



Florida Network for Youth and Family Services Compliance Monitoring Report for



Children's Home Society Osceola

2653 Michigan Avenue
Kissimmee, FL 34744

August 26, 2020

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint QI and Florida Network of Youth and Family Services (FNYFS) contract monitoring visit for Children's Home Society Osceola (CHS Osceola) CINS/FINS program located at 2653 Michigan Avenue, Kissimmee, Florida location, for its FY 2020-2021 contract, on August 26, 2020. The contract monitoring review was conducted virtually. 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. CHS Osceola is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance and are funded with General Revenue Funds effective for July 2019 through June 30, 2020.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC and Peer Reviewers. Agency representatives from CHS Osceola present for the entrance interview were: Jennifer Patterson, Director of Program Operations (DPO); Hilda Reyes, Program Manager; Dialma Rivera, Counselor; Alyssa Skelton, Talent Business Partner; Alfona Cekani and Wanda Oser, Talent Generalist; and Solange Solis, Quality Manager. The last onsite QI visit was conducted February 25, 2019.

In general, the Reviewer found that CHS Osceola is in compliance with specific contract requirements. **The provider received an overall compliance rating of 100%** for achieving full compliance with all twelve applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. There were no corrective actions or recommendations made as a result of the monitoring visit.

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

2019-2020 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 08-26-2019-2020

Agency Name: Children's Home Society Osceola					Monitor Name: Marcia Tavares, Lead Reviewer		
Contract Type : CINS/FINS Non-Residential					Region/Office: 2653 Michigan Ave., Kissimmee, FL 34744		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): August 26, 2020		
Explain Rating							
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- The provider currently has two (2) certified DJJ-QI Peer Reviewers namely: Hilda Reyes and Dialma Rivera. Staff have participated and/or are scheduled to participate in QI Peer Reviews during the FY.	
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- CHS is a statewide agency with multiple contracts with other funding sources. The agency provided a list of seven funders in addition to the FN for FY 2019-2020. The list includes: DCF; Orange County Citizen's Commission for Children; Ounce of Prevention; Embrace Families Community Based Care; UCF Board of Trustees; Department of Health and Human Services; Community Coordinated Care for Children.	
Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D - General Liability through Alliance of Nonprofits for Insurance, for limits of	

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Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV							coverage \$1,000,000 each \$3,000,000 aggregate, effective 7/01/20-7/01/21 Auto Insurance through Alliance of Nonprofits for Insurance, with combined single limit coverage for \$1,000,000, effective 7/01/20-7/1/21 Workers Compensation through United Wisconsin Insurance Co, with limits of \$1,000,000 each incident and \$1,000,000 policy limit, effective 7/01/20-7/01/21 Umbrella policy through Alliance of Nonprofits for Insurance, with limits of \$5,000,000, each/aggregate, effective 7/01/20-7/1/21 The Florida Network is listed as certificate holder on the certificate that was reviewed.	
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I - Per the Director of Programs, CHS Osceola does not have any corrective action items cited by an external funding source.
Fiscal Practice			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D,I- Fiscal Policies and Procedures are maintained in the agency's

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a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV							Accounting Policies and Procedures Manual that appears to be consistent with GAAP and provide for limited internal controls. The Accounting Policies and Procedures were last reviewed December 1, 2019.	
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). PTV			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- General ledger (GL) for the period July 2019 through June 2020 and as of 8/14/2020. The agency maintains a detailed general ledger with corresponding source documents. The general ledger is structured to track all funding sources and there is a separate GL for the CINS/FINS program.
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) – ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I – Per the Program Manager, the provider utilizes purchasing cards (p-card) in lieu of petty cash for program related purchases not requiring a check request. Procedures for p-card purchases and petty cash are contained in the Fiscal Policies and Procedures Manual.
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.			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- Reviewed bank statements and reconciliations reports for accounts payable account with Fifth Third Bank for the period January-June 2020. Reconciliations were completed timely

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(Disbursements/invoices are approved & monitored by management.) ON SITE						<p>within 6 weeks of receipt for all months and are signed by the Analyst and Controller.</p> <p>All program invoices are mailed to the CHS Corporate Office and processed for payment. A “Requisition / Purchase Order Form” is completed by the program for all purchases. Once approved, the completed requisition is forwarded to the designated person responsible for purchasing via email or fax. A purchase order number is provided upon receipt of an approved “Requisition Form”. The CHS designated purchasing person will then order the product or service. The accounting department will check the invoices and requisitions against the purchase order and process it for payment.</p> <p>Files are maintained alphabetically by vendor for each fiscal year, making document retrieval easy for audit purposes. Current and previous year files are stored in the immediate Accounts Payable area or a secure</p>	

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							storage area until completion of fiscal year audit. The local program supervisor also has a purchasing card (P-card) with a maximum credit limit. P-cards are used to pay for certain local supplies or services needed promptly. Bank reconciliations are prepared for the Payroll and Accounts Payable accounts by the Analyst. Bank reconciliations for the past 6 months were reviewed. Reconciliations are signed monthly by the Analyst within 3 weeks of receipt and approved by the Controller.	
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D, I- A CINS/FINS inventory is on file as of 3/14/18 showing a list of program equipment. Per the inventory, no new equipment was purchased for the program since the last onsite visit.
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- The agency provided copies of payroll summaries and tax liability for the 1 st and 2 nd quarters 2020. The tax payments are submitted electronically and demonstrate that the agency

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							submits payroll taxes to the appropriate authority as required. CHS is exempt from filing Form 940 (FUTA); instead the agency files Form 941 quarterly.	
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- Income Statement for the Central Florida CINS/FINS Program for the current FY to date as. Report shows program budget and variance. Variances in budget are monitored on a regular basis by management.
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. Obtain from FNYFS			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- Copy of financial audit conducted for year ending June 30, 2019 and 2018 by RSM US, LLP and dated 10/31/2019. No Management Letter was required as there were no findings required to be reported in a separate management letter. A copy of the financial audit is on file with the Reviewer.
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- : Documentation: Policy and Procedure numbers: 1) CHS 2001 Statewide Directive Consumer Records Management 2) CHS 2001 Policy Retention of Client Records

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documents are shredded and computer hard drives are wiped prior to discarding. ON SITE								3) CHS 1017 Confidentiality of Consumer Information and Record 4) CHS1019 Statewide Directive Client Request to Inspect, Copy or Amend their record 5) CHS1027 Statewide Directive Consumer Access to Records 7) CHS 2007 Subpoenas and Subpoena Duecus Tecum	

CONCLUSION

CHS Osceola has met the requirements for the CINS/FINS contract as a result of full compliance with all thirteen (13) indicators of the Administrative and Fiscal Contract Monitoring Tool. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions or recommendations made as a result of the contract monitoring. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, all of the indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

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



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Children's Home Society - Osceola
CINS/FINS Program

August 26, 2020

Compliance Monitoring Services Provided by

 **FOREFRONT**



CINS/FINS Rating Profile

Standard 1: Management Accountability

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

Percent of indicators rated Satisfactory: 83.33%
Percent of indicators rated Limited: 16.67%
Percent of indicators rated Failed: 0.00%

Standard 2: Intervention and Case Management

2.01 Screening and Intake	
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, Gender Expression	Satisfactory
2.09 Special Populations	Satisfactory
2.10 Stop Now and Plan (SNAP)	N/A

Percent of indicators rated Satisfactory: 100.00%
Percent of indicators rated Limited: 0.00%
Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 93.33%
Percent of indicators rated Limited: 6.67%
Percent of indicators rated Failed: 0.00%



Quality Improvement Review

Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.
Not Applicable	Does not apply.

Reviewer

Members

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

Brenda Comadore - Department of Juvenile Justice

Melissa Quinn – Boys Town

Quality Improvement Review

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

Children's Home Society of Osceola County (CHS Osceola) is sub-contracted with the Florida Network of Youth and Family Services (Florida Network) to provide non-residential services to youth and families through the Children In Need of Services/Families In Need of Services (CINS/FINS) program. CHS Osceola is located in Kissimmee, Florida at 2653 Michigan Avenue. Services are provided for youth between the ages of ten to seventeen years that are locked out, runaway, ungovernable and/or truant, homeless, abused, neglected, or at-risk. The program also serves youth referred through the Juvenile Justice Court System for domestic violence through its Family/Youth Respite Aftercare Services (FYRAC) funding. Children's Home Society is fully accredited by the Council of Accreditation (COA) effective through June 30, 2021.

Since the last onsite QI review on February 25, 2019, the program hired two counselors, one was hired in June 2019 and the other in July 2019. Unfortunately, one of the new hire positions was vacated in July 2020 but the program has a new candidate who was a former intern pending to start soon.

Due to the Covid-19 pandemic, program offices were closed effective 03/16/2020 until further notice and all the staff are working remotely. As a result of school closures truancy referrals has stopped.

During the QI review, reviewers were informed of the impending relocation of the program to the downtown agency location because the lease for the building is expiring in a few weeks. The moving does not affect program services because staff have been operating remotely.

Narrative Summary

CHS Osceola's non-residential CINS/FINS program is staffed by a Program Supervisor and two fulltime Counselor II positions who are responsible for ensuring appropriate assessments are completed for each intake, an individualized case/service plan is established timely and targeted services are provided until the goals of the plan are met. The primary goal of CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry into the Juvenile Justice System. Youth

Quality Improvement Review

and family referrals for CINS/FINS are received from Osceola County schools, parents/guardians, or local community youth service organizations.

The overall findings for the QI review for CHS Osceola are summarized as follows:

Standard 1 has a total of seven indicators regarding Management Accountability. One of the indicators, Indicator 1.06- Client Transportation, is not applicable for non-residential programs. Five of the remaining six indicators in Standard 1 were rated satisfactory with no exceptions (1.02, 1.03, 1.04, 1.05, and 1.07) and one received a limited rating (1.01).

Standard 2 has a total of ten indicators that relate to intervention and case management. One of the ten indicators, Indicator 2.10 - SNAP, is not applicable because CHS Osceola is not a contracted SNAP provider. All the remaining nine indicators were rated satisfactory with no exceptions (2.01 - 2.09).

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

Standard 1:

Indicator 1.01 – Limited. Two files were reviewed for background screening: 1) for new staff hired in July 17, 2019, and 2) Intern with start date 4/6/2020. The employee was transferred into CINS/FINS from another agency program and had a DCF screening on file; however, no DJJ screening was submitted for this CINS/FINS hire. Similarly, the intern had an eligible DCF screening on file but was not screened by DJJ for her volunteer service in the CINS/FINS program beginning April 2020.

Quality Improvement Review

CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Standard One – Management Accountability							
1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) Policy CHS/7101 was approved by the Director of Program Operations and last updated September 23, 2019.					Policy CHS/7101 states a suitability assessment is utilized with a scoring function for all direct care employees but does not indicate which suitability assessment is used and/or selection/rejection criteria.	
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"/>	The agency completed the Skill Survey Reference Tool prior to the hire date for one eligible new hire during the QI period. The staff received a passing rate on the prescreening assessment.	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of 2 background screening files were reviewed for one new hire and one intern. Neither of the two background screenings was completed prior to staff's hire and intern start date.	Limited Exception: Two files were reviewed for background screening: 1) one new staff hired in July 17, 2019, and 2) Intern with start date 4/6/2020. The employee was transferred into CINS/FINS from another agency program and had a DCF screening on file; however, no DJJ screening was processed prior to the CINS/FINS program hire date (Oct 2019). Similarly, the intern had an eligible DCF screening on file but was not screened by DJJ for her volunteer service in the CINS/FINS program.

Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
c. Five-year re-screening completed every 5 years from initial date of hire	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program did not have any eligible staff meeting the criteria for 5-year re-screening.	
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"/>	Provider faxed the Annual Affidavit of Compliance with Level 2 Screening form to DJJ BSU on 11/31/2020 prior to the deadline.	
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"/>	The agency provided a copy of the E-Verify work authorization for one eligible new hire.	
1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care							
Provider has a written policy and procedure that meets the requirement for Indicator 1.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7102 was approved by the Director of Program Operations and last updated September 23, 2019.	
Abuse Free Environment							
a. Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff are required to sign an affidavit of compliance with the code of conduct acknowledging their awareness soon after employment.	
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"/>	The program has posted conspicuously throughout the facility Abuse Hotline posters and signage reflecting all youth are accepted regardless of sexual orientation, gender identity, or gender expression and the program has a process for documenting any child abuse hotline calls. Hotline calls are documented into the Accident and Injury Reporting System (AIRS) Web.	
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 youth are given a copy of the youth handbook during intake which includes the abuse hotline information.	
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 by staff was identified and/or reported during the review period needing management action.	

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Grievance Process							
a. Agency has a formal grievance process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The grievance process, for youth in the program, is outlined, on page ten of the youth handbook, which is given to each youth and their family, during the intake process	
b. Locked box accessible to only management and available to youth in a common area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the video tour of the facility, the lead reviewer observed a locked box in the hall, for grievances submitted in person by youth, and not handled by direct staff.	
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"/>	According to the procedures in the youth handbook, if the grievance is not submitted in person, then the grievance is mailed, by youth or legal guardian, to the Children's Home Society's mailing address, in care of the Privacy Officer. A review of the program's grievances found the program did not have any grievances or staff complaints submitted for the 2019/2020 fiscal year.	
d. 72-hour resolution requirement by management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No grievances were reported during review period to determine if resolved by the program supervisor within 24 hours of submission.	
e. Grievance maintained on file for a minimum of 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no grievances or staff complaints submitted for the 2019/2020 fiscal year.	
1.03: Incident Reporting							
Provider has a written policy and procedure that meets the requirement for Indicator 1.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7103 was approved by the Director of Program Operations and last updated September 23, 2019.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were a total of five internal incidents reported between May 21, 2019 and June 11, 2020. Two of the five incident reports were in the past six months. None of the five incidents were CCC reportable. Juvenile Justice	

Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						Information System (JJIS) and the Central Communication Center (CCC) reporting concurred with program reporting.	
b. The program completes follow-up communication tasks/special instructions as required by the CCC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No CCC incidents to review.	
c. Incidents are documented in the program logs and on incident reporting forms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No CCC incidents to review.	
d. All incident reports are reviewed and signed by program supervisors/directors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No CCC incidents to review.	
1.04: Training Requirements							
Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7104 was approved by the Director of Program Operations and last updated December 4, 2019.	
First Year Direct Care Staff							
a. Direct care staff receives all mandatory training during the first 120 days of employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program had one (1) applicable first year direct care staff during the review period. Review of the training record confirmed the staff completed all required training during the first 120-days of employment.	
b. Direct care staff completes all mandatory Florida Network and SkillPro training during the first year employment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One applicable first year staff completed all mandatory training and more than 80 hours of training during the first year.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)							
a. Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A for Non-residential program	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	

Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
the licensed mental health professional supervisor).							
In-service Direct Care Staff							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (40 hours if the program has a DCF child caring license).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two staff records were applicable and reviewed for in-service training requirements. Both staff completed the required twenty-four hours of in-service training for the required topics.	
Required Training Documentation							
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 3 training files provided documentation of trainings, date completed, and hours. Training certificates and training worksheets are also included in the training files.	
1.05: Analyzing and Reporting Information							
The program collects and reviews several sources of information to identify patterns and trends. Program should have sample reports of aggregated data and committee/workgroup minutes analyzing information.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7105 was approved by the Director of Program Operations and last updated September 23, 2019. Provider also has a Quality Plan, CHS2000, that was last updated 2/7/2019 and reviewed 2/7/2020.	
Quarterly Reviews							
a. Case record review reports demonstrate reviews are conducted quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peer record reviews were conducted quarterly for FY 2019-2020 except for the 3 rd quarter (January-March 2020) due to pandemic resulting in office closure. A total of 32 files were reviewed.	
b. The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incidents, accidents, and grievance data is collected and reviewed monthly at staff meetings by the program staff. Verification of monthly meetings was evidenced by staff meeting agendas, minutes, and attendance.	

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						The program manager participates in the Safety Committee meetings that were observed to be held quarterly.	
Annual Reviews							
a. The program conducts an annual review of customer satisfaction data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satisfaction surveys are administered through Survey Monkey. The results are filtered by agency program monthly by the Quality Manager who sends the filtered results to each program manager. It was discovered during the QI review that the program does not administer the CINS/FINS client satisfaction survey or enter them into NetMIS. This is noted as a finding but not an exception.	
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"/>	Outcomes data is collected monthly by the Quality Manager in an Excel spreadsheet and shared with program managers. Evidence of monthly reviews by the program staff was observed during monthly staff meetings.	
Monthly Reviews							
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"/>	Review of monthly staff meeting minutes support review of NetMIS data by program staff.	
Quality Improvement Process							
a. The program has a process in place to review and improve accuracy of data entry & collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designated data staff is responsible for ensuring Netmis and JJIS data quality checks are conducted, and data entry is accurate.	
b. There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As evidenced by the agency's monthly Program Performance Report (PPR) and monthly staff meetings.	
c. There is evidence that strengths and weaknesses are identified, improvements are implemented or modified and staff are informed and involved throughout the process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly staff meetings were found to document discussion of QI activities, reports, and areas identified as needing improvements resulting from an analysis of the data collected.	

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
1.06: Client Transportation							
Policy is established to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						<input type="checkbox"/> YES <input type="checkbox"/> NO (explain) <input checked="" type="checkbox"/> N/A	Indicator 1.06 is not applicable for non-residential service providers.
Approved agency drivers							
a. Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
b. Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Third party present in the vehicle							
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 rd party is NOT present in the vehicle while transporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
b. In the event that a 3 rd 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
c. The 3 rd party an approved volunteer, intern, agency staff, or other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Transportation documentation							
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
1.07: Outreach Services							
The agency participates in local DJJ board and council meetings to increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services and ensure CINS/FINS services are represented in a coordinated approach.							

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Provider has a written policy and procedure that meets the requirement for Indicator 1.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7107 was approved by the Director of Program Operations and last updated September 23, 2019.	
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"/>	The program has a lead staff designated to participate in the DJJ Circuit Advisory Board, scheduled to meet on a monthly basis. Documentation of meetings attended May 8, 2019, September 11, 2019, March 11, 2020 and July 15, 2020 supported practice. Meetings for April – June 2020 were canceled due to COVID-19.	
b. Outreach and prevention services are provided by designated staff and include increasing community awareness, offering informational and educational CINS/FINS services to youth and families.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The provider offers informational and educational CINS/FINS services to youth and families, alcohol and drug treatment, adolescent behavior and parenting classes, as well as youth education issues and information.	
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"/>	MOUs with 6 community agencies are on file that assist with the mental health, behavioral, and education referral process between the agencies.	
Standard Two – Intervention and Case Management							
2.01: Screening and Intake							
Provider has a written policy and procedure that meets the requirement for Indicator 2.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7201 was approved by the Director of Program Operations and last updated September 23, 2019.	
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"/>	Ten applicable non-residential youth case files were reviewed seven (7) closed and three (3) open files.	
Youth and parents/guardians receive the following in writing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in all ten records reviewed.	

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> Available service options Rights and responsibilities of youth and parents/guardians 							
The following is also available to the youth and parents/guardians: <ul style="list-style-type: none"> Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) Grievance procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in all ten records reviewed.	
2.02: Needs Assessment							
Provider has a written policy and procedure that meets the requirement for Indicator 2.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7202 was approved by the Director of Program Operations and last updated September 23, 2019.	
Completion of Needs Assessment							
a. Shelter Youth: Needs Assessment initiated within 72 hours of admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
b. Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake OR updated, if most recent assessment is over 6 months old	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ten applicable non-residential youth case files were reviewed. The Needs Assessment was completed within 2 to 3 face-to-face contacts in all 10 records.	
c. Needs Assessment is conducted by a Bachelor's or Master's level staff member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten Needs Assessments were conducted by a Bachelor's or Master's level staff member.	
d. Needs Assessment includes a supervisor's review signature upon completion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A supervisor's signature was present on all 10 Needs Assessments reviewed.	
Suicide Risk as a Result of the Needs Assessment							
a. Youth was identified with an elevated risk of suicide as a result of the Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to 3 of the 10 non-residential youth records. All 3 youth were identified with an elevated risk of suicide.	

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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 3 of those clients completed a no harm agreement and were referred to be assessed by a licensed mental health professional.	
2.03 Case/Service Plan							
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7203 was approved by the Director of Program Operations and last updated September 23, 2019.	
Case/Service plan is developed within 7 working days of Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in all ten records reviewed.	
Case/Service Plan includes:							
<ul style="list-style-type: none"> Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment Service type, frequency, location Person(s) responsible Target date(s) for completion and Actual completion date(s) Signature of youth, parent/guardian, counselor, and supervisor Date the plan was initiated 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case plans in all 10 files included all elements required by the indicator.	
Case/service plans are reviewed for progress/revise by counselor and parent (if available) every 30 days for the first three months and every 6 months after	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to and verified in all 10 non-residential files reviewed.	
2.04: Case Management and Service Delivery							
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7204 was approved by the Director of Program Operations and last updated September 23, 2019.	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Counselor/Case Manager is assigned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each of the 10 records reviewed showed a case manager was assigned to the youth.	
The Counselor/Case Manager completes the following as applicable: <ul style="list-style-type: none"> Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs Coordinates service plan implementation Monitors youth's/family's progress in services Provides support for families Monitors out-of-home placement (if necessary) Makes referrals to the case staffing to address problems and needs of the youth/family Accompanies youth and parent/guardian to court hearings and related appointments Refers the youth/family for additional services when appropriate Provides case monitoring and reviews court orders Provides case termination notes Provides follow-up after 30 days of exit Provides follow-up after 60 days of exit 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 10 records reviewed demonstrated applicable case management services were provided as needed and progress is monitored. Seven of the 10 records were closed and provided documentation of case termination notes and 30 and 60-day follow ups.	
2.05: Counseling Services							
Provider has a written policy and procedure that meets the requirement for Indicator 2.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7205 was approved by the Director of Program Operations and last updated September 23, 2019.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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 case notes maintained in the youth records demonstrated all 10-youth received individual/family counseling services as identified during the assessment.	
Shelter Program							
Shelter programs provide individual and family counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – Non-residential program	
Group counseling sessions held a minimum of five days per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A- Non-residential program	
Group counseling sessions consist of: <ul style="list-style-type: none"> Length of at least 30 minutes Opportunity for youth engagement Clear and relevant topic (informational/developmental/educational) Clear leader or facilitator 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A- Non-residential program	
Non-residential Program							
Non-residential programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the youth's home, a community location, or the local provider's counseling office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordination of services was observed in all 10 files reviewed.	
Counseling Services							
Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordination of services was observed in all 10 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 record is maintained for all 10 youth files reviewed.	
Case notes maintained for all counseling services provided and documents youth's progress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in all ten records reviewed.	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
On-going internal process that ensures clinical reviews of case records and staff performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has an ongoing internal quarterly file review process and the supervisor completes file reviews monthly.	
2.06: Adjudication/Petition Process							
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7206 was approved by the Director of Program Operations and last updated September 23, 2019.	
Case Staffing Initiation and Notifications							
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 received a request for or held a case staffing since the last onsite QI review.	
The youth, family and case staffing committee are contacted within a minimum of five working days <ul style="list-style-type: none"> Notification to youth/family no less than 5 working days prior to staffing Notification to committee no less than 5 working days prior to staffing 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Case Staffing Committee							
Must include: <ul style="list-style-type: none"> a. DJJ rep. or CINS/FINS provider b. Local school district representative 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Other members may include: <ul style="list-style-type: none"> State Attorney's Office Others requested by youth/family Substance abuse representative Law enforcement representative DCF representative Mental health representative 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
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"/>	Per policy CHS/7206, committee consists of a representative from the youth's school district, the contract provider for CINS/FINS, and others as deemed necessary.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy CHS/7206	
As a result of the Case Staffing							
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"/>	N/A	
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"/>	N/A	
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"/>	N/A	
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"/>	N/A	
2.07: Youth Records							
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7207 was approved by the Director of Program Operations and last updated September 23, 2019.	
All records are marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten youth records reviewed were stamped 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 video tour it was observed the agency has two locked file cabinets located behind a locked door.	
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 records are transported offsite, they are stored in an opaque, secured, box with a lock. The program has 2 total travel cases available.	
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 order with cover pages for each section of the file.	



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
2.08: Sexual Orientation, Gender Identity, Gender Expression							
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy CHS/7210 was approved by the Director of Program Operations and last updated September 23, 2019.	
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"/>	Since the last QI visit the program has not served any youth who meets the criteria for this indicator. However, policies and procedures are established to meet the requirements.	
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"/>	N/A	
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"/>	N/A	
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"/>	N/A	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During video tour, signage was observed to be posted throughout the facility in common areas. Published materials providing information and education for SOGIE youth is accessible in the building lobby and conference room.	
2.09: Special Populations							
Provider has a written policy and procedure that meets the requirement for Indicator 2.09 for EACH special population served i.e. Staff Secure, DMST,DV, PR, ICM and FYRAC.						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) Policy CHS/7211 was approved by the Director of Program Operations and last updated September 23, 2019.	FYRAC policy and procedure does not include FYRAC services to be provided, content of sessions, or duration consistent with Florida Network requirement 4.121



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Staff Secure							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A				N/A for Non-residential service providers.
Staff Secure policy and procedure outlines the following: <ul style="list-style-type: none"> In-depth orientation on admission Assessment and service planning Enhanced supervision and security with emphasis on control and appropriate level of physical intervention Parental involvement Collaborative aftercare 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Staff Assigned: <ol style="list-style-type: none"> One staff secure bed and assigned staff supervision to one staff secure youth at any given time Program assign specific staff during each shift to monitor location/ movement of staff secure youth Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Agency provides a written report for any court proceedings regarding the youth's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Domestic Minor Sex Trafficking (DMST)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A				N/A for Non-residential service providers.

Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Services provided to these youth specifically designated services designed to serve DMST youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Domestic Violence							
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			N/A for Non-residential service providers.
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Youth in program do not have length of stay in DV Respite placement that exceeds 21 days. If more than 21 days, documentation exists in youth file of transition to CINS/FINS or Probation Respite placement, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Probation Respite							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> N/A			N/A for Non-residential service providers.
Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
All case management and counseling needs have been considered and addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Intensive Case Management (ICM)							

Quality Improvement Review

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		
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				CHS Osceola is not contracted to provide Intensive Case Management services.
Youth receiving services was court ordered or referred by case staffing committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
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"/>	N/A	
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"/>	N/A	
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"/>	N/A	
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"/>	N/A	
Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for FYRAC since the last QI review.
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review	

Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
probation regardless of adjudication status and at risk of violating							
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review	
Intake and initial assessment sessions meets the following criteria: a. Face-to-face gathering of family history and demographic information b. Includes development of the service plan and is documented through signature of the youth and his/her parent/guardian as well as orientation to the program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review	
Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review	
Group Sessions: 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	
2.10: STOP NOW AND PLAN (SNAP)							



Quality Improvement Review

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		
Provider has a written policy and procedure that meets the requirement for Indicator 2.10						<input type="checkbox"/> YES <input type="checkbox"/> NO (explain) <input checked="" type="checkbox"/> N/A	CHS Osceola is not contracted to provide SNAP services
SNAP Clinical Groups							
Youth are screened to determine eligibility of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Needs assessment is completed at initial intake, or within two face-to-face sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
SNAP Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
b. Teacher Report Form (TRF) completed by the teacher (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
c. TOPSE (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
d. Prevention Assessment Tool (PAT) (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
SNAP® discharge report summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
SNAP® Boys/SNAP® Girls Child Group Evaluation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
SNAP® Boys/SNAP® Girls Parent Group Evaluation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
SNAP in Schools							
Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s) (For a total of 13 attendance sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	



Quality Improvement Review

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	Explain						
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
"Class Shoot for Your Goal" sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Pre and Post Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	