DIRECT SERVICE COLLABORATION REPORT

Identify all agencies that were involved with your agency in the planning and/or implementation of programs and services for youth and families. Indicate the number of collaborations within each category. (Some categories may have 0 or 1, while others may have 5, 10, or more). The purpose of this is to determine the number of agencies you collaborate with, not the number of programs where collaboration occurred. *For example: Under DCF, if you collaborate with Protective Services and Foster Care, you would enter "2" (DCF is broken into 4 distinct categories, so there is a maximum of 4 only in this category). If you worked with the high school on 6 different programs, they are still only counted once as the high school, but if you worked with the high school and 4 elementary schools, that would be 5 total under schools).*

Service(s) Being Provided Collaboratively

# of Collaborators	Category Options
	Business/Community (Chamber of Commerce, Neighborhood Pharmacy, Business Districts, Individual Businesses, etc.
	DCF (Child Protection, Foster Care, Bureau of Prevention, and /or Juvenile Justice Services) (Maximum if 4 collaborators)
	Court Services (Probation officers, Public defenders, Victim Services, Family Relations, Domestic Violence Advocates, CSSD etc.)
	SDE (Early Childhood, Nutrition Services, Adult Education, Family Resource Center, Coordinated School Health Services, After School Programs, Inter-district Programs)
	Other State Agencies (DSS, DMHAS, etc.)
	Health Professionals (Physicians, nurses, doctor's offices, Hospitals, Health Departments, Health Centers, Mental Health Providers)
	Legislators (Elected officials or their staff)
	Nonprofit Organizations
	Other Youth Service Bureaus
	Parent Groups
	Police Department/Fire Department/EMS
	Regional Action Councils
	Faith Based Communities
	Schools (each school is counted as an individual agency)
	Other Youth Serving Agencies/Organizations
	Systems of Care (Department of Children and Families Kid Care Collaboratives)
	Town Officials/Other Town Departments not listed
	Civic Organizations (Rotary, Moose, Elks, Knights of Columbus, Woman's Club, Fine Arts Council, etc)
	Other Collaboratives
Total Collaborators	
0	

YSB NAME:

CSDE Grant
Municipal Match $ -

YSB Base Grant + Match		$ -

All Other Funds

YSB Profile Line (b-a) Municipal Funds - YSB Grant
C - Other State/Federal Funds
D - Private/Foundation Grants
E- Donations
F Fundraising

All Other Funds Total		$ -
Total Budget		**$ -**
YSB Grant % of Total Budget		#DIV/0!
All Other Funds % of Total Budget		#DIV/0!
# of Tier One YSB Programs that utilize "how well" or "better off" measures		
# of Tier Two YSB Programs that utilize "how well" or "better off" measures		
Total # of YSB Programs using "how well" or "better off" measures		
Total # of YSB Programs		
% of YSB Programs that utilize "how well"/"better off" measures		#DIV/0!
Total # of Collaborators		#REF!

Youth Service Bureau Annual Program Report

Tier ONE: PROGRAMS LASTING LESS THAN 20 HOURS
Short-term Services/Programs: A program/service where participants are signed up/registered (ex: parenting workshops, anager management classes, life skills classes, job preparation programs, etc) AND THAT LAST LESS THAN 20 HOURS

Descripton/Type of Program	# of Programs	# of Participants
Parent Education	3	
Anger Management Classes		
Life Skills Classes		
Job Skills/Employment Training		
Alcohol/Drug Education	8	
Conflict Resolution		
Other		
Total	**11**	**0**

Large Group Events: A large group program/activity where participants do not need to be signed up or pre-registered

Two Types of Events

	# of Events or Series	# of Participants
One-time event - events such as Family Day, Mock Car Crash, Community Event, etc	3	
Series - a large group event that occurs more than one time, such as parenting series, school assemblies occuring multiple times, etc.	4	
Total	**7**	**0**

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YSB Name:														

YSB Individual Report Form

Last Name	First Name	DOB	School District (state code)	School Attending (state code)	AGE	Current Grade Level	Town Code (use three digits)	Gender	Ethnicity	Race	Family Constellation	Homeless	Referral Source

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	Last Name	First Name	DOB	School District (state code)	School Attending (state code)	AGE	Current Grade Level	Town Code (use three digits)	Gender	Ethnicity	Race	Family Constellation	Homeless	Referral Source
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	Last Name	First Name	DOB	School District (state code)	School Attending (state code)	AGE	Current Grade Level	Town Code (use three digits)	Gender	Ethnicity	Race	Family Constellation	Homeless	Referral Source

	Last Name	First Name	DOB	School District (state code)	School Attending (state code)	AGE	Current Grade Level	Town Code (use three digits)	Gender	Ethnicity	Race	Family Constellation	Homeless	Referral Source
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4	Last Name	First Name	DOB	School District (state code)	School Attending (state code)	AGE	Current Grade Level	Town Code (use three digits)	Gender	Ethnicity	Race	Family Constellation	Homeless	Referral Source

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
4	Last Name	First Name	DOB	School District (state code)	School Attending (state code)	AGE	Current Grade Level	Town Code (use three digits)	Gender	Ethnicity	Race	Family Constellation	Homeless	Referral Source

Rows 1959–2000: (empty data entry rows)

Row	A	B	C	D	E	F	G	H	I	J	K	L	M	N
2001	Participants	0	0	0	0	0	0		0	0	0	0	0	0
2002			Birth-Eight	9-16	17-21	0	0		0	0	0	0	0	0
2003						0	0		0	0	0	0	0	0
2004						0	0				0	0	0	0
2005						0	0				0	0	0	0
2006						0	0				0	0	0	0
2007						0	0				0	0		0
2008						0	0					0		0
2009						0	0					0		0
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2011						0	0					0		
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2017						0								
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2019						0								
2020						0								
2021						0								
2022						0								
2023		Age Totals				0	Grade Level Totals	0						
2024							Pre K-eighth	High Scl (9-12)						
2025							0	0						

Legend (rows 2030–2046):

Column D list:
One, Two, Three, Four, Five, Six, Seven, Eight, Nine, Ten, Eleven, Twelve, Thirteen, Fourteen, Fifteen, Sixteen, Seventeen

Current Grade Level:
Pre-K, Kindergarten, One, Two, Three, Four, Five, Six, Seven, Eight, Nine, Ten, Eleven, Twelve, Graduated, Not in school, Adult Education

Gender:
Male, Female, Transgender

Ethnicity:
Hispanic/Latino, Not, Unknown

Race:
American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islan, Multiracial, Other, White, Unknown

Family Constellation:
Two Birth/Adoptive Parents, Step and Birth Parents, Single Parent (female), Single Parent (male), Grandparent(s), Relative/Guardian, DCF Guardianship, Foster Parent(s), On Own, Joint Custody, Other, Unknown

Homeless:
Not homeless, Homeless shelter, Doubled up/shared housing, Unsheltered, Hotel/motel, Unaccompanied youth

Referral Source:
Police, School, Parent/Guardian, DCF, Superior Court/Juvenile Matters, Social Service Agency, Juvenile Review Board, Self, Other

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
4	Last Name	First Name	DOB	School District (state code)	School Attending (state code)	AGE	Current Grade Level	Town Code (use three digits)	Gender	Ethnicity	Race	Family Constellation	Homeless	Referral Source
2047				Eighteen			Home School							
2048				Nineteen			Private School							
2049				Twenty			Alternative School							
2050				Twenty-one										
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	Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

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Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

	Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5
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	Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5
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Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

	Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5		

Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

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Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

	Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5
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Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

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Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

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Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5

	Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5
2001	Participants	0	0	0	0					
2002		0	0	0	0	0	0	0	0	0
2003		0	0	0	0	0	0	0	0	0
2004		0	0	0	0	0	0	0	0	0
2005		0	0	0	0	0	0	0	0	0
2006		0	0	0	0	0	0	0	0	0
2007		0	0	0	0	0	0	0	0	0
2008		0	0	0	0	0	0	0	0	0
2009		0	0	0	0	0	0	0	0	0
2010		0	0	0	0	0	0	0	0	0
2011		0	0	0	0	0	0	0	0	0
2012		0	0	0	0	0	0	0	0	0
2013		0	0	0	0	0	0	0	0	0
2014		0	0	0	0	0	0	0	0	0
2015		0	0	0	0	0	0	0	0	0
2016		0	0	0	0	0	0	0	0	0
2017		0	0	0	0	0	0	0	0	0
2018		0	0	0	0	0	0	0	0	0
2019		0	0	0	0	0	0	0	0	0
2020		0	0	0	0	0	0	0	0	0
2021		0	0	0	0	0	0	0	0	0
2022						0	0	0	0	0
2023						0	0	0	0	0
2024						0	0	0	0	0

Positive Youth Development
Delinquent Behavior
Truancy
Defiance of School Rules
Indecent/Immoral Conduct
Running Away
Beyond Control
Non-school Issues
FWSN
Depression
Suicidal Behavior
Physical/Sexual Abuse/Neglect
Bullying
Substance Abuse
Pregnancy/Teen Parent
Homelessness/At Risk of

Court-ordered Community Service
Juvenile Review Board
Detention/suspension/expulsion
Diversion
Other

Individual Therapy
Family Therapy
Group Therapy
Crisis Intervention
Case Management
Other

Child Welfare
Teen Pregnancy Prevention
Teen Parent Education

	Last Name	Reason for Referral 1	Reason for Referral 2	Reason for Referral 3	Reason for Referral 4	Services Provided 1	Services Provided 2	Services Provided 3	Services Provided 4	Services Provided 5		
2047					Parenting/Family Issues					After-school Programming		
2048					School Issues					Employment/Training		
2049					Internet Related					Leadership Development		
2050					Dating Violence					Mentoring		
2051					Other					Life Skills Training		
2052										Community Service		
2053										Service Learning		
2054										Summer Programs		
2055										Other		
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4	Last Name														
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YSB Annual Summary Report

Total clients: 0

Client by Age	# of Clients	% of Total Clients
Birth to Eight	0	#DIV/0!
9-16	0	#DIV/0!
17-21	0	#DIV/0!
Total	**0**	#DIV/0!

Education - Current grade @ intake	# of Clients	% of Total Clients
Pre K-eighth grade	0	#DIV/0!
High School (9-12)	0	#DIV/0!
Total	**0**	#DIV/0!

Referral by Source	# of Clients	% of Total Clients
Police	0	#DIV/0!
School	0	#DIV/0!
Parent/Guardian	0	#DIV/0!
DCF	0	#DIV/0!
Superior Court/Juvenile Matters	0	
Social Service Agency	0	#DIV/0!
Juvenile Review Board	0	#DIV/0!
Self	0	#DIV/0!
Other	0	#DIV/0!
Total	**0**	#DIV/0!

NOTE: % of Total Clients will have the #DIV/O! code until numbers are entered in the individual records.

Race	# of Clients	% of Total Clients
American Indian or Alaska Native	0	#DIV/0!
Asian	0	#DIV/0!
Black or African American	0	#DIV/0!
Native Hawaiian or Other Pacific Islander	0	#DIV/0!
Multiracial	0	#DIV/0!
Other	0	#DIV/0!
White	0	#DIV/0!
Unknown	0	#DIV/0!
Total	**0**	#DIV/0!

Ethnicity	# of Clients	% of Total Clients
Not Hispanic/Latino	0	#DIV/0!
Hispanic/Latino	0	#DIV/0!
Unknown	0	#DIV/0!
Total	0	#DIV/0!

Family Constellation	# of Clients	% of Total Clients
Two Parent	0	#DIV/0!
Step & Birth Parent	0	#DIV/0!
Single Parent (female)	0	#DIV/0!
Single Parent (male)	0	#DIV/0!
Grandparents	0	#DIV/0!
Relative/Guardian	0	#DIV/0!
DCF Guardianship	0	#DIV/0!
Foster Parent(s)	0	#DIV/0!
On Own	0	#DIV/0!
Joint Custody	0	#DIV/0!
Other	0	#DIV/0!
Total	**0**	#DIV/0!

Gender	# of Clients	% of Total Clients
Male	0	#DIV/0!
Female	0	#DIV/0!
Transgender	0	#DIV/0!
Total	**0**	#DIV/0!

YSB Annual Summary Report

Services Provided	Total
Juvenile Justice	
Court-ordered community service	0
Juvenile Review Board	0
Detention/suspension/expulsion programs	0
Diversion from Juvenile Justice System	0
Other	0
Total Juvenile Justice	**0**

Mental Health Services	Total
Mental Health Services	
Individual therapy	0
Family therapy	0
Group therapy	0
Crisis intervention	0
Case management	0
Other	0
Total	0

Child Welfare	**0**
Total	**0**

Teen Pregnancy Prevention	**0**
Total	**0**

Teen Parent Education	**0**
Total	**0**

Youth Development	
After school programming	0
Employment/training	0
Leadership development	0
Mentoring	0
Life Skills Training	0
Community Service	0
Service Learning	0
Summer Programs	0
Other	0
Total	**0**

Reason for Referral	Total
Positive Youth Development	0
Delinquent behavior	0
Truancy from school	0
Defiance of school rules	0
Indecent/immoral conduct	0
Running away	0
Beyond control	0
Non-school Issues	0
FWSN	0
Total	**0**

Special Issues	
Depression	0
Suicidal Behavior	0
Physical/Sexual Abuse/Neglect	0
Bullying	0
Substance Abuse	0
Pregnancy/Teen Parent	0
Homelessness/At Risk of	0
Parenting/Family Issues	0
School Issues	0
Internet Related	0
Dating Violence	0
Other	0
Total	**0**

Homeless	
Not homeless	0
Homeless shelter	0
Doubled up/shared housing	0
Unsheltered	0
Hotel/motel	0
Unaccompanied youth	0
Total	0

YSB NAME:

Last Name	First Name	DOB	District Code	School Code	YSB Code

Last Name	First Name	DOB	District Code	School Code	YSB Code

Last Name	First Name	DOB	School District (state code)	School Attending (state code)	AGE	Current Grade Level	Town Code (use three digits)	Gender

One	Pre-K	
Two	Kindergarten	Male
Three	One	Female
Four	Two	Transgender
Five	Three	
Six	Four	
Seven	Five	
Eight	Six	
Nine	Seven	
Ten	Eight	
Eleven	Nine	
Twelve	Ten	
Thirteen	Eleven	
Fourteen	Twelve	
Fifteen	Graduated	
Sixteen	Not in school	

Seventeen	Adult Education
Eighteen	Home School
Nineteen	Private School
Twenty	Alternative School
Twenty-one	

Ethnicity	Race	Town of Residence	Agency Name	DCF Involvement	Suspensions in current or previous year	Expulsion in current or previous year	Special Education in current year
					No	No	No

		Andover	YSB	Yes	Yes	Yes	Yes
Hispanic/Latino	American Indian or Ala	Ansonia	New Haven Family	No	No	No	No
Hispanic/Latino	Asian	Ashford	RYASAP	Did not report	Did not report	Did not report	Did not report
Unknown	Black or African Americ	Avon	TEEG				
	Native Hawaiian or Oth	Barkhamsted					
	Multiracial	Beacon Falls					
	Other	Berlin					
	White	Bethany					
	Unknown	Bethel					
		Bethlehem					
		Bloomfield					
		Bolton					
		Bozrah					
		Branford					
		Bridgeport					
		Bridgewater					

Bristol
Brookfield
Brooklyn
Burlington
Canaan
Canterbury
Canton
Chaplin
Cheshire
Chester
Clinton
Colchester
Colebrook
Columbia
Cornwall
Coventry
Cromwell
Danbury
Darien
Deep River
Derby
Durham
Eastford
East Granby
East Haddam
East Hampton
East Hartford
East Haven
East Lyme
Easton
East Windsor
Ellington
Enfield
Essex
Fairfield
Farmington
Franklin
Glastonbury
Goshen
Granby

Greenwich
Griswold
Groton
Guilford
Haddam
Hamden
Hampton
Hartford
Hartland
Harwinton
Hebron
Kent
Killingly
Killingworth
Lebanon
Ledyard
Lisbon
Litchfield
Lyme
Madison
Manchester
Mansfield
Marlborough
Meriden
Middlebury
Middlefield
Middletown
Milford
Monroe
Montville
Morris
Naugatuck
New Britain
New Canaan
New Fairfield
New Hartford
New Haven
Newington
New London
New Milford

Newtown
Norfolk
North Branford
North Canaan
North Haven
North Stonington
Norwalk
Norwich
Old Lyme
Old Saybrook
Orange
Oxford
Plainfield
Plainville
Plymouth
Pomfret
Portland
Preston
Prospect
Putnam
Redding
Ridgefield
Rocky Hill
Roxbury
Salem
Salisbury
Scotland
Seymour
Sharon
Shelton
Sherman
Simsbury
Somers
Southbury
Southington
South Windsor
Sprague
Stafford
Stamford
Sterling

Stonington
Stratford
Suffield
Thomaston
Thompson
Tolland
Torrington
Trumbull
Union
Vernon
Voluntown
Wallingford
Warren
Washington
Waterbury
Waterford
Watertown
Westbrook
West Hartford
West Haven
Weston
Westport
Wethersfield
Willington
Wilton
Winchester
Windham
Windsor
Windsor Locks
Wolcott
Woodbridge
Woodbury
Woodstock

Arrest Date	Reason for Arrest Primary	Reason for Arrest Secondary	Referral Source	Reason for Referral	Date of Referal	Reason referral not accepted	Date of Intake
2/23/2016	Criminal mischief		Police	Community-based arrest	2/23/2016		3/29/2016
2/23/2016	Criminal mischief		Police	Community-based arrest	2/23/2016		3/29/2016
2/23/2016	Criminal mischief		Police	Community-based arrest	2/23/2016		3/29/2016
2/23/2016	Criminal mischief		Police	Community-based arrest	2/23/2016		3/29/2016
2/23/2016	Criminal mischief		Police	Community-based arrest	2/23/2016		3/29/2016
2/23/2016	Criminal mischief		Police	Community-based arrest	2/23/2016		3/29/2016
2/23/2016	Criminal mischief		Police	Community-based arrest	2/23/2016		3/29/2016
2/23/2016	Criminal mischief		Police	Community-based arrest	2/23/2016		3/29/2016
2/23/2016	Criminal mischief		Police	Community-based arrest	2/23/2016		3/29/2016

Animal cruelty	School	FWSN Behavior/School	Criteria not met due to age
Assault	Police	FWSN Behavior/Community	Criteria not met due to residence
Attempt or conspiracy	Court	School-based arrest	Criteria not met due to type of charge
Breach of peace	Parents	Community-based arrest	Re-arrest
Credit card	Other	Delinquent behavior/no arrest	Court involved
Criminal mischief			Unable to contact
Disorderly conduct			Withdrawn by referral source
Escape from custody			no capacity
Failure to appear			
Harassment			
Illegal drug possession			
Interfering			
Intimidation based on bigotry			
Larceny			
Loitering			
Missuse of emergency 911 system			

Motor vehicle
Possession of alcohol/liquor
Possession of paraphenalia
Reckless endangerment
Riot
Sexual assault 4
Simple tresspass
Strangulation
Threatening
Trespass
Underage smoking
Violation of town ordinance
Other

Date of Hearing	Service 1	Service 2	Service 3	Service 4	Service 5	Service6	Service 7
4/5/2016	Apology letter	Mediation	Community service programs	Restitution			
4/5/2016	Apology letter	Mediation	Community service programs	Restitution			
4/5/2016	Apology letter	Mediation	Community service programs	Restitution			
4/5/2016	Apology letter	Mediation	Community service programs	Restitution			
4/5/2016	Apology letter	Mediation	Community service programs	Restitution			
4/5/2016	Apology letter	Mediation	Community service programs	Restitution			
4/5/2016	Apology letter	Mediation	Community service programs	Restitution			
4/5/2016	Apology letter	Mediation	Community service programs	Restitution			
4/5/2016	Tutoring	Educational advocacy	Parent/Guardian-	Individual therapy	Family therapy		

Behavioral health evaluation
Substance abuse evaluation

Case management

Individual therapy
Family therapy
Group therapy
Postive youth development
Mentoring
Mediation
Substance use prevention/intervention
Employment services
Community service programs
Tutoring
Educational advocacy
Apology letter
Essay

Restitution
Parent/Guardian-administered drug/alcohol test
Other

Date of Service Completion	End date/program completion date	Closeout Type	Successful Completion	Reason for non-completion
10/8/2016	10/8/2016	Face-to-face other		
10/8/2016	10/8/2016	Face-to-face other		
10/8/2016	10/8/2016	Face-to-face other		
10/8/2016	10/8/2016	Face-to-face other		
10/8/2016	10/8/2016	Face-to-face other		
10/8/2016	10/8/2016	Face-to-face other		
10/8/2016	10/8/2016	Face-to-face other		
10/8/2016	10/8/2016	Face-to-face other		
10/8/2016	10/8/2016	Face-to-face other		

No closeout   Re-arrest
Letter/Email   Yes   Moved

Phone call   No   Non-compliance

Face-to-face full Board   Carry-over
Face-to-face other   Other