



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

**Anchorage Children's Home of Bay County
2121 Lisenby Avenue
Panama City, Florida 32405**

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 Anchorage Children's Home of Bay County for the FY 2020-2021 at its program office located at 2121 Lisenby Avenue, Panama City, 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. Anchorage Children's Home of Bay County 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 Ashley Davies, Consultant for Forefront LLC and Peer Reviewer(s). Agency representatives from Anchorage Children's Home of Bay County present for the entrance interview were: Joel Booth, Executive Director; Krissy Botzong, Quality Improvement and Training Director; and Cindy Hoskins, Clinical Supervisor. The last onsite QI visit was conducted June 5 – 6, 2019.

In general, the Reviewer found that Anchorage Children's Home of Bay County is in compliance with specific contract requirements. **Anchorage Children's Home of Bay County received an overall compliance rating of 100% for achieving full compliance with eleven indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions as a result of the monitoring visit and no recommendation was made for an indicator rated as conditionally acceptable.

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

2020-2021 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 08-12-2020

Agency Name: Anchorage Children’s Home of Bay County					Monitor Name: Ashley Davies, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 2121 Lisenby Avenue, Panama City, FL		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): August 12 – 13, 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview: The program currently has four staff members certified as DJJ QI Peer reviewers. One staff member has participated as peer reviewer this season.	No recommendation or Corrective Action.
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"/>	Documentation: A list of additional contracts for FY 2019- 2020 was provided by the provider. The list includes contract, contract number, funder, amount, service provided, start period, and end period. The list contained thirteen current contracts. The program also maintains interagency agreements and Memorandums of Agreement (MOUs) with schools, substance abuse, mental health partners, and other treatment providers. All the agreements	No recommendation or Corrective Action.

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							reviewed had recent contract/agreement dates.		
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 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			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General Liability through Alliance for Nonprofits for Insurance, for limits of coverage \$1,000,000 each \$3,000,000 aggregate and medical expenses of \$5,000 for any one person, effective 7/20/20– 7/20/21. Automobile insurance through Alliance for Nonprofits for Insurance with a combined single limit of \$1,000,000 each accident. Policy effective for 7/20/20– 7/20/21. Directors and Officers Liability insurance through ACE Fire Underwriters Ins Co., for a limit of liability of \$2,000,000 aggregate. Policy effective for 3/02/2020 – 3/02/2021. Workers Compensation through Markel-American Ins Co., for a limit of coverage of \$2,000,000 each accident. Policy effective 6/1/20-6/1/21.	No recommendation or Corrective Action.

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						Florida Network is listed on the Worker’s Compensation certificate 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – During the Entrance Conference, the provider indicated that there are no outstanding corrective action item(s) cited by an external funding source.	No recommendation or Corrective Action.
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"/>	Documentation: Fiscal Policies and Procedures are contained in Section F-Financial Management of the Administrative Standard Operating Manual. The procedures reviewed appear to be consistent with GAAP and provide for sound internal controls. Procedures are included for general ledger, payroll, petty cash, purchasing process, financial management, budget process, capital assets, and other relevant financial processes. Policies were last reviewed 7/13/20 by the Executive Director.	No recommendation or Corrective Action.
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: Detailed General Ledger for the last FY, 7/1/2019 – 6/30/2020. Agency maintains a detailed general ledger that is structured to track all funding	No recommendation or Corrective Action.

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							sources as well as activities for the CINS/FINS program and community member program. The ledger tracks the debit, credit, and balance.		
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"/>	Interview and Documentation: No change in practice was reported for the agency since the last onsite program review in June 2019. Review of petty cash Policy and Procedure was conducted. The Petty Cash fund does not exceed the established minimum. Petty cash is stored in a locked box in a secure area. All receipts are submitted for reimbursement as needed.	No recommendation or Corrective Action.
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: Reviewed Bank Statements and Bank Reconciliations for the past six months for one account held with Centennial Bank. Financial Statements are reported on a monthly basis and were found to be current. Bank reconciliations are conducted each month for the activities and bank statements for the preceding month. Reconciliations are signed by two individuals. The agency maintains individual vendor files.	No recommendation or Corrective Action.

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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – The agency has not purchased any items with FNYFS monies since the last time on-site.	No recommendation or Corrective Action.
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"/>	Documentation: Provider submitted evidence of its payroll services. Services are monitored through ADP. Statistical Summary report prepared by ADP was provided for first quarter of 2020. Statement of Deposits and Fillings report prepared by ADP was provided for first quarter of 2020.	No recommendation or Corrective Action.
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: Agency provided Budget to Actual report for last fiscal year, 7/1/19 – 6/30/20. The report shows current YTD actual, current YTD budget, and current YTD variance. The shelter, family counseling, and SNAP program are all tracked separately.	No recommendation or Corrective Action.
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$750,000. The agency must submit a Corrective Action Plan for findings cited in the			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Financial audit conducted for year ending June 30, 2019 was completed	No recommendation or Corrective Action.

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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 and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS							by James Moore. A separate Management Letter dated December 11, 2019 did not require any corrective actions. A copy of the audit was submitted to the FNYFS.	
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: Policies and procedures for Confidentiality/Release of Information, System Backup, System abuse, System Monitoring, and Disaster Recovery were reviewed. Policies are located in the Administrative Standard Operating Manual throughout various sections of the manual. A daily back-up is performed on all information saved on various servers throughout the agency. Policies were last reviewed June 13, 2020 by the Executive Director.
						No recommendation or Corrective Action.		

CONCLUSION

Anchorage Children's Home of Bay County has met the requirements for the CINS/FINS contract as a result of full compliance with eleven applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Two of the thirteen indicators were not applicable because: 1) the provider does not have any outstanding corrective action item(s) cited by an external funding source, and 2) does not have any current inventory purchased with DJJ/FN Funds. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited and no recommendation is 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.

SUMMARY OF RECOMMENDATIONS

Recommendation

There were no recommendations as a result of this review.

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.



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Anchorage Children's Home - Bay County
CINS/FINS Program

DATE

August 12-13, 2020

Compliance Monitoring Services Provided by

 **FOREFRONT**



Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

Lead Reviewer: Ashley Davies

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Limited
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: 85.71%

Percent of indicators rated Limited: 14.28%

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%

Standard 3: Shelter Care & Special Populations

3.01 Shelter Environment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Room Assignment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Behavior Management Strategies	Satisfactory
3.06 Staffing and Youth Supervision	Satisfactory
3.07 Video Surveillance	Satisfactory

Percent of indicators rated Satisfactory: 100.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%

Standard 4: Mental Health /Health Services

4.01 Healthcare Admission Screening	Satisfactory
4.02 Suicide Prevention	Satisfactory
4.03 Medications	Satisfactory
4.04 Medical/Mental Health Alert Process	Satisfactory
4.05 Episodic/Emergency Care	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: 96.55%

Percent of indicators rated Limited: 3.44%

Percent of indicators rated Failed: 0.00%



Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

Lead Reviewer: Ashley Davies

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

Ashley Davies - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Lea Herring - Department of Juvenile Justice

Shirley Moon – TEET - Jacksonville

Cynthia Freshour – Lutheran Services Florida - NW

Sabriena Williams – CDS - NW



Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020
Lead Reviewer: Ashley Davies

Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 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 checked="" type="checkbox"/> Direct – Care Full time | <u>1</u> # Case Managers |
| <input type="checkbox"/> Direct – Part time | <input type="checkbox"/> Direct – Care On-Call | <u>2</u> # Program Supervisors |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern | <u>1</u> # Food Service Personnel |
| <input checked="" type="checkbox"/> Clinical Director | <input checked="" type="checkbox"/> Counselor Licensed | <u>1</u> # Healthcare Staff |
| <input checked="" type="checkbox"/> Counselor Non-Licensed | <input checked="" type="checkbox"/> Case Manager | <u>NA</u> # Maintenance Personnel |
| <input type="checkbox"/> Advocate | <input checked="" type="checkbox"/> Human Resources | _____ # Other (listed by title): _____ |
| <input type="checkbox"/> Nurse – Full time | <input checked="" type="checkbox"/> Nurse – Part time | |

Documents Reviewed

- | | | |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Table of Organization | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Fire Prevention Plan | <input checked="" type="checkbox"/> Youth Handbook |
| <input checked="" type="checkbox"/> CCC Reports | <input checked="" type="checkbox"/> Grievance Process/Records | <u>5</u> # Health Records |
| <input checked="" type="checkbox"/> Logbooks | <input checked="" type="checkbox"/> Key Control Log | <u>5</u> # MH/SA Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Fire Drill Log | <u>15</u> # Personnel /Volunteer Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | <u>8</u> # Training Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | <u>6</u> # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | <u>4</u> # Youth Records (Open) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> List of Supplemental Contracts | _____ # Other: _____ |
| <input checked="" type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Vehicle Inspection Reports | |

Surveys

9 # Youth 8 # Direct Care Staff 0 # Other: _____

Observations During Review

- | | | |
|--|--|--|
| <input type="checkbox"/> Intake | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings | <input type="checkbox"/> Meals |
| <input checked="" 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 checked="" type="checkbox"/> Staff Interactions with Youth | |
| <input checked="" type="checkbox"/> Census Board | | |

Comments

Due to COVID-19, this QI review was completed remotely.

Overview

Monitoring Purpose:

The purpose of this monitoring is to provide an annual quality improvement program review. This is to verify the agency adheres to all current CINS/FINS standards and contract compliance requirements for residential and non-residential services.

Strengths and Innovative Approaches

The program has continued to admit CINS/FINS youth into the shelter amid the COVID-19 pandemic. Early on, they had the local health department come tour the facility, review established protocols for quarantining youth in the shelter, and give feedback to staff that had questions. The biggest concern revolves around keeping beds filled in the likelihood that they have a youth test positive in the shelter and must quarantine, inhibiting their ability to bring new intakes into the facility. This will drastically reduce their ability to meet overall bed days for the month.

Shortly after the start of the pandemic in April of this year, the Anchorage Family Counseling team shifted to a remote platform and started utilizing telehealth counseling. The team made this shift quickly and was able to continue services to families that they were currently serving. There are some challenges with telehealth counseling and some families elected not to participate in these services. When a counselor feels that a child/family should be served with face-to-face services then the agency has established protocols that will allow for face-to-face sessions if approved by the supervisor (with appropriate PPE's and social distancing). Since Hurricane Michael, there has been a tremendous increase in counseling services in the community due to funds that are being allocated for trauma associated with the storm. Specifically, the local school district now has mental health triage teams in each school that consists of a licensed mental health therapist and two counselors. This is in addition to the multiple other providers in the community. Therefore, the family counseling team is in a very competitive environment and now their competition can come from the school who has historically been one of their major referral sources.

Anchorage Children's Home has always enjoyed a phenomenal amount of community support and this has helped the agency stay afloat during these very uncertain times. They have seen a downward turn in donations since the pandemic started and the board of directors is currently preparing to roll out a virtual fundraising campaign to solicit donations for the agency, specifically Hidle House. The insurance claim from Hurricane Michael is now closed and all major repairs to the facility have been completed.

The agency still has federally funded Transitional Living and Maternity Transitional Living programs that are co-located, which enables the shelter to make referrals to those programs for services (which makes for a very nice spectrum of services). They also have a self-funded Street Outreach and Recovery worker that is very active in the

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

Lead Reviewer: Ashley Davies

community and is doing great things. This program is funded by a grant through a local foundation. Due to this employee's vision and diligence, the agency recently coordinated a drive thru food distribution that distributed over 1,400 boxes of food to families in the community. The event facilitated a collaboration of many agencies in the community including the Salvation Army, Panama City Marine Institute, Tyndall Air Force Base, the Census Bureau, Anchorage board members, the Gulf Coast Children's Advocacy Center, the Panama City Police Department and the Bay County Sheriff's Office.

Narrative Summary

Anchorage Children's Home (ACH) operates the Hidle House Youth Shelter. The agency is a well-established, not-for-profit organization located in Panama City, Florida. The agency is led by Mr. Joel Booth, Executive Director. The agency provides both residential and community counseling CINS/FINS services to youth and their families in Bay, Gulf, Calhoun, Holmes, Jackson, and Washington counties. The residential program and main community counseling offices are located at 2121 Lisenby Avenue in Panama City, Florida. The youth shelter is currently licensed by DCF for a maximum of twenty beds in the shelter and is also COA accredited.

The overall findings for the QI review for Anchorage Children's Home is summarized as follows:

Standard 1: This standard has a total of seven indicators regarding management accountability. Six out of seven indicators in Standard 1 were rated satisfactory with no exceptions noted. Exceptions were noted in indicator 1.01 for 3 staff being hired without evidence of eligible background screening prior to start date.

Standard 2: This standard has a total of ten indicators that relate to intervention and case management. All ten indicators were rated satisfactory with no exceptions noted.

Standard 3: This standard has a total of seven indicators regarding shelter care. All seven indicators were rated satisfactory with no exceptions noted.

Standard 4: This standard has a total of five indicators regarding mental health and health services. All five indicators were rated satisfactory with no exceptions noted.

Summary of Deficiencies resulting in Limited or Failed Rating (If Applicable):

Standard 1: Limited rating - Indicator 1.01 Background Screening. There were three staff who were hired prior to background screenings being returned from DJJ's Background Screening Unit. Dates ranged from 2 days, 3 days, to 9 days before the screening was returned with staff as 'eligible' to work.

Quality Improvement Review

Anchorage Children’s Home – August 12 – 13, 2020
Lead Reviewer: Ashley Davies

CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes
	Satisfactory	Non-compliant	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) Policy in place titled ACH-ADM-HR-009 Background Screening. Last reviewed October 7, 2019 by the Executive Director.	
a. Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of fifteen new staff were hired since the last onsite QI review. Fourteen of the fourteen applicable staff met the criteria for a pre-screening assessment. The position title for the remaining staff was a counselor. The agency uses the Berke Assessment and completed the screening prior to hire for the fourteen applicable staff.	Only 1 staff file was not applicable due to position type.
b. Background screening completed prior to hire/start date or exemption obtained prior to working with youth (if rated ineligible) for new hires, volunteers/interns, and contractors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of fifteen new staff were hired since the last on-site QI review. Twelve of the fifteen staff were background screened prior to hire.	Limited Exception: Three staff did not have a background screening completed prior to the date of hire. The background screenings were returned with an eligible rating two days, three days, and nine days after the staffs’ date of hire.
c. Five-year re-screening completed every 5 years from initial date of hire	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of the programs employee roster and Clearinghouse roster revealed there were no employees due for a 5-year re-screening during this review period.	

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
d. Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency submitted the Annual Affidavit of Compliance with Level 2 Screening via email to the Background Screening Unit on 1/28/2020.	
e. Proof of E-Verify for all new employees obtained from the Department of Homeland Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of approval of E-Verify work eligibility was provided for all fifteen new staff hired.	
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) Policy in place titled ACH-CS-SD-018 Abuse/Neglect Reporting. Last reviewed November 4, 2019 by the Executive Director.	
Abuse Free Environment							
a. Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy ACH-CS-SD-018 Abuse/Neglect Reporting last reviewed November 4, 2019. Staff sign for the receipt of the employee handbook upon hire which outlines the standards of conduct for employees. This form is kept in the employees personnel file.	
b. Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse telephone number was observed during the video tour to be posted on a bulletin board in the dayroom.	
c. Youth were informed of the Abuse and Contact Number (see youth survey results)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five residential files reviewed documented the youth were oriented to the program and initialed they were informed of the Abuse Hotline number. Eight of the nine youth surveyed indicated knowledge of the location of the abuse hotline number in the facility.	
d. Management takes immediate action to address any incidents of threats or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy ACH-CS-SD-018 Abuse/Neglect Reporting last reviewed November 4, 2019. No incidents of abuse or threats was identified and/or reported during the review period needing management action.	
Grievance Process							

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. Agency has a formal grievance process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy ACH-CS-SD-018 Abuse/Neglect Reporting last reviewed November 4, 2019.	
b. Locked box accessible to only management and available to youth in a common area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the video tour it was observed that the program has an accessible grievance box that is locked and located in the dayroom alongside grievance forms. The shelter manager keeps the key to the grievance box.	
c. Direct care does not handle the complaint/grievance unless assistance is asked for by the youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five grievances were reviewed and resolved by the shelter manager.	
d. 72-hour resolution requirement by management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five grievances were resolved within 72 hours.	
e. Grievance maintained on file for a minimum of 1 year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy ACH-CS-SD-018 Abuse/Neglect Reporting requires grievances to be maintained on file for a minimum of 1 year.	
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) Policy in place titled ACH-HH-PM-006 Unusual Incidents. Last reviewed March 2, 2020 by the Executive Director.	
a. During the past 6 months, the program notified the Department's CCC (Central Communication Center) no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were fourteen CCC incidents in the last six months reported by the agency. All fourteen incidents were reported within the two-hour required timeframe.	
b. The program completes follow-up communication tasks/special instructions as required by the CCC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All CCC incidents that required followed up were completed.	
c. Incidents are documented in the program logs and on incident reporting forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All incidents were documented on agency form called Unusual Incident Report. There were four logbook entries randomly selected regarding CCC incidents reviewed and all	

Quality Improvement Review

Anchorage Children’s Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						incidents were entered into logbook by shelter staff.	
d. All incident reports are reviewed and signed by program supervisors/directors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All incident reports were reviewed by programs Supervisors/Directors and were signed.	
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) Policy in place titled ACH-HH-PM-008 Professional Development. Last reviewed March 2, 2020 by the Executive Director.	
First Year Direct Care Staff							
a. Direct care staff receives all mandatory training during the first 120 days of employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were four first year direct care staff files reviewed and all four had more than 80 hours of training required and had completed the mandatory training required during the first 120 days.	
b. Direct care staff completes all mandatory Florida Network and SkillPro training during the first year employment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All four staff completed the required FL Network, Skill-Pro, and In-Service Component trainings.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)							
a. Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was one Non-Licensed Mental Health Clinical staff file reviewed.	
b. Documentation of non-licensed mental health clinical staff person’s training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The non-licensed mental health file that was reviewed had all five supervised Suicide Assessments required within one year, documented 21 hours of Suicide Risk Assessment training, and was signed by a licensed mental health professional and dated 10/9/2019.	
In-service Direct Care Staff							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four in-service employee training files were reviewed and all four had completed the	

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

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training annually (40 hours if the program has a DCF child caring license).						required annual trainings and documented over 40 hours of training.	
Required Training Documentation							
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In all training files there was a spreadsheet with all trainings, date completed, and hours. Also, training files included training certificates and training worksheets.	
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 in place titled ACH-ADM-PQI-004 Performance Quality Improvement. Last reviewed July 13, 2020 by the Executive Director.	
Quarterly Reviews							
a. Case record review reports demonstrate reviews are conducted quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case record review reports were reviewed for the last two quarters.	
b. The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incidents, accidents, and grievances are reviewed monthly at the Senior Management Team meetings. Meeting minutes reviewed for the last six months.	
Annual Reviews							
a. The program conducts an annual review of customer satisfaction data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Customer satisfaction data is reviewed quarterly at the Performance and Quality Improvement meetings. Last two quarters reviewed.	
b. The program conducts an annual review of outcome data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outcome data is reviewed quarterly at the Performance and Quality Improvement meetings. Last two quarters reviewed.	
Monthly Reviews							

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
The program conducts a monthly review of NetMIS data reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NetMIS data reports are reviewed monthly at the Performance and Quality Improvement meetings. Meeting minutes reviewed for the last six months.	
Quality Improvement Process							
a. The program has a process in place to review and improve accuracy of data entry & collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data entry is reviewed and discussed monthly at the Senior Management Team meetings. Meeting minutes reviewed for the last six months.	
b. There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Findings are discussed at monthly Senior Management Team meetings and monthly Program and Quality Improvement Team meetings. Last six months of meetings were reviewed.	
c. There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strengths and weaknesses are identified during monthly meetings, any improvements are implemented during that time. Last six months of meetings were reviewed.	
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 in place titled ACH-HH-PM-005 Transportation. Last reviewed March 2, 2020 by the Executive Director.	
Approved agency drivers							
a. Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List of approved drivers reviewed.	
b. Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review of personnel files and insurance policy. All staff have a valid Florida driver's license and covered under company policy.	
Third party present in the vehicle							
a. Agency's Transportation policy prohibit transporting a client without maintaining at least	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy ACH-HH-PM-005 Transportation.	

Quality Improvement Review

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one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting							
b. In the event that a 3rd party cannot be obtained for transport, the agency’s supervisor or managerial personnel consider the clients’ history, evaluation, and recent behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed Transportation Logs. Two single client transports in last six months and both documented supervisor approval prior to transport.	
c. The 3 rd party an approved volunteer, intern, agency staff, or other youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy ACH-HH-PM-005 Transportation and Transportation Logs.	
Transportation documentation							
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed Transportation Logs for last six months. All logs documented the required information and were filled out in their entirety.	
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) Policy in place titled ARC-ADM-PQI-003 Public/Community Involvement. Last reviewed March 2, 2020 by the Executive Director.	
a. The program has a lead staff member designated to participate in local DJJ board and council meetings with evidence that includes minutes of the event or other verification of staff participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meeting agendas and minutes provided to show participation in Circuit 14 Juvenile Justice Council meetings for last six months, when held. Some meetings were canceled due to COVID-19.	
b. Outreach and prevention services are provided by designated staff and include increasing community awareness, offering informational and educational CINS/FINS services to youth and families.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency has evidence of outreach events by providing NetMIS outreach list which includes title of event, date of event, number of youth and adults in event, purpose of event, and what area the event took place in the community.	

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

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c. The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency has eight interagency agreements with community partners.	
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) Policy in place titled ACH-HH-AD-002 Intake/Orientation Process. Policy was last reviewed on March 2, 2020 by the Executive Director.	
Eligibility screening is completed within 7- calendar days of referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed (five residential and five non-residential) met this requirement.	
Youth and parents/guardians receive the following in writing: <ul style="list-style-type: none"> Available service options Rights and responsibilities of youth and parents/guardians 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed (five residential and five non-residential) met this requirement.	
The following is also available to the youth and parents/guardians: <ul style="list-style-type: none"> Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) Grievance procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed (five residential and five non-residential) met this requirement.	
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) Policy in place titled ACH-HH-AD-003 Intake Assessment. Policy last reviewed March 2, 2020.	

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Completion of Needs Assessment							
a. Shelter Youth: Needs Assessment initiated within 72 hours of admission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files were reviewed. The Needs Assessment was initiated within 72 hours in all 5 files.	
b. Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake OR updated, if most recent assessment is over 6 months old	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five non-residential youth files were reviewed. The Needs Assessment was completed within 2 to 3 face-to-face contacts in all five files.	
c. Needs Assessment is conducted by a bachelor's or master's level staff member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten Needs Assessments were conducted by a bachelor's or master's level staff member.	
d. Needs Assessment includes a supervisor's review signature upon completion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A supervisor's signature was present on all ten Needs Assessments reviewed.	
Suicide Risk as a Result of the Needs Assessment							
a. Youth was identified with an elevated risk of suicide as a result of the Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to three of the ten youth files, two residential and one non-residential youth. All three applicable youth were identified with an elevated risk of suicide.	
b. If yes, the youth was referred for an Assessment of Suicide Risk conducted by or under the direct supervision of a licensed mental health professional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proof of a completed Assessment of Suicide Risk, conducted by a qualified professional, was observed in all three files reviewed.	
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) Policy in place titled ACH-HH-CS-002 Case Planning and Reviewing. Policy last reviewed on March 2, 2020 by the Executive Director.	
Case/Service plan is developed within 7 working days of Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service plans were completed within seven working days of Needs Assessment in all ten files reviewed.	
Case/Service Plan includes:							

Quality Improvement Review

Anchorage Children’s Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment Service type, frequency, location Person(s) responsible Target date(s) for completion and Actual completion date(s) Signature of youth, parent/guardian, counselor, and supervisor Date the plan was initiated 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files included all elements required by the indicator.	
Case/service plans are reviewed for progress/revise by counselor and parent (if available) every 30 days for the first three months and every 6 months after	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to all five non-residential files reviewed. All five files demonstrated service plan reviews every 30 days for the first three months.	
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) Policy in place titled ACH-HH-CS-001 Case Management. Policy last reviewed on March 2, 2020 by the Executive Director.	
Counselor/Case Manager is assigned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each of the ten files reviewed showed a counselor was assigned to the youth.	
The Counselor/Case Manager completes the following as applicable: <ul style="list-style-type: none"> Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth’s/family’s problems and needs Coordinates service plan implementation Monitors youth’s/family’s progress in services Provides support for families Monitors out-of-home placement (if necessary) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files established referral needs and coordinated referrals for services. All ten files showed evidence of coordinated service plan implementation. All ten files monitored the youth’s and family’s progress in services. All ten files provided support for families.	

Quality Improvement Review

Anchorage Children’s Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> Makes referrals to the case staffing to address problems and needs of the youth/family Accompanies youth and parent/guardian to court hearings and related appointments Refers the youth/family for additional services when appropriate Provides case monitoring and reviews court orders Provides case termination notes Provides follow-up after 30 days of exit Provides follow-up after 60 days of exit 						<p>None of the files were applicable for monitoring out-of-home placement.</p> <p>None of the files were applicable for referrals to the case staffing committee.</p> <p>None of files were applicable for accompanying the youth or parent to court hearings or appointments.</p> <p>All ten files referred the youth/family for additional services when needed.</p> <p>All ten files provided case monitoring and reviewed court orders.</p> <p>All six applicable files provided case termination notes.</p> <p>All five applicable files provided follow-up after 30 days of exit.</p> <p>Both applicable files provided follow-up after 60 days of exit.</p>	
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) Policy in place titled ACH-HH-CS-003 Counseling. Policy last reviewed on March 2, 2020 by the Executive Director.	
Youth and families receive counseling services, in accordance with the youth’s case/service plan, to	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service plans and case notes maintained demonstrated all ten youth received individual	

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

Lead Reviewer: Ashley Davies

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
address needs identified during the assessment process						counseling services as identified during the assessment.	
Shelter Program							
Shelter programs provides individual and family counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five residential files reviewed. All five demonstrated individual and/or family counseling was offered.	
Group counseling sessions held a minimum of five days per week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five residential files. All five files documented group sessions at least five days per week.	
Group counseling sessions consist of: <ul style="list-style-type: none"> Length of at least 30 minutes Opportunity for youth engagement Clear and relevant topic (informational/developmental/educational) Clear leader or facilitator 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five residential files. All groups reviewed were at least 30 minutes in length, had an opportunity for engagement, had a clear and relevant topic, and had a clear leader.	
Non-residential Program							
Non-residential programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the youth's home, a community location, or the local provider's counseling office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five non-residential youth files reviewed. Therapeutic services provided by agency staff were documented in the case notes. Referral needs were established and provided to all five youth.	
Counseling Services							
Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordination of services was observed in all ten files reviewed.	
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual youth file is maintained for all ten youth files reviewed.	
Case notes maintained for all counseling services provided and documents youth's progress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten youth files included case notes that documented services provided including counseling.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
On-going internal process that ensures clinical reviews of case records and staff performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical supervisor provided documentation of clinical reviews conducted at team meetings with staff.	
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) Policy in place titled ACH-HH-CS-004 Case Staffing Committee. Policy last reviewed on March 2, 2020 by the Executive Director.	
Case Staffing Initiation and Notifications							
If parent/guardian initiates, staffing is held within 7 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One applicable case staffing youth file was reviewed for the QI period. The case staffing was requested by counselor.	
The youth, family and case staffing committee are contacted within a minimum of five working days <ul style="list-style-type: none"> • Notification to youth/family no less than 5 working days prior to staffing • Notification to committee no less than 5 working days prior to staffing 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notification was sent via email to the committee and youth/family more than five days prior to the case staffing.	
Case Staffing Committee							
Must include: <ul style="list-style-type: none"> a. DJJ rep. or CINS/FINS provider b. Local school district representative 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The case staffing included a DJJ representative/ CINS/FINS provider and a local school district representative.	
Other members may include: <ul style="list-style-type: none"> • State Attorney's Office • Others requested by youth/family • Substance abuse representative • Law enforcement representative • DCF representative • Mental health representative 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No additional parties other than the committee members and youth/family were in attendance.
The program has an established case staffing committee, and has regular communication with committee members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has an established committee with regular communication.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy titled ACH-HH-CS-004 Case Staffing Committee.	
As a result of the Case Staffing							
The youth and family are provided a new or revised plan for services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A revised service plan incorporating the committee’s recommendations was implemented for the youth.	
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent/guardian is provided a report of the committee recommendations at the end of the case staffing meeting.	
If applicable, the program works with the circuit court for judicial intervention for the youth/family	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The youth was not applicable for judicial intervention.	
Case Manager/Counselor completes a review summary prior to the court hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No court intervention was required for the file reviewed.	
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) Policy in place titled ACH-HH-DR-001 Case Files. Policy last reviewed on March 2, 2020 by the Executive Director.	
All records are marked “confidential”	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten youth files reviewed were marked confidential.	
All records are kept in a secure room or locked in a file cabinet that is marked “confidential”	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the video tour, files were observed to be stored in locked file cabinets marked confidential.	
When in transport, all records are locked in an opaque container marked “confidential”	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When the youth files are transported offsite, they are locked in an opaque container marked confidential.	
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed were observed to be organized and maintained in a neat and orderly manner.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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) Policy in place titled ACH-HH-PM-020 Sexual Orientation, Gender Identity, and Gender Expression. Policy last reviewed on March 2, 2020 by the Executive Director.		
Use of youth’s preferred name/pronoun: a. Youth are addressed according to their preferred name and gender pronouns b. Youth’s preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was one applicable closed file reviewed. Youth was addressed by preferred name/pronoun and preferred name/pronoun was used in logbook and outward facing documents.	
Youth in need of specialized support is referred to qualified resources (as applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The youth was not in need of specialized support.	
Youth preference is considered and documented for room assignment and youth is not roomed in isolation due to sexual orientation, gender identity, or gender expression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The youth’s preference for room assignment was honored by the program and the youth was not roomed in isolation.	
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The youth’s file did not indicate youth requested items that affirmed their gender identity.	
The agency has signage and brochures/publication placed in common areas indicating that all youth are welcome regardless of sexual orientation, gender identity, and gender expression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Video tour of the facility showed signage on a bulletin board in the dayroom, intake area, and counseling offices.	
2.09: Special Populations							
Provider has a written policy and procedure that meets the requirement for Indicator 2.09 for EACH special population served i.e. Staff Secure, DMST,DV, PR, ICM and FYRAC.					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled ACH-HH-CS-06 DV Respite, Probation Respite, and Domestic Minor Sex Trafficking Services. Policy last		

Quality Improvement Review

Anchorage Children’s Home – August 12 – 13, 2020

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						reviewed on March 2, 2020 by the Executive Director. Program also has policy titled ACH-HH-CS-005 titled Staff Secure Shelter Program. Policy last reviewed on March 2, 2020 by the Executive Director. Program also has policy in place titled ACH-AFC-DO-003 Family/Youth Respite Aftercare Services (FYRAC). Policy last reviewed on November 4, 2019 by the Executive Director.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked ‘No’ or ‘N/A’ on the worksheets need to be explained clearly below
Staff Secure							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating “No eligible items for review”)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for staff secure since the last QI review.
Staff Secure policy and procedure outlines the following: <ul style="list-style-type: none"> In-depth orientation on admission Assessment and service planning Enhanced supervision and security with emphasis on control and appropriate level of physical intervention Parental involvement Collaborative aftercare 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy ACH-HH-CS-005 titled Staff Secure Shelter Program.	
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Staff Assigned: <ol style="list-style-type: none"> One staff secure bed and assigned staff supervision to one staff secure youth at any given time Program assign specific staff during each shift to monitor location/ movement of staff secure youth Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	

Quality Improvement Review

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Agency provides a written report for any court proceedings regarding the youth’s progress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Domestic Minor Sex Trafficking (DMST)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating “No eligible items for review”)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for DMST since the last QI review.
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Services provided to these youth specifically designated services designed to serve DMST youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Did the placement of DMST youth require additional supervision for the safety of the youth or the program? If so, did the agency provide the appropriate level of supervision and safety measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Length of Stay: a. Youth in program do not have length of stay in DMST placement that exceeds seven (7) days b. Agency has approval for stays and support beyond seven (7) days for DMST placements that are obtained on a case-by-case basis? (If applicable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Agency has evidence that staff assigned to DMST youth under this provision are to enhance the regular services available through direct engagement in positive activities designed to encourage the youth to remain in shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Domestic Violence							

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Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for Domestic Violence since the last QI review.
Youth admitted to DV Respite placement have a pending DV charge and have evidence of being screened by JAC/Detention, but do not meet criteria for secure detention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Youth in program do not have length of stay in DV Respite placement that exceeds 21 days. If more than 21 days, documentation exists in youth file of transition to CINS/FINS or Probation Respite placement, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Case plan in file reflects goals focusing aggression management, family coping skills, or other intervention design to reduce reoccurrence of violence in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Probation Respite							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> N/A				
Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two closed probation respite youth files were reviewed. A DJJ Face sheet was present in both files showing probation status of each youth. In addition, approvals by the Florida Network were obtained for each youth as evidenced by the probation respite referrolators in each file.	
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NetMIS youth listings report and JJIS exit data entry.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Length of stay is no more than fourteen (14) to thirty (30) days? (Placement beyond thirty (30) days requires the approval of the JPO and/or CPO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Probation respite intake and exit date for each youth file was not more than 14 to 30 days.	
All case management and counseling needs have been considered and addressed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service plans in both files reflect goals for reducing violence and coping skills.	
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case notes demonstrate both youths received shelter services consistent with CINS/FINS program requirements.	
Intensive Case Management (ICM)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating “No eligible items for review”)	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> N/A			This program does not provide Intensive Case Management Services.
Youth receiving services was court ordered or referred by case staffing committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Services for youth and family include: a. Six (6) direct contacts per month b. Six (6) collateral contacts per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Assessments include: a. A Child Behavior Checklist (CBCL) is completed within 14 days of intake and at discharge (if applicable) b. An approved self-report assessment that was completed at intake c. An approved self-report assessment that was completed every 90 days following intake and at discharge (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Case plan demonstrates a strength-based, trauma-informed focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Agency has evidence that ICMS has a strength-based perspective in one or more of the following areas; engaging the family, advocating on their behalf,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
initiating change agent activities, helping to access supports in the community, teaching problem solving skills, modeling productive behaviors, and/or successful completion of youth and family developmental milestones							
Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating “No eligible items for review”)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for FYRAC since the last QI review.
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Intake and initial assessment sessions meets the following criteria: a. Face-to-face gathering of family history and demographic information b. Includes development of the service plan and is documented through signature of the youth and his/her parent/guardian as well as orientation to the program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Group Sessions:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session							
Youth and family participate in services for thirteen (13) sessions or ninety (90) consecutive days of services, or there is evidence in the youth’s file that an extension is granted by DJJ circuit Probation staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
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) Policies in place titled ACH-CS-SNAP-001-006: Intake Requirements, Discharge Requirements, Fidelity Adherence Monitoring, SNAP Group Delivery, SNAP in Schools, and Suicide Prevention and Intervention. All policies were last reviewed on November 4, 2019 by the Executive Director.	
SNAP Clinical Groups							
Youth are screened to determine eligibility of services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were four closed files reviewed. All four files had NetMIS Screening form and SNAP Brief Intake Screening form.	
Needs assessment is completed at initial intake, or within two face-to-face sessions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needs Assessment was initiated at intake in all four files.	
SNAP Assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre and post CBCL were in completed in all four files.	
a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre and post TRF were completed in all four files.	
b. Teacher Report Form (TRF) completed by the teacher (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre and post TOPSE were completed in all four files.	

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
c. TOPSE (pre & post)							
d. Prevention Assessment Tool (PAT) (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre and post PAT were completed in all four files.	
SNAP® discharge report summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All four files had SNAP discharge report summary.	
SNAP® Boys/SNAP® Girls Child Group Evaluation Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All four files had Child Group Evaluation Form.	
SNAP® Boys/SNAP® Girls Parent Group Evaluation Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All four files had Parent Group Evaluation Form.	
SNAP in Schools							
Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s) (For a total of 13 attendance sheets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 13 weekly attendance sheets were present with youth names and teacher and facilitator signatures.	
“Class Shoot for Your Goal” sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	“Class Shoot for Your Goal” sheet was completed.	
Pre and Post Evaluations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre and post evaluations were present for all youth and the teacher.	
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was one Fidelity Adherence Checklist completed.	
Standard Three – Shelter Care							
3.01 Shelter Environment The shelter’s environment is safe, clean, neat and well maintained. The program provides structured daily programming to engage youth in activities that foster health, social, emotional, intellectual and physical development.							
Provider has a written policy and procedure that meets the requirement for Indicator 3.01					<input checked="" type="checkbox"/> <u>YES</u>	<input type="checkbox"/> NO (explain)	

Quality Improvement Review

Anchorage Children’s Home – August 12 – 13, 2020

Lead Reviewer: Ashley Davies

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						There are several policies where this indicator is covered. All were signed by the Executive Director on March 2, 2020	
Facility Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A virtual tour of the facility revealed the furnishings were in good repair. The program was free of insect infestation. Bathrooms and shower areas were clean and functional. There was no graffiti observed. Lighting is adequate. Exterior areas are free of debris and the grounds are free of hazards. Doors are secure, with in and out access limited to staff, and key control is in compliance. Egress plans, client rules, grievance forms, Abuse Hotline information, DJJ Incident Reporting Number are posted. Agency vehicles are locked and are equipped with first aid kits, fire extinguishers, glass breakers, seat belt cutter, and air bag deflators. Interior areas do not contain contraband and are free from hazardous unauthorized metal/foreign objects. Chemicals are listed, approved, inventoried, and stored securely and MSDS are maintained on each item. The washers/dryers are operational and maintained. The current DCF license is displayed. Each youth has their own bed with clean linens.	
Fire and Safety Health Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The annual fire inspection, completed on May 12, 2020, shows the facility in compliance with fire safety codes and fire safety equipment inspections are up to date. At least one fire drill is completed monthly. Mock emergency drills are completed quarterly. Residential Group Care and Food Service inspections are current, and menus are posted. Cold food is properly stored, marked, and labeled, and dry	

Quality Improvement Review

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						storage/pantry areas are clean. Refrigerators/freezers are clean, and temperatures are maintained.	
Youth Engagement							
<ul style="list-style-type: none"> Youth are engaged in meaningful, structured activities (e.g., education, recreation, counseling services, life and social skill training) seven days a week during awake hours. Idle time is minimal. At least one hour of physical activity is provided daily. Youth are provided the opportunity to participate in a variety of faith-based activities. Non-punitive structured activities are offered to youth who do not choose to participate in faith-based activities. Daily programming includes opportunities for youth to complete homework and access a variety of age appropriate, program approved books for reading. Youth are allowed quiet time to read. Daily programming schedule is publicly posted and accessible to both staff and youth. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observed daily schedule posted and observed shelter activities on virtual tour. The daily schedule shows meaningful, structured activities including physical activity. Faith based activities are provided upon request from clients. Homework/reading time is provided, and books are available to youth.	
3.02: Program Orientation							
Provider has a written policy and procedure that meets the requirement for Indicator 3.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy titled ACH-HH-AD-002 Intake/Orientation Process. Last reviewed by the Executive Director on March 2, 2020.	
Youth received a comprehensive orientation and handbook provided within 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation checklist was observed in all five residential files.	
Orientation includes the following							

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> a. Youth is given a list of contraband items b. Disciplinary action is explained c. Dress code explained d. Review of access to medical and mental health services e. Procedures for visitation, mail and telephone f. Grievance procedure g. Disaster preparedness instructions h. Physical layout of the facility i. Sleeping room assignment and introductions j. Suicide prevention- alerting staff of feelings or awareness of others having suicidal thoughts 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation checklist was completed in all five residential files and covered all required elements.	
Documentation of each component of orientation, including orientation topics and dates of presentation, as well as signatures of the youth and staff involved is maintained in the individual youth record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation checklist was completed in all five residential files and signed by the youth and staff.	
3.03: Youth Room Assignment							
Provider has a written policy and procedure that meets the requirement for Indicator 3.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy titled ACH-HH-PM-009 Room Assignment. Last reviewed by the Executive Director on March 2, 2020.	
A process is in place that includes an initial classification of the youths, to include:							
<ul style="list-style-type: none"> a. Review of available information about the youth's history, status and exposure to trauma b. Initial collateral contacts, c. Initial interactions with and observations of the youth d. Separation of younger youth from older youth, e. Separation of violent youth from non-violent youth f. Identification of youth susceptible to victimization 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Room Assignment/Supervision Checklist was completed in all five residential files and documented all of the required information.	

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
g. Presence of medical, mental or physical disabilities h. Suicide risk i. Sexual aggression and predatory behavior							
An alert is immediately entered into the program's alert system when a youth is admitted with special needs and risks such as risk of suicide, mental health, substance abuse, physical health or security risk factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed the CINS/FINS Intake forms for five residential files. Alerts for the youth are marked with colored dots on the front of the files and documented on the census board in the shelter.	
3.04: Log Books							
Provider has a written policy and procedure that meets the requirement for Indicator 3.04						<input checked="" type="checkbox"/> <u>YES</u> <input type="checkbox"/> NO (explain) Policy titled ADH-HH-DR-002 Log Book Documentation. Last reviewed by the Executive Director on March 2, 2020.	
Log book entries that could impact the security and safety of the youth and/or program are highlighted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program uses the Note Active electronic log. Reviewed a sample of logbook entries over the last three months.	
All entries are brief, legibly written in ink and include: • Date and time of the incident, event or activity • Names of youth and staff involved • Brief statement providing pertinent information • Name and signature of person making the entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All entries reviewed were observed to meet the requirements of the indicator.	
Recording errors are struck through with a single line. The staff person must initial and date the correction. The use of whiteout and erasures is prohibited.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No redaction entries were observed.	
The program director or designee reviews the facility logbook(s) every week and makes a note chronologically in the logbook indicating the dates reviewed and if any correction, recommendations and follow-up are required and sign/date the entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program director or designee reviews the logbook every week and makes a note stating dates reviewed with any recommendations and signature.	

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Supervisors and all staff review the logbook of the previous two shifts and makes an entry signed and dated into the logbook indicating the dates reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervisors and all staff review the logbook's previous two shifts (at minimum) and include the dates they have reviewed.	
Logbook entries include: <ul style="list-style-type: none"> • Supervision and resident counts • Visitation and home visits 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entries were observed for resident counts, visitation, and home visits.	
3.05: Behavior Management Strategies							
Provider has a written policy and procedure that meets the requirement for Indicator 3.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy titled ACH-HH-BX-001 Behavioral Intervention. Last reviewed by the Executive Director on March 2, 2020.	
The program has a detailed written description of the BMS and it is explained during program orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program is currently using a level-based Behavior Management System that is clearly identified in the Client Handbook and given to youth at intake.	
Behavior Management Strategies must include:							
a. BMS is designed to teach youth new behaviors and help youth understand the natural consequences for their actions b. Behavioral interventions are applied immediately, with certainty, and reflect the severity of the behavior c. BMS uses a wide variety of awards/incentives to encourage participation and completion of the program d. Appropriate consequences and sanctions are used by the program and consequences for behavior are logical and designed to promote skill-building for the youth e. Counseling, verbal intervention and de-escalation techniques are used prior to physical intervention (Only techniques approved by the Florida	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy was reviewed along with the Client Handbook and BMS point cards. All requirements were met.	

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Network and DJJ are used if physical intervention is required) f. Only staff discipline youth. Group discipline is not imposed g. Room restriction is not used as part of the system or for youth who are physically and/or emotionally out of control h. Youth should never be denied basic rights such as meals, clothing, sleep, services, exercise, or correspondence privileges							
Program's use of the BMS							
All staff are trained in the theory and practice of administering BMS rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training files for four new hires were reviewed and met this requirement.	
There is a protocol for providing feedback and evaluation of staff regarding their use of BMS rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy ACH-HH-BX-001 Behavioral Intervention.	
Supervisors are trained to monitor the use of rewards and consequences by their staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training files for staff were reviewed and met this requirement.	
3.06: Staffing and Youth Supervision							
Provider has a written policy and procedure that meets the requirement for Indicator 3.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled ACH-HH-PM-010 Staffing Requirements and Scheduling. Last reviewed on March 2, 2020 by the Executive Director.	
The program maintains minimum staffing ratios as required by Florida Administrative Code and contract. <ul style="list-style-type: none"> • 1 staff to 6 youth during awake hours and community activities • 1 staff to 12 youth during the sleep period 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed monthly staff schedules for February – July 2020. Reviewed four random nights of video surveillance: July 17 1am – 4am, July 23 3am – 6am, August 1 2am – 5am, and August 7 1am -4am.	
Overnight shifts must always provide a minimum of two staff present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed monthly staff schedules for February – July 2020. Reviewed four random nights of	

Quality Improvement Review

Anchorage Children’s Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						video surveillance: July 17 1am – 4am, July 23 3am – 6am, August 1 2am – 5am, and August 7 1am -4am.	
The staff schedule is provided to staff or posted in a place visible to staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observed posting during virtual tour.	
There is a holdover or overtime rotation roster which includes the telephone numbers of staff who may be accessed when additional coverage is needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed holdover roster with staff telephone numbers.	
Staff observe youth at least every 15 minutes while they are in their sleeping room, either during the sleep period or at other times, such as during illness or room restriction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed four random nights of video surveillance: July 17 1am – 4am, July 23 3am – 6am, August 1 2am – 5am, and August 7 1am - 4am. Reviewed corresponding bed checks in log book for the above dates and times.	
3.07: Video Surveillance System							
Provider has a written policy and procedure that meets the requirement for Indicator 3.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled ACH-HH-DO-18 Video Surveillance System. Policy last reviewed on March 2, 2020 by the Executive Director.	
Surveillance System							
The agency, at a minimum, shall demonstrate: <ul style="list-style-type: none"> a. A written notice that is conspicuously posted on the premises for the purpose of security b. System can capture and retain video photographic images which must be stored for a minimum of 30 days c. System can record date, time, and location; maintain resolution that enables facial recognition d. Back-up capabilities consist of cameras’ ability to operate during a power outage 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy ACH-HH-DO-18 Video Surveillance System. Observed cameras and written notices during virtual tour. Reviewed four random nights of video surveillance: July 17 1am – 4am, July 23 3am – 6am, August 1 2am – 5am, and August 7 1am - 4am.	

Quality Improvement Review

Anchorage Children’s Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
e. Have cameras placed in interior and exterior general locations of the shelter where youth and staff congregate and where visitors enter and exit. Cameras are never placed in bathrooms or sleeping quarters. f. All cameras are visible							
A list of designated personnel who can access the video surveillance system is maintained (includes off-site capability per personnel)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed list of designated staff who have access to video surveillance system.	
Supervisory review of video is conducted a minimum of once every 14 days and noted in the logbook. The reviews assess the activities of the facility and include a review of random sample of overnight shifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed the last six months of Video Surveillance Review logs completed by the Shelter Managers every fourteen days.	
Grant the requesting of video recordings to yield a result within 24-72 hours from program quality improvement visits and when an investigation is pursued after an allegation of an incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy ACH-HH-DO-18 Video Surveillance System.	
Standard Four – Mental Health /Health Services							
4.01: Healthcare Admission Screening							
Provider has a written policy and procedure that meets the requirement for Indicator 4.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy titled ACH-HH-HC-008 Medical Care for Routine, Acute, and Chronic Medical Conditions. Policy last reviewed on March 2, 2020 by the Executive Director.	
Preliminary Healthcare Screening							
Screening includes : a. Current medications b. Existing (acute and chronic) medical conditions c. Allergies d. Recent injuries or illnesses e. Presence of pain or other physical distress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed five residential youth files. Health screening form was completed in all five files and included all required elements.	

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
f. Observation for evidence of illness, injury, physical distress, difficulty moving, etc.; and g. Observation for presence of scars, tattoos, or other skin markings							
Referral and Follow-up							
Youth with chronic medical conditions have a referral to ensure medical care (e.g. diabetes, pregnancy, seizure disorder, cardiac disorders, asthma, tuberculosis, hemophilia, head injuries, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the five youth presented with chronic conditions required a referral to ensure medical care.	
When needed, the parent is involved with the coordination and scheduling of follow-up medical appointments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed nursing notes and case notes, none of the youth needed follow-up medical appointments.	
All medical referrals are documented on a daily log.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documented on Episodic Care Log and in the log book.	
The program has a thorough referral process and a mechanism for necessary follow-up medical care as required and/or needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy ACH-HH-HC-008 Medical Care for Routine, Acute, and Chronic Medical Conditions.	
4.02 Suicide Prevention There is a written plan that details the program's suicide prevention and response procedures. The plan complies with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.							
Provider has a written policy and procedure that meets the requirement for Indicator 4.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy titled ACH-HH-SS-006 Suicide Prevention and Intervention. Last reviewed on March 2, 2020 by the Executive Director.	
Suicide Risk Screening and Approval							
a. Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed five residential youth files. All five files contained a suicide risk screening completed during the screening and initial intake screening process that was signed by a supervisor.	

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

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b. The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed the programs Suicide Risk Assessment tool.	
Supervision of Youth with Suicide Risk							
a. Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four of the five youth were placed on sight-and-sound supervision until assessed by a mental health professional. An Assessment of Suicide Risk (ASR) was completed by a licensed professional or non-licensed professional under the direct supervision of the licensed professional.	
b. Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observation logs documented youth were monitored every thirty minutes while on sight-and-sound supervision.	
c. Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All four youth were removed from sight-and-sound supervision after ASR was completed by or reviewed with the licensed professional.	
4.03: Medication							
Provider has a written policy and procedure that meets the requirement for Indicator 4.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy titled ACH-HH-HC-006 Medication Management. Last reviewed on March 2, 2020 by the Executive Director.	
Medication Storage							
a. All medications are stored in a Pyxis Med-Station 4000 Medication Cabinet that is inaccessible to youth (when unaccompanied by authorized staff)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A virtual tour of the Pyxis Med-Station and medical room was completed with the Registered Nurse (RN). The Pyxis Med-Station is located in the medical room and is inaccessible to youth. All medications are stored in the Pyxis Med-Station	
b. Oral medications are stored separately from injectable epi-pen and topical medications							
c. Medications requiring refrigeration are stored in a secure refrigerator that is used only for this							

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
purpose, at temperature range 2-8 degrees C or 36-46 degrees F. (If the refrigerator is not secure, the room is secure and inaccessible to youth.) d. Narcotics and controlled medications are stored in the Med-Station						4000 medication cabinet. Oral medications are stored separately from topical medications located in the locked medical cabinet. There is a secure refrigerator in the medical room used only for medical purposes and maintained at 36 degrees F. All narcotic and controlled medications are stored in the Pyxis Med-Station 4000 medication cabinet.	
Medication Distribution							
a. Agency maintains a minimum of 2 Super Users for the Med-Station b. Only designated staff delineated in User Permissions have access to secured medications, with limited access to controlled substances (narcotics) c. A Medication Distribution Log shall be used for distribution of medication by non-licensed and licensed staff d. Agency verifies medication using one of four methods listed in the FNYFS Operations Manual e. When nurse is on duty, medication processes are conducted by the nurse f. The delivery process of medications is consistent with the FNYFS Medication Management and Distribution Policy g. Agency does not accept youth currently prescribed injectable medications, except for epi-pens h. Non-licensed staff have received training in the use of epi-pens provided by a registered nurse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A virtual tour of the Pyxis Med-Station and medical room was completed with the Registered Nurse (RN). A list of Super Users was provided, and a list of designated staff delineated to have access to secured medication. Training documents support all applicable staff were trained by the program's medical staff in medication distribution. A review of three youth files supported they took medication while in the program. All three files contained a Medication Distribution Log completed as required. Staff verify medication either by the RN or by calling the pharmacy. All staff have training in the use of epi-pens.	
Medication Inventory							
a. For controlled substances, a perpetual inventory with running balances is maintained as well as a shift-to shift count verified by a witness and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication Distribution Logs reviewed documented controlled substances were inventoried perpetually and shift-to-shift. Over the counter (OTC) medication inventories were	

Quality Improvement Review

Anchorage Children's Home – August 12 – 13, 2020

Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
b. Over-the-counter medications that are accessed regularly are inventoried weekly by maintaining a perpetual inventory c. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly						reviewed and documented OTC's are inventoried perpetually and weekly by the RN. Weekly inventories of sharps were reviewed and found to be accurate. There were no syringes on-site.	
There are monthly reviews of medication management practice via Knowledge Portal or Pyxis Med-Station Reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview with the RN. RN completes weekly and monthly reviews of medication management via the Knowledge Portal.	
Medication discrepancies are cleared after each shift.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview with the RN and discrepancy reports confirmed discrepancies are cleared after each shift. There were no open discrepancies at the time of the review.	
4.04: Medical/Mental Health Alert Process							
Provider has a written policy and procedure that meets the requirement for Indicator 4.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy titled ACH-HH-HC-007 Medical/Mental Health Issues Alert. Last reviewed on March 2, 2020 by the Executive Director.	
Youth with a medical, mental health, or food allergy was appropriately placed on the program's alert system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files reviewed. All had color-coded dot on the front of file indicating appropriate alert.	
Alert system includes precautions concerning prescribed medications, medical/mental health conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files reviewed. Precautions noted on Medication Distribution Logs and side effect sheets.	
Staff are provided sufficient training, information and instructions to recognize/respond to the need for emergency care for medical/mental health problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eight staff training files reviewed. All staff were trained in Emergency Medical Procedures.	
A medical and mental health alert system is in place that ensures information concerning a youth's medical condition, allergies, common side effects of prescribed medications, foods and medications that are contraindicated, or other pertinent mental health treatment information, is communicated to all staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program uses color-coded dot system for alerts. Medical Distribution Logs and youth files document any additional information needed.	
4.05: Episodic/Emergency Care							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Provider has a written policy and procedure that meets the requirement for Indicator 4.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy titled ACH-HH-EM-008 Emergency Medical Care. Last reviewed on March 2, 2020 by the Executive Director.	
Off-site Emergency Services							
a. If off-site emergency medical or dental care was provided, an incident report was submitted for the medical or dental care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed Episodic Care Log and youth files. CCC reports complete for off-site care. Reports documented parental notification and, if applicable, discharge instructions were located in youth file.	
b. Upon youth return, there is a verification receipt of medical clearance via discharge instructions with follow-up is present in file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Youth's parent/guardian was notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. A daily log is maintained for emergency care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All staff are trained on emergency medical procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eight staff training files reviewed, and all staff trained on Emergency Medical Procedures.	
The program has a Knife-for-life and wire cutters accessible to staff in a secure location(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During virtual tour observed knife-for-life and wire cutters in cabinet in staff office off the dayroom.	
First aid kit/supplies are fully equipped and inventoried	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During virtual tour observed first aid kits in the shelter and vehicles to be fully stocked. Inventoried weekly by the RN.	