



**Florida Network for Youth and Family Services
Compliance Monitoring Report for**



CENTER FOR FAMILY AND CHILD ENRICHMENT INC.

**1825 NW 167 Street
Miami, FL 33056**

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for the Center for Family and Child Enrichment (CFCE) CINS/FINS program for the FY 2019-2020 at its program office located at 1825 NW 167 Street, Miami, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. 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 are funded with General Revenue Funds effective for July 2019 through June 30, 2020.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC and Peer Reviewers. Agency representatives from CFCE present for the entrance interview were: Mary Williams, Program Director; Michelle Prescott, Compliance and Risk Management Manager; Case Managers Joanne Jackson and Krizia Santana; and Gillian Hamilton, Program Assistant. Also present were SNAP staff Idele Joseph and Taina Bodet. The last onsite QI visit was conducted May 23, 2019.

In general, the Reviewer found that CFCE is in compliance with specific contract requirements. **CFCE received an overall compliance rating of 91.7% for achieving full compliance with eleven (11) of the twelve (12) applicable indicators** of the Administrative and Fiscal Contract Monitoring Tool. One of the indicators was rated not applicable as the provider does not have any inventory purchased with Florida Network funds. There are no corrective actions cited but one (1) recommendation is made as a result of the monitoring visit.

The following report represents the results of the in-depth evaluation of the provider's General Administrative performance, with all findings clearly documented. Copies of all completed tools utilized during the visit to determine these ratings will be maintained on file with the Reviewer. If any information or clarification is required, please contact Keith Carr by E-mail: keithcarr@forefrontllc.com

2019-2020 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 01-22-2019-2020

Agency Name: Center for Family and Child Enrichment					Monitor Name: Marcia Tavares		
Contract Type : CINS/FINS Non-Residential					Region/Office: 1825 NW 167 Street, Miami, FL 33056		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): January 22, 2020		
Explain Rating							
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The provider currently has one (1) certified DJJ-QI Peer Reviewer, Mary Williams. Ms. Williams has participated in a QI Peer Review during the current FY.	Recommendation: 1) As required by the FN contract, the provider must have a minimum of two (2) staff members trained and certified as QI Peer reviewers. CFCE currently has one certified peer reviewer and should plan for additional staff to be trained at the next available FN QI Peer training.
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- CFCE provided a list of five additional current funding sources for FY 2019-2020, identifying the awarding entity and award amount. The list of funders includes: Citrus Family Care Network; South Florida Behavioral Health Network; Health Resources and Services Administration; Nurse Family Partnership; Medicaid, Miami Dade County, United Way, University of Miami (CIFFTA), Children's Trust, and FN SNAP.	
Limits of Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documentation:	

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a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV							General Liability through Alliance of Nonprofits for Insurance, for limits of coverage \$1,000,000 each \$3,000,000 aggregate, effective 6/8/2019-6/8/2020. Automobile insurance through Alliance of Nonprofits for Insurance for combined single limit of \$1,000,000 and PIP Basic for \$10,000. The policy is effective for 6/8/2019-6/8/2020 Workers Compensation through Wesco Insurance Company with limits of \$1,000,000 each/aggregate, effective 4/1/19-4/1/20. Florida Network is listed as certificate holder.		
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Per Executive Director, CFCE does not have any corrective action items cited by an external funding source.	
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D,- Fiscal Policies and Procedures are maintained in the agency's Accounting Policies and Procedures Manual that appears to be consistent	

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GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV							with GAAP and provide for limited internal controls. The Accounting Policies and Procedures were last revised March 2018.	
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). PTV			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Provider maintains a general ledger that is set up separately to track the activity of the CINS/FINS program separately. The GL for the CINS/FINS program, cost center 54, for the period July 1, 2019-December 31, 2019 was reviewed. The program maintains records of accounts for all transactions including disbursement journals, accounts receivables journals, payroll records, and other pertinent records to track daily financial transactions.
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) -ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observation: Petty cash policy and procedures were reviewed in the Accounting Manual. A petty cash request is applicable only when the amount is less than \$50 in which case the program supervisor completes a Petty Cash Voucher Form and submits it to the custodian in the accounting office. The Petty Cash Voucher Form requires three

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						signatures. Receipt is attached to the Voucher form and returned to custodian. Petty Cash reconciliations are completed by the Custodian. The CINS/FINS program does not have petty cash, petty cash is for administration only.	
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management.) ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The agency maintains individual files for each vendor. Vendor files are kept in a secure file cabinet on site. Files are maintained by the accounting clerk and are filed alphabetically by the name of the vendor. Bank reconciliations are prepared for all checking accounts by the Senior Accountant. Bank reconciliations for July –December 2019 were reviewed onsite for BBT Operating account. Reconciliations are signed by the preparer and approved by the CFO and Executive Director monthly, within 1 week of receipt of bank statements.	
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Documentation, Interview: N/A - No program equipment/inventory has been purchased with DJJ funds.	

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In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE								
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency pays its employees on a bi-weekly basis through ADP EzLabor Manager. Reviewer received and reviewed form 941 and RT6 for the 2 nd and 3 rd quarters 2019. All reports confirm that the provider submits timely payroll and unemployment taxes on a quarterly basis and is current on making the deposits. ADP is directly responsible for submitting the W-3 and 1009 forms.
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Reviewed the budget to actual report for the current FY July through December 2019 showing a y-t-d surplus. Budget variances are tracked for individual funders on a monthly basis. The budget is reviewed at monthly board meetings and variances are discussed accordingly.
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$500,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Copy of financial audit conducted for year ending June 30, 2019 by Keefe, McCullough & Co., LLP and dated 11/18/2019. No

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audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS							Management Letter was required as there were no findings required to be reported in a separate management letter. A copy of the financial audit is on file with the Reviewer.	
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Administrative Policy and Procedure Manual. Policy and Procedures are maintained for Personnel Records and Privacy, Email and Information Systems, Record Retention and Destruction, Notice of Privacy Practices and Confidentiality, HIPAA, and Client access to records. Laptops are not furnished to case workers.

CONCLUSION

The Center for Family and Child Enrichment has met the requirements for the CINS/FINS contract as a result of full compliance with eleven (11) of the twelve (12) applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. One of the indicators was rated not applicable as the provider does not have any inventory purchased with Florida Network funds. Consequently, **the overall compliance rate for this contract monitoring visit is 91.7%**. There are no corrective actions cited but one (1) recommendation is made as a result of the monitoring visit.

RECOMMENDATION (S)

Recommendation:1)

As required by the Florida Network CINS/FINS contract, the provider must have a minimum of two (2) staff members trained and certified as QI Peer reviewers. CFCE currently has one certified peer reviewer and should plan for additional staff to be trained at the next available FN QI Peer training.

If required, the provider must submit a corrective action plan to address corrective actions cited in the corresponding section of this report. The provider's Corrective Action Plan should address the issues, corrective actions item cited, time frames and staff responsible. Responses to items cited for corrective actions are due to the Florida Network and the Florida Network Contract Manager within fourteen (14) working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Florida Network Contract Manager will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within three (3) days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form.

Recommendation (1) made is a suggestion regarding fiscal issues observed during the review. This item does not necessarily require a written response.



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Center for Child Enrichment - Miami
Non-Residential Program

January 22, 2020

Compliance Monitoring Services Provided by



Quality Improvement Review



Center for Family and Child Enrichment – January 22, 2020
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	Satisfactory
1.04 Training Requirements	Limited
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	N/A
1.07 Outreach Services	Satisfactory

Percent of indicators rated Satisfactory: 83.33%

Percent of indicators rated Limited: 16.67%

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	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity/ Expression	Satisfactory
2.09 Special Populations	Satisfactory
2.10 Stop Now and Plan (SNAP)	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: 93.75%

Percent of indicators rated Limited: 6.25%

Percent of indicators rated Failed: 0.00%

Quality Improvement Review



Center for Family and Child Enrichment – January 22, 2020
Lead Reviewer: Marcia Tavares

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.
Not Applicable	Does not apply.

Reviewer

Members

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Tevis Bush - Department of Juvenile Justice

Kristi Walsh – Children’s Home Society

Quality Improvement Review



Center for Family and Child Enrichment – January 22, 2020
Lead Reviewer: Marcia Tavares

Strengths and Innovative Approaches

Rating Narrative

Center for Family and Child Enrichment (CFCE) is a non-profit community-based corporation contracted with the Florida Network of Youth and Family Services (Florida Network) to operate Children in Need of Services/Families in Need of Services (CINS/FINS) non-residential services to youth and families in Miami Dade County. The program is located at 1825 NW 167 Street, Miami Gardens, Florida. Funding through CINS/FINS allows the agency to serve both male and female youth up to seventeen years old that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk. The agency also provides services to special populations who meet the criteria for Family and Youth Respite Aftercare Services (FYRAC) and is also contracted to provide SNAP Clinical Group and SNAP in School programs.

CFCE has partnered with the Children's Defense Fund (CDF) Freedom Schools as one of 1100 sites to offer a summer program that meets twice/week at the Marion Edelman's YWCA. The CDF Freedom Schools program enhances children's motivation to read and makes them feel good about learning. At the same time, the program connects families to the right resources in their communities. Freedom School students engage in a research-based, multicultural Integrated Reading Curriculum that supports them and their families through five essential components:

- ✓ High quality academic enrichment
- ✓ Parent and family development
- ✓ Civic engagement and social action
- ✓ Intergenerational servant leadership development
- ✓ Nutrition, health and mental health

Students also receive two nutritious meals and a snack daily, as well as a book each week to build their home libraries.

Within the past year, CFCE has facilitated events to enhance its services and offering to youth and families as follows:

- Parenting classes for parents
- Hosting CINS/FINS Facebook live sessions
- During the Thanksgiving holiday, CFCE sponsored a Thanksgiving meal with 100 Black men
- For the Christmas holiday, a toy drive was sponsored by Calder Casino and Batchelor Foundation; all youth in the program received gifts

Quality Improvement Review



Center for Family and Child Enrichment – January 22, 2020

Lead Reviewer: Marcia Tavares

- In July, the agency received 400 backpacks and school supplies donated by Calder, a local law firm, and Morgan Stanley
- Miami Herald donated gift cards to 2 families to purchase items needed

Quality Improvement Review



Center for Family and Child Enrichment – January 22, 2020
Lead Reviewer: Marcia Tavares

Standard 1: Management Accountability

Overview

Narrative

CFCE is under the leadership of an Executive Director. The CINS/FINS program is staffed by a Program Director, 3 fulltime case management staff, and 1 administrative assistant. No current staff vacancies were reported at the time of the QI visit. The program has not reported any incidents, administrative review, or current external investigation for which a corrective action plan was issued.

The agency has a continuous quality improvement (CQI) system in place to collect and analyze patterns and trends taking place measuring assets and areas in need of improvement whereby enhancements may be implemented and/or modified prior to corrective action. The review of the information is then compiled and provided to management staff and stakeholders. Data is reviewed monthly, quarterly, and annually. In addition, program staff convenes monthly and managers/supervisors discuss current concerns, progress, and other various topics. The review of the data assists in analyzing patterns and trends that are reviewed by management and communicated to staff and stakeholders.

Indicator 1.04, Training Requirement, received a limited rating because two in-service training records reviewed indicated staff did not complete the annual training requirements. One staff did not complete the annual suicide prevention training and the other staff completed the instructor led annual suicide prevention training but did not complete the second half of the training on the Department of Juvenile Justice learning system (SkillPro). Further review of the training records indicated one staff did not complete the semi-annual training of Prison Rape Elimination Act (PREA) and sexual harassment.

All other indicators in standard 1 were rated satisfactory with no deficiencies.

Quality Improvement Review



Center for Family and Child Enrichment – January 22, 2020
Lead Reviewer: Marcia Tavares

Standard 2: Intervention and Case Management

Overview

Rating Narrative

CFCE is contracted through the Florida Network of Youth and Families to provide non-residential services to youth and their families in Miami-Dade County. Through the screening and intake process, trained staff are able to assess youth and families for eligibility of services. Case Management, substance prevention education, and group education are available as well. Aftercare planning includes youth and families being referred internally or externally to community resources.

The CINS/FINS program consists of a program director and three fulltime case management staff. The case manager's duties include: intake and assessment, development of case plans, providing case management services, and linking youth and families to community services.

CFCE provides FYRAC services to youth referred by DJJ who have a domestic violence arrest on a household member, and/or the youth is on probation. The agency also provides SNAP services, both clinical groups and SNAP in schools. The agency is currently maintaining paper files and youth records are maintained in a neat and orderly manner.

The following indicators in standard 2 were rated satisfactory with exceptions:

- 2.03 – Case/Service Plan: Service plan reviews were not conducted with the youth in 6 of the 10 files reviewed. No evidence of documentation on the case/service plan and in the progress notes indicated the youth not being available to sign. Also, one of the 10 files did not identify the person responsible for completing the goal and 3 of the 6 closed files did not have the actual completion date documented on the plan.
- 2.10 – SNAP: 1) needs assessments were not dated in 3 of 6 files reviewed; 2) pre-CBCL were completed but not dated in 4 of the 6 files; 3) one of the Pre-TRF was not dated; and 4) 2 files were missing the Pre- Topse assessment and 3 were not dated.

All other indicators in standard two were rated satisfactory with no deficiencies.



Quality Improvement Review

STANDARD 1: MANAGEMENT ACCOUNTABILITY

Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Standard One – Management Accountability							
1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a policy and procedure #1.01 that was revised 8/1/2019 and approved by the Program Director. There is also a separate personnel policy and procedures for Background Screening that was revised 1/9/2020. Both policies and procedures combined meet the requirement of the indicator.	No exception
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One applicable personnel file was reviewed for the background screening of employees hired in the program since the last QI review 5/23/2019. Documentation in the HR file supported the employee was background screened and an eligibility clearance from the clearinghouse was obtained prior to an offer of employment. Additionally, proof of the new employee's employment authorization from the Department of Homeland Security was obtained through E-verify and filed in the personnel file.	No exception



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)	
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable			Explain
						<p>Review of the program staff roster showed there was no staff eligible for the 5-year re-screening during the review period. At the time of the review, there were also no volunteers who met the criteria for screening.</p> <p>The program provided a copy of its Annual Affidavit of Compliance with Level 2 Screening Standards that was submitted via email to the Background Screening Unit on January 7, 2020 prior to the January 31, 2020 deadline.</p> <p>The agency has been using the Avatar pre-employment assessment since January 2019 and established a pass rate of 60%. The tool was administered prior to the hiring of the one new staff reviewed who achieved a score of 64%.</p>		
1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care								
Provider has a written policy and procedure that meets the requirement for Indicator 1.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a written policy and procedures # 1.02 that addresses the requirement for Provision of an Abuse Free Environment which was revised on August 1, 2019 and approved by the Program Director.	No exception	



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each new employee is provided the standard of conduct at the time of hire. Staff are required to review the document and sign. There was one new hire since the last annual compliance review. Review of the personnel record validated the staff reviewed and signed the required document. The youth and parent are made aware of the Abuse Hotline, grievance, and CCC telephone numbers at the time of orientation by way of the program handbook. The program maintains a binder to document reported abuse calls and a binder to maintain grievances. A review of the binders indicated there were no reports of abuse or grievances filed in the last six months. Observation of the program indicated the Abuse Hotline and CCC telephone numbers are visibly posted.	No exception
1.03: Incident Reporting							
Provider has a written policy and procedure that meets the requirement for Indicator 1.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a written policy and procedures # 1.03 that addresses the requirement for Incident Reporting which was revised on August 1, 2019 and approved by the Program Director.	No exception
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of the Central Communications Center (CCC) reports for the past six months indicated there were no incidents reported by the program. However, the	No exception



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						program has relevant policies and procedures in place and staff is trained in incident reporting in the event a reportable incident has to be called in to CCC.	
1.04: Training Requirements Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a written policy and procedures # 1.04 that addresses the requirement for Training Requirements which was revised on August 1, 2019 and approved by the Program Director.	No exception
RATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has one new hire since the last annual compliance review. A review of the training record indicated the staff has not completed 120 days of employment; therefore, completion of all required training during that period cannot be reviewed. Two in-service training records were reviewed for the required annual twenty-four-hour training. Each reviewed record indicated each staff exceeded the required training hours. However, neither of the two staff completed all of the annual required training.	Exception (Limited Rating) Further review of the two in-service training records indicated one staff did not complete the annual suicide prevention training. The other staff completed the instructor led annual suicide prevention training but did not complete the second half of the training on the Department of Juvenile Justice learning system (SkillPro). Further review of the training records indicated one staff did not complete the semi-annual training of Prison Rape Elimination Act (PREA) and sexual harassment.
1.05: Analyzing and Reporting Information The program collects and reviews several sources of information to identify patterns and trends. Program should have sample reports of aggregated data and committee/workgroup minutes analyzing information.							



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a policy and procedure #1.05 for Analyzing and Reporting Information that was revised 8/1/2019 and approved by the Program Director.	No exception
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has in place a continuous quality improvement (CQI) system to collect and analyze patterns and trends taking place measuring assets and areas in need of improvement whereby enhancements may be implemented and/or modified prior to corrective action. The review of the information is then compiled and provided to management staff and stakeholders. The review of the data assists in analyzing patterns and trends that are reviewed by management and communicated to staff and stakeholders. Peer record reviews are conducted by program staff at staff meetings monthly and reported to the CQI Joint Council on a quarterly basis. A review of the staff meeting minutes and CQI Joint meetings held during the review period supported this practice. A total of 72 records were reviewed in Q4 FY 2018-2019 and 106 records in Q1 FY 2019-2020. The minutes for the January CQI meeting showing data	No exception



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						<p>for Q2 was not yet approved. All of the peer reviews indicated a compliance rate of 100% for key indicators reviewed each quarter.</p> <p>Risk Management and Safety Committee meetings are held separately by the provider on a quarterly basis. Data from the committees pertaining to incidents, accidents, and grievances/complaints is presented at the CQI Joint Committee meetings and were included on the agenda and minutes for the applicable months between July and December 2019.</p> <p>CINS/FINS outcomes are reviewed and reported quarterly during the CQI Joint Committee meetings. The performance measure reports for the 4th quarter of FY 18-19 was addressed at the July 2019 meeting and 1st quarter of FY 2019-2020 was reviewed at the October 2019 meeting. The program also reviews outcomes data submitted via the Florida Network's (FN) Report cards semiannually as well as monthly FN Performance reports at the CINS/FINS staff meetings</p>	



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						<p>held monthly. Agendas and sign in sheets are maintained for staff meetings.</p> <p>Client satisfaction surveys are entered into Netmis each month by program staff and analyzed at least annually. The most recent analysis was completed 1/16/2020, reporting 85.8 % of parent/guardian and 83% of the youth surveyed are satisfied with services received and would return if needed.</p> <p>Upon receipt of Netmis data reports from the FN, the Program Director informs staff and makes the necessary corrections as needed. The CQI Joint committee implements corrective actions and identifies individuals responsible for items needing attention based on weaknesses identified.</p>	
1.06: Client Transportation							
Policy is established to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						<input type="checkbox"/> YES <input type="checkbox"/> NO (explain) <input checked="" type="checkbox"/> N/A N/A for non-residential programs	
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This indicator is not applicable for non-residential providers	This indicator is not applicable for non-residential providers



Quality Improvement Review

Center for Family and Child Enrichment – January 22, 2020
 Lead Reviewer: Marcia Tavares

Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
1.07: Outreach Services							
The agency participates in local DJJ board and council meetings to increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services and ensure CINS/FINS services are represented in a coordinated approach.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a written policy and procedures # 1.07 that addresses the requirement for Outreach Services which was revised on August 1, 2019 and approved by the Program Director.	No exception
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program designates a lead staff member to attend outreach meetings. The meeting agenda and minutes are maintained in a binder and provides for validation the lead staff members attendance. A review of the binder indicated the program attended a total of eighty-six community meetings since the last annual compliance review; four were the Department of Juvenile Justice Advisory Board meetings and the remaining were other meetings throughout the community to ensure CINS/FINS is represented. The program also maintains a binder which contains fifty-three agreements with other community partners and a referral form process.	No exception



Quality Improvement Review

STANDARD 2: INTERVENTION AND CASE MANAGEMENT

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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Standard Two – Intervention and Case Management							
2.01: Screening and Intake							
Provider has a written policy and procedure that meets the requirement for Indicator 2.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a written policy and procedures # 2.01 that addresses the requirement for Screening and Intake which was revised on August 1, 2019 and approved by the Program Director.	No exception
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Six closed files and four open files were reviewed. All 10 youth files met the requirements of screening and intake standards. Youth and their guardians/ families were made aware of the available services, rights and responsibilities, possible actions occurring through involvement with CINS/FINS services and grievance procedures. Consents, notifications were clearly signed and dated by the case manager, the parent/guardian and the youth.	No exception
2.02: Needs Assessment							
Provider has a written policy and procedure that meets the requirement for Indicator 2.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a written policy and procedures #2.02 that addresses the	No exception



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>requirement for Needs Assessment, which was revised on August 1, 2019 and approved by the Program Director.</p> <p>The program's needs assessment contained all the elements required by the Florida Network's Policy and Procedure Manual.</p> <p>Six closed files and four open files were reviewed to find that all 10 files had the needs assessment completed within the first face-to-face contact, exceeding the requirement of completion within two to three face-to-face contacts. No files reviewed had been open over six months or had been re-opened within 6 months to have a needs assessment updated. All reviews by the supervisor were included and there were no files with a youth that was identified as having an elevated risk of suicide that required further follow-up.</p> <p>Program staff completing the needs assessment do not include their credentials to identify whether it's conducted by a Bachelor's or Master's level staff member; however, the program staff roster included the staff's degrees and was used to verify staff's credentials.</p>	
2.03 Case/Service Plan							



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a written policy and procedures #2.03 that addresses the requirement for Case/Service Plan, which was revised on August 1, 2019 and approved by the Program Director.	No exception
RATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were six closed files and four open files reviewed. All service plans were developed within the required 7 days of the Needs Assessment. The case/service plans included individualized and prioritized needs and goals identified in the needs assessment and included service type, frequency and location. All ten files had target dates for completion, and 3 of the 6 closed files documented the actual completion date. All the open files had ongoing services. All 10 files had signatures of the youth, parent/guardian, counselor, supervisor and the date the plan was initiated.	Exception All 10 files were reviewed/ revised for progress by the counselor and the parent every 30 days; however, 6 of the 10 files were not reviewed with the youth. No evidence of documentation on the case/service plan and in the progress notes indicated the youth not being available to sign. One of the 10 files did not have the person responsible identified. 3 of the 6 closed files did not have the actual completion date documented on the plan.
2.04: Case Management and Service Delivery							
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a written policy and procedures #2.04 that addresses the requirement for Case Management and Service Delivery, which was revised on August 1, 2019 and approved by the Program Director.	No exception



Quality Improvement Review

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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Six closed files and four open files were reviewed, and all files had a case manager assigned, established referral needs and coordinated referrals to services based upon the ongoing assessment of the youth/ family's problems and needs. In all 10 files, there was evidence that the case manager coordinates service plan implantation, monitors progress in services, and provides support. There was evidence in 5 of the 6 closed files that 30- and 60-day follow-up are conducted after exiting the program. One closed file was not due yet to have a 30-day follow-up.	No exception
2.05: Counseling Services							
Provider has a written policy and procedure that meets the requirement for Indicator 2.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a written policy and procedures #2.05 that addresses the requirement for Counseling Services, which was revised on August 1, 2019 and approved by the Program Director.	No exception
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Six closed files and four open files were reviewed. All 10 of the youth's files reflected case coordination between the presenting problem and the Initial case/service plan, case/service plan reviews, case management follow-up, and case notes maintained for services provided. In all 10 files there is evidence there is an on-going internal process that	No exception



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						ensures clinical reviews of the case records, youth and families receive counseling services in accordance with the case service plan and the program provides individual/family counseling.	
2.06: Adjudication/Petition Process							
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a written policy and procedures #2.06 that addresses the requirement for Adjudication/Petition Process, which was revised on August 1, 2019 and approved by the Program Director.	No exception
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon request for case staffing, a case staffing is scheduled and the youth/family as well as the case staffing committee will be notified of the scheduled meeting within five working days of the request for the meeting that will convene within 7 working days of the request for staffing. Recommendations made by the committee will be provided to the youth/family within 7 working days of the meeting. The case staffing committee will include, at a minimum, a representative from the youth's school district, a representative from the Department of Juvenile Justice, and the CINS/FINS case manager.	No exception



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						In practice, interview with the program director (PD) and documentation reviewed indicated there has not been a request or need to staff any cases during the scope of this review period. Consequently, there is no items for review; however, documentation reviewed confirmed the agency has a CINS/FINS Staffing Committee in place, and equipped for case staffing meetings, as needed.	
2.07: Youth Records							
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a written policy and procedures #2.07 that addresses the requirement for Youth Records, which was revised on August 1, 2019 and approved by the Program Director.	No exception
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 10 youth files reviewed on site were marked "confidential". All records are kept in secured file cabinets that are also marked "confidential". Each case manager utilizes an opaque container marked "confidential" when transporting youth files.	No exception
2.08: Sexual Orientation, Gender Identity, Gender Expression							
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy #2.08 for Sexual Orientation, Gender Identity, and Gender Expression (SOGIE). The policy meets	No exception



Quality Improvement Review

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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the required indicator and was last updated 8/1/19 by the Program Director.	No exception
2.09: Special Populations							
Provider has a written policy and procedure that meets the requirement for Indicator 2.09						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	No exception



Quality Improvement Review

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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						The program has written policies and procedures 4.11 and 4.121 for services to Family/Youth Respite Aftercare Service (FYRAC) population. The policy was last reviewed by the program director on 8/1/2019.	
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In practice, interview with the program director indicated there has not been any eligible youth referred for FYRAC services during the scope of this review period. Consequently, there is no practice; however, documentation reviewed confirmed the agency has an applicable policy and procedures in place.	No exception
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has written policies and procedures 4.16 (SNAP Group Delivery), 4.17 (SNAP Fidelity Adherence Monitoring), and 4.18 (SNAP Discharge Requirements) for SNAP services. The policy was last reviewed by the program director on 8/1/2019.	No exception
RATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were 6 SNAP clinical group youth files reviewed, 3 were open and 3 closed. All 6 files documented the youth were screened to determine eligibility using the NETMIS screening form and the SNAP Brief Intake screening form. There was a	Exceptions <ul style="list-style-type: none"> Needs assessments were not dated in 3 of 6 files reviewed Pre-CBCL were completed but not dated in 4 of the 6 files One of the Pre-TRF was not dated



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						<p>signed consent form in each file signed by the parent/guardian prior to receiving services. A needs assessment was completed at intake in each file. All 6 files had completed pre-CBCLs completed at intake and post-CBCLs were completed in 2 of 3 applicable files at discharge. A note was entered in the file to explain valid reason one of the post-CBCLs was not completed. A pre-Teacher Report Form (TRF) was completed in 3 of the 6 files; documentation in 3 files indicated reason for missing pre-TRF. Post-TRF was present in 2 of 3 applicable files and one included documentation for why it was not completed. TOPSE assessments were completed at intake for 4 of 6 files and 2 of 3 applicable files at discharge; one was not completed but an explanation was provided in the notes. PAT assessments were completed at intake in all 6 files and at discharge in 2 of 3 applicable files; one file provided an explanation. Three closed files included a completed SNAP Discharge Report Summary.</p> <p>Two SNAP in Schools sessions were reviewed for one closed and one current group. The groups documented weekly attendance sheets with the youths' names and signatures of the teacher and SNAP facilitator for all thirteen sessions of the closed group. A Class Shoot for Your</p>	<ul style="list-style-type: none"> 2 files were missing the Pre-Earle/Topse assessment and 3 were not dated



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	Explain						
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						Goal sheet was also completed in both. Pre and post evaluations are completed for the closed group youth participants and also the teacher. Pre evaluations were completed for the active group. A Fidelity Adherence Checklist was not completed for the closed session.	