



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



**CCYS  
2407 Roberts Avenue  
Tallahassee, Florida 32310**

**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 CCYS for the FY 2020-2021 at its program office located at 2407 Roberts Avenue, Tallahassee, 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. CCYS 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 2020 through June 30, 2021.

The review was conducted by Ashley Davies, Consultant for Forefront LLC and Peer Reviewer(s). Agency representative from CCYS present for the entrance interview was: Gina Dozier, CEO. The last onsite QI visit was conducted April 18 - 19, 2019.

In general, the Reviewer found that CCYS is in compliance with specific contract requirements. **CCYS 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](mailto:keithcarr@forefrontllc.com)

## 2020-2021 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 10-28-2020

<b>Agency Name: Capital City Youth Services</b>					<b>Monitor Name: Ashley Davies, Lead Reviewer</b>		
<b>Contract Type : CINS/FINS</b>					<b>Region/Office: 2407 Roberts Ave., Tallahassee, FL</b>		
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): October 28 - 29, 2020</b>		
<b>Explain Rating</b>							
<b>Major Programmatic Requirements</b>	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	<b>Ratings Based Upon:</b> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>
<b>I. Administrative and Fiscal</b>							
<b>DJJ Quality Improvement Peer Reviewer</b> 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 three staff members certified as DJJ QI Peer reviewers.	<b>No recommendation or Corrective Action.</b>
<b>Additional Contracts</b> 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. <b>PTV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: A list of sixteen contracts for FY 2020-2021 was provided by the provider. The list includes the funder, amount, service provided, and duration/term. 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 reviewed had recent contract/agreement dates.	<b>No recommendation or Corrective Action.</b>
<b>Limits of Coverage</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation:	<b>No recommendation or Corrective Action.</b>

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<b>Major Programmatic Requirements</b>			<b>Unacceptable</b>	<b>Conditionally Unacceptable</b>	<b>Fully Met</b>	<b>Exceeded</b>	<b>Not Applicable</b>
					<b>Ratings Based Upon:</b>		
					<b>I = Interview</b> <b>O = Observation</b> <b>D = Documentation</b> <b>PTV = Submitted Prior To Visit</b> <b>(List Who and What)</b>		
					<b>Notes</b>		
					<b>Explain Unacceptable or Conditionally Acceptable:</b>		
					<b>(Attach Supportive Documentation)</b>		
<p>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. <b>PTV</b></p>							<p>The provider's General Liability; Workers Compensation; and Automobile insurance policies all meet the required minimums per the Limits of Coverage and are in effect for the current FY 2020-2021.</p> <p>Workers Compensation and Employers Liability is provided by Bridgefield Employers Ins Co. with limits of coverage of \$500,000 each accident. \$1,000,000 each \$3,000,000 aggregate, effective 07/01/2020-07/01/2021.</p> <p>Workers Compensation insurance provided through Guarantee Insurance Company with limits of \$500,000 each/aggregate, effective 4/1/20-4/1/21.</p> <p>Automobile insurance through Philadelphia Insurance Company for combined single limit of \$1,000,000 for agency vehicles effective for 7/1/20-7/1/21.</p>

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						<b>Ratings Based Upon:</b> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>
<b>External/Outside Contract Compliance</b> a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						The Florida Network is listed on the certificate as a certificate holder.	<b>No recommendation or Corrective Action.</b>
<b>Fiscal Practice</b> 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. <b>PTV</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Documentation: Fiscal Policies and Procedures are contained in the agency's Accounting Policy and Procedures Manual. The procedures, last updated 12/12/2018, were reviewed and appear to be consistent with GAAP and provide for limited internal controls. Procedures are included for general ledger, cost accounting, payroll, petty cash, computer backup, and other relevant financial processes.	<b>No recommendation or Corrective Action.</b>
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.). <b>PTV</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Documentation: Detailed General Ledger for the current FY2020-2021, as of 09/30/2020. The Agency maintains a detailed general ledger that is structured to track all funding sources as well as activities for the CINS/FINS program separately.	<b>No recommendation or Corrective Action.</b>

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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.) – <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Observation/Documentation:</b> No change in practice was reported for the agency since the last onsite program review in April 2019. Reviewed petty cash policy and procedure. The Petty Cash fund does not exceed the established minimum. Petty cash is stored in a secure locked location in the Administration building. The agency produced past documentation of monthly petty cash reconciliations. Petty cash is reconciled on a consistent basis (monthly/Quarterly) by designated staff and reviewed by the supervisor. Disbursements and invoices are approved by the Program Supervisor as required.	<b>No recommendation or Corrective Action.</b>
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). <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation:</b> Reviewed Bank Statements and Bank Reconciliations for the past six (6) months April 2020 – September 2020 for its operating bank account with Capital City Bank. Bank reconciliations are conducted each month for the activities and bank statements for the preceding month and signed by two parties. Checks disbursed are also	<b>No recommendation or Corrective Action.</b>

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							signed by two (2) parties. Invoices are submitted on a monthly basis with supporting documentation. The agency maintains individual vendor files which are kept in secure file cabinet in the Chief Financial Officer's office.		
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. <b>PTV/ON SITE</b>			<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.	<b>No recommendation or Corrective Action.</b>
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. <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Provider submitted evidence of its electronic submission and documentation of filings of the 941 Tax Payments as submitted and required for the last six (6) months (April 2020 – September 2020).	<b>No recommendation or Corrective Action.</b>

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g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. <b>PTV/ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Documentation: Agency provided a Budget Report including the current fiscal year to date information. The report tracks all budget categories by annual budget and remaining balance separately. Variances are identified for CINS/FINS and FN programs. The program budget is reviewed and approved by the agency's Pres/CEO and Board.			<b>No recommendation or Corrective Action.</b>	
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$500,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. <b>Obtain from FNYFS</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Documentation: Financial audit was completed on for the Year ended June 30, 2019 by James Moore CPA and Consultants. A copy of the audit was submitted directly to the Reviewer and the Florida Network of Youth and Family Services. A separate Management Letter requiring a Corrective Action Plan was not issued by the auditor.			<b>No recommendation or Corrective Action.</b>	
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. <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Documentation: The agency provided multiple Policies and Procedures. The policies have been applied consistently across the required areas that include Data Back Up Systems; Information Security; Document and computer Hardware Destruction; Security System; Data			<b>No recommendation or Corrective Action.</b>	



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					Storage.		

## CONCLUSION

CCYS 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](http://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 Capital City Youth Services  
CINS/FINS Program

October 21-22, 2020

**Compliance Monitoring Services Provided by**

 **FOREFRONT**



# Quality Improvement Review

Capital City Youth Services – October 21 – 22, 2020

Lead Reviewer: Ashley Davies

## CINS/FINS Rating Profile

### Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Limited
1.06 Client Transportation	Limited
1.07 Outreach Services	Satisfactory

**Percent of indicators rated Satisfactory: 71.43%**

**Percent of indicators rated Limited: 28.57%**

**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	Limited
3.07 Video Surveillance	Satisfactory

**Percent of indicators rated Satisfactory: 85.71%**

**Percent of indicators rated Limited: 14.29%**

**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	Limited
4.04 Medical/Mental Health Alert Process	Satisfactory
4.05 Episodic/Emergency Care	Satisfactory

**Percent of indicators rated Satisfactory: 80.00%**

**Percent of indicators rated Limited: 20.00%**

**Percent of indicators rated Failed: 0.00%**

### Overall Rating Summary

**Percent of indicators rated Satisfactory: 86.21%**

**Percent of indicators rated Limited: 13.80%**

**Percent of indicators rated Failed: 0.00%**



## Quality Improvement Review

Capital City Youth Services – October 21 – 22, 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

Warren Garrison - Department of Juvenile Justice

Sherri Swan – LSF Currie House

Alex Culbreth – CDS

Cindy Hoskins – Anchorage Children’s Home



# Quality Improvement Review

Capital City Youth Services – October 21 – 22, 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 checked="" type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director                 | <input checked="" type="checkbox"/> Chief Operating Officer |
| <input checked="" type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Program Director                   | <input type="checkbox"/> Program Manager                    |
| <input type="checkbox"/> Program Coordinator                | <input checked="" type="checkbox"/> Direct – Care Full time | <b>1</b> # Case Managers                                    |
| <input type="checkbox"/> Direct – Part time                 | <input type="checkbox"/> Direct – Care On-Call              | <b>1</b> # Program Supervisors                              |
| <input type="checkbox"/> Volunteer                          | <input type="checkbox"/> Intern                             | <b>NA</b> # Food Service Personnel                          |
| <input type="checkbox"/> Clinical Director                  | <input checked="" type="checkbox"/> Counselor Licensed      | <b>0</b> # Healthcare Staff                                 |
| <input checked="" type="checkbox"/> Counselor Non-Licensed  | <input checked="" type="checkbox"/> Case Manager            | <b>NA</b> # Maintenance Personnel                           |
| <input type="checkbox"/> Advocate                           | <input checked="" type="checkbox"/> Human Resources         | <b>NA</b> # Other (listed by title): _____                  |
| <input type="checkbox"/> Nurse – Full time                  | <input type="checkbox"/> Nurse – Part time                  |   |

### Documents Reviewed

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports                        | <input checked="" type="checkbox"/> Table of Organization            | <input type="checkbox"/> 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        | <b>5</b> # Health Records                          |
| <input checked="" type="checkbox"/> Logbooks                          | <input checked="" type="checkbox"/> Key Control Log                  | <b>5</b> # MH/SA Records                           |
| <input checked="" type="checkbox"/> Continuity of Operation Plan      | <input checked="" type="checkbox"/> Fire Drill Log                   | <b>10</b> # Personnel /Volunteer Records           |
| <input checked="" type="checkbox"/> Contract Monitoring Reports       | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | <b>8</b> # Training Records                        |
| <input type="checkbox"/> Contract Scope of Services                   | <input checked="" type="checkbox"/> Precautionary Observation Logs   | <b>9</b> # Youth Records (Closed)                  |
| <input checked="" type="checkbox"/> Egress Plans                      | <input checked="" type="checkbox"/> Program Schedules                | <b>1</b> # Youth Records (Open)                    |
| <input checked="" type="checkbox"/> Fire Inspection Report            | <input type="checkbox"/> List of Supplemental Contracts              | <b>NA</b> # Other: _____                           |
| <input checked="" type="checkbox"/> Exposure Control Plan             | <input checked="" type="checkbox"/> Vehicle Inspection Reports       |  |

### Surveys

- |                  |                              |                         |
|------------------|------------------------------|-------------------------|
| <b>3</b> # Youth | <b>9</b> # Direct Care Staff | <b>0</b> # 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 checked="" 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 type="checkbox"/> Social Skill Modeling by Staff       | <input type="checkbox"/> Youth Movement and Counts                   | <input checked="" type="checkbox"/> Signage that all youth welcome |
| <input checked="" type="checkbox"/> Medication Administration | <input checked="" type="checkbox"/> Staff Interactions with Youth    |  |
| <input checked="" type="checkbox"/> Census Board              |  |  |

### Comments

This was a hybrid review. A Forefront team member was on-site on day one of the review to conduct on-site observations while the rest of the team was completing the review virtually.

## Quality Improvement Review

Capital City Youth Services – October 21 – 22, 2020

Lead Reviewer: Ashley Davies

### 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 shelter hosted evacuees from a Jacksonville shelter last fall as they anticipated a potential hurricane landfall.

The Youth Advisory Council was awarded the 2019 FYSB RHY Artistic Expression Contest Winner for a mural project.

The agency assumed operations of Tree House (which is an emergency shelter / group living facility for ages 6-11) that serves DCF youth. This was a collaboration between CCYS, Tree House of Tallahassee, and Children's Home Society.

As the cases of COVID-19 began to rise in the area, the program had to make adjustments such as providing some services virtually, but they managed to remain operational in all areas.

The agency partnered with the Junior League of Tallahassee to bring support and awareness to CCYS services and programs.

### Narrative Summary

The Capital City Youth Services (CCYS) agency provides residential and non-residential services to youth ages 6 - 17. The Some Place Else (SPE) Youth Shelter residential facility is located in Tallahassee. The non-residential program provides services to the following counties: Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor and Wakulla. Since the last review the shelter has experienced significant staff turnover across all programs, with the exception of Stop Now and Plan (SNAP), which had none. The shelter has a new Clinical Director, new Program Manager, and a new Youth and Family Counselor all within the past year. All three of these positions were filled by CCYS experienced personnel. The non-residential program, Family Place, had five counselors resign, four of whom had become licensed while working at CCYS. Four of them resigned in the last six months. In August, the agency faced the sudden and unexpected death of the Clinical Director of Non-Residential Services who had been working with the agency for ten years. The nurse position has remained vacant for the past eighteen months and the HR Coordinator, who had been with the agency less than a year, resigned in early Spring of 2020, just before COVID. The Chief Financial Officer (CFO) assumed the duties of the HR Coordinator position. The position will be filled with a possible restructure of administration as the CFO announced intent to resign but will remain on staff working completely remotely until the CFO position is filled. The agency furloughed/closed the Transitional Living Program (TLP) due to funding issues. The Street Outreach program lost federal funding in October 2019. It has also lost three staff members, including the Program Manager, since January 2020.

The overall findings for the QI review for Capital City Youth Services is summarized as follows:

Standard 1: This standard has a total of seven indicators regarding management accountability. Six of the indicators were rated satisfactory. Indicator 1.05 Analyzing and Reporting Information and 1.06 Transportation was rated a limited. There were also exceptions noted in indicators 1.04 Training Requirements due to staff missing some required trainings during the first year of employment.

Standard 2: This standard has a total of ten indicators that relate to intervention and case management. All ten indicators were rated satisfactory with exceptions noted in 2.02 Needs Assessment, 2.03 Case/Service Plan, and 2.05 Counseling Services. The exception noted in 2.02 was due to one file not containing a completed Needs Assessment. The exception noted in 2.03 was due to one file not containing a completed Service Plan. The exceptions noted in 2.05 were due to groups not always being at least thirty minutes in length and not documenting a clear and relevant topic.

Standard 3: This standard has a total of seven indicators regarding shelter care. Six of the seven indicators were rated satisfactory. Indicator 3.06 was rated a limited. There



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were exceptions noted in indicators 3.01 Shelter Environment and 3.04 Log Books. The exception noted in 3.01 was due to the program failing their annual fire safety inspection. The exceptions noted in 3.04 were due to the program director or designee reviews not documenting the dates reviewed or any corrections, recommendations, or follow-up and a sample of log book entries not consistently documenting staff are reviewing the previous two shifts.

Standard 4: This standard has a total of five indicators regarding mental health and health services. Four of the five indicators were rated satisfactory. Indicator 4.03 received a limited rating. An exception was noted in 4.01 Healthcare Admission Screening due to the preliminary healthcare screenings not being reviewed by an RN due to the program not having an RN.

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

**Standard 1:** Indicator 1.05 Analyzing and Reporting Information was rated a limited due to no evidence of quarterly reviews of incidents or accidents, no evidence of findings being communicated to stakeholders, and no evidence of a clear internal process that implements improvements for weaknesses identified. Indicator 1.06 Transportation was rated as a limited due to not being able to determine if supervisor approval for single client transports occurred prior to the transport taking place, which was observed during previous visits.

**Standard 3:** Indicator 3.06 Staffing and Youth Supervision was rated a limited due to the program having a severe shortage of staff resulting in schedules being posted with vacant shifts to be covered and staff having to work extra days and hours to cover the vacant shifts. This has the potential to create staff burn out which increases risk of youth not being supervised properly and can lead to safety and security issues.

**Standard 4:** Indicator 4.03 Medication was rated a limited due to the program not having a Registered Nurse (RN), for eighteen months now, to oversee the medication process.



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### 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  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> 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>Standard One – Management Accountability</b>							
<b>1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Background Screening. Last reviewed in October 2020 by the Chief Executive Officer.	
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 nine new staff were hired since the last onsite QI review. All nine staff met the criteria for a pre-screening assessment. The agency uses the Berke Assessment and completed the screening prior to hire for all nine staff.	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of nine new staff were hired since the last on-site QI review. All nine staff were background screened prior to hire. There were a total of five interns utilized since the last review. All five interns had a background screening completed prior to their start date.	
c. Five-year re-screening completed every 5 years from initial date of hire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was one staff due for a five-year rescreening during the review period and a re-screening was completed within the required time frame.	
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 1/17/2020.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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 nine new staff hired.	
<b>1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.02</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies in place titled Abuse Reporting and Client Grievances. Last reviewed in October 2020 by the Chief Executive Officer.	
<b>Abuse Free Environment</b>							
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 on Abuse Reporting last reviewed October 2020. All staff are required to sign a code of conduct, upon hire. These forms are kept in the employee's 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 posted in the dayroom during the on-site tour of the facility.	
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 informed of the Abuse Hotline number during orientation.	
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"/>	No incidents of abuse or threats was identified and/or reported during the review period needing management action.	
<b>Grievance Process</b>							
a. Agency has a formal grievance process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy on Client Grievances last reviewed in October 2020.	
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 on-site tour it was observed that the program has an accessible grievance box, that is locked and located in the dayroom.	
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 three grievances were signed by the residential supervisor.	
d. 72-hour resolution requirement by management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three grievances were resolved within seventy-two hours by the residential supervisor.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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"/>	The program had all grievances maintained in a file from the past year.	
<b>1.03: Incident Reporting</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.03</b>					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Incident Reporting. Last reviewed in October 2020 by the Chief Executive Officer.		
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 sixteen CCC incidents in the last six months reported by the agency. All sixteen 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 the agency incident reporting form. A sample of eight incidents were reviewed for documentation in the program logbook and all eight were found to be documented.	
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 program Supervisors/Directors and were signed.	
<b>1.04: Training Requirements</b> Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.04</b>					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Capital City Youth Services Training Plan. Last reviewed in June 2020 by the Chief Executive Officer.		
<b>First Year Direct Care Staff</b>							
a. Direct care staff receives all mandatory training during the first 120 days of employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were three first year direct care staff files reviewed. Two of the three staff had all trainings required during the first 120 days.	<b>Exception:</b> One staff was missing one required training in the first 120 days, Signs

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		and Symptoms of Mental Health and Substance Abuse.
b. Direct care staff completes all mandatory Florida Network and SkillPro training during the first year employment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three staff documented more than the required 80 hours for first year training.	<b>Exception:</b> All three staff were missing one required training. Two staff were missing Cultural Humility and one staff was missing Fire Safety.
<b>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</b>							
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 applicable staff. The staff documented the required Assessment of Suicide Risk training with 20 hours of training and 5 supervised Assessments of Suicide Risk.	
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"/>	All trainings and supervised Assessments of Suicide Risk were completed by and signed by the Licensed Mental Health Counselor.	
<b>In-service Direct Care Staff</b>							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually ( <i>40 hours if the program has a DCF child caring license</i> ).	<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 required annual trainings and documented over 40 hours of training.	
<b>Required Training Documentation</b>							
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.	
<b>1.05: Analyzing and Reporting Information</b>							
<b>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.</b>							
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)

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						Policy in place titled Analyzing and Reporting Information. Last reviewed in June 2020 by the Chief Executive Officer.	<b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
<b>Quarterly Reviews</b>							
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 were reviewed for the 3 <sup>rd</sup> and 4 <sup>th</sup> quarters of the 2019-2020 fiscal year.	
b. The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was a monthly review of grievances on the 2019-2020 Grievance Data report.	<b>Exception:</b> There was no indication of a quarterly review of incidents or accidents.
<b>Annual Reviews</b>							
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. January thru March and April thru June were emailed to the Clinical Director for review and then reviewed in clinical staff meetings.	
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 from the FNYFS was reviewed with staff in April 2020 for the time period of 7/1/2019 – 3/31/2020.	
<b>Monthly Reviews</b>							
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 sent monthly by email to the Clinical Director and Shelter Support Specialist from the CEO for review.	
<b>Quality Improvement Process</b>							
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"/>	NetMIS data reports from the FNYFS are sent monthly to the Clinical Director and Shelter Support Specialist for reconciliation. They then notify the CEO corrections that have been made.	
b. There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was documentation through emails and staff meeting minutes that findings are communicated to staff.	<b>Exception:</b> There was no documentation of findings being communicated to stakeholders.
c. There is evidence that strengths and weaknesses are identified, improvements are	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed monthly meeting minutes and current Corrective Action Plan in place from recent Risk Management Review.	<b>Exception:</b> There was no evidence of a clear internal process in place that implemented improvements for

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
implemented or modified and staff are informed and involved throughout the process.							<p style="color: red; font-weight: bold;">Explain any items that have any deficiencies, exceptions or are not applicable.</p> <p>For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below</p>
<b>1.06: Client Transportation</b>							
<b>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.</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	
						Policy in place titled Transportation and Vehicles. Last reviewed in February 2020 by the Chief Executive Officer.	
<b>Approved agency drivers</b>							
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"/>	The agency maintains a list of staff approved to drive clients.	
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.	
<b>Third party present in the vehicle</b>							
a. Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 <sup>rd</sup>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy on Transportation and Vehicles.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed Vehicle Logs. There were thirty-eight single client transports since February 23, 2020 and all documented supervisor approval on the log.	<b>Exception:</b> Supervisor approval on the log was not documented with a date or time so it was unable to be determined if the approval occurred prior to the transport taking place.
c. The 3 <sup>rd</sup> 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 on Transportation and Vehicles.	
<b>Transportation documentation</b>							
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 Vehicle Logs from February thru August 2020. All logs documented required information and were filled out in their entirety.	
<b>1.07: Outreach Services</b>							
<b>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.</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.07</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	
						Policy in place to include the agency's annual Outreach Plan for 2019-2020.	
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 2 Advisory board meeting from February, May, and August 2020.	
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 report which includes title of event, date of event, number of youth and adults in event, purpose of event, and what area event took place in the community. Report was provided from April – October 2020 and including outreach events at local schools and community events.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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 thirteen formal interagency agreements with community partners including local schools, mental health facilities, and sheriff's department. The agency also has a list of over 50 other linkages with other agencies in the area to provide different specialized services to the youth served.	
<b>Standard Two – Intervention and Case Management</b>							
<b>2.01: Screening and Intake</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.01</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies in place titled Screening and Intake. Last reviewed in April and July 2020 by the Chief Executive Officer.	
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 (all closed) and five non-residential (one open and four closed.) All ten had eligibility screening completed within seven calendar days of referral.	
Youth and parents/guardians receive the following in writing: <ul style="list-style-type: none"> <li>Available service options</li> <li>Rights and responsibilities of youth and parents/guardians</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed, five residential (all closed) and five non-residential (one open and four closed.) All ten files documented the youth and parents received all required information at intake.	
The following is also available to the youth and parents/guardians: <ul style="list-style-type: none"> <li>Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication)</li> <li>Grievance procedures</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed, five residential (all closed) and five non-residential (one open and four closed.) All ten files documented the youth and parents received all required information at intake.	
<b>2.02: Needs Assessment</b>							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.02</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Assessment and Service Plan Development. Last reviewed in October 2020 by the Chief Executive Officer.	
<b>Completion of Needs Assessment</b>							
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 (all closed). The Needs Assessment was initiated within 72 hours in four out of the five files. One file documented the Needs Assessment was initiated four days after admission.	
b. Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake <b>OR</b> updated, if most recent assessment is over 6 months old	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five non-residential youth files were reviewed (one open and four closed.) The Needs Assessment was completed within 2 to 3 face-to-face contacts in four out of the five files.	<b>Exception:</b> One file did not contain a completed Needs Assessment. It was reported this was due to the program suffering personal staff loses and also limitations due to COVID-19, inhibiting the completion of documentation.
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 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 Needs Assessments reviewed.	
<b>Suicide Risk as a Result of the Needs Assessment</b>							
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"/>	Three residential and one non-residential 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"/>	All four youth had an Assessment of Suicide Risk conducted by a qualified mental health professional.	
<b>2.03 Case/Service Plan</b>							

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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
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Assessment and Service Plan Development. Last reviewed in October 2020 by the Chief Executive Officer.	
Case/Service plan is developed within 7 working days of Needs Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were ten files reviewed, five residential (all closed) and five non-residential (one open and four closed.) Eight files had a Service Plan developed within seven days of the Needs Assessment. One closed residential file documented the youth was abruptly discharged prior to the Service Plan being completed.	<b>Exception:</b> One closed non-residential file did not have a Service Plan completed. It was reported this was due to the program suffering personal staff losses and also limitations due to COVID-19, inhibiting the completion of documentation.
<b>Case/Service Plan includes:</b>							
<ul style="list-style-type: none"> <li>Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment</li> <li>Service type, frequency, location</li> <li>Person(s) responsible</li> <li>Target date(s) for completion and Actual completion date(s)</li> <li>Signature of youth, parent/guardian, counselor, and supervisor</li> <li>Date the plan was initiated</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All eight applicable files included all elements required by the indicator.	
Case/service plans are reviewed for progress/ revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were four Service Plans applicable for 30-day reviews. Three of the four documented all reviews were completed as required.	<b>Exception:</b> One Service Plan was missing a 30-day review. Staff noted the review was not completed due to complications relating to COVID-19.
<b>2.04: Case Management and Service Delivery</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Case Management and Service Delivery. Last reviewed in October 2020 by the Chief Executive Officer.	
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.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<p>The Counselor/Case Manager completes the following as applicable:</p> <ul style="list-style-type: none"> <li>Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs</li> <li>Coordinates service plan implementation</li> <li>Monitors youth's/family's progress in services</li> <li>Provides support for families</li> <li>Monitors out-of-home placement (if necessary)</li> <li>Makes referrals to the case staffing to address problems and needs of the youth/family</li> <li>Accompanies youth and parent/guardian to court hearings and related appointments</li> <li>Refers the youth/family for additional services when appropriate</li> <li>Provides case monitoring and reviews court orders</li> <li>Provides case termination notes</li> <li>Provides follow-up after 30 days of exit</li> <li>Provides follow-up after 60 days of exit</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>All ten files established referral needs and coordinated referrals for services.</p> <p>All eight applicable files coordinated service plan implementation.</p> <p>All ten files monitored the youth's and family's progress in services.</p> <p>All ten files provided support for families.</p> <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.</p> <p>All nine applicable files provided case termination notes.</p> <p>All seven applicable files provided follow-up after 30 days of exit.</p> <p>All four applicable files provided follow-up after 60 days of exit.</p>	
<b>2.05: Counseling Services</b>							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.05</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Groups. Last reviewed in October 2020 by the Chief Executive Officer.	
Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service plans and/or case notes maintained demonstrated all ten youth received individual counseling services as identified during the assessment process.	
<b>Shelter Program</b>							
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"> <li>Length of at least 30 minutes</li> <li>Opportunity for youth engagement</li> <li>Clear and relevant topic (informational/developmental/educational)</li> <li>Clear leader or facilitator</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group logs were reviewed for the past six months, from May 2020 thru October 2020.  All groups provided an opportunity for youth engagement and a clear leader or facilitator.	<b>Exception:</b> Groups were documented on an activity log that contained multiple other activities that occurred during that time period. The logs did not always state the specific time that a group occurred but stated an overall time of all the activities that occurred. The program log book was used to find specific times; however, group start and stop times were not consistently documented in the program log book. The groups found documented in the program log book were not at least thirty minutes in length. Also, topics for the groups were not always clear and relevant. Topics would simply be "hangman", "cop and robbers", "monopoly", "Pictionary." There was no documentation of what actually occurred in the group so it could not be determined if

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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		
<b>Non-residential Program</b>							the group was informational, developmental, and/or educational.
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.	
<b>Counseling Services</b>							
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 was maintained for all ten youth files reviewed, marked confidential and securely maintained.	
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.	
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"/>	Case record reviews are completed quarterly. Record reviews were reviewed for the 3 <sup>rd</sup> and 4 <sup>th</sup> quarter of the 2019-2020 fiscal year. All assessments and treatment forms in all ten files reviewed were signed and reviewed by a supervisor.	
<b>2.06: Adjudication/Petition Process</b>							
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 CINS/FINS Case Staffing Committee. Last reviewed in October 2020 by the Chief Executive Officer.	
<b>Case Staffing Initiation and Notifications</b>							

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Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> 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		
If parent/guardian initiates, staffing is held within 7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
The youth, family and case staffing committee are contacted within a minimum of five working days <ul style="list-style-type: none"> <li>Notification to youth/family no less than 5 working days prior to staffing</li> <li>Notification to committee no less than 5 working days prior to staffing</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
<b>Case Staffing Committee</b>							
<b>Must include:</b> <ul style="list-style-type: none"> <li>a. DJJ rep. or CINS/FINS provider</li> <li>b. Local school district representative</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
<b>Other members may include:</b> <ul style="list-style-type: none"> <li>State Attorney's Office</li> <li>Others requested by youth/family</li> <li>Substance abuse representative</li> <li>Law enforcement representative</li> <li>DCF representative</li> <li>Mental health representative</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
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.	
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 CINS/FINS Case Staffing Committee.	
<b>As a result of the Case Staffing</b>							
The youth and family are provided a new or revised plan for services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	

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Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> 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		
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 program has not had any case staffing's since the last on-site Quality Improvement review.	
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"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
<b>2.07: Youth Records</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.07</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies in place titled Confidentiality of Client Information, File Organization, and Staff Access to Case Records. Last reviewed in October 2020 by the Chief Executive Officer.	
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 on-site 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.	
<b>2.08: Sexual Orientation, Gender Identity, Gender Expression</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.08</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has eight different policies to address the requirements of this indicator. The policies used included: Access and Eligibility Criteria/Referral Process, Behavior Management, Dress Code, Clients Rights, Hair	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						and Beauty, Hygiene, Room Assignment, and Services Offered. All these policies have been reviewed in the last calendar year by the Chief Executive Officer.	<b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
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"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
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"/>	During the on-site tour of the facility signage was observed in the dayroom, staff offices, and lobby area.	
<b>2.09: Special Populations</b>							
<b>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.</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	
						There are two policies in place to address the requirements of this indicator, CINS Staff Secure and Special Populations. Policies were reviewed in October 2020 by the Chief Executive Officer.	
<b>Staff Secure</b>							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? <b>(If no, select rating “No eligible items for review”)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" 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"> <li>In-depth orientation on admission</li> <li>Assessment and service planning</li> <li>Enhanced supervision and security with emphasis on control and appropriate level of physical intervention</li> <li>Parental involvement</li> <li>Collaborative aftercare</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled CINS Staff Secure.	
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"> <li>One staff secure bed and assigned staff supervision to one staff secure youth at any given time</li> <li>Program assign specific staff during each shift to monitor location/ movement of staff secure youth</li> <li>Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
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.	
<b>Domestic Minor Sex Trafficking (DMST)</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? <b>(If no, select rating “No eligible items for review”)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" 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.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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.	
<b>Domestic Violence</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? <b>(If no, select rating "No eligible items for review")</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" 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	<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		
21 days, documentation exists in youth file of transition to CINS/FINS or Probation Respite placement, if applicable.							
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.	
<b>Probation Respite</b>							
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"/>	There were two closed files reviewed. Both referrals came from DJJ Probation.	
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"/>	Both files documented data was entered into NetMIS and JJIS within 24 hours of admission and 72 hours of release.	
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"/>	Neither youth stayed beyond 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"/>	All case management and counseling needs were addressed in both files.	
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"/>	All other services provided were consistent with other general CINS/FINS program requirements in both files.	
<b>Intensive Case Management (ICM)</b>							
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 provider is not contracted to provide ICM 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 checked="" type="checkbox"/>		

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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  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> 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		
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 checked="" 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 checked="" type="checkbox"/>		
Case plan demonstrates a strength-based, trauma-informed focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only</b>							
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				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.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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: 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
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.	
<b>2.10: STOP NOW AND PLAN (SNAP)</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.10</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has four policies in place to address the requirements of this indicator, Written Referrals, Client rights, Assessment	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						and Service Plan Development, and Case Supervision. All policies were reviewed within the last calendar year by the Chief Executive Officer.	
<b>SNAP Clinical Groups</b>							
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 five files reviewed, two open and three closed. All five 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 five files.	
SNAP Assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A pre CBCL was completed in all five open files. A post CBCL was completed in two of the three closed files. In the third closed file there was documentation the parent was sent the CBCL to be completed; however, never completed and returned it.	
a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post)							
b. Teacher Report Form (TRF) completed by the teacher (pre & post)							
c. TOPSE (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A pre TRF was sent to the teacher to complete in four out of the five files. A completed TRF was not returned in any of the files; however, all four files documented two follow-up emails with the teacher in attempts to get the form completed. The fifth file had not begun services yet so the TRF had not been sent. A post TRF was not sent or completed in any of the three closed files due to school ending abruptly due to COVID-19 and the counselor not being able to reach the teachers.	
d. Prevention Assessment Tool (PAT) (pre & post)							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A pre TOPSE was completed in all five files. A post TOPSE was completed in one of the three closed files. The remaining two closed files documented the TOPSE was sent to the parent to complete; however, was not returned completed.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A pre PAT was completed in all five files. A post PAT was completed in all three closed files.	
SNAP® discharge report summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three closed files had a 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 three closed 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 three closed files had Parent Group Evaluation Form.	
<b>SNAP in Schools</b>							
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.	
<b>Standard Three – Shelter Care</b>							
<b>3.01 Shelter Environment</b>							
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.							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.01</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	
						Policy in place titled Schedule-Daily Youth Schedule. Last reviewed in October 2020 by the Chief Executive Officer.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>An on-site tour of the facility revealed furnishings were in good repair. The program was free of insect infestation. Grounds were landscaped and maintained. Bathrooms were clean and functional. No graffiti was observed. Lighting was adequate. Exterior areas were free of debris and grounds were free of hazards. Dumpster and garbage cans were covered. Doors are secure with key access required. Egress plans were posted in several locations along with grievance forms, abuse hotline number, and DJJ Incident Reporting numbers. Agency vehicles were locked. First aid kits in the vans varied in contents and contained expired items. This issue was fixed during the review, so the first aid kits now contain the same items and expired items were replaced. One van contained required safety equipment including seat belt cutter-glass breaker, air bag deflator tool, and flashlight. The other van did not contain any of these items during the initial inspection, but the items were placed in the van before the end of the review. Interior areas did not contain contraband and were free of hazardous items. Chemicals were stored behind locks and inventories and MSDS were maintained. The washers and dryers were operational and clean of lint. Current DCF license, effective April 2, 2020, is displayed. Each youth has their own individual bed with clean, covered mattress, pillow, and sufficient linens.</p>	
<b>Fire and Safety Health Hazards</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The annual fire inspection was completed on October 6, 2020. The facility failed this inspection due to the fire suppression system in the kitchen being out of date and due for hydrostatic testing. A re-inspection</p>	<p><b>Exception:</b> The facility failed their annual fire inspection due to the fire suppression system in the kitchen being out of date and due for hydrostatic testing. A re-inspection</p>

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						hydrostatic testing. The program has quotes to remove the old system and replace it with a new residential fire system but has not began work on it yet. The program has been working to fix this issue since March 6, 2020. A re-inspection was scheduled by the local fire marshal for December 5, 2020. An annual inspection of fire safety equipment was completed on August 14, 2020. At least one fire drill was completed monthly on each shift, since April 2020. Mock emergency drills were completed at least monthly since April 2020. Residential Group Care and Food Service inspection was completed on February 20, 2020. Menus were posted and signed by a licensed dietician on February 20, 2020. Cold food is properly stored, marked, and labeled, and dry storage/pantry areas are clean. Refrigerators/freezers are clean, and temperatures are maintained.	was scheduled by the local fire marshal for December 5, 2020.
<b>Youth Engagement</b>							
<ul style="list-style-type: none"> <li>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.</li> <li>At least one hour of physical activity is provided daily.</li> <li>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.</li> <li>Daily programming includes opportunities for youth to complete homework and access</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Observed daily schedule posted and observed shelter activities during on-site tour.</p> <p>The daily schedule reveals that youth are engaged in meaningful, structured activities seven days a week. The schedule also provides for at least one hour of physical activity. Youth are given the opportunity to participate in faith-based activities with non-punitive activities offered for those who choose not to participate in those activities. Youth are given the time and opportunity to do homework and read. Youth have access to a variety of books to read.</p>	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<p>a variety of age appropriate, program approved books for reading. Youth are allowed quiet time to read.</p> <ul style="list-style-type: none"> <li>Daily programming schedule is publically posted and accessible to both staff and youth.</li> </ul>							
<b>3.02: Program Orientation</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.02</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Program Orientation. Last reviewed in October 2020 by the Chief Executive Officer.	
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"/>	Five closed residential files reviewed.  Orientation checklist was observed in all five files completed on the day of admission.	
<b>Orientation includes the following</b>							
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 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 files and signed by the youth and staff.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>3.03: Youth Room Assignment</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.03</b>					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Youth Room Assignment. Last reviewed in October 2020 by the Chief Executive Officer.		
<b>A process is in place that includes an initial classification of the youths, to include:</b>							
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 or 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 g. Presence of medical, mental or physical disabilities h. Suicide risk i. Sexual aggression and predatory behavior	☒	☐	☐	☐	☐	Five closed residential files were reviewed.  The SPE Intake and Assessment form was completed in all five files and documented all required information.	
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	☒	☐	☐	☐	☐	Reviewed the SPE Intake and Assessment form and the SPE Medication Overview form for the five residential files. Alerts for the youth were documented on these two forms and color-coded dot corresponding with the alerts were placed on the files.	
<b>3.04: Log Books</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.04</b>					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Log Book Requirements. Last reviewed in October 2020 by the Chief Executive Officer.		

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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"/>	Logbook entries were reviewed for the first week of March 2020, the second week of April 2020, the third week of May 2020, the fourth week of June 2020, the first week of July 2020, and the second week of August 2020.  Entries that impacted the safety and security of the youth or program were observed highlighted.	
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"/>	Entries were consistently observed to be brief and legible, included the date and time of the event, included names of youth and staff involved, provided a brief statement, and included the name and signature of the person making the entry.	
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"/>	Errors were observed struck through with a single line and initialed.	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program director or designee reviews were documented at least weekly and were signed and dated.	<b>Exception:</b> The program director or designee reviews documented in the log book did not include the dates reviewed and did not document any corrections, recommendations, or follow-up.
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sample of log book entries reviewed from March, April, and May 2020 included consistent staff and supervisor reviews at the beginning of each shift, documenting a review of the previous two shifts.	<b>Exception:</b> Sample of log book entries reviewed from June, July, and August 2020 did not show a consistent practice of staff and supervisors reviewing the log book at the beginning of their shift.
Logbook entries include: • 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 counts, visitation, and home visits.	
<b>3.05: Behavior Management Strategies</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.05</b>						<input checked="" type="checkbox"/> YES <span style="margin-left: 100px;"><input type="checkbox"/> NO (explain)</span>	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						Policy in place titled Behavior Management Strategies. Last reviewed in October 2020 by the Chief Executive Officer.	
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 programs Behavior Management System (BMS) is clearly identified in the Orientation Handbook and given to youth at intake. An Orientation Checklist was completed in all five residential files reviewed and documented a review of the BMS. All youth signed the Orientation Checklist indicating receipt of this information.	
<b>Behavior Management Strategies must include:</b>							
<ul style="list-style-type: none"> <li>a. BMS is designed to teach youth new behaviors and help youth understand the natural consequences for their actions</li> <li>b. Behavioral interventions are applied immediately, with certainty, and reflect the severity of the behavior</li> <li>c. BMS uses a wide variety of awards/incentives to encourage participation and completion of the program</li> <li>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</li> <li>e. Counseling, verbal intervention and de-escalation techniques are used prior to physical intervention (Only techniques approved by the Florida Network and DJJ are used if physical intervention is required)</li> <li>f. Only staff discipline youth. Group discipline is not imposed</li> <li>g. Room restriction is not used as part of the system or for youth who are physically and/or emotionally out of control</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program does not utilize a reward/incentive system. Instead, they use a combination of three tools to effect positive change in the youth they serve. Specifically, they use skills (social skills, target skills and coping skills), teaching (effective praise, proactive teaching and collaborative problem solving), and Why Try activities, to lead youth to natural consequences directly related to their behaviors. These skills are taught in daily activities, as well as during group. The overall goal of the program's BMS is an individualized approach to managing youth behavior, in order to teach youth healthy coping and social skills.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
h. Youth should never be denied basic rights such as meals, clothing, sleep, services, exercise, or correspondence privileges							
<b>Program's use of the BMS</b>							
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 three new hires were reviewed and documented the staff are trained on the program's BMS at hire.	
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 titled Behavior Management Strategies.	
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 four staff and on-going training was documented for staff on the use of the BMS system.	
<b>3.06: Staffing and Youth Supervision</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.06</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Client and Staff Responsibilities. Last reviewed in October 2020 by the Chief Executive Officer.	
The program maintains minimum staffing ratios as required by Florida Administrative Code and contract. <ul style="list-style-type: none"> <li>• 1 staff to 6 youth during awake hours and community activities</li> <li>• 1 staff to 12 youth during the sleep period</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were five random samples of video surveillance reviewed, October 2, 2020 from 2am – 3am, October 7, 2020 1am – 2am, October 11, 2020 3am – 4am, October 17, 2020 4am – 5am, and October 22, 2020 11pm – 12am.  A review of the above video surveillance sample, staff schedules, and log book entries documented required staffing ratios were met for awake hours and sleeping hours.	Even though required staffing ratios were met the program is experiencing a severe shortage of staff. Staff schedules are posted with numerous vacant shifts on them and staff are able to write their name under the vacant shifts they are able to cover. This results in shifts being covered last minute, most times the day before or day of the actual shift needing coverage. Staff are having to work extra days and hours to cover the vacant shifts. This has the potential to create staff burn out which increases risk of youth not being supervised properly and can lead to safety and security issues.

## Quality Improvement Review

Capital City Youth Services – October 21 – 22, 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  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> 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		
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"/>	<p>There were five random samples of video surveillance reviewed, October 2, 2020 from 2am – 3am, October 7, 2020 1am – 2am, October 11, 2020 3am – 4am, October 17, 2020 4am – 5am, and October 22, 2020 11pm – 12am.</p> <p>The random sample above and log book entries documented two staff were present on these over night shifts.</p>	
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"/>	<p>During the on-site tour the schedule was observed posted and visible to staff.</p>	
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"/>	<p>The program maintains a holdover and overtime roster with staff names and numbers. However, due to the severe staff shortage staff are able to just write their names on the schedule to cover vacant shifts instead of using an overtime rotation roster.</p>	
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"/>	<p>There were five random samples of video surveillance reviewed, October 2, 2020 from 2am – 3am, October 7, 2020 1am – 2am, October 11, 2020 3am – 4am, October 17, 2020 4am – 5am, and October 22, 2020 11pm – 12am.</p> <p>The random sample reviewed above documented staff observe the youth at least every 15 minutes during the overnight sleeping hours.</p>	
<b>3.07: Video Surveillance System</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.07</b>						<input checked="" type="checkbox"/> YES <span style="margin-left: 100px;"><input type="checkbox"/> NO (explain)</span>	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable			Explain	
						<b>Document Source:</b> <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	<b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below		
						Policy in place titled Alarm and Security System. Last reviewed in October 2020 by the Chief Executive Officer.			
<b>Surveillance System</b>									
The agency, at a minimum, shall demonstrate:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observed cameras and written notices during the on-site tour. Video surveillance system was reviewed on site with program staff. System can capture and retain video images for up to thirty days. A review of random samples of overnight video surveillance revealed system records date, time, and location, and enables facial recognition. Cameras have back-up capabilities in case of power outage. All camera were visible and no cameras were located in the bathrooms or sleeping rooms.			
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 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 documentation of supervisory review of video from May 2020 through October 2020. Video was reviewed every fourteen days and included a random sample of overnight shifts.	
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 titled Alarm and Security System.	
<b>Standard Four – Mental Health /Health Services</b>									

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<b>4.01: Healthcare Admission Screening</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 4.01</b>					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Health Screening on Admission. Last reviewed in February 2020 by the Chief Executive Officer.		
<b>Preliminary Healthcare Screening</b>							
<b>Screening includes :</b> 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 f. Observation for evidence of illness, injury, physical distress, difficulty moving, etc.; and g. Observation for presence of scars, tattoos, or other skin markings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed five closed residential youth files. Admission Form was completed in all five files and included all required elements.	<b>Exception:</b> Due to the program not having a nurse the Preliminary Healthcare Screenings are not reviewed by a Registered Nurse.
<b>Referral and Follow-up</b>							
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the five youth presented with chronic conditions requiring a referral to ensure medical care.	
When needed, the parent is involved with the coordination and scheduling of follow-up medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the youth required 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 Health Screening on Admission.	
<b>4.02 Suicide Prevention</b>							
<b>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.</b>							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>Provider has a written policy and procedure that meets the requirement for Indicator 4.02</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Suicide Prevention. Last reviewed in February 2020 by the Chief Executive Officer.	
<b>Suicide Risk Screening and Approval</b>							
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 closed residential youth files. All five files contained a suicide risk screening completed during the initial intake screening process that was signed by a supervisor.	
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.	
<b>Supervision of Youth with Suicide Risk</b>							
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"/>	Three 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 the youth were monitored at least 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"/>	Youth were removed from sight-and-sound supervision after ASR was completed by or reviewed with the licensed professional.	
<b>4.03: Medication</b>							
<b>Provider has a written policy and procedure that meets the requirement</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	

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<b>for Indicator 4.03</b>						Policy in place titled Medication. Last reviewed in February 2020 by the Chief Executive Officer.	<b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
<b>Medication Storage</b>							
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"/>	<p>An on-site tour of the Pyxis Med-Station and medical room was completed with program staff.</p> <p>The Pyxis Med-Station is located in a secure room and is inaccessible to youth. All medications are stored in the Pyxis 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.</p>	
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 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							
<b>Medication Distribution</b>							
a. Agency maintains a minimum of 2 Super Users for the Med-Station	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>An on-site tour of the Pyxis Med-Station and medical room was completed with program staff.</p> <p>A list of three 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 in medication distribution by a Super User. A review of three youth files supported they took medication while in the program. All three files contained a Medication Oversight and Inventory Record form completed as required and documenting youth received</p>	<p><b>Exception:</b> The program has not had a Registered Nurse (RN) to oversee the medication process at the program in eighteen months.</p> <p>Staff have not received training in the use of epi-pens by an RN due to the program not having an RN.</p>
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							

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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						medication as scheduled. Staff verify medication by calling the pharmacy.	<b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
<b>Medication Inventory</b>							
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 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication Oversight and Inventory Record forms reviewed documented controlled substances were inventoried perpetually and shift-to-shift verified by a witness. Over-the-counter (OTC) medication inventories were reviewed and documented OTC's are inventoried perpetually and weekly by a Super User. 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An on-site interview with program staff was conducted.	<b>Exception:</b> Due to the program not having an RN there were no monthly reviews of medication management practice.
Medication discrepancies are cleared after each shift.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At the time of the review there were no open discrepancies. Staff interviewed knew the procedures for closing out a discrepancy accurately.	
<b>4.04: Medical/Mental Health Alert Process</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 4.04</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Medical. Last reviewed in February 2020 by the Chief Executive Officer.	
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 closed residential youth files reviewed. The program uses a dot, with color-coded dots corresponding with the different alerts. All files	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						had the appropriate color-coded dots placed next to the youth's picture in the file.	
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 closed residential youth files reviewed. Precautions were noted for each medication the youth was on, on a printout from Drugs.com. Any other medical conditions were noted on the Medication Schedule Overview form located in the file for each youth.	
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 a color-coded dot system to identify alerts. Intake and Assessment Forms are maintained in the youth's file and document all alerts and the reasons for the alerts. Then the applicable color-coded dots are placed next to the youth's name in the file. The alerts are also documented in the chronological section of each file and in the shelter logbook on the day of admission. Any pertinent information concerning medication is also documented on the Medication Schedule Overview form for each youth.	
<b>4.05: Episodic/Emergency Care</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 4.05</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled Medical. Last reviewed in February 2020 by the Chief Executive Officer.	
<b>Off-site Emergency Services</b>							
a. If off-site emergency medical or dental care was provided, an incident report was submitted for the medical or dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no youth requiring off-site emergency medical care in the last six months.	

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	Explain						
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
b. Upon youth return, there is a verification receipt of medical clearance via discharge instructions with follow-up is present in file c. Youth's parent/guardian was notified d. A daily log is maintained for emergency care provided							
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 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 the on-site tour knife-for-life and wire cutters were observed.	
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 the on-site tour first aid kits in the shelter were observed to be fully stocked and inventoried.	