



Florida Network for Youth and Family Services Compliance Monitoring Report for



Thaise Educational and Exposure Tours (TEET)
927 Goldwyn Avenue, Suite 204, Orlando, FL 32805

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 Thaise Educational and Exposure Tours, Inc. (TEET or Thaise Orlando) in Orlando for the FY 2019-2020 at its program office located at 927 Goldwyn Avenue, Suite 204, Orlando, 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. TEET - Orlando 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 Nitara LaTouche, Consultant for Forefront LLC and Peer Reviewers. Agency representatives from Thaise Orlando present for the entrance interview were: Theresa Clove, Executive Director; Fatima Rogers, Program Manager; Bruce Peters, Case Manager; Kianna Matthews, Data Clerk; Shirley Moon, Program Manager at Thaise - Jacksonville. The last onsite QI visit was conducted March 11, 2019.

In general, the Reviewer found that Thaise - Orlando is in compliance with specific contract requirements. **Thaise Educational and Tours, Inc. - Orlando received an overall compliance rating of 100% for achieving full compliance with (10) applicable indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions 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 12-11-2019-2020

Agency Name: Thaise (TEET) - Orlando					Monitor Name: Nitara LaTouche, Lead Reviewer						
Contract Type : CINS/FINS					Region/Office: 927 S.Goldwyn Ave., Ste. 204, Orlando, FL						
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): December 11, 2019						
Explain Rating					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)					
Major Programmatic Requirements					Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The provider currently has three (3) certified DJJ QI Peer Reviewers: Teresa Clove, Fatima Rogers, and Bruce Peters. Ms. Clove and Ms. Rogers have participated in the QI peer review process for this current FY.	No recommendation or corrective action is needed for this item.
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,I: The provider reported 2 additional contracts (county and state) during the on-site visit that included the awarding entity, amount, description of services and contract start and end dates.	No recommendation or corrective action is needed for this item.
Limits of Coverage 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					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The provider submitted copies of Certificate of Liability Insurance that was dated 9.24.19 and exceeds the minimum requirements for general liability and employer's liability requirements. An Automobile Declarations Page for automobile policy dated 3.24.19. The	No recommendation or corrective action is needed for this item.

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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)
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						policy coverage is valid for 1 year from coverage start date January 13, 2019 that meets the minimum requirements per contract for bodily injury, medical payments and property damage liability. Florida Network is listed as the payee.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I: The program manager reports there are no external corrective actions at the time of the onsite review.	No recommendation or corrective action is needed for this item.
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I,O: The provider maintains both program and fiscal policy/procedures that are in compliance with general accounting policies and practice to maintain sound internal controls for their agency. Fiscal files are retained for onsite audit purposes and the provider demonstrated the appropriate level of readiness during the review.	No recommendation or corrective action is needed for this item.
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"/>	D: A general ledger (GL) was submitted for periods from January 2019- August 2019. The provider maintains a year-to-date general ledger and a diagnostic general ledger	

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						that tracks all account activity and expenses for the program. The provider also provided a statement of assets, liabilities, and a statement of revenues and expenses.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						I: The provider reports that they do not currently use a petty cash ledger system to make cash disbursements at this time.	No recommendation or corrective action is needed for this item.
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"/>
						D: Statements of assets, liabilities, equity, revenues and expenses were provided for the months of January 2019 – August 2019 outlining income from operations, operational expenses, business expenses and any applicable profit. Monthly bank reconciliation worksheets were also provided that outlined the beginning and ending balances. A review of the ledger was conducted, and routine invoices related to business operations were verified on a monthly basis. The invoices are approved and monitored by management on an ongoing basis.	No recommendation or corrective action is needed for this item.

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					Ratings Based Upon:		Notes		
					I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)		Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)		
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. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I, D: The Executive Director reported that there is no inventory exceeding \$1,000 that has been purchased with FNYFS funds. However, a detailed inventory list was provided including items purchased for business operations from the agency and is available upon request.	
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"/>	D: A contracted company is responsible for submitting 1099 forms. The agency provided a copy of efile tax form 8879 completed by American Accounting and submitted May 2019.	
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"/>	D: Income statements were provided by an account for the provider from July 2018 – June 2019. The report shows the program budget breakdown and variances with YTD ending in surplus. All variances are managed by senior management and reviewed on a regular basis.	
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 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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D: Per the agency's current contract with the FNYFS amendment #4, page 34, attachments II, FSA Exhibit 1: Florida Single Audit ACT (FSAA) (revised 8/29/18) states a single audit is not applicable based on the expenses not exceeding \$750,000 or	No recommendation or corrective action is needed for this item.

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			Ratings Based Upon:			Notes		
			I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)					
and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS							more in state or federal awards for the provider currently. No management letter is applicable or required.	
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"/>	D: The provider maintains an internal protocol for their confidentiality policy and security and privacy titled 'Record Storage and Retention Fiscal Management Policy Procedure to ensure the security and privacy of all employee and client data. Policies are maintained with fiscal policy and procedures and addresses retention, confidentiality, storage, and disposal that provides direction on retention and disposal of files according to granting agency's guidelines and requirements.

CONCLUSION

Thaise - Orlando has met the requirements for the CINS/FINS contract as a result of full compliance with (10) applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited or recommendations made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

If applicable, 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.



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Thaise Educational and Exposure Tours (Orlando) –
Non - Residential Program

December 11, 2019

Compliance Monitoring Services Provided by





Quality Improvement Review

Thaise Educational and Exposure Tours (Orlando) – December 11, 2019
Lead Reviewer: Nitara LaTouche

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	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	Satisfactory

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	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)	Not Applicable

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%



Quality Improvement Review

Thaise Educational and Exposure Tours (Orlando) – December 11, 2019
Lead Reviewer: Nitara LaTouche

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

Nitara LaTouche - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Bonita Williams - Department of Juvenile Justice

Terrance Middleton – Nehemiah Educational and Economic Development



Quality Improvement Review

Thaise Educational and Exposure Tours (Orlando) – December 11, 2019
Lead Reviewer: Nitara LaTouche

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, (3) Shelter Care, and (4) Mental Health/Health Services which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2019).

Persons Interviewed

- | | | |
|--|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Program Director | <input checked="" type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct – Care Full time | 1 # Case Managers |
| <input type="checkbox"/> Direct – Part time | <input type="checkbox"/> Direct – Care On-Call | _____ # Program Supervisors |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern | _____ # Food Service Personnel |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | _____ # Healthcare Staff |
| <input type="checkbox"/> Counselor Non-Licensed | <input checked="" type="checkbox"/> Case Manager | _____ # Maintenance Personnel |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Human Resources | _____ # Other (listed by title): _____ |
| <input type="checkbox"/> Nurse – Full time | <input type="checkbox"/> Nurse – Part time | |

Documents Reviewed

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

Surveys

0 # Youth **0** # Direct Care Staff **0** # Other: _____

Observations During Review

- | | | |
|---|--|--|
| <input type="checkbox"/> Intake | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <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"/> Discharge | <input type="checkbox"/> Group |
| <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts | <input checked="" type="checkbox"/> Signage that all youth welcome |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |
| <input type="checkbox"/> Census Board | | |

Comments

Additional Comments regarding observations, other important findings of interest, etc.



Quality Improvement Review

Thaise Educational and Exposure Tours (Orlando) – December 11, 2019

Lead Reviewer: Nitara LaTouche

Strengths and Innovative Approaches

Rating Narrative

Thaise Educational and Exposure Tours, Inc. (TEET) was awarded 'Best Practice and Overall Program of the Year' in 2019.

The program recently relocated and moved into a larger space within the same office location.

TEET received a new grant from Orange County for a Winter/Spring/Summer Break program to offer academic tutoring and life skill classes that will commence in December 2019. They will be providing tutoring 8 hours per day. The agency has hired 2 new Florida Certified Teachers to provide math and reading to youth for this program.

The program recently hired a program director in the month of June 2019. The program has hired 3 new case managers and currently have no vacancies.

The program continues to conduct outreach efforts with the following outside agencies: Devereux Mobile Unit, Orange County Drug Court, Central Florida Recovery Center, * Cents in a Jar, DJJ Advisory Board, Change in Motion, Boys and Girls Club, Akeso Behavioral Health, Children's Home Society, Compassion Corner, Big Bear Behavioral Health, Englewood Community Centre, and Mr. Notice.

The program has obtained partnership agreements from 3 outside organizations: Encore 7 LLC, Tri County Sickle Cell, and Supportive Family Services LLC.

The program held two (2) pizza parties to celebrate two large families receiving services.

The youth were able to take youth to Valencia College over the summer to visit the west campus and were able to treat youth to bowling over the summer.

The program continues to celebrate the success of the youth being served and their commitment to their community is evidenced by their passion and pride in the professional work they do with their families and youth. The following examples were specifically provided: one (1) female youth made Evan's High School basketball team, another female youth successfully completed the Probation Respite program and enrolled into Seminole State College, and several youths have successfully completed twelve (12) weeks of Life Management/Anger Management/Impulse Control sessions.

Quality Improvement Review

Thaise Educational and Exposure Tours (Orlando) – December 11, 2019

Lead Reviewer: Nitara LaTouche

Standard 1: Management Accountability

Overview

Thaise Educational and Exposure Tours, Inc. (TEET) is a non-profit organization that is contracted with the Florida Network of Youth and Family Services to work with at-risk youth and their families in Orange County through the Children in Need of Services & Families in Need of Services (CINS/FINS) Program. The program is located at 927 South Goldwyn Avenue, Suite 204, Orlando, FL 32805. The services offered include mentoring, case management, educational assistance, college and exposure tours, speaker's bureau, enrichment classes, career guidance, assistance with college and financial aid applications, and shelter or respite care referrals.

The TEET Orlando program is currently staffed by Teresa Clove, Executive Director; Fatima Rogers, Program Manager; Kiana Matthews, Data Clerk; and finances and payroll are maintained and managed in conjunction with American Accounting Freedom Payroll. There were no vacancies at the time of this review.

The program employs a data clerk position that is responsible for collecting and entering data for each of their locations (Orlando, St. Petersburg, and Jacksonville). The agency employs a Data Supervisor that oversees all 3 data clerks that was hired in January to manage staff and ensure there is consistency across all 3 locations. Both the Executive Director and Program Manager validate data on a monthly basis for accuracy.

The program uses the HR Avatar tool to pre-screen employees for suitability, which was implemented in July 2018. The program requires all employees complete level 2 background screening and maintains an annual affidavit of compliance, which is submitted to the DJJ Background Screening Unit.

All indicators in standard one were rated Satisfactory with no exceptions.

Quality Improvement Review

Thaise Educational and Exposure Tours (Orlando) – December 11, 2019
Lead Reviewer: Nitara LaTouche

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The Thaise Educational and Exposure Tours, Inc. (TEET) Orlando is located in Orlando, FL and provide in home, office and group sessions. TEET Orlando has an Executive Director that oversees all 3 locations for the program offered in St. Petersburg, Jacksonville and Orlando locations. The TEET Orlando program has a Program Manager that manages the day to day operations of the program for their location. There are four (4) contracted Case Managers; Bruce Peters, Gale Witcher, Nikki Moon, and Patricia Davy that are all bachelor level certified staff that provide non-residential services to youth and their families.

The program focuses on at-risk youth from the ages of 6-17 years old that are within Orange County and may have behavioral and/or academic concerns that meet the eligibility requirements of the program. The program is able to provide services to youth meeting the criteria for special populations including family and youth respite aftercare services, probation respite, and domestic violence respite. This program does not currently provide Intensive Case Management (ICM) or Stop Now and Plan (SNAP) services. TEET Orlando provides college tours to youth in Florida between 1-3 times per year. The program maintains paper files for youth records.

All indicators in standard two were rated satisfactory with no exceptions. Indicator 2.10 was rated not applicable because agency does not provide SNAP services at this location.



Quality Improvement Review

Thaise Educational and Exposure Tours (Orlando) – December 11, 2019

Lead Reviewer: Nitara LaTouche

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 policy and procedures for background screening was approved by the board members on June 6, 2019.	No Exceptions.
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The policy and procedures include background screening of employees/volunteers requirements to be met before the hiring of new employees/volunteers. The policy includes each new hire will complete a pre-assessment tool. Since the last annual compliance review, the program had four new hires. Each of the new hires successfully completed the pre-assessment tool prior to their hire date. The program completed the initial background screening prior to each of the four new hires. None of the staff were eligible for five year re-screening. Each of the staff personnel record included the E-Verify proof documentation completion on the date of hire. The program submitted the Annual Affidavit of Compliance with Good Moral Character Standard (Form	No exceptions identified for this indicator



Quality Improvement Review

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Lead Reviewer: Nitara LaTouche

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		
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 policy and procedures for Abuse and neglect Reporting, Grievances and Code of Conduct and Behavior was approved and signed by the board members on June 6, 2019.	No Exceptions.
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The policy and procedures include provisions of an Abuse Free Environment and Code of Conduct and Behavior to ensure a safe environment for youth and staff. The policy and procedures include code of conduct guidelines, grievance process, management immediate action to allegations, and Florida Abuse Hotline phone numbers. The program does have a policy and procedures to include the grievance process. Since the last annual compliance review the program has not had any grievances submitted for youth or employees. The grievance forms are located on the site for youth/staff access. Direct care staff do not handle grievances, only management process grievances. The program has a binder where grievances would be maintained if any were submitted by youth or employees. The code of conduct prohibits the use of physical abuse, profanity, threats or intimidation. There	No exceptions identified for this indicator.



Quality Improvement Review

Thaise Educational and Exposure Tours (Orlando) – December 11, 2019

Lead Reviewer: Nitara LaTouche

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		
						<p>is signage to reflect all youth are accepted to the program. There are postings of the Florida Abuse Hotline on site.</p> <p>Each youth is provided a copy of the Client Rights which include information on having the right to be in an abuse free environment which is free from neglect, abuse exploitation or any form of corporal punishment. Upon entering the program site, there is a posting of the numbers. the staff indicated youth are provided a handbook with the Florida Abuse Hotline number included and youth have access to calling when requested.</p>	
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 policy and procedures for Incident Reporting was approved and signed by the board members on June 6, 2019. The policy and procedures include incident reports are to be reported to the Central Communications Center (CCC) within two hours of the incident. The programs policy include all types of reported incidents were listed in the procedures.	No Exceptions.
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Since the last annual compliance review, the program has not had any incident reports requiring a call to the Central Communications Center (CCC). The program does have a binder to maintain incident reports submitted, if applicable. The program has a process of notifying the Central Communication Center (CCC) within two	No exceptions identified for this indicator.



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						hours of the incident and follow up communication tasks/special instruction.	
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 policy and procedures for Development and Training was approved and signed by the board member on June 6, 2019. The policy and procedures include staff development principles, ongoing staff development, social services training, process, confidentiality of information, and training hours/courses.	No Exceptions.
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training requirements for two new hires and two older employees were reviewed. The program did not have any non-licensed mental health clinical staff during the review period. The two new hires completed all required training for the first 120 days of employment, according to the indicator 1.04 training requirements listing of courses to complete. Both staff were hired in August 2019; therefore, they have time to complete the first 120 days of annual training after the first 120 days of employment. One staff completed eighty-two hours of training and the other completed sixty-six hours. Two staff were reviewed for annual training. Both staff completed the required twenty-four required job-related training. One staff completed thirty-two hours and the other	No exceptions noted for this indicator.



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						completed thirty six hours for the fiscal year 2019-2020. Fiscal year according to the policy is July 1 through June 30.	
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.							
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) Policy and procedure Analyzing and Reporting Information 1.05 addresses the requirements to maintain compliance and avoid errors by analyzing data for strengths and weaknesses and provide feedback to staff. The policy meets the requirement for this indicator. The policy was approved and signed by the board members on June 6, 2019.	No Exceptions.
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The provider hired a data clerk in October 2019. Each county has their own data clerk that is responsible for managing and maintaining the accuracy of data entered into NetMIS and JJIS data systems. There was a Data Clerk Supervisor hired in January to supervise all 3 clerks. All 3 data clerks have group supervision to ensure data entry and collection practices are consistent across all three locations for the agency. If any deficiencies are identified they are discussed and addressed by the team. Program Managers meet with staff to discuss information that may be needed if data is missing or incorrect and the information is	No exceptions noted for this indicator.



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						<p>provided to be data clerk to be corrected and resolve any areas needing to be addressed. The program manager reports meets weekly with case managers to hold supervision and discuss case load. The ED meets monthly at minimum with the Program Managers in all location (Orlando, Jacksonville, St. Pete) to discuss the program updates, outcomes, monthly reports, data entries, incidents, concerns, referrals, NetMIS data reports and staff changes via conference call.</p> <p>Monthly Reports include monthly program updates and highlights, staff changes, clients served, opened and closed cases, areas of concern that need to be addressed, and remedies to resolve concerns or issues.</p> <p>The provider reports that they complete quarterly record reviews and provided staff meeting minutes to evidence a discussion of record reviews with staff.</p> <p>The program has quarterly board meetings to communicate updates and findings with stakeholders.</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)		Policy and procedure Clients Transportation 1.06 addresses the requirements and indicates that they do not allow staff to		No Exceptions.		



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RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>transport clients alone. The policy was approved and signed by the board members on June 6, 2019.</p> <p>The agency has a transportation policy that has drivers approved by agency personnel. Teresa Clove, ED and Bruce Peters, Counselor, are the only approved drivers for the agency.</p> <p>The approved drivers have a valid driver's license located in their employee files and are covered under the company's insurance policy, which expires 1/13/2020.</p> <p>The agency utilizes a 'travel log' form that includes names of passengers and staff, date and time, mileage, number of passengers, purpose of travel and the location of destination. The agency's policy prohibits any staff transporting a client in their vehicle or the company vehicle without an approved 3rd party. The policy does not include any exceptions to this policy and the youth cannot be transported.</p> <p>During the period of review, 2 occurrences of travel were reviewed that occurred on 6/27/19 and 7/9/19 which were completed in its entirety and all information is documented as required.</p>	No exceptions noted for this indicator.
<p>1.07: Outreach Services</p> <p>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.</p>							



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Provider has a written policy and procedure that meets the requirement for Indicator 1.07						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) The policy and procedures for Outreach Services was approved and signed by the board member on June 6, 2019.	The program's internal policy and procedures do not include the following verbiage that written agreements and other community partners that include services provided and a comprehensive referral process.
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The policy and procedures included assignment of lead staff to attend local and circuit meetings by the Department of Juvenile Justice. The program is to maintain proof of attendance, minutes, verification of attendance at DJJ Board and Council meeting. The program currently has three partnership agreements with Encore 7 LLC, Tri County Sickle Cell and Supportive Family Services. Each organization has a signed agreement located in a binder for review. Each agreement was signed in the year 2019 by the agency and the program. The program maintained a copy of the board minutes in a binder for meeting held on September 11, 2019 and May 8, 2019. Sign in sheets were requested and provided from these meetings. The program has an assigned staff designated to participate in local DJJ board and council meetings.	No exceptions noted for this indicator.



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STANDARD 2: INTERVENTION AND CASE MANAGEMENT

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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) Program has a written policy: Screening 2.01 addresses the requirements and indicates that staff have signed, dated, and approved on June 6, 2019 by TEETS Board Members. No exceptions to be noted.	No Exceptions.
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of 5 open and 5 closed fields were reviewed. 5 out of 5 open files and 5 out of 5 closed files contained screenings that were completed within 7 calendar days of referral and were completed upon admission to the program. All 5 open and 5 closed files contained a signed document stating that parents and guardians received the residential handbook, as well as the CINS/FINS brochure, which includes information for parents and youth regarding available service options, rights and responsibilities of youth and parent/guardian brochures, possible actions through CINS/FINS Services, and grievance procedures.	No exceptions noted for this indicator.
2.02: Needs Assessment							



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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 2.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Program has written Policy, Needs Assessment 3.03 that addresses the requirements and indicates that staff have signed, dated, and approved on June 6, 2019 by TEETS Board Members.	No Exceptions.
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program has written Policy/Procedure/Subject: Needs Assessment 3.03 addresses the requirements and indicates that staff have signed, dated, and approved on June 6, 2019 by TEETS Board Members. A total of 5 open and 5 closed files were reviewed. 5 out of 5 opened and 5 out of 5 closed files contained Intake Assessments that were completed within 7 calendar days upon admission into the program. All 5 open and all 5 closed files contained signed documentation stating assessment was initiated within the first 72 hours of admission as well as being done within 2 to 3 face to face contacts.	No exceptions noted for this indicator.
2.03 Case/Service Plan							
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) Program has written Policy/Procedure/Subject: Case/Service Plans Policy 4.04 addresses the requirements and indicates that staff have signed, dated, and approved on June 6, 2019 by TEETS Board Members.	No Exceptions.



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RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A total of 5 open and 5 closed files were reviewed. 5 out of 5 opened and 5 out of 5 closed files contained Service Plans that were completed within 7 calendar days upon admission into the program.</p> <p>All 5 open and all 5 closed files contained signed documentation stating Service Plans were completed, read, and understood by the individual youth and family members.</p> <p>Assessments are developed within 7 working days of Needs Assessment. Individualized and prioritized needs/goals identified by the assessments as well. Service type, frequency, locations are provided and there are individuals responsible. Target and actual completion dates are listed in the files along with youth parent/guardian, counselor and supervisor signatures. File reviewed for progress by counselor and parent every 30 days for the first 3 months and every 6 months afterwards.</p>	No exceptions noted for this indicator.
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) Program has written Policy/Procedure/Subject: Case Management Services Policy 4.05 addresses the requirements and indicates Case Management shall provide clients with a coordination of services that utilizes appropriate resources for children and families in need and was approved on June 6, 2019 by TEETS Board Members.	No Exceptions.



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RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A total of 5 open and 5 closed files were reviewed. 5 out of 5 open and 5 out of 5 closed files had a minimum of one counselor/case manager assigned to follow the client's case and ensure delivery of services through direct provision or referral.</p> <p>All 5 open and all 5 closed files contained signed documentation that Counselor/Case Managers were delivering serviceable outcomes to each youth based upon their individual needs.</p> <p>A case manager/counselor is assigned to every youth. They establish referral needs and coordinate referrals to services based upon the on-going assessment of the youths family problems and needs as well as coordinating plan implementation. Case Managers are also monitoring youth/family's progress in services as well as providing any other supports. Out of home placement is being monitored and referrals to the case staffing address problems and needs of the youth/family.</p> <p>All Youth files (opened & closed) reflect case coordination between presenting problem and the following: Need Assessments, Initial Service Plans, Service Reviews, Follow-Ups, and maintained case notes. Files also indicate on going internal process that ensures clinical reviews of case records and staff performances along with youth and family counseling services in accordance with each service plan. Program also provides individual and family counseling for each youth. Program</p>	No exceptions noted for this indicator.



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						also identifies a clear leader/facilitator for these services.	
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) Program has written Policy/Procedure/Subject: Individual, Family, Group Counseling and Mentoring Policy 4.03 addresses the requirements and indicates counseling services designed to provide the intervention to stabilize the family in the event of crisis, keep families intact, minimize out of home placement, provide aftercare services for youth and was approved on June 6, 2019 by TEETS Board Members..	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of 5 open and 5 closed files were reviewed. 5 out of 5 open and 5 out of 5 closed files showed that there is practice in place that adheres to the required policies and procedures to help youth and families in need of services if they are displaced or in need of other services. All 10 files reviewed demonstrated that each file reflects case coordination between needs assessment, case planning, service plan and reviews, case management and the necessary follow-ups are addressing presenting problems throughout service provision. All 10 files reflected that case notes document counseling services provided and the youth's progress. There are clinical reviews and	No Exceptions for this indicator



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						supervision for youth records and staff performance.	
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) Program has written Policy/Procedure/Subject: Case Staffing Committee/Adjudication Services Policy 4.06 which address the need for review of a case for any youth or family that the program determines is in need of services or treatment if the youth/family is not in agreement with services or treatment: Will not participate in the services selected; or the program receives a written request from the parent/guardian or any other member of the committee and was approved on June 6, 2019 by TEETS Board Members.	
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There are no youth in the program that meet the criteria for this policy at this time. Youth and families are referred to Orange County for case staffing assistance in case of a situation where a staffing is required. The policy for the program in the case of a situation needing a staffing is to meet with other professionals in order to review the case and attempt to obtain a solution and/to exchange information about the person and gain consultation from other professionals.	No Exceptions Indicated
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)	No Exception Indicated



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						Program has written Policy/Procedure/Subject: Youth Records 2.07. This addresses policy to maintain confidential records for each youth and was approved on June 6, 2019 by TEETS Board Members.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>5 open and 5 closed files had confidential displayed on the outside of the file.</p> <p>Youth records are stored in secured locations in the program office behind a locked door and files are locked away in file cabinets.</p> <p>When files are out of the office program carries secured lock boxes to store all confidential material.</p>	No Exception Indicated
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 and procedure titled Sexual Orientation, Gender Identity, and Gender Expression policy #5.08 was implemented 7/1/18 and addresses the requirements of the indicator. The policy was approved and signed by the board members on June 6, 2019.	No Exceptions.
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>There is signage posted in the lobby in the front that states 'Hate Free Zone'.</p> <p>The staff are able to complete 2 trainings presented by the Florida Network called 'Serving LGBT Youth' and 'Cultural Competency of LGBT Youth'. The Program Manager and Executive Director was interviewed, and it was explained that staff go</p>	No exceptions for this indicator.



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						<p>over policies as part of new staff orientation. The ED advised that when the policy was discussed at a recent EAR meeting, she followed up with a staff meeting to share the policy #5.08 with staff.</p> <p>Currently, the agency does not have any volunteers for this period of review. Program staff did not recall any youth that met these criteria and there were no youth identified in NetMIS at the time of the review.</p>	
2.09: Special Populations							
Provider has a written policy and procedure that meets the requirement for Indicator 2.09						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) The agency has 2 policies and procedures titled, Special Population - Probation Respite #2.09 and Special Population – Domestic Violence Respite #2.09. The policy was approved and signed by the board members on June 6, 2019.	Policy did not include requirements specific to FYRAC.
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>4 files were reviewed that met FYRAC criteria, including 2 open and 2 closed files.</p> <p>All 4 files reviewed showed evidence that the youth is referred by DJJ for domestic violence arrest or youth is on probation and at risk of violating.</p> <p>There was evidence of documented approval that all FYRAC referrals have approval from Florida Network office on file.</p>	No Exceptions for this indicator



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						<p>Face to face intake includes a family gathering of family history and demographic information. There was evidence of that the intake and initial assessment session was used in developing the service plan and contained the youth and parent/guardian signatures as required.</p> <p>Life management sessions are face to face and 60 minutes in length with a focus on strengthening the family unit. Individual sessions are with both youth and family and focused on identifying each members needs and strengths to improve the family functioning.</p>	
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10						<input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A (explain)	The program does not have a policy and procedures in regard to Stop Now and Plan (SNAP) for this review period.
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The program does not currently provide SNAP services.	Not Applicable