entry is not valid. Use the *Youth Decision Grid* to identify appropriate service combinations.

In this example, adjust Funding for ID 5 to STSJ. EI services funded under STSTJP align with the program’s STSJ Plan and is valid for PINS cases.

| | | |
|--------------------------|---------------------|-----------------------|
| Contact Name: | Contact Person Name | |
| Phone # or Email: | 555-555-5555 | |
| FSS Program? | No | Note: Check STSJ Plan |

Example from 2021-2022 Provider Roster

| Enrollment / Discharge | | | Program Details (check STSJ Plan) | | |
|------------------------|--------------------|------------------|-----------------------------------|--|-------------------|
| ID# | Youth's Start Date | Youth's End Date | Approved Funding | Approved Service Domain | Youth's Case Type |
| 1 | 09-28-2020 | | STSJP | Early Intervention | JD (non-RTA) |
| 2 | 10-08-2021 | | STSJP | Early Intervention | PINS |
| 3 | | | | | |
| 4 | 05-15-2021 | | STSJP-RTA | Alternative to Detention/Pre-Dispositional Placement | JD (RTA) |
| 5 | 10-01-2021 | 09-30-2022 | STSJP-RTA | Early Intervention | PINS |
| 6 | 11-09-2021 | 04-01-2022 | STSJP-RTA | Alternative to Detention/Pre-Dispositional Placement | AO |

2021-2022 Youth Decision Grid

| Family Support Service (FSS) Program = Yes | | |
|--|-------------------|-------------------|
| STSJP funded Domains | Status | Case Types Served |
| Prevention | At Risk | PINS |
| Early Intervention | At Risk / Alleged | PINS |
| Alternative to Pre-Dispositional Placement | Alleged | PINS |
| Alternative to Placement | Adjudicated | PINS |
| Reentry/Aftercare | Adjudicated | PINS |



| Family Support Service (FSS) Program = No | | |
|--|-------------------------|---|
| STSJP funded Domains | Status | Case Types Served |
| Prevention | At Risk | PINS, JD (non-RTA), JD (RTA) |
| Early Intervention | At Risk / Alleged | PINS, JD (non-RTA), JD (RTA), JO*, AO* |
| Alternative to Detention/Pre-Dispositional Placement | Alleged | PINS, JD (non-RTA), JD (RTA), JO, AO |
| Alternative to Placement | Adjudicated / Convicted | PINS, JD (non-RTA), JD (RTA), JO, AO, YO (AO), YO (Other) |
| Reentry/Aftercare | Adjudicated / Convicted | PINS, JD (non-RTA), JD (RTA), JO, AO, YO (AO), YO (Other) |



| STSJP-RTA funded Domains | | |
|--------------------------|-------------------------|-----------------------|
| STSJP-RTA funded Domains | Status | Case Types Served |
| Prevention | At Risk | JD (RTA) |
| Early Intervention | At Risk / Alleged | JD (RTA), AO* |
| Alternative to Detention | Alleged | JD (RTA), AO |
| Alternative to Placement | Adjudicated / Convicted | JD (RTA), AO, YO (AO) |
| Reentry/Aftercare | Adjudicated / Convicted | JD (RTA), AO, YO (AO) |

Checklist Q7

Do gray outcome fields contain data?

Example from 2021-2022 Provider Roster

| Discharge | | Program Details (check STSJP Plan) | | | Program Involvement | | | | |
|-----------|------------------|------------------------------------|--|-----------------|---------------------|---------------------------|--------------------|---------|--|
| ID# | Youth's End Date | Approved Funding | Approved Service Domain | Rule Compliance | 90% Attendance | Positive Adult Connection | Prosocial Activity | Truancy | |
| 1 | | STSJP | Early Intervention | Yes | Yes | Yes | Info Not Collected | No | |
| 2 | | STSJP | Early Intervention | | | | | | |
| 3 | | | | | | | | | |
| 4 | | STSJP-RTA | Alternative to Detention/Pre-Dispositional Placement | No | No | No | No | Yes | |
| 5 | 09-30-2022 | STSJP | Early Intervention | Yes | Yes | No | No | Yes | |
| 6 | 04-01-2022 | STSJP-RTA | Alternative to Detention/Pre-Dispositional Placement | Yes | Yes | Yes | Info Not Collected | No | |

If yes:

- If youth has not been discharged, remove contents from grayed-out fields.
- If youth has been discharged, use the **Outcome Reporting Grid** to verify the correct outcomes have been reported, then remove content that is not required.

Provider roster summary tables and OCFS monitoring reports reflect only domain-specific outcomes for discharged youth.

2021-2022 Outcome Reporting Grid (sample)

| Program Involvement | Service Domains | | | | |
|-------------------------------|-----------------|--------------------|-------------|--------|---------------------|
| | Prevention | Early Intervention | ATD / ATPDP | ATP | Reentry / Aftercare |
| Compliance with program rules | Report | Report | Report | Report | Report |
| At least 90% attendance | Report | Report | Report | Report | Report |

| Primary Outcomes | Service Domains | | | | |
|---------------------------------|-----------------|--------------------|-------------|--------|---------------------|
| | Prevention | Early Intervention | ATD / ATPDP | ATP | Reentry / Aftercare |
| Positive Adult Connection | Report | Report | Report | Report | Report |
| Engaged in Prosocial Activities | Report | Report | Report | Report | Report |
| Truancy | Report | Report | | | |
| School Suspension | Report | Report | | | |

Checklist Q8

“Youth’s End Date” should be blank if the youth is still receiving services. Are there other blank fields?

If yes:

Follow up with the provider as needed and enter a response. If the response is unknown, select “Unknown” or “Info Not Collected” where applicable; otherwise, note the response in column AT.

1 Quickly identify variables with missing data by using the summary tables. Watch [How to Use the Provider Roster Summary Tables](#) to learn more.

► Table 3. Youth Served by Zip Code

| Youth Served Summary | | STJSJP | | STJSJP-RTA | | Total # | Total % |
|-------------------------|-------------------|----------|---------------|------------|---------------|----------|---------------|
| Approved Service Domain | Youth's Case Type | # | % | # | % | | |
| (All) | (All) | 1 | 33.3% | 0 | 0.0% | 1 | 20.0% |
| 12345 | | 2 | 66.7% | 0 | 0.0% | 2 | 40.0% |
| 35421 | | 0 | 0.0% | 1 | 50.0% | 1 | 20.0% |
| 54321 | | 0 | 0.0% | 1 | 50.0% | 1 | 20.0% |
| Total | | 3 | 100.0% | 2 | 100.0% | 5 | 100.0% |

Example from 2021-2022 Provider Roster

| Discharge | | | Program Details (check STJSJP Plan) | | | |
|-----------|--------------------|------------------|-------------------------------------|--|-------------------|------------------|
| ID# | Youth's Start Date | Youth's End Date | Approved Funding | Approved Service Domain | Youth's Case Type | Youth's Zip Code |
| 1 | 09-28-2020 | | STJSJP | Early Intervention | JD (non-RTA) | 12345 |
| 2 | 10-08-2021 | | STJSJP | Early Intervention | PINS | ✓ |
| 3 | | | | | | |
| 4 | 05-15-2021 | | STJSJP-RTA | Alternative to Detention/Pre-Dispositional Placement | JD (RTA) | 35421 |
| 5 | 10-01-2021 | 09-30-2022 | STJSJP | Early Intervention | PINS | 12345 |
| 6 | 11-09-2021 | 04-01-2022 | STJSJP-RTA | Alternative to Detention/Pre-Dispositional Placement | AO | 54321 |

2 Filter on the Roster tab to investigate further.

- ▼ Filter – Select (Blanks)
- ▼ Clear filter
- ✕ Clear Filter From "Youth's Zip Code"

Complete Table - Checklist Page 2

Enter each program as it appears on the STSJP Annual Plan.

Under “QC Complete & Errors Fixed” → **Select Yes** if the program recorded data during any part of the program year, you have reviewed the program’s Provider Roster using Checklist Questions 1-8, and any detected errors were fixed.

→ **Select N/A** if the program has no data recorded for the program year.

→ Briefly explain under “Notes” why the program did not record data for the period.

Example Checklist Response

| Municipality: | Fictitious | Reviewer Name: | Reviewer Name | Reporting Period: | 4-1-22 to 9-30-22 |
|---------------|----------------------|---|---|---|-------------------|
| Program Name | | QC Complete & Errors Fixed | | Notes | |
| 1 | Example Program Name | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 2 | Program Two | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> N/A | No new youth served for period 2 | |
| 3 | Program Three | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> N/A | Indirect Service only | |
| 4 | Program Four | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> N/A | Still negotiating contract, program not yet operational | |
| 5 | Program Five | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> N/A | Program did not receive any youth referrals | |
| 6 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 7 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 8 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 9 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 10 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 11 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |
| 12 | | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | | |

Additional Feedback

Questions?

Email: stsjp@ocfs.ny.gov

More Videos!

<https://www.ocfs.ny.gov/programs/youth/stsjp/recording.php>

