



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Children's Home Society
Osceola Non-Residential Program

on June 16, 2016

Compliance Monitoring Services Provided by





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	Satisfactory
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%**
 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.



Quality Improvement Review

Children's Home Society Osceola – 06/16/2016

Lead Reviewer: Marcia Tavares

Review Team

Members

Marcia Tavares, Lead Reviewer, Consultant-Forefront LLC

Aleundro McCray, Program Manager, Boy's Town of Central Florida



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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 | 2 # Case Managers | _____ # Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | _____ # Clinical Staff | <u>1</u> # 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 | <u>0</u> # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | <u>0</u> # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | <u>2</u> # Personnel /Volunteer Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | <u>3</u> # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | <u>4</u> # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | <u>3</u> # 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

- | | | |
|------------------|-----------------------|-------------------------|
| <u>0</u> # Youth | 3 # Direct Care Staff | <u>0</u> # 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

Children's Home Society of Osceola County (CHS Osceola) 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.

CHS Osceola is located in Kissimmee, Florida at 2653 Michigan Avenue. Since accreditation, CHS Florida has maintained its accredited status by the Council on Accreditation effective through 6/30/2017. During the past year, with the hiring of a new CEO, Mike Shaver, the agency changed its mission statement.

The program office is also the site for the agency's Head Start, Case Management, and Visitation programs. The offices are fully furnished and the building consists of a lobby, conference room, bathrooms, staff offices, supervised visitation rooms, and staff kitchenette. Adequate spacing allows for family visitation, group sessions, or intake if needed.

The provider serves Kissimmee, Poinciana, and St Cloud which are municipalities that make up Osceola County. It provides enhanced services to CINS/FINS youth/family by offering parenting classes and psycho-educational groups. Last fall, upon training all the CINS/FINS case management staff, the provider implemented the Why Try curriculum in social skills groups in both Elementary and Middle schools.

CHS also partnered with Microsoft's YouthSpark program to build Faine House Tech Success computer lab which was designed and built by DPR Construction. The computer lab brings computer and digital education to thousands of vulnerable teens in Florida. Tech Success uses the latest Microsoft technology and software to provide training in computer basics: use of the internet, websites and cloud services, Word, Excel and PowerPoint applications, resume writing and interview techniques, living a digital lifestyle and more. Participants are supported through self-paced progress, incentives, and a focus on individual areas of interest.

Another successful collaboration of CHS Osceola is a four-way partnership program, through which the school, The University of Central Florida (UCF), the Children's



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Home Society and True Health, a community health care provider, have developed a strategic plan to meet Evans High School's needs. Just five years ago, Evans received a "D" rating from the state of Florida. Their student population was in severe decline, their graduation rate was only a little above half, and the school hardly had any services or programs to help the struggling population that the school served. Now five years later, in only three years as a Community School, Evans has dramatically increased their enrollment from 1,975 to 2,495, while at the same time halving their disciplinary incidents, more than doubling their industry certifications, tripling their International Baccalaureate diplomas, and raising their graduation rate by 15 percent.



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Standard 1: Management Accountability

Overview

Narrative

CHS Osceola's non-residential CINS/FINS program is staffed by a Program Supervisor, two fulltime counselors, and an Administrative Assistant/Data Specialist. Two Interns also volunteered in the program during the current FY.

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. No new staff were hired during the past year and there were no applicable 5-year re-screenings for the review period. However, the program utilized the services of two volunteers during the current FY.

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 CHS Osceola, staff are trained to conduct screening and assessment services to eligible youth and families. Individual training records are maintained in a binder for each staff that includes: training plan, individual certificates, and training hours. The provider utilizes a variety of sources for training such as the FN, local providers, and their own CHS Relias Training Learning Program.

In addition to attending the local DJJ Circuit Meetings, the provider's case management staff conducts outreach activities. Outreach activities are entered into Netmis.



1.01 Background Screening

Satisfactory Limited Failed

Rating Narrative

The provider has a policy, CHS/112, in place for conducting DJJ Background screening and driver's license check for all new hires. 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 FDJJ-1800. The provider's policy also includes 5-year re-screenings for staff every 5 years from the original hire date.

The CINS/FINS program is staffed by four staff including one Program Manager, 2 counselors, and one Data Specialist. None of the staff were hired during the past year and there were no applicable 5-year re-screenings for the review period. Consequently, DJJ Background Screening and E-verify were not applicable for staff for this indicator.

The program utilized the services of two volunteers (service start dates 10/5/2015 and 1/14/2016) during the past FY. Both volunteers were background screened through DJJ prior to program start dates.

The provider submitted the Annual Affidavit of Good Moral Character to the DJJ Background Screening unit on 1/15/16 prior to the January 31st deadline. An email from DJJ on January 15th verified receipt of the Affidavit.

Exceptions:

Current CINS/FINS P&P was last updated in 2007. Per the ED, the agency is currently updating all their P&Ps for COA re-accreditation.

The current P&P does not state that the background screenings will be completed "prior" to the hiring of an employee or utilizing the services of volunteers, mentors, and interns.

1.02 Provision of an Abuse Free Environment

Satisfactory Limited Failed

Rating Narrative

The program has various policies and procedures in place to address Indicator 1.02, for Provision of an Abuse Free Environment as follows: CHS 3000-Employee Handbook



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and CHS7110-Standards of Conduct for Staff, CHS 2017-Abuse Reporting, and Grievances-Employee and Consumer Handbooks.

The employee handbook provides the agency's current policy to maintain an environment that encourages mutual respect; promotes civil and congenial relationships among corporate wide team members; and is free from all forms of harassment, violence, and retaliation. This includes treating everyone with respect no tolerance for threatening, abusive or vulgar language or behavior when such language or behavior is uncivil, insulting, contemptuous, vicious or malicious. The code of conduct is provided to staff in the Employee Handbook and is reviewed during hire/orientation.

Acknowledgement of receipt of the Employee Handbook is included in the employees' personnel files. Per the Program Manager, no staff has been disciplined in the past year for incidents of abuse, verbal intimidation, use of profanity, and/or excessive use of force.

The program maintains a written protocol for reporting abuse. Staff receives Abuse and Neglect training during orientation. The provider documents Abuse Registry calls in the agency's incident reporting database called Airs Web. A review of the Airs Web incident report did not show any abuse registry calls made by program staff for the review period.

Employees are informed of the agency's grievance procedure in the Employee Handbook. The program has a client grievance policy distributed through the Consumer Handbook that is reviewed and provided to the youth/family during intake. A copy of receipt is maintained in the youth's case file. Per the Program Manager, the program has not received any client grievances during the review period.

Postings of the Abuse Hotline number, rights and responsibilities, and grievance procedures were observed in the lobby and/or throughout the program offices.

Exceptions:

None

1.03 Incident Reporting

Satisfactory

Limited

Failed

Not Applicable

Rating Narrative

The agency has a policy, CHS 7103, and has written procedures in place that address the requirements of the indicator for CCC Incident Reporting. Staff training on CCC



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incident reporting was evident in the training files reviewed and/or listed on the agency's training plan. During the tour, the Reviewer observed postings of the CCC telephone number in the facility.

Per the Program Director, during the past year there have not been any incidents that meet the criteria for reporting to CCC. A review of the Airs Web incidents for the CINS/FINS program did not reveal any reportable CCC incidents. This indicator is rated not applicable as there is no practice to evaluate.

Exceptions:

None

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency has policies and procedures in place to address the training requirements of new (CHS/7602) and in-service (CHS/7603) staff. However, the policies and procedures do not include all of the mandatory and recommended topics required by the indicator. There were also no procedures documenting how the program maintains training files for each staff.

The training file for one new hire employee was reviewed. The staff completed orientation training and received over 80 hours of training in the first year of hire. There is evidence of completion for all of the mandatory training topics as well as all of the recommended trainings.

Two in-service training files reviewed exceeded the 40 hours required annually including the mandatory CPR/First Aid and Fire Safety training.

The program maintains a separate binder for each staff's training, documenting training on the program's FY July – June. The training files include individual training plans, a training log, and supporting agendas and/or attendance documentation.

Exceptions:

The current policies and procedures do not include all of the mandatory and recommended topics required by the indicator. There were also no procedures documenting how the program maintains training files for each staff.



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1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a current Quality Management Plan (QMP) for 2016 that describes specific procedures for the collection and review of case records; incidents, accidents, and grievances; review of customer satisfaction data; and review of outcome data.

Section XI of the QMP provides procedures for data collection, aggregation of review and analysis, communicating results, using data for implementing improvement, and assessment of the effectiveness of the QM process.

The program has a designated Quality Management Specialist (QMS) who is responsible for the implementation and oversight of its CQI program. In practice, the program's CQI program includes many activities that are conducted by various staff to ensure all aspects of analyzing and reporting data are consistently implemented and documented.

Quarterly case record reviews are conducted by the program counseling staff as directed by the program supervisor and are due to QM for data input and aggregation each quarter. A copy of the program's aggregate records for FY to date was provided to this reviewer. Upon completion of each record review, the QMS aggregates the results and provide a copy of the aggregated report which is saved on a shared drive and shared with program supervisors to discuss themes, trends, and any areas of concern. The QMS also follows-up at a later date to spot check specific files to verify completion of the corrective actions. A checklist of the monitoring checklist completed is maintained in each file.

The program's Safety Committee is responsible for reviewing incidents and accidents, performing safety checks and fire drills, and making recommendations to management on a monthly basis. Each program site has a representative who sits on the Safety Committee. Minutes from each meeting are produced and provided to committee members (including the QMS) and the executive Director (ED). The Division Safety Committee Coordinator discusses safety concerns and suggestions with the ED monthly and follows up with the QMS as needed. The QMS will follow up with the ED and program supervisors as needed to ensure division safety. The program has not had any reportable incidents, accidents, or grievances during the past year. Consequently, no reviews were necessary.



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Consumer surveys are administered twice a year during the second and fourth quarters. The surveys are aggregated by the QMS and provided to supervisors, DPO, and ED. A copy of the Consumer Satisfaction Aggregation Tool for the second period of FY 2015-2016 was provided for review. The CINS/FINS Program staff also obtains client satisfaction surveys at case closure and enters them in Netmis.

Outcomes data is reviewed monthly, quarterly, and annually. This information is conveyed to staff at monthly staff meetings, where patterns and trends are noted and quality improvement strategies are solicited and discussed for potential implementation. Monthly and quarterly data is entered into the agency's Program Performance Report (PPR). The outcomes data is incorporated into the program's Annual Program Performance Report, which compares the entire contract, Netmis, and program benchmarks required, by the Florida Network and DJJ QI to the program's actual performance. A copy of the year-to-date PPR for the current FY to date was provided and reviewed on site.

Quarterly review of the Knowledge Portal of Pyxis Med-Station Reports is not applicable for non-residential programs.

Exception

Netmis data reports were not being reviewed and monitored by staff. During the visit, the Data Specialist pulled a current report which showed minimal discrepancies. All of the discrepancies were corrected onsite.

1.06 Client Transportation

Satisfactory

Limited

Failed

Rating Narrative

Provider has a current P&P to address client transportation which is included in the agency's Safety Manual. The procedures address the safety of staff and occupants as well as ratios but do not address avoiding single transport of youth without the presence of a third party and/or approval by a supervisor if a third party is not present.

Exception

Per the Program Manager, CINS/FINS do not typically transport youth in their own or agency vehicles. However, no current policy is in place to support this practice.



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1.07 Outreach Services

Satisfactory

Limited

Failed

Not Rated

Rating Narrative

The provider has an Outreach Targeting Plan that identifies high crime areas and low performing schools for outreach services. Staff conducts outreach activities throughout the county.

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

The provider's case management staff conducts outreach activities and documents these activities in Netmis. The program manager attends the Local DJJ Circuit Board meetings every two months and the list of staff attending and dates of meetings are documented in the Outreach Log. A Netmis log of outreach activities for the current FY to date showing education and prevention activities to a variety of audiences was reviewed.

Exceptions:

None



Standard 2: Intervention and Case Management

Overview

Rating Narrative

CHS Osceola is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Osceola County. The program provides centralized intake and screening during office hours Monday – Friday and accepts referrals from Osceola 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 Supervisor and two fulltime Case Managers. The Case Managers are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

As needed, CHS Osceola 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 or parent/guardian.

During the QI review, 7 client files were reviewed for 4 open and 3 closed cases.

2.01 Screening and Intake

Satisfactory Limited Failed

Rating Narrative

There is a written policy by CHS in place, policy # CHS/7303. This policy appears to be in accordance with Standard 2.01.

Reviewer studied 7 files for CHS. The following was noted:

- All 7 files met criteria for having eligible screening days within 7 calendar days
- All youth and/or parents received service options, rights and responsibilities and all needed brochures. This was noted on all 7 CINS/FINS acknowledgment forms



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- All 7 families appeared to be notified of the Grievance procedures (called the appeals process).

No exceptions.

2.02 Needs Assessments

Satisfactory

Limited

Failed

Rating Narrative

There is a written policy in place, policy # CHS/7203a. This policy is in accordance with Standard 2.02.

- All 7 files met the criteria for initiating a needs assessment within 72 hours of admission
- Needs assessments appeared to be completed within 2/3 day face-to-face contacts
- Needs assessments were completed by a Bachelor's or Master's level staff
- All signatures were located on needs assessment documents
- All youth with self-harm or suicide ideation background histories was noted on needs assessment document
- It was noted the youth with histories were referred under the direct supervision of a licensed mental health professional for suicide risk. It was also noted a youth was Baker Acted the same day CHS was providing services to the family.

Exception:

For one youth file reviewed, there were some questions that were not completed on the Needs Assessment.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

There is a written policy in accordance with Standard 2.03. That policy is CHS/7204.



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- All 7 case plans were developed within the first 7 working days
- All 7 case plans were individualized to fit the youth's needs
- All target dates, frequencies and locations were on all 7 service plans
- All required signatures were located on all 7 documents
- All 7 documents has dates the service plan was initiated
- All 7 documents contained case notes stating they conversed with youth and/or parent regarding the service plan. The 30/60 day reviews were highlighted to point out the importance of that particular case plan. The progress notes correlated within the right time frame with the service plan reviews.

Exception:

Service plan reviews for one youth were not signed by parent or youth. The process was explained in detail by the counselor. It was noted in progress notes that parent and/or youth were seen by the Counselor on the required service review dates.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

There is a written policy in accordance with Standard 2.04. That policy is CHS/7305. This policy gave an array of services that could be provided to the youth.

- All seven youth had a counselor or case manager assigned.
- All referrals appeared to assess the youth's needs. This was observed through the service plan and the CINS/FINS referral acknowledgment and established referral needs.
- It was noted in the service plans that counselor monitored and provided support for youth and parents. The tasks for the youth were checked off as completed.
- 4 closed files had documentation of termination summaries within a 180 day period. All files had recommendation for the youths after the completed all services with CHS.

No exceptions.



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2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

There is a written policy in accordance for Standard 2.05. That policy is number CHS/7305a.

- Noted that all 7 youth received required counseling services as documented in service plans
- All documents were initiated in a timely manner. This includes Psychosocial Assessments and the Initial Service Plan.
- All 7 files had documentation that youth's presenting problems were addressed and noted in the following: Psychosocial Assessment, Initial Service Plan and Case Plan reviews
- All reviewed progress notes explained what type of progress the youths were making
- It was noted in all 7 files that a supervisor reviewed the case file to check for accuracy

No exceptions.

2.06 Adjudication / Petition Process

Satisfactory

Limited

Failed

Not Applicable

Rating Narrative

There is a written policy in accordance with Standard 2.06, CHS/7379. CHS Case Staffing committee meets all standards with the following: Committee Chair/Agency Program Manager, CINS/FINS Case Manager/Counselors, DJJ Attorney, Osceola Sheriff's Officer, and Osceola County School Representative Truancy Officer or Social Worker involved with the youth. Due to lack of practice this indicator is rated not applicable.



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2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

- All 7 files had the word "CONFIDENTIAL" marked on the front or the side
- All records were maintained in a neat and orderly fashion and it was very easy to find needed information

Exception:

CHS stated they had no container that is locked or marked "CONFIDENTIAL" due to never needing to transport files. As required, provider should have secured containers in case files need to be transported to court, etc.