



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Center for Family and Child Enrichment
(CFCE)

on May 20, 2016

Compliance Monitoring Services Provided by





Quality Improvement Review

Center For Family and Child Enrichment – 05/20/2016

Lead Reviewer: Marcia Tavares

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Not Applicable
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	No rating

Percent of indicators rated Satisfactory: 100.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Not Applicable
2.07 Youth Records	Satisfactory

Percent of indicators rated Satisfactory: 100.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 100.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%

Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.



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Review Team

Members

Marcia Tavares, Lead Reviewer, Consultant-Forefront LLC



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Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2015).

Persons Interviewed

- | | | | | |
|--|-------|--------------------------|-------|----------------------------------|
| <input checked="" type="checkbox"/> Program Director | 3 | # Case Managers | _____ | # Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | _____ | # Clinical Staff | 1 | # Program Supervisors |
| <input type="checkbox"/> DHA or designee | _____ | # Food Service Personnel | _____ | # Other (listed by title): _____ |
| <input type="checkbox"/> DMHA or designee | _____ | # Healthcare Staff | | |

Documents Reviewed

- | | | | |
|---|---|---|--------------------------|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports | |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs | |
| <input type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook | |
| <input type="checkbox"/> Confinement Reports | <input type="checkbox"/> Logbooks | 0 | # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | 0 | # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 1 | # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 5 | # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 4 | # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 4 | # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | _____ | # Other: _____ |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | | |

Surveys

- | | | | | | |
|---|---------|---|---------------------|---|----------------|
| 0 | # Youth | 0 | # Direct Care Staff | 0 | # Other: _____ |
|---|---------|---|---------------------|---|----------------|

Observations During Review

- | | | |
|--|--|---|
| <input type="checkbox"/> Admissions | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Confinement | <input type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage |
| <input checked="" type="checkbox"/> Facility and Grounds | <input type="checkbox"/> Recreation | <input type="checkbox"/> Toxic Item Inventory and Storage |
| <input checked="" type="checkbox"/> First Aid Kit(s) | <input type="checkbox"/> Searches | <input type="checkbox"/> Transition/Exit Conferences |
| <input type="checkbox"/> Group | <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Sick Call | <input type="checkbox"/> Use of Mechanical Restraints |
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |

Comments

Items not marked were either not applicable or not available for review



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Strengths and Innovative Approaches

Rating Narrative

The Center for Family and Child Enrichment (CFCE) is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A, Descriptions and Specifications and Section B, Delivery and Performance and is funded with General Revenue Funds effective for July 2015 through June 30, 2019.

CFCE is located in Miami Gardens, Florida at 1825 NW 167 Street. The building houses the offices for the CINS/FINS program, accommodates some of the agency's other programs, and is also the site of the Pediatric and Family Health and Wellness Center. The offices are fully furnished and the building consists of a lobby, conference rooms, bathrooms, and staff kitchenette. Adequate spacing allows for family visitation, group session, or intake in an intake office or in the conference room.

Among the agency's accomplishment is its continued accreditation through the Council on Accreditation (COA) effective through June 30, 2019. The re-accreditation was expedited through the Pre-Commission Review Report (PCR) process because the provider did not receive any out of compliance ratings in any of the fundamental practice standards. As a leader in child welfare and children's mental health, CFCE employs more than 250 employees and reaches over 5,000 children and families each year.

The CINS/FINS program provides a variety of services to at-risk youth residing in Miami-Dade County and provides home and community based services that emphasize the importance of education, family unity, and access to community resources that aid the child/family in their effort to become self-productive. The case managers strive to assist the families in whatever ways they can and have accomplished the following during the current FY:

- Provided school uniforms to a family of six siblings
- Donated Thanksgiving turkey to a needy family
- Awarded \$1500 for the holiday wish book sponsored by the Miami Herald
- Donated new/used furnishings to a family who lost their home in a fire
- Implemented a free tutoring program through the Miami Dade Public Library system
- Implemented Pregnant with your first baby program in partnership with the Nurse-family partnerships
- Added a new program for defining and treating problematic sexual behavior in children through the Your Body My Body behavioral health program



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- Expanded services to 3 new schools: Riverside Elementary, North Miami Middle, and Norland Middle schools.

CFCE is an active facilitator of community outreach events that encourage support and participation by local agencies. Each year, CFCE hosts resource fairs and fundraisers to increase awareness of its programs and services.



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Standard 1: Management Accountability

Overview

Narrative

CFCE provides non-residential community-based services for youth and their families in Miami Dade County, Florida. The CINS/FINS program is staffed by a Program Director, 4 fulltime case management staff, and 1 administrative assistant.

Level 2 background screening is mandatory for employees and volunteers, working with direct access to youth, to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. Personnel files and background screening for new direct care staff in the program were reviewed.

The primary goal of CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry into the Juvenile Justice System. Staff training ensures that staff assigned to the program has the proper credentials to perform their job responsibilities. Program orientation and training is an essential component of this effort. Upon hire by CFCE, staff are trained to conduct screening and assessment services to eligible youth and families. Training record for each staff is maintained in their Personnel file. The training completed is documented on a training log that includes the name of the training, date, trainer's name, and hours. Supporting documentation is maintained in the file. Staff are regularly scheduled by the Program Director to attend upcoming trainings provided locally.

In addition to attending the local DJJ Circuit Meetings, the provider's case management staff conducts outreach activities and documents these activities in Netmis.



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1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

A policy and procedure is required to ensure all potential employees, volunteers who work alone with youth, and interns successfully complete a Level 2 Employment Screening; pursuant to Rule 65C-14.023 and Florida Statutes, prior to an offer of employment or provision of service within the program. The agency has a policy and procedures in place (HR 3-revised 1/1/2014) that address the requirements of the indicator for background screening of employees; however, policy HR-3 does not address the screening of volunteers, interns, and contracted providers; re-screening of staff/volunteers every 5 years; and completion and submission of the Annual Affidavit of Compliance with Good Moral Character standards (Form IG/BSU-006) to DJJ by January 31st of each year.

The program maintains personnel records including employee background screenings in individual employee files. One applicable personnel file was reviewed for background screening of a new hire direct care staff. The staff's eligible background screening result was completed prior to the hire date. None of the program staff met the criteria for a 5-year background screening during the review period. At the time of the visit, there were no volunteers who met the criteria for screening or eligible 5-year re-screening.

Proof of the new employee's employment authorization from the Department of Homeland Security was obtained through E-verify on the date of hire.

The program provided a copy of its Annual Affidavit of Compliance with Level 2 Screening Standards and evidence that it was submitted to the BSU on January 6, 2016.

Exception

The provider does not have a comprehensive policy and procedures in place for the back ground screening of employees and volunteers. The current P&P, HR-3, does not address the screening of volunteers, interns, and contracted providers; re-screening of staff/volunteers every 5 years; and completion and submission of the Annual Affidavit of Compliance with Good Moral Character standards (Form IG/BSU-006) to DJJ by January 31st of each year.



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1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program does not have a comprehensive written policy and procedure in place to address the requirement of Indicator 1.02, Provision of an Abuse Free Environment, but has separate policies with regards to a Code of Conduct (Personnel P&P) and process for filing of staff and/or client complaint/grievance (Policy #112 & #129).

Upon hire, new staff receives a copy of the Personnel Policies and Procedures that address the agency's Code of Conduct. The Code of Conduct prohibits intimidation, threats, and abuse of other staff but did not state the same expectation when working with youth.

It was evident that staff informs youth of their right to report abuse/neglect, rights and responsibilities, and grievance procedures as this is conducted during intake and acknowledgement in writing is received via signatures of the youth, parent/guardian, and staff. The Abuse Hotline number is given to the youth during intake and posted in staff offices.

Since the last onsite visit on May 19, 2015, the program has not made any calls to the Abuse Hotline and has not received any client grievances. Per the Program Director, there has not been any incidents of physical and/or psychological abuse that required management to take disciplinary actions.

Exception

The program's policy and procedure is missing important elements required by the indicator. Specifically, the program's P&P did not address:

- 1) Prohibition of the use of physical abuse, profanity, threats, or intimidation of youth and how management addresses these incidents.
- 2) Procedures for mandating reporting of suspected child abuse/neglect, documentation, and follow-up.
- 3) Non-handling of complaints/grievances by direct care staff.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Not Applicable



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Rating Narrative

The agency has a policy and procedures in place for Risk Management (#167) but it does not address the requirements of the indicator for CCC Incident Reporting. In addition, staff training on CCC incident reporting was not evident in the training files reviewed or listed on the agency's training plan. During the tour, the Reviewer observed a posting of the CCC telephone number on the bulletin board in the staff office.

Per the Director of Programs, during the past year there have not been any incidents that meet the criteria for reporting to CCC. Since there is no practice during the review period, this indicator is rated non-applicable.

Exception

Agency does not have current policies and procedures for reporting incidents to CCC in compliance with Indicator 1.03.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency has policies and procedures in place to address the training requirements of new and in-service staff. The policies and procedures fully address all of the elements required by the indicator including mandatory training hours and trainings required and/or recommended by the Florida Network. There were also procedures documenting how the program maintains training files for each staff and monitors each file on a monthly basis.

None of the direct care program staff were hired during the past year. The training files for four in-service employees were reviewed. Two of the staff had exceeded and two were on target or had completed the 40 hours of training required annually or in-service staff. There was evidence of completion of some of the mandatory training topics with ample time remaining in the current training year to complete remaining topics.

The program maintains a current training plan for September 2015 – August 2016, individual staff training logs, and supporting agendas and/or attendance documentation. Training information is also maintained in the HR file.

Mental health referrals are sent to the agency's in-house Mental Health provider; consequently, non-licensed clinical staff do not complete Assessments of Suicide Risk



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and the required training is not applicable. However, all of the direct care staff have received Suicide Prevention since their hire date.

Exceptions

None

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The agency does not have a comprehensive policy and procedures in place for Indicator 1.05 that specifically address the collection and review of quarterly case records; incidents, accidents, and grievances; annual review of customer satisfaction data; annual review of outcome data; and monthly review of Netmis data reports. However, the agency's CQI Manual reviewed onsite, describes its philosophy and structure in place for assessing and identifying issues that need improvement through the collection and monitoring of data on a regular basis. The review of the data assists in analyzing patterns and trends that are reviewed by management and communicated to staff and stakeholders.

Quarterly Case Record Review

Case record reviews are conducted regularly, at a minimum quarterly, by the CINS/FINS program using a Concurrent Chart Review Form. Reviews are aggregated and reviewed by program staff at staff meetings and the Joint CQI Council meetings monthly. A review of 5 staff meetings and the last six months of CQI meetings supported this practice.

Risk Management Review of incidents, accidents, and grievances

Incidents, accidents, and grievances are documented by each program and submitted to the Risk Management Committee for compilation and reporting on a monthly basis. The agency tracks and monitors the numbers and types of incidents, reporting timeframes, reviews patterns, and also reviews grievances. The Risk Management Committee meets quarterly to review the compiled reports and discuss corrective actions. This practice was verified onsite.

Customer Satisfaction Data



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The CINS/FINS Program staff obtains client satisfaction surveys at case closure and enters them in Netmis. Surveys were reviewed for the past 4 months. A compilation report was not completed or available.

Outcome Data

The program obtains FN Performance reports as provided by the Florida Network monthly and also tracks case outcome (reunification goals) data quarterly which is reviewed at the Joint CQI meetings. The 3rd quarter for FY 15-16 for CINS/FINS was reviewed along with the most recent FN Performance report.

The program’s Administrative Assistant conducts monthly reviews of Netmis data reports and reports deficiencies to staff during staff meetings. A current report was retrieved during the visit; minimal deficiencies were noted.

Exception

The agency does not have a comprehensive policy and procedures in place for Indicator 1.05 that specifically address the collection and review of quarterly case records; incidents, accidents, and grievances; annual review of customer satisfaction data; annual review of outcome data; and monthly review of Netmis data reports. However, there is evidence of practice for each component required by the indicator.

1.06 Client Transportation

Satisfactory Limited Failed Not Applicable

Rating Narrative

N/A

CFCE does not allow CINS/FINS program staff to transport youth and/or their family members. A copy of their current policy was provided. Consequently, there is no practice and this indicator is rated not applicable.

1.07 Outreach Services

Satisfactory Limited Failed Not Rated

Rating Narrative



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The provider established collaborative agreements with over 60 organizations in the community with which to coordinate education, prevention, intervention, and treatment services. Interagency agreements are utilized by CFCE to build strong community partnerships and collaborations, ensuring youth and their families served receive appropriate services.

The Program Director (PD) attends the local DJJ Circuit 11 Board meetings when they are scheduled but per the PD, minutes are not provided to non-board members. Verification of attendance was provided for two meetings: 3/11/16 and 4/5/16; there was no evidence of attendance for the Jan and February 2016 meetings.

The provider's case management staff conducts outreach activities and documents these activities in Netmis. A list of 68 outreach activities documented in Netmis for the current FY to date was provided. Outreach includes youth and families through presentations in schools, community agencies and resources, events, fairs, law enforcement, and businesses as well as dissemination of printed materials informing the community of CINS/FINS as an effective prevention and intervention service.



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Standard 2: Intervention and Case Management

Overview

Rating Narrative

CFCE is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Miami Dade County. The program provides centralized intake and screening during office hours Monday – Friday and accepts referrals from Dade County Schools, parents/guardians, and local community organizations. Trained staff are available to determine the needs of the family and youth. In addition to screening and assessment, case management, group education, and substance abuse prevention education is also offered. Aftercare planning includes referring youth to community resources.

The CINS/FINS program consists of a Program Director, four fulltime Case Managers, and an Administrative Assistant. The Case Manager are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

CFCE coordinates the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. No case staffing requests were made in the past year by staff and/or parent/guardian.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

The current sample size of eight (8) random client files was selected by the reviewer to assess the screening and intake service delivery requirements. All eight client files were found to be compliant with eligibility screenings within 7 calendar days of referral and were found to have all major documents required (Right and Responsibilities, Grievances, Right and responsibilities, etc.). All files reviewed indicated youth and parents/guardians were provided with available service options, rights and responsibilities, possible actions occurring through involvement with CINS/FINS services, and grievance procedures in writing. Each parent receives the Parent Handbook at intake that describes the possible actions occurring through involvement with CINS/FINS services.



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Exceptions

The program's current policy 10.1 does not address the provision of available service options and Rights and Responsibilities in writing, or the provision of possible actions occurring through involvement in CINS/FINS. Grievance procedure is addressed in a separate policy #112.

2.02 Needs Assessments

Satisfactory

Limited

Failed

Rating Narrative

The agency does not have a detailed policy that specifically addresses the requirements of indicator 2.02.

The current sample size of eight (8) random client files was reviewed to assess the needs assessment service delivery requirements. All eight files reviewed indicated the needs assessment was completed the same day as the intake, exceeding the requirement for within 2-3 face-to-face contacts after initial intake. All files reviewed included a supervisor review. All of the case managers have a Bachelor's degree; hence, all of the needs assessments were completed by Bachelor's level staff. In one of the eight files, the youth was identified as a suicide risk and was referred immediately to the agency's in-house licensed clinical professional for an assessment of suicide risk.

Exceptions

The agency does not have a detailed policy that specifically addresses the requirements of indicator 2.02.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The agency does not have a detailed policy that specifically addresses the requirements of the indicator.

The current sample size of eight (8) random client files was selected to assess the Case/Service Plan service delivery requirements. All eight client files were found to be



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in compliance with the general requirements of this indicator. The eight files contained documented evidence of completed Individualized Service Plans in the intake and assessment phase of the service delivery process. Service plans were found to be developed the same day as the intake which exceeds the requirement of within 7 days. Plans were individualized and included service type, location, frequency, person(s) responsible, and target and completed dates. The case plans also included signatures of youth, parent, counselor, and supervisor consistently in all eight files reviewed. Plans also included timely 30 and 60 day reviews where applicable.

Exceptions

The agency does not have a detailed policy that specifically addresses the requirements of the indicator.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The agency has a detailed policy and procedure, #113, which specifically addresses the requirements of the indicator.

The current sample size of eight (8) random client files was selected to assess case management and service delivery. All eight files were found to be in compliance with the general requirements of this indicator. Four client files established the need for substance abuse referrals which were coordinated by the case managers. Another four files were assessed as needing counseling services and appropriate referrals were made and documented in the files. All eight files showed ongoing assessments and follow-up by the case managers who coordinated service plan implementation, monitored progress of the youth/family, and provided continued support. None of the youth were in need of out-of-home placements or had to be referred to the case staffing committee.

No exceptions.

2.05 Counseling Services

Satisfactory

Limited

Failed



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Rating Narrative

The agency does not have a comprehensive policy that specifically addresses the requirements of the indicator. Its current policy number 107, Intensive Case Management Services, partially addresses some of the elements of the indicator.

The current sample size of eight (8) random client files was selected to assess the counseling service delivery requirements. All eight client files were found to be in compliance with the general requirements of this indicator and contained documented evidence of the youth/family receiving counseling services in accordance with the case plan. All files reviewed addressed the presenting problems in the needs assessment, case/service plan, and case/service plan reviews. All files indicated case notes were maintained for all counseling services provided and documented youth's progress. All files indicated an ongoing internal process for clinical reviews of case records and staff performance.

Exceptions

The agency does not have a detailed policy that specifically addresses all the requirements of the indicator.

2.06 Adjudication / Petition Process

Satisfactory Limited Failed Not Applicable

Rating Narrative

The agency does not have a comprehensive policy that specifically addresses the requirements of the indicator. Its current policy number 117 partially addresses some of the elements of the indicator.

The current sample size of eight (8) random client files was selected to assess the adjudication/petition process. The program staff initiates case staffing as needed and/or requested. The agency has not needed to staff any cases in the past year and due to lack of practice this indicator is rated not applicable.

Exception

The agency does not have a comprehensive policy that specifically addresses all the requirements of the indicator.



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2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The agency does not have a policy and procedure that addresses the requirements of the indicator.

The current sample size of eight (8) random client files was selected to assess youth records requirements. All eight files were found to be compliance with the indicator and were marked confidential. Client files are maintained in a secured and locked file cabinet that is not accessible to unauthorized staff.

All staff transport files in opaque cases that are marked confidential and are not accessible to unauthorized parties. All files are maintained in a neat and orderly manner so that staff can quickly and easily access information.

Exception

The agency does not have a policy and procedure for youth records that addresses the requirements of the indicator.